**Section 300 – Employee Health & Safety**

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| Medical Screening – 302.00  |
| S.O.P # 302.01 | **Random Drug Screening** | Page: 1 of 4 |
| EFFECTIVE: 10/14/2019 | Authorized: Board of Directors |
| REVISED: |  |

**302.01.01 Applicability**

This policy applies to all District staff and volunteers.

**302.01.02 General**

Jefferson County EMS District has established the following procedure for the testing of drug and alcohol use among its employees. JCEMSD has the right to require urine, blood or breathalyzer testing in any of the following situations; absenteeism or excessive tardiness, declining performance and suspect behavior; e.g., stumbling, slurred or incoherent speech, apparent confusing in orientation, emotional outbursts, inability to perform normal job tasks, the unsafe handling of equipment or tools, or the actual observance of such behavior as drinking alcohol or using some other drug.

Failure to give written consent without qualification to drug and alcohol testing or failure to provide samples for such testing may be considered insubordination and grounds for immediate suspension or termination.

**302.01.03 Grounds for Testing**

All District employees shall be subjected to the alcohol and controlled substance testing under the following circumstances:

1. Pre-employment – controlled substance screening shall be required of applicants as a condition of a job offer for regular full-time employees, part-time employees and volunteer positions. If the screen is confirmed positive, the candidate will be disqualified.
2. Post Accident – Both employees of the crew will complete drug and/or alcohol testing as soon as possible after the accident, after any possible injuries have been addressed.
3. Operational employees may be subject to unannounced drug and alcohol testing.
4. When there is reasonable suspicion to believe that an employee is under the influence of a controlled substance, intoxicant, or illegal drug; JCEMSD may require immediate drug testing and alcohol testing. Observable changes in employee performance, appearance, behavior, speech, etc., which provide suspicions of the presence of drugs or alcohol are grounds for requiring a fitness for duty evaluation involving urine, blood or breathalyzer testing.

**302.01.04 Testing Mechanism**

Laboratory testing will be completed at a licensed testing facility that meets all standards set for by the Federal Health Agencies for laboratory performance using Certified Medical Technologist and Technicians.

**Testing Facility**

St. Charles Medical Center – Madras

470 NE A St.

Madras, OR 97741

(541) 475-3882

**302.01.05 Test Results**

If a drug or alcohol test is positive, the following procedure will apply:

1. Positive results will be sent the Advising Physician of JCEMSD for confirmation.
2. All positive tests will be subjected to a secondary confirmatory test (on the same sample) using a gas chromatography/mass spectrometry test or a superior or equally reliable test if same becomes reasonably available.
3. If the secondary tests confirm the initial positive test result, the employee will be immediately suspended for violation of JCEMSD policy with possibility of termination.
4. The employee shall be given access to all written documentation available from the testing laboratory which verifies the accuracy of the testing equipment used in the testing process, the chain of custody of the specimen, and the accuracy rate of the laboratory.
5. If the results of the test are negative all further testing for the specific case at hand shall be discontinued. The employee will be provided with a copy of the results and all documentation and the testing will sealed and maintained in a secure place, but not in the regular official personnel file.

**302.01.06 Confidentially**

The results and records of alcohol and drug testing are to be considered confidential and are not discussed or shared with anyone who does not need to know. Likewise, a supervisor must not discuss the suspected reason for referral with anyone who does not need to know.

**CONFIDENTIAL**

**PRESCRIPTION DRUG RELEASE FORM**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE’S NAME DATE

I am currently using the following physician prescribed medications:

DRUG NAME DATE DOCTOR

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My doctor or pharmacist has advised me the medication may affect my work performance in the following manner:

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EMPLOYEE’S SIGNATURE DATE

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SUPERVISOR’S SIGNATURE DATE

**DRUG/BREATH ALCOHOL TEST AUTHORIZATION**

I, (print name of person whose specimen is to be collected) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize St. Charles Medical Center – Madras to collect my urine, blood and/or breath samples for the purpose of Drug/Alcohol testing. I understand I am required to provide the specimen on the date shown below. In addition, I authorize St. Charles Medical Center – Madras to release copies of, or permit examination of medical records which may indicate whether or not drugs or alcohol are present in my system to the Chief or the Asst. Chief of Jefferson County Emergency Medical Services District. I herby acknowledge that the data to be released may include material that is protected by Federal Law. My signature below acknowledges that I read and understand this statement and give my consent thereto.

Furthermore, I understand refusal to submit to such testing may result in termination of employment.

I acknowledge that I have received a copy of the Jefferson County EMS District Alcohol and Drug Policy and that I have read and understand the policy.

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Signature of person being tested Date

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Collection Authorized By Date

\_\_\_\_\_ Random \_\_\_\_\_ Urine Drug Testing/Non-DOT

\_\_\_\_\_ Pre-Employment \_\_\_\_\_ Urine Drug/Alcohol Testing/Non-DOT

**Please mail all results to Jefferson County EMS District, 360 SW Culver Hwy, Madras, OR 97741**