I. POLICY:

The University of Vermont Health Network, Champlain Valley Physicians Hospital (CVPH) has a vital interest in maintaining a safe, healthy and efficient working environment for all of its employees and to protect patients and visitors, and the organization’s property, information, equipment, operations and reputation. CVPH also recognizes its obligations to provide services to the community that are free of the influence of illegal drugs and alcohol, and it will endeavor through its implementation of this Policy to provide drug and alcohol free services.

An employee who is under the influence of drugs or alcohol while on CVPH premises poses serious safety and health risks to patients, the employee, and to all those who work with the employee. The use, sale, purchase, transfer, and/or possession of illegal drugs in the workplace also poses unacceptable risks for the safe, healthy and efficient operation of CVPH.

II. PURPOSE:

This document outlines the goals and objectives of the CVPH Drug and Alcohol abuse policy. It outlines circumstances in which job applicants and employees will be drug tested, the testing procedures used, and the consequences of violating the policy.

III. SCOPE:

This Policy applies to all job applicants and employees. The term “employee” includes all contracted employees.
IV. **DEFINITIONS:**

1. **Alcohol** means any beverage that contains ethyl alcohol (ethanol), including but not limited to beer, wine and distilled spirits.

2. **CVPH Premises** means all property of CVPH including, but not limited to, the offices, facilities and surrounding areas on CVPH owned or leased property, parking lots and storage areas. The term also includes CVPH owned or leased vehicles and equipment, wherever located.

3. **Contraband** means any article, the possession of which on CVPH premises or while on business, causes an employee to be in violation of CVPH work rules or federal and state laws. Contraband includes illegal drugs, alcoholic beverages and drug paraphernalia.

4. **Drug Test** means the scientific analysis of urine, blood, breath, saliva, hair, tissue and other specimens of the human body for the purpose of detecting drugs or alcohol.

5. **Illegal Drug** means any drug which is not legally obtainable; any drug which is legally obtainable but has not been legally obtained; or any over-the-counter drug being used at a dosage level other than recommended by the manufacturer or being used for the purpose other than intended by the manufacturer; and any drug being used for a purpose not in accordance with bona fide medical therapy. Examples of illegal drugs are cannabis substances, such as recreational marijuana and hashish, as well as cocaine, heroin or other opioids, including unauthorized prescription strength pain medication, methamphetamine, phencyclidine (PCP), and so called designer drugs and look-alike drugs.

6. **Legal Drug** means any prescribed drug or over-the-counter drug that has been legally obtained and is being used for the purpose for which prescribed and/or manufactured, including medical marijuana and prescription pain medication.

7. **Impairment** means the inability to perform essential job functions and interact safely and effectively with others. It may be caused by an emotional, psychological, medical, or other health condition such as alcohol or drug dependency.

8. **Under The Influence** means a condition in which a person is affected by drugs or alcohol in any detectable manner. The symptoms of influence are not confined to those consistent with misbehavior, nor to obvious impairment of physical or mental ability, such as slurred speech or difficulty in maintaining balance. A determination that an employee or applicant is Under The Influence can be established by a professional opinion, a Drug Test, or in some cases by the opinion of a layperson.
V. PROHIBITED ACTIVITIES:

1. Legal Drugs
   
   a. An employee who takes a Legal Drug to treat a disability must inform Occupational Health & Wellness if the medication has the ability to impair the employee’s job performance or safety, or the safety of others or if the employee believes he or she needs a reasonable accommodation before reporting to work or performing any CVPH business under the influence of that Legal Drug. The undisclosed use of any Legal Drug which impairs an employee while performing CVPH business or while on CVPH premises is strictly prohibited, and is subject to discipline, up to and including termination of employment.

   b. Employees who disclose their Legal Drug use to Occupational Health & Wellness may work if CVPH management has determined, after consulting with Occupational Health & Wellness, that such use does not pose a threat to safety or satisfactory job performance. When an employee’s use of a Legal Drug presents a threat to safety or satisfactory performance of essential job functions, CVPH will attempt to provide reasonable accommodation. An employee who is deemed to be Under the Influence of a Legal Drug may be subject to discipline, up to and including termination of employment.

   c. CVPH at all times reserves the right to evaluate the effect that a Legal Drug may have on job performance and to restrict the employee’s work activity or presence on CVPH Premises accordingly.

2. Illegal Drugs and Alcohol
   
   a. The use, sale, purchase, transfer, or possession of an Illegal Drug or Alcohol, the possession of Contraband, and being Under The Influence of an Illegal Drug or Alcohol by any employee while on CVPH Premises or while performing CVPH business is strictly prohibited and subject to discipline, up to and including termination of employment.

3. CVPH may have a legal obligation to report violations of this Policy as professional misconduct to the NYS Office of Professions.

VI. DRUG TESTING OF JOB APPLICANTS:

1. Applicants for employment, including contract employees and employed physicians, are subject to Drug Tests.

2. All offers of employment are contingent upon the applicant submitting to and passing a Drug Test in accordance with this Policy.
3. Applicants with a positive Drug Test for Illegal Drugs will have their conditional job offers withdrawn, and will be ineligible to reapply for employment for six months.

VII. **DRUG AND ALCOHOL TESTING OF CURRENT EMPLOYEES FOR REASONABLE CAUSE:**

An employee shall be subject to a Drug Test if:

1. He or she is suspected of having caused or contributed to an on-the-job accident, regardless of whether the accident resulted in injury to any person or property damage;

2. A supervisor or other person in authority has a reasonable suspicion that the employee is Under The Influence, or that drug or alcohol use is affecting the employee’s job performance or conduct in the work place;

3. He or she is suspected of drug tampering or diversion;

4. He or she is arrested or convicted on an alcohol- or drug-related offense, regardless of whether the offense is alleged to have taken place on CVPH Premises or during work time.

Search of an employee and/or his personal property may also be made when there is reasonable belief to conclude that the employee is in violation of this Policy. An employee's consent to a search is required as a condition of employment, and the employee's refusal to consent may result in disciplinary action, up to and including termination of employment. Employees should have no expectation of privacy on CVPH Premises, including in lockers, desks, or other workstations.

Reasonable Cause for Drug and Alcohol Testing should be documented on the form appended to this policy (Attachment A). This form is to be retained in Human Resources. Refusal or Failure to Consent (Attachment B) to a drug test may result in discipline up to and including termination of employment.

VIII. **TESTING PROCEDURES AND APPEAL OF A DRUG TEST RESULT:**

1. CVPH will pay for the full cost of all Drug Tests required by this Policy. Employees will be compensated at their regular rate of pay for time spent submitting to Drug Tests required by CVPH. Employees suspected of working while Under The Influence of Illegal Drugs or Alcohol may be placed on administrative leave pending the results of the Drug Test and/or the completion of any investigation.

2. Applicants will be notified of CVPH's Drug Test Policy prior to interviews and will be informed in writing of their right to refuse to undergo such testing, but that refusal to submit to a Drug Test, or leaving before the completion of the Drug Test (which may take up to three hours), will be deemed a withdrawal and termination of the pre-employment process.
3. Appeals

   a. An employee whose Drug Test is reported positive will be offered the opportunity to obtain an independent test, at the employee’s expense, of the remaining portion of the specimen that yielded a positive result.

   b. During the period of an appeal and any resulting inquiries, the pre-employment selection process for an applicant will be placed on hold, and an employee will be placed on administrative leave. An employee will be permitted to use accrued time to remain in an active pay status. If the employee has no accrued time, or chooses not to use it, the leave will be without pay.

IX. REHABILITATION AND EMPLOYEE ASSISTANCE:

1. Rehabilitation assistance may be offered:

   a. To any employee who has requested rehabilitation assistance provided that the request is unrelated to an identification of the employee as a violator of this Policy.

   b. To any employee who has violated this Policy provided that the employee is not under investigation by, or alleged to have violated the laws or rules, of any state regulatory authority or law enforcement agency.

2. An employee who is in rehabilitation will be placed on a leave of absence, except, when indicated by the circumstances of the case and upon the written recommendation of a licensed physician or recognized rehabilitation service, an employee may be permitted to work while undergoing rehabilitation on an outpatient basis. The written documentation must include a statement to the effect that the employee’s presence in the workplace will not constitute a safety hazard to patients, the employee, co-workers or others.

3. An employee who is in rehabilitation or who has completed rehabilitation will be allowed to return to work upon presentation of a written authorization signed by a licensed physician or recognized rehabilitation professional. The release must include a statement to the effect that the employee’s presence in the workplace will not constitute a safety hazard to patients, the employee, co-workers or others. Upon return, the employee will meet with Labor Relations, Occupational Health representative, a union representative to sign a Return to Work Agreement between the employee and Occupational Health & Wellness (Attachment C).

4. Rehabilitation assistance given by CVPH will be:

   a. Limited to those medical benefits that may be available through the employee’s medical insurance plan, the employee’s benefit dollars, or the employee’s voluntary medical reimbursement dollars.
b. Obtained through a rehabilitation program that has been pre-approved by CVPH.

5. Employee Support Services (ESS) for employees and dependents can provide confidential assessment, referral, and short-term counseling for employees who need or request it. If an ESS referral is necessary to a treatment provider outside ESS, the employee’s medical insurance, the employee’s benefit dollars, or the employee’s voluntary medical reimbursement dollars may cover the costs.

6. In cases where suspected impairment is a result of a medical condition, the employee must provide medical clearance to Occupational Health & Wellness from a registered healthcare provider prior to being allowed to return to work. This clearance must certify that he/she is physically and emotionally able to safely return to his/her duties.

X. **CONFIDENTIALITY:**

All information relating to Drug Tests and medical conditions of applicants and CVPH employees will be treated by CVPH as confidential unless otherwise required by law, overriding public health and safety concerns, or authorized in writing by the person(s) in question.

XI. **DISTRIBUTION:**

This Policy is available in Policy Manager for all employees on an as-needed basis.

Any questions or problems with this Policy should be referred to your immediate supervisor. If no questions or problems are referred within ten days of the issue date of this Policy, it will be assumed that the Policy has been read and understood.
REASONABLE SUSPICION

Employee Name: __________________________

Employee Job Title: __________________________ Work Unit: ____________

Date of Observation: ____________ Time: ____________ am/pm

Location: __________________________

Observations: Check ALL that apply:

BEHAVIOR
☐ stumbled
☐ drowsy, sleepy, lethargic
☐ agitated, anxious, restless
☐ hostile, withdrawn
☐ unresponsive, distracted
☐ clumsy, uncoordinated
☐ tremors, shakes
☐ flu-like illness complaints
☐ suspicious, paranoid
☐ hyperactive, fidgety
☐ frequent use of mints, mouthwash, breath sprays, eye drops
☐ inappropriate, uninhibited behavior

APPEARANCE
☐ flushed complexion
☐ sweating
☐ cold, clammy, sweaty
☐ bloodshot eyes
☐ tearing, watery eyes
☐ dilated (large) pupils
☐ constructed (pinpoint) pupils
☐ unfocused, blank stare
☐ disheveled clothing
☐ unkempt grooming

SPEECH
☐ slurred, thick
☐ incoherent
☐ exaggerated enunciation
☐ loud, boisterous
☐ rapid, pressured
☐ excessively talkative
☐ nonsensical, silly
☐ cursing, inappropriate speech

BODY ODOR
☐ alcohol
☐ marijuana

Other observations:

____________________________________
____________________________________
____________________________________

The observations, are documented above, were made of the employee identified above.

____________________________________ Date

Supervisor’s Name (printed or typed)

____________________________________ Date

Witness Name (printed or typed)
(Attachment A)

(Initial as each of these steps takes place)

_____ Human Resources/Administrator On-Call notified of observation.

_____ Employee informed of need for meeting and offered Union representation.

_____ Employee removed from department. Supervisor remains with employee at all times.

_____ Employee directed to undergo drug and alcohol testing for reasonable suspicion.

_____ Employee accompanied to test site by leadership or by security department. Collection to be completed in Occ. Health & Wellness during business hours. During non-business hours, the PCC will accompany the employee to the laboratory where laboratory staff will conduct Breath Alcohol and UDS testing.

Employee transported to collection site by: ____________________________

Time transported: __________ am/pm  Collection Site: __________________________

**BAT & UDS WILL BE COMPLETED FOR ALL REASONABLE SUSPICION**

_____ Consent for drug/alcohol test signed and witnessed. (Attachment B)

_____ When testing completed, provision of safe transportation to the home of employee is made. (Once all testing results have been received, a follow-up meeting will be scheduled with employee by HR)

**Employee Refusal Drug and Alcohol Testing**

(Initial as each of these steps takes place)

_____ Employee refuses testing.

_____ Employee informed of consequences of continued refusal by Human Resources or Administrator On-Call.

_____ Employee continues to refuse testing.

_____ Employee signs refusal for testing. (Attachment B)

_____ Employee placed on Administrative Leave and escorted off premises. (Follow-up meeting will be scheduled with employee by HR)

_____ Provision of safe transportation to the home of employee is made.

_________________________________________  _______________________
Administrator Signature:  Date:
(Attachment B)

Alcohol and Drug Testing Consent Form

The University of Vermont Health Network – Champlain Valley Physicians Hospital (CVPH) recognizes its responsibility for maintaining a drug-free work environment where patients and care services are provided in a safe, competent, and effective manner. Employees who abuse alcohol or drugs, including over-the-counter medications, and who work while under the influence, presents a serious health and safety hazard to themselves and others. An alcohol and drug test is administered to determine an employee’s compliance with the Drug and Alcohol Abuse Policy.

I, _____________________________ understand that I am being asked to submit to an alcohol and drug test to determine my compliance with the Drug and Alcohol Abuse Policy. I understand that I must complete this form to indicate my consent or refusal to be tested. I further understand that failure to complete this form may be considered a refusal to be tested and may result in my immediate dismissal.

Employee agrees to provide staff with urine and breath specimen for the purpose of set forth above.

Please initial in the space provided

_____ I hereby consent to provide a breath and urine specimen for use in determining whether I am in violation of the Drug and Alcohol Abuse Policy. I authorize the release of the results of such testing to CVPH—Human Resources Department and any Employee Assistance Counselor selected by CVPH.

_____ I hereby refuse to provide a breath and urine specimen for use in determining whether I am in violation of the Drug and Alcohol Abuse Policy. I understand that this decision may result in my dismissal.

I understand that my urine specimen will be sent to CVPH’s designated laboratory for testing. The designated laboratory will release the results to CVPH’s Medical Review Officer or designated individual.

The University of Vermont Health Network-CVPH
Employer

___________________________________________   /   ___/   ___
Signature of Employee   Date   Time

___________________________________________   /   ___/   ___
Witness   Date   Time
(Attachment C)

Return to Work Agreement

Along with the requirements of The University of Vermont Health Network - Champlain Valley Physicians Hospital’s (CVPH) Drug and Alcohol Abuse Policy, this agreement will include but will not be limited to, access to outpatient treatment plans, progression and random urine drug screen, and breath alcohol results.

I agree to provide the staff of Occupational Health & Wellness at CVPH with a random sample of my urine and breath upon request.

The length/frequency of this agreement will be assessed on a per case basis with a minimum of 12 months and a maximum of 24 months.

Failing random testing or noncompliance with this agreement may result in immediate termination of employment.

I agree to pay back all funds in full, paid by CVPH for my detox/rehab process.

________________________________________  __/__/____
Employee Signature  Date

________________________________________  __/__/____
Occupational Health & Wellness Coordinator  Date

________________________________________  __/__/____
Witness  Date
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<td><strong>Committee / Policy Team:</strong></td>
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