

HOMOSASSA SPECIAL WATER DISTRICT (“HSWD”) DRUG FREE WORKPLACE POLICY

Purpose

The purpose of this program is to outline and maintain HSWD's Drug Free Workplace in accordance with workers' compensation provisions (Florida Statutes 440.101-440.102) and the Rules established by the State of Florida, Agency for Health Care Administration for Drug Testing (currently 59A-24 of the Florida Administrative Code). HSWD recognizes that an employee's health affects personal job performance as well as the performance and job safety of other employees. This policy was created to maintain a safe and healthy work environment for all employees and the public. To the extent this policy is inconsistent with any changes that are made to the referenced statutes, rules or subsequent court decisions, HSWD will follow the current legal requirements.

It is a condition of employment for employees to refrain from the abuse, illegal use or misuse of drugs, including prescription or non-prescription medications, controlled substances, or any illegal drugs, or being under the influence of any such drugs, including alcohol, on the job. Marijuana remains an illegal drug under federal law, as well as Florida state law (with certain exceptions) and is considered a prohibited substance for all purposes under the terms of this policy, even if the employee or applicant holds a valid medical authorization for its use. Possession of any illegal drugs is also prohibited at all sites at which employees are providing services. All employees must report to work in appropriate mental and physical condition without any illegal drugs, controlled substances (except for medication prescribed for and being properly used by the employee) or detectable levels of alcohol in their bodies. A drug testing program has been implemented in accordance with the above requirements.

Scope

This policy applies to all employees of HSWD and for those applicants who are being considered for a mandatory-testing (as defined in Section 440.102, Florida Statutes) position. This policy will be made available to all employees and job applicants to review during regular business hours.

Types of Testing

HSWD conducts the following types of drug testing:

Job Applicant. All job applicants seeking a mandatory-testing position (as defined in Section 440.102, Florida Statutes) who are given a conditional offer of employment must submit to a drug test. Refusal to submit to a drug test or a positive, confirmed drug test may be used by HSWD as a basis for refusal to hire the job applicant.

Reasonable Suspicion. All employees must submit to a drug test when requested by HSWD based on a belief that an employee is using or has used drugs in violation of HSWD's policy, drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon any of the following:

- a) Observable phenomena while at work, such as direct observation of drug use or of the physical symptoms or manifestations of being under the influence of a drug.
- b) Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.
- c) A report of drug use, provided by a reliable and credible source.
- d) Evidence that an individual has tampered with a drug test during employment with HSWD.
- e) Information that an employee has caused, contributed to, or been involved in an accident while working, if the accident results in lost time, personal injury requiring medical attention, or injury to property.
- f) Evidence that an employee has used, possessed, sold, solicited or transferred drugs while working or while on HSWD's premises or while operating HSWD's vehicle, machinery, or equipment.

1. Routine Fitness for Duty. An employee must submit to a test for drugs if the test is conducted as part of a routinely scheduled employee fitness-for-duty medical examination that is part of HSWD's established policy or that is scheduled for all members of an employment classification or group.

2. Follow-up. If an employee in the course of employment enters an employee assistance program for drug-related problems, or an alcohol/drug rehabilitation program, and is allowed to return to work, HSWD will require the employee to submit to a drug test as a follow-up to such program, on a quarterly, semi-annual, or annual basis for two years after completion of the program. Advance notice of a follow-up testing date will not be given to the employee to be tested.

Cost of Testing

HSWD will pay the cost of all drug tests, initial and confirmation, which HSWD requires of all employees and applicants. The applicant or employee shall pay the costs of any additional drug tests not required by HSWD.

Refusal to Test/Confirmed Positive Tests

1. Refusal to Test. If a job applicant or an employee refuses to submit to a test for drugs or alcohol, they will forfeit his/her eligibility for all medical and indemnity benefits and may be terminated from employment, not hired, or otherwise disciplined by HSWD.

2. Injury. If an employee is injured in the course and scope of their employment, and has a positive confirmation of a drug at a level described below, such an injured employee may forfeit their eligibility for medical and indemnity benefits under the Workers' Compensation Act upon exhaustion of the procedures provided in the Section of

this policy title "EXPLANATIONS/CHALLENGES TO DRUG TEST RESULTS," and may be terminated from employment.

3. Positive Drug Test and Employee Assistance. If an employee has a positive, confirmed drug test required by HSWD for Reasonable Suspicion, Routine Fitness for Duty, or Follow-up testing, the employee will be considered to be in violation of this policy. HSWD may (but is not required to) request or require the employee to seek help or rehabilitation from an employee assistance program or a community resource. A list of the names, addresses and telephone numbers of employee assistance programs and local alcohol and drug rehabilitation programs is contained at the end of the policy. An employee who has a confirmed positive drug test will be disciplined up to and including termination from employment.

Confidentiality

All information, interviews, reports, statement memoranda, and drug test results, written or otherwise, received by HSWD or produced through the drug testing program are confidential communications, exempt from the provisions of section 119.07, Florida Statutes and section 24(a) Article I of the Florida Constitution, and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with applicable state statutes and rules or in determining compensability under Florida Statutes, Chapter 440.

Employers, laboratories, medical review officers, employee assistance programs, drug and alcohol rehabilitation programs, and their agents who receive or have access to information concerning drug test results must keep all information confidential. Release of such information under any other circumstance shall be solely pursuant to a written consent form signed voluntarily by the person tested, unless such release is compelled by a hearing officer or a court of competent jurisdiction pursuant to an appeal taken under Chapter 440, or unless deemed appropriate by a professional or occupational licensing board in a related disciplinary proceeding. The consent form must contain, at a minimum:

- a) The name of the person who is authorized to obtain the information.
- b) The purpose of the disclosure.
- c) The precise information to be disclosed.
- d) The duration of the consent.
- e) The signature of the person authorizing release of the information.

Information on drug test results is not be released or used in any criminal proceeding against the employee or job applicant except as permitted under the Florida Drug Free Workplace provisions in Chapter 440 of Florida Statutes and the implementing rules and interpretations. Information released contrary to the provision of section 440.102 is inadmissible as evidence in any such criminal proceeding.

Nothing shall be construed to prohibit HSWD, agent of HSWD, or laboratory conducting

a drug test from having access to employee drug test information when consulting legal counsel in connection with actions brought under or related to state statute or rule or when information is relevant to its defense in a civil or administrative matter.

Laboratory Procedures/Drugs for Which HSWD May Test

The collection of specimens and the performance of the drug tests are to be in accordance with the Florida Agency for Health Care Administration’s Drug Testing Rules. The laboratory will be licensed by the Agency for Health Care Administration and is to comply with the provisions of Chapter 483, Part I of the Florida Statutes.

HSWD may test for any or all of the following drugs at the cut-off levels established by the United States Department of Health and Rehabilitative Services. All drug/alcohol tests are to be initially screened using an immunoassay except that the initial screen for alcohol shall be an enzyme oxidation methodology. All specimens identified as positive on the initial screen are to be confirmed using the Gas Chromatography/Mass Spectrometry methodology (GC/MS) or an equivalent or more accurate scientifically accepted method approved by the Agency for Health Care Administration or the United States Drug Administration, except that alcohol will be confirmed using gas chromatography. The cut-off levels for the drug-free workplace program for initially screened urine¹ specimens are:²

	<u>Initial cut-off</u>	<u>Confirmation cut-off</u>
Alcohol - (booze, hootch, drink, beer, liquor, wine, moonshine). All liquid medications containing ethyl alcohol (ethanol). Please read label for alcohol content. As an example, Vick's Nyquil is 25% (50 proof) ethyl alcohol. Comtrex is 20% (40 proof). Contact Severe Cold Formula Night Strength is 25% (50 proof) and Listerine is 26.9% (54 proof).	0.04 g/dL%	0.04 g/dL%
**Amphetamines - (bennies, black beauties, crystal, speed, uppers, crank) Obetrol, Biphetamine, Desoxyn, Dexedrine, Didrex, Ionamine, Fastin.	1,000 ng/mL	500 ng/mL
**Cannabinoids - 11 - nor - Delta - 9 tetrahydrocannabinol - 9 carboxylic acid) (marijuana, hashish, maryjane, grass, reefer, pot, dope, etc.) Marinol (Dronabinol, THC).	50 ng/mL	15 ng/mL
**Cocaine - (benzoylecgonine) (coke, crack, blow, nose candy, toot, snow) Cocaine HCl topical solution (Roxanne).	300 ng/mL	150 ng/mL
**Phencylidine - (PCP, angel dust). Not legal by prescription.	25 ng/mL	25 ng/mL
Methaqualone - (ludes, quaalude, optimil, parest, somnafac, sopor). Not legal by prescription.	300 ng/mL	150 ng/mL
**Opiates - (heroin, horse, smack, powder) Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, Empirin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin and Roxanol (morphine sulfate) Percodan, Vicodin, Tussi-organidin etc.	2,000 ng/mL	
Morphine	***	2000 ng/mL
6-Acetylmorphine	***	10 ng/mL

¹ Initial cut off levels and confirmation levels for hair specimens differ from urine specimens but the drugs to be tested remain the same. Alcohol testing is performed via a blood specimen.

² See Fla. Admin. Code R. 59A-24,006, <http://flrules.elaws.us/fac/59a-24.006>.

	<u>Initial cut-off</u>	<u>Confirmation cut-off</u>
Codeine	***	10 ng/mL
Barbiturates - (barbs, rainbows, downers, goofballs, reds, yellows, blues) Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebaral, Butabarbital, Butalbital, Phrenilin, Triad, etc.	300 ng/mL	150 ng/mL
Benzodiazepines - Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax.	300 ng/mL	150 ng/mL
Methadone - Dolophine, Metadose.	300 ng/mL	150 ng/mL
Propoxyphene - Darvocet, Darvon N, Dolene, etc.	300 ng/mL	150 ng/mL

**These substances are the only drugs to be included in federally regulated Drug Testing Programs (for example, DOT (NIDA) testing). If testing is required for additional substances another separate sample is to be collected.

***The initial cut-off for these substances is pursuant to the initial cut-off for Opiates.

All levels equal to or exceeding the Confirmation cut-off levels will be reported as positive to the Medical Review Officer (MRO). Laboratories are to report all quantitative alcohol results above 0.02% level to the MRO who shall be responsible for reporting results to HSWD, if appropriate.

Medical Review Officer Will Review Results

Results of all drug tests performed by the laboratory are to be sent directly to HSWD's Medical Review Officer for final verification and determination of the drug test. A list of "OVER-THE-COUNTER AND PRESCRIPTION DRUGS WHICH COULD ALTER OR AFFECT THE OUTCOME OF A DRUG TEST" is provided at the end of this policy and will be given to each employee/job applicant subject to testing during the collection process. The employee/job applicant providing a specimen for testing should list any medications taken within the past 30 days on this form and should retain this form to be used as a "memory jogger" should the Medical Review Officer need to discuss the results of the test with the employee/job applicant. **THIS FORM IS NOT TO BE GIVEN TO HSWD.** HSWD's designated Medical Review Officer will use the information provided to interpret any positive confirmed results.

An employee or job applicant who receives a positive confirmed test result may contest or explain the result to the Medical Review Officer within five (5) working days after receiving written notification of the test result. If an employee's or job applicant's explanation or challenge is unsatisfactory to the Medical Review Officer, the Medical Review Officer must report a positive test result back to HSWD. The employee or job applicant may contest the drug test result pursuant to law or to rules adopted by the Agency for Health Care Administration.

Explanations/Challenges to Drug Test Results

Within five (5) working days after receipt of a positive confirmed test result from the Medical Review Officer, HSWD will inform the applicant or employee in writing of the positive test results, the consequences of such results, and the options available to the employee/applicant, including the right to file an administrative or legal challenge.

HSWD will provide to the employee or job applicant, upon request, a copy of the test results.

Within 5 working days after receiving notice of a positive confirmed test result, the applicant or employee will be allowed to submit information to HSWD explaining or contesting the test results. During the period following the positive confirmed test, the employee will be suspended without pay. If the explanation or challenge of the positive test results is unsatisfactory to HSWD, a written explanation as to why the applicant or employee's explanation is unsatisfactory, along with the report of the test results, will be provided by HSWD to the applicant or employee. All such documentation will be kept confidential by HSWD and will be retained by HSWD for at least one (1) year.

1. Documentation Based on Reasonable Suspicion. After testing based on reasonable suspicion, HSWD will promptly detail in writing the circumstances which formed the basis of the determination that reasonable suspicion existed to warrant the testing. A copy of this documentation will be given to the employee upon request. The original documentation will be kept confidentially by HSWD and retained for at least one (1) year, or as otherwise required by the public records law, if applicable.

2. Additional Rights and Responsibilities of Employees and Applicants. During the 180-day period after written notification of a positive test result, the employee/applicant who has provided the specimen will be permitted by HSWD to have a portion of the specimen retested, at the employee's/applicant's expense. Such retesting is to be done as specified in the applicable Workers' Compensation Statute and Rules.

It is the responsibility of the applicant or employee to notify the laboratory of any administrative or civil actions brought pursuant to Chapter 440, Florida Statutes, Drug Free Workplace requirements.

Employees and job applicants have the right to consult the testing laboratory for technical information regarding prescription and non-prescription medication.

Employee Assistance Program

In addition to resources which may be available in local telephone directories "Yellow Pages" and similar on-line resources (www.yellowpages.com) under "Drug Abuse and Addiction—Information and Treatment," the following lists the names and locations of treatment centers. Also, the United Way, listed in the telephone directory White Pages (as well as www.whitepages.com), offers many confidential services at no charge. Any costs of outside services are the Employee's responsibility. This list is not exhaustive but provides some local resources for the employee to assess.

National Hotline numbers and national assistance groups.

<i>Assistance/information provider</i>	<i>Contact number</i>
<i>Substance Abuse and Mental Health Services Administration</i>	<i>1.800.662.4357</i>

<i>Alcoholics Anonymous</i>	<i>1.800.252-6465</i>
<i>National Cocaine Hot Line</i>	<i>1.800.262.2463</i>
<i>Veteran's Crisis Line</i>	<i>1.800.273.8255</i>

Local assistance groups

<i>Assistance/information provider</i>	<i>Address</i>	<i>Contact number</i>
<i>Anti-Drug Coalition of Citrus County</i>	<i>957 S. Lois Terrace, Suite 103, Inverness, Florida 34452</i>	<i>352-601-6620</i>
<i>LifeStream Behavioral</i>	<i>2020 Tally Rd Leesburg, FL 34748</i>	<i>866-355-9394 or 352-315-7800</i>
<i>The Centers</i>	<i>3238 S. Lecanto Hwy, Lecanto, FL 34461</i>	<i>Crisis Line: 352 726-7155 352.291.5555</i>

**OVER-THE-COUNTER AND PRESCRIPTION DRUGS
WHICH COULD ALTER OR AFFECT THE OUTCOME OF A DRUG TEST
(THIS LIST IS NOT INTENDED TO BE AN ALL-INCLUSIVE LIST)**

<u>ALCOHOL</u> - All liquid medications containing ethyl alcohol (ethanol). Please read the label for alcohol content. As an example, Vick's Nyquil is 25% (50 proof) ethyl alcohol, Comtrex is 20% (40 proof), Contac Severe Cold Formula Night Strength is 25% (50 proof) and Listerine is 26.9% (54 proof).
<u>AMPHETAMINES</u> - Obetrol, Biphetamine, Desoxyn, Dexedrine, Didrex, Ionamine, Fastin
<u>CANNABINOIDS</u> - Marinol (Dronabinol, THC)
<u>COCAINE</u> - Cocaine HCl topical solution (Roxanne)
<u>PHENCYCLIDINE</u> - Not legal by prescription.
<u>METHAQUALONE</u> - Not legal by prescription.
<u>OPIATES</u> - Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, Empirin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin and Roxanol (morphine sulfate), Percodan, Vicodin, Tussi-organidin, etc.
<u>BARBITURATES</u> - Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebaral, Butabarbital, Butabital, Phrenilin, Triad, etc.
<u>BENZODIAZEPINES</u> - Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax.
<u>METHADONE</u> - Dolophine, Metadose
<u>PROPOXYPHENE</u> - Darvocet, Darvon N, Dolene, etc.

This form may be used by you to list the actual or possible side effects of the prescription drugs and other medications you are taking and/or you may list the prescription drugs and other medications you have taken within the past thirty (30) days. Do not identify the reason for its use. Provide any other information that you want the medical review officer to know in connection with this drug test. This is for your use only at this time. It should be given to the medical review officer only if there is a positive confirmed test result. **DO NOT GIVE THIS FORM TO HSWD.** In the case of a positive test result this information should be provided to the medical review officer.

BY: _____

PRINT NAME: _____

DATE: _____