

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

Effective AUGUST 22, 2022, the sixty-first day following the posting of its General Notice (**posted on JUNE 21, 2022**) Homosassa Special Water District (“HSWD”) will maintain a drug free workplace in accordance with Sections 440.101-440.102 of Florida Statutes and the rules established by the State of Florida, Agency for Health Care Administration (currently Rule 59A-24 of the Florida Administrative Code) as implemented by the Florida Agency For Health Care Administration.

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 (including medical marijuana), or being under the influence of any such drugs, including alcohol, on the job. A drug testing program has been implemented in accordance with the above requirements.

This statement is a summary of HSWD's Drug Free Workplace Policy (Policy) and will be made available to all employees and job applicants to review during regular business hours. For further information, a complete copy of the Policy is available for inspection during regular business hours in HSWD's business office (see the Office Manager).

1. Types of Testing. HSWD will conduct the following types of drug testing:

(A) Job Applicant. All job applicants for a mandatory-testing position (as defined in Section 440.102, Florida Statutes) who are considered final candidates for 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.

(B) 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. This belief should be drawn from specific objective and articulable facts and reasonable inferences based on those facts in light of experience.

(C) 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 routinely for all members of an employment classification or group.

(D) Follow-Up. If an employee in the course of employment enters an employee assistance program for drug-related problems, or an alcohol and drug rehabilitation program, the employee must submit to a drug test as a follow-up to such program, and on a quarterly, semi-annual, or annual basis for two years thereafter.

2. Disciplinary Action.

(A) Job Applicants. Job applicants for a mandatory-testing position who refuse to submit to testing or who have confirmed positive test results will not be hired.

(B) Employees. Employees who refuse to submit to a test for drugs or alcohol may forfeit their eligibility for Workers' Compensation medical and indemnity benefits and may be terminated from employment or otherwise disciplined by HSWD. An employee who has a confirmed positive drug test may be disciplined up to and including termination from employment.

3. Employee Assistance Programs. Attachment "A" is a representative sampling of the names, addresses and telephone numbers of employee assistance programs and local alcohol and drug rehabilitation programs available to employees.

4. Confidentiality. All information, interviews, reports, statement memoranda, and drug test results, written or otherwise, received by HSWD through this drug testing program are confidential communications. Unless authorized by state laws, rules or regulations, HSWD will not release such information without a written consent form signed voluntarily by the person tested.

5. Drugs to be Tested. HSWD may test for any or all of the following drugs:

	<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

	<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

6. Reporting Use of Prescription or Nonprescription Drugs. Attachment B is a list of over-the-counter and prescription drugs which could alter or affect the outcome of a drug test. This form should be filled out by job applicants for a special-risk or mandatory-testing position and employees if there is a positive confirmed drug test and provided to the medical review officer. This form permits individuals to confidentially list all prescription and nonprescription drugs they are currently using or have used in the last month, as well as any other information they consider relevant to the test. **DO NOT PROVIDE THIS INFORMATION TO HSWD.**

7. Challenges to Drug Test Results. Within five working days after receiving notice of a positive confirmed test result, the employee or job applicant is allowed to submit information to HSWD explaining or contesting the test results. If the explanation or challenge of the positive test results is unsatisfactory to HSWD, within fifteen days of receipt of the explanation or challenge, a written explanation as to why the explanation is unsatisfactory, along with the report of the positive test results, shall be provided by HSWD to the applicant or employee, as applicable. All such documentation shall be kept confidential by HSWD and shall be retained by HSWD for at least one year. The employee or applicant may contest the drug test result pursuant to law or to rules adopted by the Agency for Health Care Administration.

8. Notification to Drug Testing Laboratory. A job applicant or employee has the responsibility of notifying the drug testing laboratory of any administrative or civil actions brought pursuant to the Drug Free Workplace requirements of Chapter 440 of the Florida Statutes.

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

ATTACHMENT "A"

Employee Assistance Program

In addition to resources which may be available under the HSWD’s Employee Assistance Program (EAP), local telephone directories “Yellow Pages” and similar on-line resources (www.yellowpages.com) under “Drug Abuse and Addiction—Information and Treatment,” 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>

ATTACHMENT "B"

**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, Biphedamine, 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, Rokitussin AC, Guaiatuss 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.

List prescription drugs taken within the past thirty (30) days. 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 if there is a positive confirmed test result. **DO NOT GIVE THIS FORM TO THE HSWD.** In the case of a positive test result this information should be provided to the medical review officer.

BY: _____

PRINT NAME: _____

DATE: _____