



DRUG AND ALCOHOL TESTING PROCEDURES AND POLICY GUIDELINES

Revised April 2009



**Central Human Resources
Labor Relations
Multnomah County**

TABLE OF CONTENTS

I.	<u>SCOPE</u>	1
II.	<u>CONFIDENTIALITY</u>	2
III.	<u>BASIS FOR TESTING EMPLOYEES FOR DRUGS AND ALCOHOL</u>	2
IV.	<u>PROCEDURE FOR OBTAINING DRUG/ALCOHOL TESTS</u>	4
V.	<u>APPEALS</u>	6
VI.	<u>LAST CHANCE AGREEMENT</u>	7
VII.	<u>USE OF LEAVE</u>	9
VIII.	<u>NOTIFICATION BY EMPLOYEES OF POSSIBLE SIDE EFFECTS OF MEDICATIONS</u>	10
IX.	<u>NOTIFICATION BY EMPLOYEES OF DRUG/ALCOHOL ARRESTS/CONVICTION</u>	11
X.	<u>APPENDICES - FORMS</u>	
A.	<u>LIST OF COLLECTION SITES FOR DRUG/ALCOHOL TESTING</u>	14
B.	<u>BIO-MED REQUEST FOR DRUG AND ALCOHOL TESTING</u>	16
C.	<u>AUTHORIZATION FOR MULTNOMAH COUNTY TO RELEASE CONFIDENTIAL DRUG AND ALCOHOL INFORMATION</u>	18
D.	<u>AUTHORIZATION FOR MEDICAL CARE PROVIDER TO RELEASE MEDICAL INFORMATION</u>	19
E.	<u>DRUG/ALCOHOL TEST APPEAL FORM – NON-CDL DRIVERS</u>	20
F.	<u>NOTIFICATION BY EMPLOYEES OF MEDICATION SIDE EFFECTS</u>	21
G.	<u>NOTIFICATION BY EMPLOYEES OF DRUG/ALCOHOL ARREST AND/OR CONVICTION</u>	22
H.	<u>RELEASE OF INFORMATION BY APPLICANTS FOR EMPLOYMENT IN CDL POSITIONS</u>	23

I. SCOPE

The following procedures and guidelines supplement MCPR § 4-50 and the drug and alcohol policies as contained in represented employees' collective bargaining agreements.

The intent of the procedures is to follow the Department of Transportation (DOT) and Federal Motor Carrier Safety Administration's (FMCSA) alcohol and drug testing rules for persons required to obtain a commercial drivers license (CDL). Whenever possible, to ensure fairness and consistency, the procedures and safeguards afforded to employees who are required to maintain a CDL are also afforded to employee's who are non-CDL holders and are tested due to reasonable suspicion of being under the influence of either drugs or alcohol.

Except for employees who hold a CDL, employees who work in the District Attorney's Office and the Sheriff's Office are governed by the administrative procedures of those offices.

II. CONFIDENTIALITY

- A. Confidential File Requirements: All drug and alcohol test reports and dependency evaluations must be filed in a locked medical record file separate from any personnel file.
- B. Location: Department Human Resources Offices maintain medical record files for employees that may include documentation that is covered in the county's drug and alcohol policies. However, all documents related to drug and alcohol testing and dependency evaluations will be maintained by the county's Drug and Alcohol Policy Coordinator located in Central Human Resources/Labor Relations. If Departments receive such information, it should be placed in a sealed envelope marked "confidential" and sent to:

Drug and Alcohol Policy Coordinator
Central Human Resources/Labor Relations
503/3

- C. Release of Information: All information from drug and alcohol tests, dependency evaluations, and notifications are confidential, and only those with a legitimate need to know may be informed of the results. Disclosure of confidential information will not occur except for the following circumstances:
 - 1. Medical records will be made available to human resources staff and supervisors that have a job-related need to know.
 - 2. The employee signs an [Authorization for Multnomah County to Release Confidential Drug and Alcohol Information Form](#) (see Appendix C) requesting the release of specific information to a particular person(s).

3. The employee waives by virtue of overt action his/her right to confidentiality by placing the information at issue in a formal dispute between the county and the employee.
4. The information is compelled by law or by judicial or administrative process.
5. The information is needed by medical personnel for the diagnosis or treatment of a patient who is physically unable to authorize disclosure.

III. BASIS FOR TESTING EMPLOYEES FOR DRUGS AND ALCOHOL

MCPR § 4-50, the county's collective bargaining agreements, and DOT regulations states that employees and applicants may be tested for drugs and alcohol in the following circumstances:

A. All Employees May be Tested:

1. Reasonable Suspicion: When a supervisor who has received the county's training on drug and alcohol signs and symptoms observes behavior in an employee that provides a reasonable suspicion of the employee being under the influence of alcohol or illegal drugs. An employee who is taken in for reasonable suspicion testing will remain off work until the Drug and Alcohol Policy Coordinator obtains negative test results from a third-party Medical Review Officer (MRO).
2. Return to Duty: Before returning to work after testing positive for being under the influence of alcohol or illegal drugs an employee must test negative before being allowed to return to their position.
3. Follow-Up: As a part of a program of unannounced follow-up testing provided for in a Last Chance Agreement (LCA). Employees may return to work upon completion of the testing process while test results are pending.

B. Additional Testing and Requirements for CDL Holders:

1. Pre-Employment/Post-Offer

After a job offer is made to an applicant for a position that requires a CDL, the applicant must be:

- a. Sent for drug and alcohol testing prior to starting their employment. ***Under no circumstances may the individual perform safety sensitive functions until a negative test result is received.*** If the applicant tests positive for a controlled substance that s/he does not have a valid prescription for, or tests positive for an illegal substance, the conditional offer of employment will be rescinded.

- b. Directed to complete the [Release of Information for Applicants for Employment in CDL Positions Form](#) (see Appendix H) that asks prior employers about DOT-regulated drug and alcohol testing for the prior two (2) years. If the applicant has a history of testing positive for controlled substances, the conditional offer of employment will be rescinded unless s/he has evidence of successfully completing a substance abuse program after testing positive.

2. Random

- a. The Drug and Alcohol Policy Coordinator provides a list of all covered employees in DOT and Safety Sensitive positions to the independent MRO that the county contracts with.
- b. A random list of employees is generated by the county's Third Party Administrator (TPA) and the randomly selected employees' names are provided to the Drug and Alcohol Policy Coordinator for testing. The testing dates and times are unannounced and are reasonably spread throughout the year.
- c. The Drug and Alcohol Policy Coordinator notifies the employees' supervisors that they have been selected for testing.
- d. The employee must report to the designated collection site for testing immediately after being notified by their supervisor. Failure to report immediately is considered positive.
- e. Employees may return to work upon completion of the testing process.
- f. The employee is only notified if the test is positive for drugs or alcohol.

3. Post-Accident

- a. A CDL driver must have a post accident drug and alcohol test when the driver is involved in an accident on a public road; and,
 - 1. There is a fatality or injury that requires treatment of any person away from the scene and the driver receives a citation under state or local law;
 - ~or~
 - 2. Any vehicle is towed away from the scene of the accident and the driver receives a citation under state or local law.

- b. A post-accident alcohol test will be administered within two (2) hours of any accident that meets the criteria outlined in Section III.B.3.a above. If no testing occurs within the two (2) hour time limit, a record must be maintained stating the reasons the test was not promptly administered. If a post-accident alcohol test is not given within eight (8) hours, then no test will be given and a record must be maintained stating the reasons for failing to administer the test.
- c. A post-accident controlled substance test will be administered within thirty-two (32) hours of any accident that meets the criteria outlined in Section III.B.3.a above. If more than thirty-two (32) hours passes without administering a controlled substance test, no test will be given and a record will be maintained stating the reasons for failing to promptly administer the test.
- d. The employee will remain off work until the Drug and Alcohol Policy Coordinator obtains test results from the MRO and further action can be determined.

IV. PROCEDURE FOR OBTAINING DRUG/ALCOHOL TEST RESULTS

- A. Supervisors who need to test an employee for drugs or alcohol should refer to the [List of Collections Sites and Instructions for Drug and Alcohol Testing Form](#) (see Appendix A) for specific details of the testing process.
- B. Reasonable suspicion employee notification:
 - 1. The supervisor should articulate orally a summary of the specific facts which form the basis for believing that the employee is under the influence of drugs or alcohol and notify the employee that s/he is being taken for drug and alcohol testing.
 - 2. The supervisor shall provide to the employee, upon request and within forty-eight (48) hours of the oral notification of the facts that lead to the reasonable suspicion, a written specification of the grounds for reasonable suspicion testing.
- C. Transport or direct employee to testing location:
 - 1. Reasonable Suspicion and Post Accident Testing: Supervisors must transport the employee to the collection site and then transport the employee to their home. Supervisors have the option to arrange for alternate transportation, such as a cab, as long as the supervisor remains at the collection site until the employee is released and arranges for the employee to be transported home.

2. All Other Types of Testing: Supervisor directs employee to the testing site after giving a completed [Bio-Med Non-DOT Testing Form](#) (see Appendix B) to the employee to take to the collection site.
- D. Drug and Alcohol Policy Coordinator Notification: As soon as practical, supervisors and/or Department Human Resources Staff should inform the Drug and Alcohol Policy Coordinator in Human Resources/Labor Relations that a drug/alcohol test has been ordered, the reason for the test, and the identity of the employee being tested.
- E. Medical Review Officer (MRO)
1. The testing is a two-stage process performed at an independent laboratory. An initial test is performed, and if it is positive for one or more drugs, then a confirmation test is performed for each identified drug. Once the results are confirmed by the laboratory, the results are sent to the MRO.
 2. The MRO will review any positive test results and attempt to make contact with the employee to determine if there is a legitimate medical basis for the positive results prior to releasing the results to the county's Drug and Alcohol Policy Coordinator. If the MRO is unable to make contact with the employee, or the employee refuses to discuss the matter with the MRO, the county's Drug and Alcohol Policy Coordinator will make an attempt to contact the employee. If the employee continues to not respond, the MRO will release the results to the county's Drug and Alcohol Policy Coordinator.
 3. The TPA will only release the results of the test to the person designated with the MRO as the county's Drug and Alcohol Policy Coordinator.
- F. Medical Prescriptions:
1. If a non-CDL employee claims use of prescription drugs under medical supervision as a reason for behavior that gives rise to reasonable suspicion that s/he is under the influence of drugs or alcohol, the supervisor must instruct the employee to provide Human Resources with a copy of the prescription within twenty-four (24) hours.
 2. If the MRO contacts the employee to notify them of a positive drug test result, and the employee has a valid prescription for a drug that could cause the positive test result, s/he should provide the MRO with a copy of the prescription within seventy-two (72) hours. The MRO will verify that the prescription is valid and will make a medical determination on whether the prescription is a legitimate medical explanation for the positive test result.

- F. Supervisor's Notification of Results: The Drug and Alcohol Policy Coordinator will receive the results of the drug and alcohol test from the MRO and promptly inform the responsible supervisor of the results. The timing for receipt of the results could take 1-2 weeks depending upon how long it takes the laboratory to process the testing, the MRO to interpret the test results, and any possible attempts by the MRO to contact the employee.
- G. Refusals: Should an employee refuse to submit to a drug and alcohol test, such a refusal will be dealt with as a violation of an order and insubordination in accordance with the applicable disciplinary standards and procedures (this procedure and/or applicable collective bargaining agreement). A refusal to submit to a drug or alcohol test is deemed to be a positive result under DOT guidelines.

Refusal to submit to testing is defined as:

1. Refusal to appear for testing.
2. Not reporting to the collection site in the time allotted.
3. Failure to remain at the testing site until the testing process is complete.
4. Refusal to sign the testing form.
5. Inability to provide sufficient quantities of breath or urine to be tested without a valid medical explanation.
6. Tampering with, attempting to adulterate, adulteration or substitution of the specimen, or interference with the collection procedure.
7. Otherwise fail to cooperate in the testing process.

V. APPEALS

A. CDL Drivers

The appeals process for CDL driver will be governed by the DOT guidelines.

B. Non-CDL Drivers

1. Within three (3) days of receipt of notification of a verified positive test, or an adulterated or substituted specimen, the Drug and Alcohol Policy Coordinator will send a copy of the test results to the employee by certified mail or hand-deliver to the employee along with the [Drug/Alcohol Test Appeal Form](#) (see Appendix E).
2. When a urine specimen is collected, it is split into two (2) bottles called the "A Bottle" and "B Bottle." The results received by the Drug and

Alcohol Policy Coordinator are from testing the “A Bottle.” If the employee returns the [Drug/Alcohol Test Appeal Form](#) within five (5) days of receipt, the Drug and Alcohol Policy Coordinator will arrange with the laboratory to test the “B Bottle.” Employees are not permitted to submit a new urine specimen for testing.

3. The Drug and Alcohol Coordinator will notify the supervisor of an appeal and any disciplinary action is stopped pending the results of the “B Bottle” test.
4. Testing of the “B Bottle” is done at the employee’s expense and the results are considered binding.
5. Breathalyzer test results are validated at the collection site and are not subject to appeal or retesting.

VI. LAST CHANCE AGREEMENT (LCA)

- A. Purpose: The intent of a LCA is to offer an employee who has violated the county’s drug and alcohol policy a **FINAL** opportunity to correct his/her misconduct by obtaining treatment for his/her substance abuse problem in lieu of termination. If the employee fails to comply with the terms of a treatment plan outlined for them by a substance abuse professional, or violates the county’s drug and alcohol policy after signing the LCA, the original discipline of termination will be implemented.
- B. When Used: LCAs may, at the county’s option, be used when all of the following factors are present:
 1. An employee’s conduct and performance is deemed by the supervisor to warrant termination, but there are mitigating circumstances.
 2. The employee fully cooperated with the administration of the county’s drug and alcohol policy, including:
 - a. Fully responding to inquiries from the MRO and the county;
 - b. There was no tainting, tampering, or substitution of urine samples; and
 - c. There was no falsifying of information or other related misconduct.
 3. The employee agrees to be evaluated by a county-selected substance abuse professional to determine whether there are dependency issues, and if there are dependency issues, agrees to participate in a treatment program that the substance abuse professional outlines for the employee.

C. Contents: At a minimum, a LCA will include all of the following provisions:

1. A requirement that the employee successfully enroll, participate in, and complete a treatment program if recommended by a substance abuse professional.
2. The right of the County to administer random drug or alcohol tests following any treatment for a period of two (2) years from the date of completion of the treatment for non-CDL drivers and up to five (5) years for CDL drivers.
3. A statement from the employee acknowledging they understand they are subject to termination for future violations of the county's drug and alcohol policy.

D. Referral Procedure for Drug and/or Alcohol Assessment

1. The Drug and Alcohol Policy Coordinator is responsible for referring the employee for drug and alcohol assessment. Each department is responsible for paying the charges for drug and alcohol assessments for employees within their department.
2. The Drug and Alcohol Policy Coordinator shall inform the employee of the appointment with the substance abuse provider in writing.
3. The Drug and Alcohol Policy Coordinator shall obtain a signed [Authorization for Medical Care Provider to Release Medical Information Form](#) (see Appendix D) or use a form provided by a substance abuse provider for release of medical information from the employee, so that the results of the assessment may be received by the county.
4. Upon the Drug and Alcohol Policy Coordinator's receipt of the results of the assessment from the substance abuse professional, the Coordinator shall determine the appropriate action based on the results:
 - a. If no dependency is diagnosed, there is no further action in regards to requiring the employee to meet with a substance abuse provider.
 - b. If dependency is diagnosed, require the employee to successfully complete a treatment program and all follow-up requirements as determined by the substance abuse professional. The Drug and Alcohol Policy Coordinator will require periodic reports from the substance abuse professional to ensure that the employee is participating in the program.

- E. Signatures: All LCAs must be signed by the employee and by a supervisor with authority to terminate the employee. Prior to any LCAs being signed by supervisors, they shall first consult with a Central Human Resources/Labor Relations Manager.

Other signatures that apply in some circumstances:

1. The recognized labor representative, for agreements with employees who are represented.
 2. Central Human Resources/Labor Relations, if the terms of a labor agreement are waived or excepted.
 3. The employee's immediate supervisor, if that supervisor does not have authority to terminate the employee.
- F. Filing: After a LCA has been entered into, a copy will be placed in the employee's personnel file and in medical and discipline files maintained by Central Human Resources/Labor Relations.

VII. USE OF LEAVE

- A. Substance Abuse Treatment: Time used for purposes of assessment, evaluation, counseling, and treatment of drug and alcohol dependency may be charged against accrued and available sick and vacation leave in accordance with the same requirements which would apply to any other illness or injury and may be eligible for Family Medical Leave Act (FMLA) and Oregon Medical Family Leave (OFLA) protection. Granting of a leave of absence without pay for the above stated purposes will be governed by the same rules as would apply to any other request for such leave.
- B. Reasonable Suspicion Testing:
1. Positive Test Results: If an employee tests positive for illegal drugs or alcohol, time not worked while testing must be charged according to the sick leave policies of the appropriate collective bargaining agreement or personnel rule.
 2. Negative Test Results: If an employee tests negative, time spent testing shall be considered work time.
 3. Time Spent Waiting for Results: Employees who are tested for drugs and alcohol due to reasonable suspicion of being under the influence are not allowed to return to work until the test results are received and should be placed on paid administrative leave during the waiting period.

VIII. NOTIFICATION BY EMPLOYEES OF POSSIBLE SIDE EFFECTS OF MEDICATIONS

A. Notification Guidelines: The notification requirements of MCPR § 4-50 and the collective bargaining agreements do not require an employee to report the medical condition that requires the use of medication. The notification requirement is not intended to apply to medications which under normal use and circumstance would not be expected to impair work performance. As a general guideline, the notification requirement is based upon:

1. The possible effects of the medication; and
2. The nature of the job duties.

For example, an employee who uses equipment, machinery or vehicles on the job and takes an antihistamine which has on the label “may cause drowsiness” should report this because of the potential safety hazard. Another employee taking the same medication, but who has a desk job, may not need to report the medication to the supervisor if the potential effect would not pose a safety hazard or a significant reduction in efficiency, given the person’s job duties.

B. Notification Procedures:

1. The employee will contact their supervisor, indicating that s/he believes notification is required according to the drug and alcohol policy which applies to that employee.
2. The supervisor must immediately provide a copy of the [Notification by Employee of Medication Side Effects Form](#) (see Appendix F) to the employee.
3. The employee must promptly complete the [Notification by Employee of Medication Side Effects Form](#) and submit to their Department Human Resources Office. This form will be maintained as a confidential medical record.
4. In conjunction with the Department Human Resources Office, the supervisor will review the [Notification by Employee of Medication Side Effects Form](#) and take appropriate action based upon the employee’s ability to safely perform their assigned duties.
 - a. No Safety Hazard: If no safety hazard exists and the supervisor determines that the potential reduction in efficiency is acceptable, the employee may continue performing their regular duties.
 - b. Safety Hazard:

1. Determine whether the employee may be assigned to other duties which do not constitute a risk to the employee or others; or
 2. Require that the employee return home until the risk no longer exists. Time not worked under this provision shall be charged according to the sick leave policies of the appropriate collective bargaining agreement or personnel rule. If returning home requires the employee to operate a vehicle, the supervisor shall arrange for alternative transportation.
5. Medical Release: If an employee is sent home because of a safety hazard, or the supervisor cannot make a determination regarding whether a safety hazard exists, the supervisor will request that the employee complete the [Authorization by Medical Provider to Release Medical Information Form](#) (see Appendix D) and not allow the employee to work until a medical provider releases the employee for work. Time not worked under this provision will be charged according to the sick leave policies of the appropriate collective bargaining agreement or personnel rule.

IX. NOTIFICATION BY EMPLOYEES OF DRUG/ALCOHOL ARREST AND/OR CONVICTION

- A. Notification Guidelines: Employees must fully and promptly notify their supervisor upon the next working day of all drug or alcohol-related arrests, convictions, guilty pleas, no contest pleas, or diversions that:
1. Occurred while on duty, on county property, or in a county vehicle; or
 2. Occurred while off duty, off county property, and not in a county vehicle, but adversely affects an employee's ability to perform major job functions (i.e. loss or limitation of driving privileges and the employee's job is identified as requiring a valid driver's license).
- B. Notification Procedures:
1. The employee will disclose to their supervisor the next working day any drug and/or alcohol arrest, citation, conviction, guilty plea, no contest plea or diversion that is covered by the county's drug and alcohol policies.
 2. The supervisor must immediately provide a copy of the [Notification by Employee of Drug/Alcohol Arrest and/or Conviction Form](#) (see Appendix G) to the employee.

3. The employee must promptly complete the [Notification by Employee of Drug/Alcohol Arrest and/or Conviction Form](#) and submit to their supervisor. The form will be maintained as a part of the employee's personnel file.
4. In conjunction with the Department Human Resources Office, the supervisor will review the [Notification by Employee of Drug/Alcohol Arrest and/or Conviction Form](#) and take appropriate action based upon the severity of the issue and the employee's ability to perform their assigned duties.

APPENDICES

APPENDIX A

LIST OF COLLECTION SITES AND INSTRUCTIONS FOR DRUG AND ALCOHOL TESTING

I. Testing that Occurs Monday – Friday, 8:00 AM – 5:00 PM

- A. Complete the [Bio-Med Request for Drug and Alcohol Testing Form](#) (see Appendix B).
- B. Arrange to transport (for reasonable suspicion and post-accident testing) or direct the employee (for random and follow-up testing) to one of the below collection sites.

Legacy Central Lab

1225 NE 2nd Avenue
Portland, OR 97232
(503) 413-5000

~OR~

Gresham Urgent Care

2850 E Powell Valley Road, #100
Gresham, OR 97080
(503) 924-1388

- C. It is not necessary to make an appointment for drug and alcohol screening between the hours of 8:00 AM and 5:00 PM. If an employee requires reasonable suspicion testing, and the supervisor can not transport the employee to a collection site before 5:00 PM, they should follow the after hours instructions for testing in Section II below.

II. After-Hours Testing: Holidays, Weekends, and Monday – Friday, 5:00 PM – 8:00 AM

- A. Arrange to transport the employee to the Legacy Central Lab collection site. On weekends only, you need to call first so that a staff member can be ready at the site when you arrive.

Legacy Central Lab

1225 NE 2nd Avenue
Portland, OR 97232
(503) 413-5000

- B. Legacy Central Lab should have the County's protocols on file, however, if needed, inform the collections person:

1. Whether the test is for reasonable suspicion, post-accident DOT, or random testing for a 24-7 work unit.
 2. The requested panel to test for is:
 - a. Marijuana (THC metabolite)
 - b. Cocaine
 - c. Amphetamines
 - d. Opiates (including heroin)
 - e. Phencyclidine (PCP)
- C. For reasonable suspicion testing, drive or arrange for the employee to be transported home.

****Special Note for MCCDA Members:** If the county requests a MCCDA member to submit to a breathalyzer test, the member must be informed at the time that they have the right to verify the results of such test with a blood-based test.

APPENDIX B



Commercial Drivers Only:

Please complete and send a copy with any person being sent in for a drug or alcohol test.

Company name: MULTNOMAH COUNTY

Account #: 16765

Donor name (employee or prospective employee) _____ / _____.
(NAME) (Last 4 of SSN)

REPORT with this letter and photo identification (driver's license or other photo ID card issued by a governmental agency) to:

BIO-MED approved collection site: (check one)

☐ **Legacy Central Lab**
1225 NE 2nd Avenue
Portland, OR 97232
Ph: 503-413-5000
24 Hours

☐ **Gresham Urgent Care**
2850 E. Powell Valley Road, #100
Gresham, OR 97080
Ph: 503-924-1388

Call prior to going on Saturday/Sunday

Company: Please ✓ appropriate test for DOT test (commercial drivers only)

☐ Pre-employment DOT/NIDA Drug Test

☐ Random DOT/ NIDA Drug

☐ Random DOT/ NIDA Breath Alcohol Test

☐ Post Accident DOT/ NIDA Drug & Alcohol Test

(only if fatality, OR if driver receives a citation along with one or more towed vehicle OR if driver receives a citation along with any person injured in such a way that they had to be removed from the scene for medical treatment – Call BIO-MED 1-800-434-6654 if questions)

☐ Reasonable Cause Drug Test

☐ Reasonable Cause Breath Alcohol Test

☐ Return-to-Duty Drug Test

☐ Return-to-Duty Breath Alcohol Test

☐ Follow-up Drug Test

☐ Follow-up Breath Alcohol Test

**Collection site: For DOT test, use Legacy as lab and Dr. Kirby Griffin as MRO;
Immediately FAX MRO COPY to (503) 244-6790 and to Bio-Med at 503-315-8995**

**** DONOR/EMPLOYEE **** You must report immediately to the collection site upon receiving this letter to provide a urine sample for drug testing and a breath alcohol test; or it will be considered a refusal to test.

Donor Signature Acknowledging Receipt: _____

****SUPERVISOR****

Instructions: Have the employee sign above acknowledging receipt of this letter, initial below indicating the time and date the employee received the letter, and then send a copy to Labor Relations/Drug and Alcohol Policy Coordinator MC 503/3. A copy should also be provided to the employee.

Supervisor Signature: _____ **Date/Time Donor received letter:** _____ / _____ **AM/PM**
(Date) (Time)

**NON-Commercial Drivers Only:**

Please complete and send a copy with any person being sent in for a drug or alcohol test.

Company name: MULTNOMAH COUNTY

Account #: 16764

Donor name (employee or prospective employee) _____ / _____.
(NAME) (Last 4 of SSN)

REPORT with this letter and photo identification (driver's license or other card with your picture and identification on it) to:

BIO-MED approved collection site: (check one)

- | | |
|---|--|
| <input type="checkbox"/> Legacy Central Lab
1225 NE 2 nd Avenue
Portland, OR 97232
Ph: 503-413-5000
24 Hours
<i>Call prior to going on Saturday/Sunday</i> | <input type="checkbox"/> Gresham Urgent Care
2850 E. Powell Valley Road, #100
Gresham, OR 97080
Ph: 503-924-1388 |
|---|--|

Not for commercial drivers – Non-DOT testing only

PURPOSE (✓ one)

- ☐ Random ☐ Reasonable Cause ☐ Return to Duty

Panel 3 & Breath Alcohol on all donors

**** Collection Site → Use Legacy single specimen collection/ BIO-MED acct # 16764.**
Bill BIO-MED for the collection

Immediately fax copy of BAT & CCF to Bio-Med at 503-315-8995

**** DONOR/EMPLOYEE **** You must report immediately to the collection site upon receiving this letter to provide a urine sample for drug testing and a breath alcohol test; or it will be considered a refusal to test.

Donor Signature Acknowledging Receipt: _____

****SUPERVISOR****

Instructions: Have the employee sign above acknowledging receipt of this letter, initial below indicating the time and date the employee received the letter, and then send a copy to Labor Relations/Drug and Alcohol Policy Coordinator MC 503/3. A copy should also be provided to the employee.

Supervisor Signature: _____ Date/Time Donor received letter: _____ / _____ AM/PM
(Date) (Time)

APPENDIX C

AUTHORIZATION FOR MULTNOMAH COUNTY TO RELEASE CONFIDENTIAL DRUG AND ALCOHOL INFORMATION

I hereby authorize Multnomah County to release the below types of drug and alcohol information to _____ [list specific recipient(s)].

The types of drug and alcohol information that I am authorizing to be released to the recipient(s) listed above is (check all that apply):

- ☐ Drug and alcohol test results
- ☐ Substance abuse evaluations
- ☐ Notification by Employee of Medical Side Effects Forms
- ☐ Notification by Employee of Drug/Alcohol Arrest and/or Conviction Forms
- ☐ Other: _____

By authorizing Multnomah County to release this information I understand that:

- This information may be re-disclosed if the recipient(s) listed on this form is not required by law to protect the privacy of the information and such information is no longer protected by federal health information privacy regulations.
- Multnomah County can not be held responsible for any unauthorized re-disclosure of information after it is released to the recipient(s) listed on this form.
- This authorization is valid for one year from the date of my signature on this form or until _____(date), and my authorization can be renewed or revoked by me at any time through written notification to Multnomah County.

Employee Signature

Date

APPENDIX D

AUTHORIZATION FOR MEDICAL PROVIDER TO RELEASE MEDICAL INFORMATION

I hereby authorize the medical or other service provider identified below to release all job-related medical information about me, including any drug and alcohol related information and participation in substance abuse programs, as requested by the Multnomah County Drug and Alcohol Coordinator.

Name of medical or other service provider

Address of medical or other service provider

Phone number of medical or other service provider

Employee Signature

Date

Employee Social Security Number

Filing Instructions: Authorization to Release Medical information shall be maintained as part of the employee's confidential medical file by the Multnomah County Drug and Alcohol Coordinator.

APPENDIX E

DRUG/ALCOHOL TEST APPEAL FORM – NON-CDL DRIVERS

Employee Name: _____

I have received notification of the results of my drug/alcohol test and wish to appeal those results.

By signing this form, I am indicating that I understand that:

- My original urine sample will be re-tested by an independent laboratory and that I may not submit a new urine sample.
- The result of the re-test will be deemed final and binding and not subject to any further test.
- I will be responsible for the cost of this retest.
- I can not return to work until after the results of the re-test are received by the Drug and Alcohol Policy Coordinator and that any possible disciplinary action that might arise due to a drug/alcohol policy violation will also be stayed until receipt of the new results.
- Breathalyzer tests are validated at the collection site and that breathalyzer results may not be appealed.
- This appeal form must be received by the Drug & Alcohol Policy Coordinator within five (5) days of receipt of the test results in order to be valid. Failure to return this form within the five (5) day appeals period is deemed acceptance of the original test results.

Employee Signature

Date

Instructions: Place completed form in a sealed envelope marked "CONFIDENTIAL" and deliver to:

Drug and Alcohol Policy Coordinator
Central Human Resources/ Labor Relations
503/3 – 3rd floor of the Multnomah Building
501 SE Hawthorne Blvd, Suite 300, Portland, OR 97214

APPENDIX F

NOTIFICATION BY EMPLOYEES OF MEDICATION SIDE EFFECTS

Instructions: This form is to be completed by the employee and submitted to the immediate exempt supervisor.

Prior to beginning work or operating County equipment or vehicles, an employee has the responsibility to fully and promptly notify his/her supervisor of the use of any prescription or nonprescription medications which may interfere with the safe and/or effective performance of duties or operation of equipment or vehicles. Employees are not necessarily required to disclose the name of medications, but the possible side effects must be disclosed.

Employee Name: _____

Possible effects of prescribed medications and/or non-prescribed medications as described by medical provider and/or warning label:

Signature

Date

Filing instructions: Notification by Employees of Medications is a medical record and must be maintained according to the requirements for maintaining confidential and medical files described in the county's Drug and Alcohol Testing Procedures and Guidelines.

APPENDIX G

**NOTIFICATION BY EMPLOYEES
OF DRUG/ALCOHOL ARREST AND/OR CONVICTION**

Instructions: Employees must fully and promptly notify their supervisor upon the next working day of all drug or alcohol-related arrests, convictions, guilty pleas, or no contest pleas that meet the requirements outlined below.

Employee Name: _____

On _____ (Date), the following occurred:

_____ Drug or alcohol-related arrest, citation, conviction, guilty plea, no contest plea or diversion due to conduct which ***occurred while on duty, on County property, or in a County vehicle;***

or

_____ Drug or alcohol-related conviction, guilty plea, no contest plea or diversion due to conduct which ***occurred while off duty, off County property, and not in a County vehicle,*** and which adversely affects my ability to perform major job functions (i.e. loss or limitation of driving privileges and my job is identified as requiring a valid driver's license).

Describe conviction, guilty plea or no contest plea and its impact on job duties:

Employee Signature

Date

Filing instructions: Notification by Employees of Drug/Alcohol Convictions shall be maintained as part of the employee's personnel file.

APPENDIX H

RELEASE OF INFORMATION APPLICANTS FOR EMPLOYMENT IN CDL POSITIONS

Instructions: *Section I* is to be completed by the employee. *Section II* is to be completed by all of the employee's previous employers for the last two years in which s/he was required to hold a CDL for employment.

Section I – Employee Release

Employee Name: _____ Employee SS Number: _____

I hereby authorize release of information from my Department of Transportation (DOT) regulated drug and alcohol testing records by my previous employer(s), listed in *Section I* to Multnomah County. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II* by my previous employer(s) is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

List all previous employers within the last two years in which a CDL was required for employment. Attach additional sheets if necessary.

Employer #1 Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Employer #2 Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

**RELEASE OF INFORMATION FOR APPLICANTS
FOR EMPLOYMENT IN CDL POSITIONS
-Page 2-**

Section II – Previous Employer Reporting

The employee listed in Section I of this document has authorized the release of DOT regulated drug and alcohol tests to Multnomah County in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. Please answer the below questions in regards to DOT-regulated testing for the two years prior to the date of the employee's signature in Section I.

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** ____ **NO** ____
2. Did the employee have verified positive drug tests? **YES** ____ **NO** ____
3. Did the employee refuse to be tested? **YES** ____ **NO** ____
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** ____ **NO** ____
5. Did a previous employer report a drug and alcohol rule violation to you? **YES** ____ **NO** ____
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **N/A** ____ **YES** ____ **NO** ____
7. Dates of employment: From _____ to _____

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Name of person providing information in *Section II*: _____

Title: _____

Phone #: _____ Date: _____

Please return completed form to:
Multnomah County Labor Relations
Drug and Alcohol Policy Coordinator
501 SE Hawthorne Blvd, Suite 300
Portland, OR 97214
Phone: 503-988-5015
Fax: 503-988-3009