

Town of West Boylston
Drug-Free Workplace Policy
For
Regulated Employees Only

Effective June 1, 1996
Amended October 16, 2012

Town of West Boylston Department of Public Works
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PURPOSE:

The Town of West Boylston values its employees and recognizes the need for a safe productive and healthy work environment. Furthermore, employees abusing drugs and/or alcohol are less productive and are often a risk to the safety, security and welfare of our Town. The establishment of a Drug-Free Workplace Program (DRWP) is consistent with the Town of West Boylston's desire to provide a safe, productive work environment for our employees. Additionally, the U.S. Department of Transportation (DOT) has regulations which govern the use of drugs and alcohol by employees who hold a Commercial Driver's License (CDL) and drive a Commercial Motor Vehicle (CMV). The DOT requires the Town of West Boylston to conduct drug and alcohol testing of regulated employees at the times and conditions described in the U.S. Department of Transportation Module attached hereto and made a part hereof.

POLICY:

It is the policy of the Town of West Boylston to maintain a workplace free from the use and abuse of drugs and alcohol. It supersedes any other Town policy or practice on the subject of drug and alcohol testing. At any time, the Town of West Boylston may, at its discretion, amend, supplement, modify, or change any part of this policy subject to bargaining. The policy does not represent an expressed or implied contract, nor does it affect your status as an at-will employee. If you have any questions about this policy or the attached module, please direct them to the Office of the Town Administrator in writing.

This policy first took effect June 1, 1996 and was amended effective July 1, 2012. **Compliance with this policy is a condition of continued employment.**

DRUG AND ALCOHOL PROHIBITIONS AND CONSEQUENCES:

Employee involvement with drugs and/or alcohol can adversely affect the work environment, job performance, and safety of all employees. Therefore, the use of unlawful and/or illegal drugs or alcohol, reporting to work or working while impaired, under the influence of illegal drugs and/or alcohol, or unmanifested possession of alcohol is expressly prohibited. Violation of the prohibitions or other elements of this policy and module will be considered to be serious misconduct and may result in termination. The Town of West Boylston shall not require or permit a regulated employee to violate the outline prohibitions.

“Illegal Drug” is defined as any drug which is not legally obtainable, or which is legally obtainable but has not been legally obtained. The term includes prescribed drugs not legally obtained, prescribed drugs not being used for prescribed purposes, and any prescribed drugs not taken in accordance with a prescription.

Drug Prohibitions

The drug rule prohibits any drug use that could affect performance of a safety-sensitive function, including:

- use, being on duty, or under the influence of any drug or other substance, to a degree which renders the regulated employee incapable of safely operating a CMV, except by doctor's prescription, and then only if the doctor has advised the regulated employee that the drug will not adversely affect the regulated employee's ability to safely operate the CMV;
- testing positive for drugs; and
- refusing to take a required test.

Regulated employees can inform the Office of the Town Administrator in writing of any therapeutic drug used. This information shall be treated in strict confidence.

Alcohol Prohibitions

The alcohol rule prohibits any alcohol misuse that could affect performance of a safety-sensitive function, including:

- use, or be under the influence of alcohol while performing safety-sensitive functions.
- use, or be under the influence of alcohol during the four (4) hours before performing safety-sensitive functions.
- reporting for duty, or remaining on duty with a general appearance or conduct, to perform safety-sensitive functions with an alcohol concentration of 0.04% or greater.
- possession of alcohol, unless the alcohol is manifested and transported as part of a shipment.
- use during eight (8) hours following an accident, or until she/he undergoes a post-accident test.
- refusal to take a required test.

NOTE: A regulated employee found to have an alcohol concentration of 0.02% or greater but less than 0.04% shall not perform, nor be permitted to perform, safety-sensitive functions for at

least twenty-four (24) hours. The other consequences imposed by the regulations do not apply. However, an employer is able to take action independent of the regulations and DOT Authority that is otherwise consistent with the law.

Consequences

- the regulated employee shall not perform, not be permitted to perform, a safety sensitive function if any of the prohibitions are violated. A regulated employee removed from performing a safety-sensitive function because of a rule violation occurring in a 26,001 pound or greater vehicle in interstate or intrastate commerce, also is prohibited from driving a 10,001 pound or greater vehicle in interstate commerce.
- the regulated employee must be advised by the employer of the resources available in evaluating and resolving the drug and/or alcohol problem. This must include the names, addresses, and telephone numbers of Substance Abuse Professionals (SAP's) and counseling and treatment programs.
- the regulated employee must be evaluated by a SAP who shall determine what assistance if any, the employee needs in resolving problems associated with drug use and alcohol misuse.
- before returning to duty, the regulated employee must undergo a Return-to-Duty test for:
 - alcohol, with a result of less than 0.02%, if the prohibited conduct involved alcohol; or
 - drugs, with a verified negative result, if the conduct involved drugs.
- In addition, if the regulated employee was identified as needing assistance in resolving the problem, the regulated employee must:
 - be evaluated by the SAP to determine that the regulated employee properly followed any prescribed rehabilitation program, and
 - be subject to unannounced follow-up drug and alcohol tests administered by the employer following the regulated employee's return to duty. The number and frequency of the tests are to be determined by the SAP, but must consist of at least six (6) tests during the first twelve (12) months following the regulated employee's return to duty. Follow-up testing may be done for up to sixty (60) months.

Follow-up and return-to-duty tests need not be confined to the substance involved in the violation. If the SAP determines that a regulated employee needs assistance with a multi-substance abuse problem, the SAP may require, for example, alcohol tests to be performed along with the required drug tests after the regulated employee has violated the drug testing prohibition.

An employee involved in any of the following activities, at any time during the hours between the beginning and end of the employee's work day, on municipal business, premises or property, is in violation of the Town policy and is subject to disciplinary action. This activity includes:

- bringing illegal drugs and/or alcohol onto Town premises or property, including Town owned or leased vehicles, or a customer's premise;
- using, consuming, transforming, distributing or attempting to distribute, manufacturing or dispensing illegal drugs and/or alcohol.

Any employee refusing to cooperate with or submit to questioning, medical or physical tests or examinations, when requested to do so, or when conducted by our Town or its designee, is in violation of the policy and is subject to disciplinary action.

All employees must notify the municipality in writing of any criminal drug conviction occurring in connection with the workplace no later than five (5) calendar days after such conviction.

DRUG AND ALCOHOL TESTING:

The Town of West Boylston reserves the right, within the limits of federal and state laws to test any employee for the presence of drugs and/or alcohol. Under the conditions of this policy, employees may be asked to submit to a medical examination and/or submit to urine, saliva, and/or breath testing for drugs and/or alcohol. Any information obtained through such examinations may be retained by the Town of West Boylston and is the property of the Town of West Boylston. The types of tests to be performed include, but are not limited to the tests listed below. For a complete description of the tests, please refer to the U.S. Department of Transportation Module which is attached hereto and made part hereof.

- Pre-Employment/Pre-Placement (Drug Testing Only)
- Post- Accident
- Random
- Reasonable Cause
- Return-to-Duty
- Post-Rehabilitation/Follow-Up

POST-POSITIVE/RETURN-TO-DUTY PROCEDURES:

Upon receipt of a DOT positive drug and/or alcohol test result, the employee must immediately be removed from his or her safety-sensitive position. Before a regulated employee, who has tested positive, can return to a safety-sensitive position, the employee must:

- be evaluated by a Substance Abuse Professional (SAP);
- follow and successfully complete all recommended rehabilitation;

- take and provide a negative Return-to-Duty drug and/or alcohol test; and
- be subject to Post-Rehabilitation/Follow-Up testing for up to sixty (60) months, to include a minimum of six (6) follow-up tests in the first twelve (12) months after the Return-to-Duty test. The SAP can terminate the requirement for the follow-up testing in excess of the minimum at any time.

DOT STATEMENT:

A violation of DOT regulations will result in disciplinary action. Employees covered under the U.S. Department of Transportation Mandatory Drug and Alcohol Regulations will be tested in accordance with the DOT requirements.

EMPLOYEE ASSISTANCE PROGRAM:

Although the Town of West Boylston does not have a formula Employee Assistance Program, the Town of West Boylston is committed to providing assistance to its employees when employees are at risk and when employees seek assistance for personal problems or circumstances which may affect the employees health, safety and work performance.

Expenses for referral, counseling, and treatment, both in-patient and out patient programs may be covered by the employees health insurance or health maintenance organization plan. If employees have any questions regarding assistance and benefits under the Town of West Boylston's health insurance and health maintenance organization plans, please feel free to contact the Town Administrator in confidence. No information regarding the nature of personal problems will be made available to supervisors, nor will it be included in the employee's permanent file.

If you need confidential assistance with a drug and /or alcohol program, contact the Office of the Town Administrator

TESTING PROCEDURES (Drugs):

All drug tests will be performed from a urine specimen collected at a qualified collection site. The collection site will take necessary steps to avoid any dilution or adulteration of the specimen. The collection site will facilitate this by having a bluing agent in the commode, cutting off all water access to the collection room, and by using tamper-resistant seals on all specimen bottles. The test shall be conducted in a professional and sanitary manner with due regard to the individual's privacy, dignity and confidentiality. A secure, written Chain-of-Custody process is implemented from the time of specimen collection until the specimen is disposed of or secured in frozen long-term storage.

The specimen will be analyzed by the U.S. Department of Health and Human Services (DHHS)/Substance Abuse and Mental Health Services Administration (SAMHSA) certified professional laboratory for the following substances:

Cannabinoids (Marijuana)	Amphetamines
Phencyclidine (PCP)	Opiates
Cocaine	

All urine specimens will undergo an initial Enzyme Multiplied Immunoassay Technique (EMIT) screening. Any positive result from this screen will be confirmed through a Gas Chromatography/Mass Spectrometry (GC/MS) test.

All results will be reviewed by a Medical Review Officer (MRO). In the case of a positive, the MRO must provide the employee an opportunity for an interview as part of the verification process. The MRO process confirms the legal use of prescription drugs or other substances resulting in a positive test result.

All drug test results are reported to the Office of the Town Administrator of West Boylston.

For a complete description of the testing procedures, please refer to the U.S. Department of Transportation Module attached hereto.

TESTING PROCEDURES (Alcohol):

All alcohol tests will be performed from either a saliva or breath specimen collected on-site or at a qualified collection site. The test will be conducted in a professional sanitary manner with due regard to the individual's privacy, dignity and confidentiality. A screening test will be conducted first. If the screening test results in positive (0.02% and above), a second confirmation test will be performed. All confirmation test results that read 0.02% to 0.039% will result in the individual being removed from a safety-sensitive position for at least twenty-four (24) hours. If the test result is 0.04% or higher, the employee will be removed from the safety-sensitive position, referred to a SAP, must successfully complete recommended rehabilitation and submit a negative Return-to-Duty test. Unannounced random testing will be required for up to sixty (60) months with at least six (6) tests being conducted within the first twelve (12) months.

All alcohol test results will be reported directly to the Town. It is the responsibility of the Town to maintain and report these records. Any employee who is tested will have the right, upon request, to see the results of his or her test(s).

DISCIPLINARY ACTIONS:

The Town reserves the right to use disciplinary actions, up to and including termination. The severity of the disciplinary actions will be based upon the seriousness of the violation, the employee's present job assignment, the employee's record with the Town, and other factors, including the impact of the violation upon Town operations. Disciplinary action for a first offense may include, but are not limited to: an oral discussion or verbal reprimand; unpaid suspension; or termination.

All disciplinary action taken by the Town of West Boylston will be taken in conformity with the union contract.

Unless the employee is terminated as a result of the violation, any employee of the Town of West Boylston who has a positive test result (first offense) will be:

- 1) required to go through rehabilitation as required by DOT
- 2) placed on probation for one (1) year, during which time the employee will be subject to unannounced, follow-up testing as required by DOT and recommended by the SAP.

While the Town retains the right to determine the appropriate level of discipline given the circumstances, the following guidelines shall apply:

Upon testing positive for alcohol for the first time, an employee will be removed from safety sensitive work. The employee will have a conversation with the Director. The employee will be offered help. The employee must accept the help and must attend all meetings and other requirements imposed by the SAP, including follow up testing.

If an employee tests positive for illegal drugs the said employee will be suspended from work without pay until he/she passes the SAP counseling and has a negative test reading.

Upon a second offense for illegal drugs, the employee will be automatically dismissed from his/her job.

For a second offense for alcohol, the employee will be suspended from work without pay for 3 days. The employee will also have to attend and pass the SAP counseling program again.

For third offense for alcohol, the employee will be automatically dismissed from his/her job.

CONSENT

As a condition of continued employment, employees must sign a consent form (a copy of which is attached hereto). The employee must comply with the Town's policy regarding the Drug-Free Workplace Program.

<p style="text-align: center;">Addendum To Drug-Free Workplace Policy</p>
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The following is an Addendum to the Town of West Boylston's Drug-Free Workplace Policy.
This Addendum is effective April 1, 1999.

Employees are prohibited from switching, tampering with, or adulterating a urine, blood, saliva or breath specimen, or otherwise interfering with the collection and testing process. Such conduct will be viewed as serious misconduct and will result in disciplinary action, up to and including termination.

I hereby acknowledge receipt of a copy of the foregoing Addendum and further acknowledge that I understand the contents thereof.

Date: _____

Type or Print Employee Name

Employee Signature

**DOT TOWN OF WEST BOYLSTON DRUG-FREE WORKPLACE POLICY:
ACKNOWLEDGMENT OF RECEIPT AND CONSENT TO TESTING
(DF103)**

I certify that I have received a copy of the Town of West Boylston Drug-Free Workplace Policy for Regulated Employees on drugs and/or alcohol, and I have read it and understand it.

I agree to comply with the Town's policy on drugs and/or alcohol and understand failure to comply is grounds for discipline, up to and including termination.

I consent to submit to drug and/or alcohol testing as outlines in the Town's policy.

I consent to provide specimens at collection sites assigned by the Town of West Boylston and further consent to have the specimen tested for drugs and/or alcohol at a Department of Health and Human Services (DHHS) certified laboratory in accordance with the Department of Transportation (DOT) drug testing regulations. I consent to have a screening test and an Evidential Breath Test (EBT) performed in accordance with the Town policy.

- I consent to the release of the laboratory drug test results in accordance with the Town policy to a Medical Review Officer (MRO) selected by the Town. I will be given an opportunity to explain a positive test result to the MRO before the test result is reported to the Town or said insurance carrier as a verified positive. I consent to the release of results from an EBT by a trained Breath Alcohol Technician (BAT) to the Town. In the event of a post-accident test result, the test result may also be given for my workers' compensation insurance carrier.

Employee name:_____Date:

Employee Social Security Number:

Employee Signature:

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