

# Veterinary Practice

## Drug Free Workplace Policies

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### Substance Use Policy And Procedures

#### 1. Introduction

##### a. Background

The Alabama Veterinary Medical Association (ALVMA) recommends that Veterinary clinics adopt policies that are in compliance with federal laws, including the Americans with Disabilities Act, and with Alabama state law, such as the Alabama Controlled Substances Act. These policies can help you preserve your most valuable resources: your employees, your time, and your license.

The illegal use of drugs is a national problem that seriously affects everyone. Drug abuse affects the individual users and their families, and also impacts the workplace. Impairment in the workplace has its own set of risks and costs for the organization.

The purpose of this Drug-Free Workplace Program is to set forth objectives, policies, procedures, and implementation guidelines, to achieve a drug-free workplace consistent with ALVMA recommendations.

##### b. GENERAL POLICY

The (**Veterinary Clinic Name**) \_\_\_\_\_ is committed to providing a safe, healthy and productive work environment that is free from the illegal use of drugs or alcohol by all employees. The possession, use, and distribution of controlled substances will be dealt with promptly in accordance with legal and administrative disciplinary procedures. Beginning sixty (60) days after (**Implementation date**) \_\_\_\_\_, as a means of maintaining our drug-free workplace policy, we will implement active employee substance screening or testing as further described in this policy.

Employees shall not report to work under the influence of mood altering drugs or alcohol while on duty. The theft of any medication or drugs is prohibited.

Employees who are scheduled on stand-by status or on a scheduled 24 coverage are considered to be “on duty” for purposes of this policy.

A successful drug-free workplace depends on how well we inform employees of the hazards of drug use and on assistance available to rehabilitate drug users. Equally important is the assurance to all employees that personal dignity and privacy will be respected in reaching the goal of a drug-free workplace.

Therefore, the program includes policies and procedures for (1) supervisory training, (2) employee education, (3) identification of illegal drug use through drug testing on a carefully controlled and monitored basis, and (4) a referral program for employee assistance and/or rehabilitation.

### **c. REPORTING REQUIREMENTS**

If an employee is involved in drug or alcohol misconduct (possession of illegal drugs or alcohol, use of non-prescribed medication, theft of medication, use of alcohol, use of illegal drugs) on the work site, appropriate notification of state agencies may be made.

If an employee exhibits a behavior which may be indicative of impairment at the worksite, it is the responsibility of those identifying the behaviors to take action. That action will include: 1) inform supervisor, 2) document observation/facts with date, time and details in writing.

Note: Any employee taking a prescribed or over-the-counter narcotic or drug which may cause impairment of functioning must advise the supervisor of its use **(if disclosure would be required by job relatedness and consistent with business necessity)**. The supervisor will decide whether the employee can continue to work and/or will impose any work restriction. The employee’s physician may be contacted for clarification if supervisor has any questions regarding the employee’s ability to safely and effectively perform assigned duties while using prescribed medication.

### **d. DRUGS FOR WHICH INDIVIDUALS ARE TESTED**

Drugs for which employees may be tested include controlled substances, illicit drugs of abuse, or the improper use of prescription medications. This includes amphetamines, cannabinoids, phencyclidine (PCP), methadone, opiates, methaqualone, barbiturates, benzodiazepines, propoxyphene, cocaine, a metabolite of any of these substances, or any drugs of these classes. Other substances not included in these categories, but used in veterinary clinics may be added as necessary.

## **e. DRUG OR ALCOHOL USE / DISTRIBUTION / POSSESSION**

The use, sale, possession, distribution, offer to sell or buy, trafficking, purchase, consumption, transfer, or presence in the body of alcoholic beverages, hallucinogens, prescription drugs taken illegally or in excessive amounts, illegal drugs (other than legally prescribed drugs or drugs sold over the counter), or unauthorized controlled substances while on the job, or property, is a dischargeable offense. Possession of drug paraphernalia is also a violation of this policy. Any illegal substance may be turned over to the appropriate law enforcement agency.

## **f. ALCOHOL USE / POSSESSION**

Employees who report to work under the influence of alcohol, or who possess, sell, purchase, or consume alcohol on the job, jeopardize their own and their co-workers' safe and efficient job performance. Such conditions will be proper cause for disciplinary action up to and including termination of employment. On-call employees are prohibited from using alcohol for the specific on-call hours of that employee. The employer will provide an opportunity for each such on-call employee to acknowledge the use of alcohol at the time called to report for duty, and it is the employee's responsibility to inform the supervisor at the earliest possible time of any potential impairment from alcohol.

## **g. OFF-DUTY CONDUCT**

Off-duty use of drugs, alcohol or any other prohibited substances which results in impaired work performance, which may include absenteeism, tardiness, poor work performance, damage to the employer's reputation, or inferior quality of work, is prohibited and is proper cause for disciplinary actions up to and including termination of employment.

## **h. RIGHT TO SEARCH**

Employees suspected to be in violation of this policy may be subject to such searches as supervisory staff at the clinic deem necessary in their sole and exclusive discretion. Search of an employee's private vehicle without the employee's consent is prohibited. Employees who refuse to cooperate with such searches may be subject to discipline up to and including discharge.

Before conducting a search it will be explained to the employee the reason for the search and request the employee's consent to the search. Searches consented to will be conducted in a way that minimizes intrusion into the employee's privacy. No search will be conducted if the employee refuses consent to the search, but the employee's refusal to cooperate with search efforts may subject the employee to discipline, including discharge.

If a search uncovers evidence of employee wrongdoing, illegal activity, or employee violations of clinic rules or policies, the evidence may be used to

support disciplinary actions including discharge. In cases involving suspected illegal activities, the evidence may be turned over to the proper authorities.

## **2. DEFINITIONS:**

**a. Alcohol** is ethyl alcohol or spirits of wine, from whatever source or by whatever process produced.

**b. Breath Alcohol Concentration (BrAC)** is the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath.

**c. A Confirmation Test** is a second analytical procedure used to identify the presence of a specific drug or metabolite or alcohol in a specimen. The confirmation test shall be different in scientific principle than that of the initial test procedure. The confirmation method shall be capable of providing requisite specificity, sensitivity, and quantitative accuracy.

**d. Drugs** – Illegal Drugs – Controlled substances included in Schedule 1, as defined by Section 802 (6) of Title 21 of the United States Code, the possession of which is unlawful under Chapter 13 of that Title (for example: heroin, GHB, LSD, etc.). The term “illegal drugs” does not mean the use of a controlled substance pursuant to a valid prescription or other uses authorized by law.

**e. Evidential Breath Testing Device (EBT)** is used for alcohol testing which has been approved by the National Highway Traffic Safety Administration (NHTSA) and placed on NHTSA's "Conforming Products List of Evidential Breath measurement Devices."

**f. Medical Review Officer (MRO)** is a licensed physician (medical doctor or doctor of osteopathy), certified by either the American College of Occupational and Environmental Medicine or The American Association of Medical Review Officers, responsible for receiving laboratory results generated by an employer's drug testing program. The MRO shall have knowledge of substance abuse disorders and appropriate medical training to interpret and evaluate an individual's confirmed positive test, medical history, and other relevant biomedical information.

**g. Prescription Medication (Prescription Drug)** is a drug or medication lawfully prescribed by a physician for an individual and taken by that individual

in accordance with the prescription.

**h. Safety Sensitive Functions** usually include positions that involve any of the following: national security; health or safety; functions that require a high degree of trust and confidence; operation of company vehicles, machinery, or equipment (the mishandling of which may place fellow employees or the general public at risk of serious injury, or the nature of which would create a security risk in the workplace); or the handling of hazardous material.

**i. Substance** is drugs or alcohol.

**j. Substance Test or Test** is any chemical, biological, or physical instrumental analysis administered for the purpose of determining the presence of a drug or alcohol.

### **3. NOTICE OF IMPLEMENTATION**

Each employee will be asked to acknowledge that they have reviewed a written copy of the Drug Free Workplace Policy and given voluntary consent to be tested by signing on the policy or another form provided.

### **4. TEST PROCEDURES IN GENERAL**

#### **a. SPECIMEN COLLECTIONS and ANALYSES**

The employee is responsible for reporting to the designated collection site within four hours or as specified by a supervisor if asked to submit to drug screening. If the employee fails to do so and is unable to document a verifiable circumstance which prevented compliance with the request for the screen, the employee will be considered to have refused screening, and will be subject to termination of employment. Submission of an adulterated, diluted or fraudulent specimen for screening will also result in the employee being subject to termination of employment. The employee is responsible for listing any prescription medications he/she is taking which may show up as positive on the screen, and providing a copy of the prescription for verification to the lab or medical review officer (MRO). The employee is responsible for returning any phone calls from the MRO within a reasonable period of time, not more than 24 hours. The employer will use all available resources to insure that MRO employee contact is attained.

## **b. MRO SERVICES**

The role of the Medical Review Officer is to decide whether the employee has passed the urine drug screening. The MRO will provide verification of positively reported urine drug screens, and may interview the employee to account for prescription medications.

## **5. Drug / Alcohol Screening and Testing**

### **a. Pre-employment Testing**

Pre-employment drug screening will be performed on all final applicants as a condition of their employment. Applicants must sign the attached “**Consent For Release Of Confidential Information**” Form and agreement (see p. 16), which releases the clinic from liability, before voluntarily submitting to initial screening. The applicant will be informed that the specimen is subject to being tested for the presence of any of, but not limited to, the following substances: stimulants, amphetamines, cocaine, cannabinoids, opiates, barbiturates, sedatives, benzodiazepines, alcohol, PCP, tramadol, hallucinogens, or other drugs of abuse.

Any job offer will be withdrawn if the applicant tests positive in a confirmed lab test, refuses to submit to a test or sign this policy agreement, or if the initial screening is not negative and the applicant withdraws the job application.

### **b. REASONABLE SUSPICION TESTING**

Reasonable Suspicion Testing shall be required when it is believed that an employee is using or has used drugs or alcohol in violation of this policy. Testing shall be based upon specific objectives and articulable facts and reasonable inferences as identified on the “**Reasonable Suspicion Report Form**” (see p. 15). Such facts and inferences may be based upon, but not limited to, the following:

- 1) Direct observations of substance abuse or of the physical symptoms or manifestations of being impaired due to substance use.
- 2) Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.
- 3) A report of substance use provided by a reliable and credible source.
- 4) Evidence that an individual has tampered with any substance use test during his or her employment with the current employer.

- 5) Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while on the premises of the employer or while operating the employer's vehicle, machinery, or equipment.
- 6) Causing or contributing to a workplace accident.
- 7) Observed unauthorized taking of controlled drugs from clinic supply.

The supervisor requesting testing shall complete, and sign the "Reasonable Suspicion Report Form" at the time testing is requested, if feasible, but within 24 hours of testing in any event. The supervisor should have the corroboration of another supervisor, when possible, before the employee is requested to be tested. In the absence of another supervisor, another employee may be requested to witness the observation and the "reasonable Suspicion Report Form."

If use is suspected, the employee will be transported to the collection site for testing.

### **c. POST ACCIDENT TESTING**

Post Accident Testing shall be conducted when an employee causes or contributes to any accident resulting in injury requiring more than simple first-aid treatment, significant damage to company property or when the employee causes or contributes to a loss-time accident. Testing shall be conducted within 32 hours of the accident.

### **d. POST-REHABILITATION TESTING**

The frequency of random screens upon return to work after completion of treatment for substance problems will be determined by the clinic owner or designee, and incorporated into a written "Return to Work Agreement (see p. 13), and signed by the employee. The cost of these screens will be the responsibility of the employee.

**e. RANDOM SCREENING OR TESTING**, without notice. The frequency, percentage, and employee classifications subject to such screening and testing is to be determined by the clinic or as may be required by a contractor or site owner.

## **6. FINDING OF DRUG USE AND DISCIPLINARY CONSEQUENCES**

### **a. Determination**

An employee may be found to use illegal drugs on the basis of any appropriate evidence including and not limited to: 1) direct observation; 2) evidence obtained from an arrest or criminal conviction; 3) a verified positive test result, or; 4) an employee's voluntary admission.

**b. Refusal** to take drug test when required may result in termination of the employee. No applicant refusing to be tested will be extended an offer for employment.

### **c. Testing Positive Disciplinary Action**

Drug or alcohol abuse is an action on the employee's part that endangers not only the employee but fellow employees and the general public as well. The following describes how this clinic will handle disciplinary action for suspected drug or alcohol abuse.

The clinic may suspend an employee associated with reasonable suspicion testing. During the period of suspension, the employee will not be paid at the supervisor's discretion. If the employee tests positive and then cooperates with an approved evaluation, if treatment is required, they may use accrued hours, unpaid leave, or Family Medical Leave.

If the employee test is positive, but the employee does not cooperate with an approved evaluation and treatment recommended, termination may result.

If the employee test result is negative, the scheduled hours that were unpaid during the suspension will be paid as hours worked. The employee will then be allowed to return to work.

### **d. Grounds for Termination**

- 1) The consumption of alcohol on the job or on clinic property.
- 2) The use, possession, sale, distribution, or consumption of alcohol or illegal drugs on clinic property or while on duty.
- 3) Refusal or failure to test ("for cause" testing).
- 4) An employee will be terminated after the first positive test for illegal drug use or being under the influence of alcohol unless the employee:

- a) Cooperates with and completes appropriate evaluation and/or rehabilitation;
- b) Receives a release from an approved, licensed rehabilitation facility stating ability to return to work;
- c) Remains free of substance abuse by cooperation with, and as determined by, successfully passing requested random drug and alcohol screens for a period of 24 months after successfully completing a rehabilitation program.

#### **e. Rehabilitation Prior to A “For Cause” Situation**

If an employee approaches the supervisor before a “for cause” situation arises (for example, prior to being confronted on the job about suspected substance abuse), and seeks help with an alcohol or drug problem, the employee will be afforded an opportunity to complete an evaluation and return to work while completing an outpatient treatment program if that is indicated by the evaluating addiction professional. If the evaluating addiction professional recommends structured inpatient treatment, the clinic may at its discretion provide the opportunity for a Medical Leave of Absence to the employee. As with other Medical Leave of Absence situations, the employee will be required to show a release from a licensed inpatient or outpatient facility’s medical treatment coordinator prior to returning to work.

If the employee voluntarily admits to a substance abuse problem, then random drug and/or alcohol testing for a period of 24 months will be a condition of employment after being released back to work following rehabilitation. Any positive test on a random drug and/or alcohol screen during that period may result in immediate termination of employment.

#### **f. Substance Use Among Licensed Veterinary Professionals**

Notification to the Alabama Veterinary Professionals Wellness Program (AVPWP) and voluntary participation of the professional in the AVPWP will constitute adequate reporting of any positive results obtained by “for cause” testing for a licensed veterinary professional.

*Note:* When licensed veterinary professionals voluntarily participate in the AVPWP, it is not required that they be reported to the Alabama State Board of Veterinary Medical Examiners (ASBVME).

It is imperative that an evaluation occur, so that a diagnosis may be established, and treatment prescribed. The ASBVME is committed to providing an alternative to discipline for those individuals whose behavior is the result of a dependency on drugs or alcohol.

## **7. CONFIDENTIALITY OF INFORMATION**

All information, interviews, reports, statements, memoranda, and test results, written or otherwise, received through this drug free workplace and substance use testing program shall be held as confidential communications by this clinic, MROs, laboratories, drug and alcohol rehabilitation programs, and their respective agents. Release of such information shall be pursuant to completion of the “**Consent for Release of Confidential Information**” form (see p.16) signed by the individual that tested.



## **Return to Work Agreement**

These guidelines are to be followed once the supervisor has knowledge of any employee entering into and/or completing a rehabilitation program for the treatment of alcohol and/or drug abuse.

These guidelines are not intended to replace or alter any other policy related to a drug free workplace.

1. Employees who enter an approved rehabilitation program for the treatment of confirmed drug and/or alcohol abuse will be required to successfully complete the approved rehabilitation program. Failure to complete an approved rehabilitation program may result in termination.
2. Employees returning to work after treatment for alcohol and/or drug abuse should follow all treatment recommendations which concern their addiction recovery.
3. Employees returning to work after treatment for drug/alcohol abuse must submit to random drug testing at a minimum of \_\_\_\_\_ per year for a period of two years. Employees will be notified of the specific frequency of their periodic drug screens before they return to work. These tests will be called on a randomized basis and urine and/or blood specimens must be submitted to an AVPWP approved collection site. The employee is responsible for the cost of these screens. This clinic will accept random urine drug screens required by AVPWP for licensed veterinary professionals or veterinary students. (These screens may be required at a greater frequency and for a longer period of time per individual agreement with AVPWP)
4. Based on reasonable suspicion of drug or alcohol use, the supervisor or employer (or for the licensed professional or veterinary student, the AVPWP) may require that an employee submit to a drug screen immediately.
5. Failure to submit to a screen or a positive test result may result in termination without notice.
6. Employees must agree to release all screen results to \_\_\_\_\_.
7. Additional comments: \_\_\_\_\_.

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**NAME (employee)**

**DATE**

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**(Employer)**

## **PRE-EMPLOYMENT DRUG TESTING AGREEMENT**

I hereby consent to submit to an urinalysis and/or other tests as shall be determined by **(Clinic Name)** in the selection process of applicants for employment for the purpose of determining substance use.

I agree that **(Clinic Name)** may refer me for collection of these specimens for the tests and forward them to \_\_\_\_\_ for analysis.

I further agree to, and hereby authorize, the release of the results of said tests to **(Clinic Name)** designated Medical Review Officer (MRO), and from the MRO to the employer. Positive results may be reported to the employer by the MRO.

I understand that the current use of drugs and/or alcohol shall prohibit me from being employed by **(Clinic Name)**.

I further agree to hold harmless this company and its agents \_\_\_\_\_ **and the Medical Review Officer** from any liability arising in whole or in part from the collection of specimens, testing, and use of the results from said tests in connection with the company's consideration of my application for employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced by anyone to sign this document.

**APPLICANT'S PRINTED NAME:** \_\_\_\_\_

**APPLICANT'S SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**WITNESS' PRINTED NAME:** \_\_\_\_\_

**WITNESS' SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**REASONABLE SUSPICION REPORT FORM**

NAME OF EMPLOYEE: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ OFFICE: \_\_\_\_\_

NAME OF WITNESS (ES) AND TITLES (S): \_\_\_\_\_

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Disorientation \_\_\_\_\_ Extremely Nervous \_\_\_\_\_

Thick, Slurred Speech \_\_\_\_\_ Unusually Talkative \_\_\_\_\_

Glassy-Eyed \_\_\_\_\_ Profuse Sweating \_\_\_\_\_

Poor Motor Coordination \_\_\_\_\_ Uncoordinated Gait \_\_\_\_\_

Sleepiness & Drowsiness \_\_\_\_\_ Belligerence \_\_\_\_\_

Jerky Movement of Eyes \_\_\_\_\_ Staggering Gait \_\_\_\_\_

Blank Stare Appearance \_\_\_\_\_ Mood Changes \_\_\_\_\_

Dilated Pupils \_\_\_\_\_ Odor of Glue, Paint Solvent \_\_\_\_\_

Flushed Face, Head, or Neck \_\_\_\_\_ Poor Perception of Time & Distance \_\_\_\_\_

Redness around Nasal Area \_\_\_\_\_ Use of Sunglasses at Inappropriate  
Times \_\_\_\_\_

Tremor of Fingers & Hands \_\_\_\_\_ Unable to Perform Usual Routine  
Tasks \_\_\_\_\_

Unusual Body Position \_\_\_\_\_ Odor of Burnt Rope \_\_\_\_\_

Muscle Rigidity \_\_\_\_\_ Inability to Remember \_\_\_\_\_

Hearing and/or Seeing Things \_\_\_\_\_ Other, Explain Below \_\_\_\_\_

Describe in detail the events that led to this report and explain your observations checked above. You may write on the back of this form.



CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I \_\_\_\_\_,  
(EMPLOYEE / APPLICANT'S PRINTED NAME) (SOCIAL SECURITY #)

voluntarily give my consent for release of **test results, lab reports and treatment records** received through **(Clinic Name) Drug Free Workplace Testing Program** to the **Alabama Veterinary Professionals Wellness Program, and others as listed:**

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for the purpose of complying with the **(Clinic Name) Drug Free Workplace Policy**.

I understand that copies of this original form shall have the same force and effect as the original.

\_\_\_\_\_  
(SIGNATURE OF EMPLOYEE/APPLICANT)

\_\_\_\_\_  
(DATE SIGNED)

\_\_\_\_\_  
(PRINTED NAME OF WITNESS)

\_\_\_\_\_  
(WITNESS' TITLE)

\_\_\_\_\_  
(SIGNATURE OF WITNESS)

\_\_\_\_\_  
(DATE SIGNED)

SUBSTANCE USE TESTING  
CONSENT FORM

I hereby certify that I have reviewed a written copy of **(Clinic Name)** \_\_\_\_\_ Drug-Free Workplace Policy which was effective **(Implementation Date)** \_\_\_\_\_. I have been given the opportunity to ask questions regarding this policy. I understand that violation of this policy is cause for disciplinary action, up to and including termination, or disqualification of employment.

I hereby give my voluntary consent for specimen(s) to be collected from me and submitted for drug and/or alcohol testing as a condition of my initial or continued employment. I understand that I will not be forced to submit to any alcohol or drug test, but my refusal to do so shall result in termination of employment or consideration for employment. I further consent to the release of said test results to **(Clinic Name)** \_\_\_\_\_ and the said employer's Medical Review Officer. I understand that these results will be held in strict confidence.

I understand that **(Clinic Name)** \_\_\_\_\_ has the right to conduct searches and inspections of any employee's personal effects, clothing, work area, and vehicle for the purpose of determining if such employee or other person is in possession, uses, transports, or conceals any prohibited items and/or substances.

Searches, inspections, and substance use testing as may be required from time to time without prior announcement shall be conducted with concern for the personal privacy of each employee.

I understand that consent and cooperation in these procedures is a condition of employment, and that refusal to consent may result in termination or disqualification from employment.

I authorize the release of any test results to the company's workers' compensation insurer(s), the Alabama Unemployment Compensation Division, or any other government agency investigating my employment or termination.

I understand that copies of this original shall have the same force and effect as the original.

I understand that this agreement in no way limits my rights or **(Clinic Name)** to terminate employment at any time for any reason.

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**EMPLOYEE'S (APPLICANT) SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS' PRINTED NAME**

\_\_\_\_\_  
**TITLE**