

HUMAN RESOURCES PROCEDURE

Reasonable Suspicion Testing



Purpose of Procedure

The purpose of this procedure is to aid in the establishment and maintenance of an alcohol and drug-free workplace and to carry out the directive set forth in Board Policy #5801. This procedure exists to prevent an employee from either using or being under the influence of alcohol or any drug (legal or illegal) that:

1. creates or may create a safety risk to employees, students or the general public, or
2. interferes with the employee's ability to satisfactorily perform his/her duties

Date of Procedure

February 5, 2007

Revised June 2, 2008

Person(s) Responsible for Updating

HR Services

General Note on When to Conduct Reasonable Suspicion Testing

The decision to test must be based on a reasonable and articulated belief that the employee is under the influence of alcohol or drugs on the basis of specific observations concerning the appearance, behavior, speech, or body odors of the employee.

Signs and symptoms of alcohol and/or drug misuse:

- Odor of alcohol
- Odor of marijuana
- Slurred speech
- Flushed, swollen face
- Red or runny eyes or nose
- Pupils dilated or constricted, or unusual eye movement
- Lack of coordination
- Tremors or sweats
- Weariness, exhaustion
- Sleepiness
- Nausea
- Unauthorized possession of alcohol or illegal drugs
- Any other observation that creates a reasonable suspicion of being under the influence of drugs or alcohol at work

The possibility exists that the signs and symptoms listed above may be a result of a potentially life threatening medical condition and not due to alcohol or drug use. An employee should always be taken to the hospital emergency room if it appears they are having a medical emergency. Follow up alcohol/drug testing can be conducted at the emergency room if it is determined that the medical emergency resulted from the use of alcohol or drugs. Public Safety will assess the situation and determine when the situation is a medical emergency and will respond accordingly.

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Reasonable Suspicion Testing Guidelines

1. It is the responsibility of all College employees to immediately report any suspicious behavior or signs of drug/alcohol use by anyone on campus to their supervisor, or other member of management (i.e., next in management chain, or if on third shift, a public safety supervisor) if their supervisor is not available, or if it is the supervisor who is acting suspiciously. If an employee does not report such behavior, he/she may be subject to discipline, up to and including termination of employment.
 - a. If the suspected individual is a student, visitor or member of the public, the Public Safety department should be contacted immediately to deal with the situation.
 - b. Supervisors are expected to keep the identities confidential of the suspected individual and the employee who reported the suspicious behavior
2. If the suspected individual is an employee, the supervisor should
 - a. Contact Public Safety (x20222) immediately to have a Public Safety supervisor respond to serve as a witness and as an expert on identifying alcohol/drug use symptoms.
 - **Important:** If the employee who is suspected of using drugs or alcohol is having a medical emergency, the employee should be transported to a hospital emergency room and subsequently given a drug/alcohol test after the emergency has been resolved. This decision will be made by the responding Public Safety Supervisor, when possible.
 - b. Contact HR (x20565), when possible, for assistance
3. If the supervisor suspects the employee has recently used, or is under the influence of alcohol and/or drugs, he/she uses the “Report for Reasonable Suspicion Alcohol/Drug Screen Testing” (found in Appendix A) and on the HR website at www.mcc.edu/hr/hr_printableforms.shtml, to document the symptoms and physical signs which lead the supervisor to believe so.
 - a. Public Safety will also be documenting the incident using their standard incident report.
4. The supervisor should have a conversation with the employee as soon as possible explaining their reasons for suspicion. The supervisor should ask the employee if they are under the influence of alcohol or drugs. In addition, they should reference the Board Policy and the Reasonable Suspicion Policy; explaining the College’s position on a drug and alcohol free workplace.
5. The supervisor will complete an authorization to conduct the alcohol and/or drug screen at McLaren Occupational Services. This form is available on the HR website. A sample of this completed form is found in Appendix B.
 - a. The College adopts the procedure used by McLaren Occupational Services for conducting drug and alcohol testing.
 - b. If an employee refuses to submit to the test, the refusal will be considered insubordination and an admission of being under the influence of alcohol or drugs. He/she will be subject to the discipline process, up to and including discharge.
 - c. The employee will sign a consent form at the McLaren facility prior to being tested. If the employee refuses once at the McLaren facility, it is considered insubordination and an admission of being under the influence of alcohol or drugs. He/she will be subject to the discipline process, up to and including discharge.
 - d. **Note:** The drug screen form should have the “MRO Service” box checked to receive Medical Review Officer services, including patient follow up to determine

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- if there are underlying conditions that might have triggered a positive drug screen result. The definition and role of the Medical Review Officer is the same as used by McLaren Occupational Services.
6. Public Safety will transport the employee to McLaren Occupational Services [1459 Center Rd in Burton, phone number 810-496-0900] for the drug/alcohol screen. If the incident occurs after regular business hours (see back of McLaren's Employer Authorization for Treatment Form for hours), Public Safety will transport the employee to the after-hours testing facility at McLaren Regional Medical Center [410 S. Ballenger Hwy in Flint, phone number 810-342-2307].
 7. All test results are to be treated with the highest confidentiality.
 8. Test results are immediate for the breath alcohol test, and take 24-48 hours to process for a urine drug screen.
 9. If the alcohol breath test is positive or the employee is not in a condition to return to work or operate a vehicle due to suspected drug use (since the test result is not immediate), Public Safety will transport the employee to his/her residence.
 - a. An alcohol breath test is considered positive when the employee's blood/alcohol level is higher than the State of Michigan law for operating a motor vehicle (currently .08 blood/alcohol level)..
 - b. If an employee is transported home for suspected drug use, he/she is considered on a paid administrative leave as the College waits for test results.
 - c. In the event an employee refuses to be transported by Public Safety, he/she must arrange for a non-Mott employee for transportation. Under no condition should the employee be allowed to drive when intoxication or drug use is suspected. If the employee attempts to drive or leave campus on his/her own, the Public Safety Supervisor may arrest him/her.
 10. If the employee tests positive for alcohol or drugs, he/she will be disciplined appropriately (following all CBA terms, if employee is in a Union), up to and including discharge. Rehabilitation or "last-chance" programs may be included in the disciplinary action, but are entirely at the discretion of management.
 - a. **Note:** A legal drug taken by a physician's prescription will be considered a negative drug screen by McLaren.
 11. An employee who is taking a legal prescription drug under the supervision of a physician should discuss the need to use the drug, and its side effects with his/her supervisor. The employee should present a physician's release to work note if the medication has noticeable side effects. In cases where the side effects would impair the employee's ability to perform the duties of his/her job satisfactorily and safely, a physician's release from work note should be provided.
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Appendix A

Confidential
Mott Community College
Report for Reasonable Suspicion Testing

Employee Name: _____ Date: _____ Time: _____

Department: _____

Supervisor: _____ Date: _____ Time: _____

Signature of Supervisor (or acting supervisor): _____

Witness: _____ Date: _____ Time: _____

Signature of Witness: _____

Reasonable Suspicion Checklist

In the following section, please note all pertinent behavior and physical signs or symptoms, which leads you to reasonably believe that the employee has recently used, or is under the influence of alcohol and/or drugs.

Physical Signs and Symptoms

Comments

___ Odor of Alcohol	_____
___ Odor of Marijuana	_____
___ Slurred Speech	_____
___ Flushed, Swollen Face	_____
___ Red or Runny Eyes or Nose	_____
___ Pupils Dilated or Constricted	_____
___ Unusual Eye Movement	_____
___ Lack of Coordination	_____
___ Tremors or Sweats	_____
___ Weariness, Exhaustion, Sleepiness	_____

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Appendix B

McLaren/Bay Occupational Services
EMPLOYER AUTHORIZATION FOR TREATMENT

Please complete and sign below. Send form with employee or fax prior to visit.
Employee should come prepared with photo ID; social security number; eyeglasses for physical exams.

Employee Name: Sample 1
Date of Visit: 10/31/06 SSN: 111-22-3333
Employer: Mott Community College Employer Phone Number: 762-0123
Address: 1401 E Court St.

<p><input type="checkbox"/> PRE-PLACEMENT SERVICES</p> <p>___ PHYSICAL EXAM</p> <p> ___ Basic</p> <p> ___ DOT</p> <p> ___ Respiratory Med. Clearance</p> <p> ___ Other: _____</p> <p>___ DRUG SCREEN</p> <p> ___ DOT</p> <p> ___ Non-DOT</p> <p>___ DRUG SCREEN <i>COLLECTION ONLY</i></p> <p> ___ DOT</p> <p> ___ Non-DOT</p> <p>___ MRO SERVICE</p> <p>___ X-RAY</p> <p> ___ Chest - 1 view</p> <p> ___ Chest - 2 view</p> <p> ___ Chest - 1 view/B reader</p> <p> ___ Back - 2 view</p> <p>___ EKG</p> <p>___ AUDIOGRAM</p> <p>___ PFT (Pulmonary Function Test)</p> <p>___ BACK SCREEN (Strength and Flexibility)</p> <p>___ TB SKIN TEST</p> <p>___ HEP B VACCINE</p> <p>___ OTHER: _____</p>	<p><input type="checkbox"/> INJURY (WORK RELATED)</p> <p><input type="checkbox"/> RETURN TO WORK EXAM</p> <p><input type="checkbox"/> OTHER: _____</p> <p><input checked="" type="checkbox"/> DRUG/ALCOHOL SCREENING (Other Than Pre-placement)</p> <p>DRUG SCREEN (Urine Test)</p> <p><input checked="" type="checkbox"/> WITH MRO SERVICE</p> <p>___ COLLECTION SERVICE ONLY</p> <p> ___ RANDOM</p> <p> ___ POST-ACCIDENT</p> <p> ___ FOLLOW-UP</p> <p> ___ FOR CAUSE/REASONABLE SUSPICION</p> <p> ___ RETURN TO DUTY</p> <p> ___ OTHER: _____</p> <p>BREATH ALCOHOL TEST</p> <p>___ DOT <input checked="" type="checkbox"/> Non-DOT</p> <p>___ RANDOM</p> <p>___ POST-ACCIDENT</p> <p>___ FOLLOW-UP</p> <p><input checked="" type="checkbox"/> FOR CAUSE/REASONABLE SUSPICION</p> <p>___ RETURN TO DUTY</p> <p>___ OTHER: _____</p>
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SPECIAL INSTRUCTION: _____

By signing and authorizing this service, I agree that fees for services will be paid by the employer.

AUTHORIZED SIGNATURE: Supervisor A **DATE:** 10/31/06

PRINTED NAME: Supervisor A

*** This authorization is valid for the date stated above unless otherwise noted. ***

EMPLOYER AUTHORIZATION FOR TREATMENT

SEE BACK FOR SPECIFIC SITE INFORMATION.

MM-1 (6/05)