

## **DRUG AND ALCOHOL POLICY and TESTING PROCEDURES GALES CREEK CAMP**

### **DRUG AND ALCOHOL FREE WORKPLACE POLICY**

Gales Creek Camp believes that it has a responsibility to its employees, those who use or come into contact with its products and services, and the general public to ensure safe working conditions for its employees. Because of this concern for health and safety, it is our intent to provide a chemical-free, healthy, safe and secure working environment, to maintain a safe work place and to comply with federal and state health and safety regulations, and to prevent accidents.

To ensure safe working conditions, Gales Creek Camp employees may not report to work or perform work for Gales Creek Camp with alcohol or drugs in their systems, and they must remain unimpaired by the effects of alcohol or drugs throughout the workday. Gales Creek Camp also prohibits the manufacturing, use, possession, distribution, or sale on its premises, facilities, vehicles, workplaces or job sites of any alcoholic beverages, drugs or drug paraphernalia. This policy applies to all Gales Creek Camp employees, and will be strictly enforced.

As a condition of employment, the employee must abide by the terms of this policy.

#### **Purpose**

This section expands the short policy statement by defining the types of drug test required, how they will be administered, disciplinary action and confidentiality requirements.

#### **Definitions**

1. “Alcohol” means ethyl alcohol, hydrated oxide of ethyl, or spirits of wine, from whatever source or by whatever process produced.

2. “Alcohol test” means a chemical, biological, or physical instrumental analysis administered for the purpose of determining the presence or absence of alcohol within an individual’s body systems.

3. “Chain of custody” means the methodology of tracking specimens for the purpose of maintaining control and accountability from initial collection to final disposition for all specimens and providing for accountability at each stage in handling, testing, and storing specimens and reporting test results.

4. “Collection site” means a place where individuals present themselves for the purpose of providing a urine, breath, or other specimen to be analyzed for the presence of drugs or alcohol.

5. “Confirmation test” or “confirmed test” means a second analytical procedure used to identify the presence of a specific drug or metabolic in a specimen.

6. "Department" means the department of social and health services.

7. "Drug" means amphetamines, cannabinoids, cocaine, phencyclidine (PCP), methadone, methaqualone, opiate, barbiturates, benzodiazepines, propoxyphene, or a metabolite of any such substances.

8. "Drug test" means chemical, biological, or physical instrumental analysis administered on a specimen sample for the purpose of determining the presence or absence of a drug or its metabolites within the sample.

9. "Employee" means a person who is employed for salary, wages, or other remuneration by an employer.

10. "Initial test" means a sensitive, rapid, and reliable procedure to identify negative and presumptive positive specimens. An initial drug test must use an immunoassay procedure or an equivalent procedure use a more accurate scientifically accepted method approved by the national institute on drug abuse as more accurate technology becomes available in a cost-effective form.

11. "Injury" means a sudden and tangible happening, of a traumatic nature, producing an immediate or prompt result and occurring from without' and such physical conditions as result therefrom.

12. "Job applicant" means a person who been offered employment

13. "Medical review officer" means a licensed physician trained in the field of drug testing who provides medical assessment of positive test results, requests reanalysis if necessary, an makes a determination whether or not drug misuse has occurred.

14. "Nonprescription medication" means a drug or medication authorized under federal or state law for general distribution and use without a prescription in the treatment of human disease, ailments, or injuries.

15. "Prescription medication" means a drug or medication lawfully prescribed by a physician, or other health care provider licensed to prescribe medication, for an individual and taken in accordance with the prescription.

16. "Specimen" means breath or urine. "Specimen" may include other products of the human body capable of revealing the presence of drugs or their metabolites or of alcohol, if approved by the United States Department of Health and Human Services and permitted by rules adopted under Chapter 440-26 WAC or OAR 471-030-0125.

17. "Substance" means drugs or alcohol.

18. “Substance abuse test” or “test” means a chemical, biological or physical instrumental analysis administered on a specimen sample for the purpose of determining the presence or absence of a drug or its metabolites or of alcohol within the sample.

19. “Threshold detection level” means the level at which the presence of drug or alcohol can be reasonably expected to be detected by an initial and confirmation test performed by a laboratory meeting the standards specified. The threshold detection level indicates the level at which a valid conclusion can be drawn that the drug or alcohol is present in the employee’s specimen.

20. “Verified positive test result” means a confirmed positive test result obtained by laboratory meeting the standards specified, that has been reviewed and verified by a medical review officer in accordance with medical review officer guidelines promulgated by the United States Department of Health and Human Services.

### Guidelines

Drug testing will be conducted by laboratories approved by the Substance Abuse and Mental Health Services Administration National Laboratory Certification Program or CAP/FUDT using both initial and confirmation tests. Both tests must meet a positive government established minimum threshold detection level before the laboratory can report the result as a confirmed positive test. All laboratory positive test results must be reviewed by a Medical Review Officer (MRO) prior to the release of any information to Gales Creek Camp.

Alcohol testing will normally be conducted using a breath device approved by the National Highway Traffic Safety Administration. Alcohol testing should be conducted as closely as possible in accordance with DOT regulations,

### Employee Protections

The following employee protections are incorporated to ensure the integrity and accuracy of the drug-testing program:

1. Employees are given advance warning that a drug-testing program will be implemented.

2. Drug tests are conducted by laboratories certified by the Substance Abuse and Mental Health Service Administration or CAP/FUDT using the most accurate and reliable testing methodologies.

3. Chain of custody procedures are used to account for the integrity of each urine specimen by tracking its handling and storage from point of collection to final disposition.

4. All confirmed positive results receive a professional medical review that includes offering the employee the opportunity to provide information to explain the test result or to have the original sample retested (at the employee’s expense) at different certified drug testing laboratory.

5. A last chance will be offered to employees who test positive for the first time, but the decision to do so, in lieu of termination, shall be at the sole and exclusive discretion of Gales Creek Camp.

### Reasons for Testing

1. Preemployment Testing. Testing conducted to prevent hiring an individual who illegally use drugs.

a. Applicants are required to submit to a drug test after receiving an offer of employment or before commencing work.

b. Gales Creek Camp may use a refusal to submit to a drug test or a verified positive test as a basis for not hiring.

c. Gales Creek Camp will not discriminate against applicants because of past drug abuse. It is the current use of drugs that will not be tolerated.

d. Applicants denied employment for a positive drug test can initiate another inquiry with Gales Creek Camp after 24 months.

e. Passing a drug test is a condition of employment whenever such request is made.

2. Reasonable Suspicion Testing. Testing based on evidence that an employee is using drugs or alcohol in violation of Gales Creek Camp's policy drawn from specific, objective facts and reasonable inferences drawn from these facts in light of experience. Among other things, such facts and inferences may be based upon:

a. An employee showing signs of impairment such as difficulty in maintaining balance, slurred speech or otherwise appearing unable to perform assigned works in a safe and satisfactory manner.

b. Abnormal conduct or erratic behavior while at work or a significant deterioration of work performance.

c. A report of alcohol or other drug use provided by a reliable and credible source, which has been independently corroborated.

d. Arrest or conviction for a drug or alcohol related offense, or the identification of an employee as the focus of a criminal investigation into unauthorized drug possession, use or trafficking.

A *Reasonable Suspicion or Post-Accident Testing Documentation Form* (Exhibit A) may be used to document the rationale for the test.

3. **Post-Accident Testing.** Alcohol and/or drug testing conducted when an employee(s) is involved in an on-the-job accident or engages in unsafe job-related activity that poses a danger to himself/herself or fellow employees. Post-accident testing should be initiated in the following circumstances;

a. There was an accident that resulted in:

- (1) A death of an employee, or ;
- (2) An injury to an employee requiring off-site medical attention or
- (3) Property damage estimated to exceed \$1000 or
- (4) Eight or more hours of lost time.

b. There was a violation of a safety rule or standard that exposes the employee, other employees or the public to:

- (1) Possible death or
- (2) Serious bodily injury or
- (3) Significant property damage.

The Gales Creek Camp may investigate a workplace injury that results in off-site medical attention and may require an employee to submit to drug and alcohol tests if the company reasonably believes the employee has caused or contributes to an injury that resulted in the need for off-site medical attention. A post accident test need not be required if a trained supervisor reasonably believes that the injury was due to the inexperience of the employee or due to a defective or unsafe product or working condition, or other circumstances beyond the control of the employee.

- No alcohol or drug specimen should be taken before the administration of necessary medical care.
- All employees involved in the accident or safety rule violation should be tested.
- The *Reasonable Suspicion or Post-Accident Testing Documentation Form* (Exhibit A) should be used to document the rationale for the test.

4. **Random Testing.** Testing conducted without individualized suspicion that any particular individual is in violation of the company's substance abuse policy. Selection is made by neutral criteria so that all employees eligible for testing have an equal opportunity of being tested.

**Reasonable Suspicion or Post-Accident Testing Documentation Form.**

The form used to request reasonable suspicion or post-accident testing is the *Reasonable Suspicion or Post-Accident Testing Form* (Exhibit A). It is used to document the rationale for testing, including observed facts and circumstances, any sources of information, date and time of observation or accident, witnesses, actions taken, etc.

1. A request for testing can be initiated by the camp director, camp physician, executive director or employee supervisor. The concurrence of another manager or supervisor will be sought but is not required.
2. One of the two individuals signing this form must be a manager or supervisor.
3. It is not necessary for the countersigner to have witnessed the Incident.

This form is not needed for pre-employment, random (if authorized), and follow-up testing. Instead, manager will check the appropriate boxes on the *Drug/Alcohol Testing Referral Form* Exhibit D.

#### Procedures for Administering the Tests

The collection for drug testing b scheduled and administered in the following manner:

1. Gales Creek Camp:
  - a. Informs employee that he/she is going to be tested and the basis for the test, e.g., post-accident, reasonable suspicion, etc.
  - b. Completes Gales Creek Camp's *Reasonable Suspicion or Post-Accident Testing Documentation Form* (Exhibit A) for reasonable suspicion or post-accident tests.
  - c. Calls the drug testing collection site and informs them that you are bringing or sending in an employee for testing.
  - d. Arranges for transportation to the collection site.
    - Never allow an employee to drive for post-accident or reasonable suspicion testing.
    - Applicants (and employees requiring follow-up testing in the rare situation in which it is necessary) can be given the place and time of collection, and provide their own transportation to the collection site. You should minimize the time between notification and collection.
    - Always arrange for a ride home when an employee is suspected of being under any influence of alcohol or drugs.

2. The employee (applicant) is required to:

a. Present signature and photo identification to the collector (e.g. state issued driver's license).

b. Sign the laboratory consent and chain-of-custody (control) forms.

### Disciplinary Actions

1. An employee's refusal to take the following actions when required is considered insubordination and results in disciplinary action up to and including termination of employment. The severity of discipline (including termination) is at the sole and exclusive discretion of Gales Creek Camp.

a. Take a drug or alcohol test.

b. Appear for testing (without an excused absence).

### 2. First Verified Positive Test

As soon as possible, but within five working days after receipt of a verified positive test result, the employee will be notified in writing of the positive test result and the consequences of the result. Employee generally should expect immediate termination upon a first verified positive test. Gales Creek Camp may, in its sole and exclusive discretion, provide a delay prior to termination or, in extraordinary circumstances, allow the employee a last chance.

### 3. Second Verified Positive Test

Any employee who has a second verified positive drug or alcohol test result will be terminated from employment.

### 4. Handling Testing Results Showing Possible Adulteration

The advice and recommendations of the Medical Review Officer will be followed when test results indicate possible adulteration, dilution or specimens that are unsuitable for testing. The adulteration or dilution of a specimen shall be deemed a refusal to take a test.

### Confidentiality

All information received by the employer through a drug/alcohol testing program is confidential communications, unless the employee is under age 18. Access to this information is limited to those who have a legitimate need to know, including:

1. Parents of an employee under age 18 [per Exhibit E];

2. Disclosure to a supervisor or official with authority to take appropriate personnel action against the employee:
3. Disclosure required or permitted by law or government regulation:
4. Disclosure directed by a court order or required by Gales Creek Camp to defend itself against a challenge to an adverse personnel action.

Communication of the Alcohol/Drug Testing Policy.

New employees will acknowledge receipt of Gales Creek Camp's policy during the, application process and reemployment interview. Current employees will be given a copy of this policy/procedures. This gives current employees the opportunity to quit using drugs, volunteer for treatment, or leave the company.

(Please sign below, detach and return)

**CERTIFICATE OF RECEIPT AND AGREEMENT TO COMPLY  
GALES CREEK CAMP POLICY REGARDING  
EMPLOYEE DRUG AND ALCOHOL ABUSE**

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I have read, understand and am in receipt of a copy of Gales Creek Camp's Drug and Alcohol Abuse Policy, and agree to comply with it.

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Employee's Printed Name and Signature

Date

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Witness

Date

**REASONABLE SUSPICION OR POST-ACCIDENT TESTING  
DOCUMENTATION FORM - GALES CREEK CAMP - EXHIBIT A**

Purpose of this form: To document the rationale, facts and circumstances behind a decision to request a reasonable suspicion or post-accident test.

|                         |                                    |             |
|-------------------------|------------------------------------|-------------|
| <b>Employee's Name:</b> | <b>Social Security No. or ID#:</b> | <b>Date</b> |
|-------------------------|------------------------------------|-------------|

**Type of Test** (Describe in detail below in comments)

|   |  |
|---|--|
| <input type="checkbox"/> <b>Reasonable Suspicion</b>                        | <input type="checkbox"/> <b>Post-Accident</b>  |
| <input type="checkbox"/> Observed behavior                                  | <input type="checkbox"/> Accident causing a fatality                                     |
| <input type="checkbox"/> Observed drug/alcohol use                          | <input type="checkbox"/> Accident causing an injury requiring off-site medical attention |
| <input type="checkbox"/> Difficulty maintaining balance                     | <input type="checkbox"/> Accident causing significant property damage                    |
| <input type="checkbox"/> Slurred speech                                     | <input type="checkbox"/> Unsafe activity or near-accident that could have caused:        |
| <input type="checkbox"/> Abnormal/erratic behavior                          | <input type="checkbox"/> Possible death  |
| <input type="checkbox"/> Apparent inability to safely perform assigned work | <input type="checkbox"/> Possible injury   |
| <input type="checkbox"/> Other(s)   | <input type="checkbox"/> Possible property damage  |
| <input type="checkbox"/> Credible report                                    |  |
| <input type="checkbox"/> Arrest or conviction                               |  |

Comments (Describe, in detail, the rationale for requesting testing, including observed facts and circumstance, any sources of information, date and time of observation or accident, other witnesses, actions taken, etc.)

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|  |                    |      |
|--|--------------------|------|
| Requestor's Printed Name and Signature   | Title              | Date |
| Reviewer's Printed Name and Signature  | Title              | Date |
| I acknowledge that I have been informed of the company's reasons for requesting this drug and/or alcohol test and consent to the testing | Employee Signature | Date |

## **LAST CHANCE AGREEMENT**

### **EXHIBIT B**

I, \_\_\_\_\_, understand that my (reinstatement and) continued employment (are) is contingent upon compliance with all of the following terms of this agreement.

I will be subject to unannounced testing (follow-up monitoring).

I recognize, accept, and agree that any future violation of the company's drug-free workplace policy by me will result in the termination of my employment.

I am responsible for meeting the same standards of performance and conduct that are set for other employees.

I understand that failure to comply, in whole or in part, with all of the terms and conditions of this agreement will result in further disciplinary action, up to and including termination of employment with Gales Creek Camp.

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Employee Signature

Date

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Camp Representative

Date

## **SAMPLE EMPLOYEE NOTIFICATION LETTER - EXHIBIT C**

### **GALES CREEK CAMP**

Date:

To: Employee's Name

Subject: Implementation of a Drug-Free Workplace Program

Gales Creek Camp is committed to protecting the safety, health, and well being of its employees and all people who come into contact with its workplace(s) and property, and/or use its products and services.

Recognizing that drug and alcohol abuse pose a direct and significant threat to this goal, and to the goal of a productive and efficient working environment in which all employees have an opportunity to reach their full potential, Gales Creek Camp has developed the attached drug-free workplace policy.

The foundation of this policy is to offer a helping hand to our employees who suffer from drug and alcohol problems while clearly communicating that the abuse of drugs and alcohol will not be tolerated.

We are developing a drug-testing program that includes substantial safeguards to protect employee's individual rights and to assure the accuracy and integrity of the program. All job applicants will be tested and employees will be subject to suspicion, post-accident, follow-up/post treatment (and random if authorized) testing.

This policy will take effect immediately, although employee drug testing will not be implemented until (date 30-days later). Gales Creek Camp also will be implementing employee drug education and awareness and supervisor training as part of its comprehensive drug-free workplace program.

It is important that we all work together to establish and maintain a work environment free from the effects of drug and alcohol abuse.

**DRUG / ALCOHOL TESTING REFERRAL FORM GALES CREEK CAMP**  
**EXHIBIT D**

Applicant or Employee: Present this form, the laboratory's chain of custody (control) form, and a valid picture identification to the collection site personnel upon arrival at the designated collection site.

|   |                               |                                  |   |                               |  |  |                               |                                  |                                    |                               |                                  |   |                               |                                  |   |                               |                                  |                                 |                               |                                  |                                      |                               |                                  |
|---|-------------------------------|----------------------------------|---|-------------------------------|--|--|-------------------------------|----------------------------------|------------------------------------|-------------------------------|----------------------------------|---|-------------------------------|----------------------------------|---|-------------------------------|----------------------------------|---------------------------------|-------------------------------|----------------------------------|--------------------------------------|-------------------------------|----------------------------------|
| Purpose of this form: To tell the collection site personnel which tests are being requested.  |                               |                                  |   |                               |  |  |                               |                                  |                                    |                               |                                  |   |                               |                                  |   |                               |                                  |                                 |                               |                                  |                                      |                               |                                  |
| <b>Name of Individual to be Tested:</b>   |                               |                                  |   |                               |  |  |                               |                                  |                                    |                               |                                  |   |                               |                                  |   |                               |                                  |                                 |                               |                                  |                                      |                               |                                  |
| <b>Individual's Telephone Number</b>  |                               |                                  |   |                               |  |  |                               |                                  |                                    |                               |                                  |   |                               |                                  |   |                               |                                  |                                 |                               |                                  |                                      |                               |                                  |
| <b>Home:</b>  |                               |                                  |   |                               |  |  |                               |                                  |                                    |                               |                                  |   |                               |                                  |   |                               |                                  |                                 |                               |                                  |                                      |                               |                                  |
| <b>Work:</b>  |                               |                                  |   |                               |  |  |                               |                                  |                                    |                               |                                  |   |                               |                                  |   |                               |                                  |                                 |                               |                                  |                                      |                               |                                  |
| <b>Type of Test Requested:</b>  |                               |                                  |   |                               |  |  |                               |                                  |                                    |                               |                                  |   |                               |                                  |   |                               |                                  |                                 |                               |                                  |                                      |                               |                                  |
| <table><tbody><tr><td><input type="checkbox"/> Pre-Employment</td><td><input type="checkbox"/> Drug</td><td></td></tr><tr><td><input type="checkbox"/> Post-Accident</td><td><input type="checkbox"/> Drug</td><td><input type="checkbox"/> Alcohol</td></tr><tr><td><input type="checkbox"/> Follow-Up</td><td><input type="checkbox"/> Drug</td><td><input type="checkbox"/> Alcohol</td></tr><tr><td><input type="checkbox"/> Return-to-Duty</td><td><input type="checkbox"/> Drug</td><td><input type="checkbox"/> Alcohol</td></tr><tr><td><input type="checkbox"/> Reasonable Suspicion</td><td><input type="checkbox"/> Drug</td><td><input type="checkbox"/> Alcohol</td></tr><tr><td><input type="checkbox"/> Random</td><td><input type="checkbox"/> Drug</td><td><input type="checkbox"/> Alcohol</td></tr><tr><td><input type="checkbox"/> Other _____</td><td><input type="checkbox"/> Drug</td><td><input type="checkbox"/> Alcohol</td></tr></tbody></table> |                               |                                  | <input type="checkbox"/> Pre-Employment | <input type="checkbox"/> Drug |  | <input type="checkbox"/> Post-Accident | <input type="checkbox"/> Drug | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Follow-Up | <input type="checkbox"/> Drug | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Return-to-Duty | <input type="checkbox"/> Drug | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Reasonable Suspicion | <input type="checkbox"/> Drug | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Random | <input type="checkbox"/> Drug | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Drug | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Pre-Employment   | <input type="checkbox"/> Drug |                                  |   |                               |  |  |                               |                                  |                                    |                               |                                  |   |                               |                                  |   |                               |                                  |                                 |                               |                                  |                                      |                               |                                  |
| <input type="checkbox"/> Post-Accident  | <input type="checkbox"/> Drug | <input type="checkbox"/> Alcohol |   |                               |  |  |                               |                                  |                                    |                               |                                  |   |                               |                                  |   |                               |                                  |                                 |                               |                                  |                                      |                               |                                  |
| <input type="checkbox"/> Follow-Up  | <input type="checkbox"/> Drug | <input type="checkbox"/> Alcohol |   |                               |  |  |                               |                                  |                                    |                               |                                  |   |                               |                                  |   |                               |                                  |                                 |                               |                                  |                                      |                               |                                  |
| <input type="checkbox"/> Return-to-Duty   | <input type="checkbox"/> Drug | <input type="checkbox"/> Alcohol |   |                               |  |  |                               |                                  |                                    |                               |                                  |   |                               |                                  |   |                               |                                  |                                 |                               |                                  |                                      |                               |                                  |
| <input type="checkbox"/> Reasonable Suspicion   | <input type="checkbox"/> Drug | <input type="checkbox"/> Alcohol |   |                               |  |  |                               |                                  |                                    |                               |                                  |   |                               |                                  |   |                               |                                  |                                 |                               |                                  |                                      |                               |                                  |
| <input type="checkbox"/> Random   | <input type="checkbox"/> Drug | <input type="checkbox"/> Alcohol |   |                               |  |  |                               |                                  |                                    |                               |                                  |   |                               |                                  |   |                               |                                  |                                 |                               |                                  |                                      |                               |                                  |
| <input type="checkbox"/> Other _____  | <input type="checkbox"/> Drug | <input type="checkbox"/> Alcohol |   |                               |  |  |                               |                                  |                                    |                               |                                  |   |                               |                                  |   |                               |                                  |                                 |                               |                                  |                                      |                               |                                  |
| <b>Requestor's Printed Name and Signature:</b>  |                               |                                  |   |                               |  |  |                               |                                  |                                    |                               |                                  |   |                               |                                  |   |                               |                                  |                                 |                               |                                  |                                      |                               |                                  |
| <b>Work Telephone Number:</b>   |                               |                                  |   |                               |  |  |                               |                                  |                                    |                               |                                  |   |                               |                                  |   |                               |                                  |                                 |                               |                                  |                                      |                               |                                  |
| <b>Date:</b>  |                               |                                  |   |                               |  |  |                               |                                  |                                    |                               |                                  |   |                               |                                  |   |                               |                                  |                                 |                               |                                  |                                      |                               |                                  |
| <b>Time:</b>  |                               |                                  |   |                               |  |  |                               |                                  |                                    |                               |                                  |   |                               |                                  |   |                               |                                  |                                 |                               |                                  |                                      |                               |                                  |

## **Exhibit E**

I, \_\_\_\_\_, am under age 18 years of age and hereby give consent for Gales Creek Camp to notify my parents if I fail a drug or alcohol test.

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Signature of minor

Date

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Camp Representative

Date