

## **DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM APPLICATION INSTRUCTIONS**

### **Testing – YOU MUST CHECK THE FOLLOWING:**

- ~ Job Applications
- ~ Reasonable suspicion
- ~ Follow-up to Employee Assistance Programs

Routine fitness-for-duty testing must be checked if it applies to your company policy.

### **Notice of Employer's Drug Testing Policy – YOU MUST CHECK THE FOLLOWING:**

- ~ Copy to all employees prior to testing
- ~ Posted on employer's premises
- ~ Copy to job applicants prior to testing
- ~ Show notice of drug testing on vacancy announcements (help wanted ads)
- ~ Copies available in personnel office or other suitable locations

You must check "General notice given 60 days prior to testing" if your policy was implemented after January 26, 1991, or check "No notice required ..." if you had a drug testing program in place before January 26, 1991.

### **Education – YOU MUST CHECK THE FOLLOWING:**

- ~ Resource file on providers

Employee Assistance Program must be checked if you maintain one per your drug policy.  
An annual education course is no longer required.

**Name of Medical Review Officer:** The Medical Review Officer is a licensed physician trained to interpret drug test results. You may want to consult with the collection site or testing lab for MRO referrals.

**A, B, & C:** The lab must be an approved Agency for Health Care Administration Lab or United States Department of Health and Human Services Certified Laboratory. (A list is enclosed.)

Please fill in *Employer name, Date, Type or print name of officer/owner, Signature of officer/owner, and Title.*

Please have the form notarized.

**Return application to:**



**Joanna Piccarreto**

Account Manager

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The following is a sample substance abuse program. We, as your workers' compensation carrier, have developed this program to assist you in complying with its requirements. However, there are a few steps that you need to do to make this program your own.

- 1) Copy the first page onto your company letterhead or type in your company name and address at the top of this first page.
- 2) Complete the areas underlined on pages 1 and 5.
- 3) Under Section C on page 3, choose whether your company will maintain an employee assistance program (drug/alcohol rehabilitation) by means of paying the costs involved. *Remember: Your company is not required to pay for an employee assistance program for your employees; however, it is required to provide a reference listing of employee assistance programs in your area.*
- 4) On page 5, under Section J, "Collective Bargaining" refers to companies who have unions. If you do not have a union at your company, circle "The company has no collective bargaining agreement." Otherwise, choose the latter.

It is very important that a copy of this program be given to each employee of your company, along with a copy of the "Drug-Free Workplace Policy Acknowledgement." Your employees are required to sign this acknowledgement and return it to your Human Resources/Personnel representative. This form should be placed in their personnel file.

The "An Open Letter to the Employees of" letter usually is the cover page to the Substance Abuse Program. The "Over the Counter and Prescription Drugs Which Could Alter or Affect Drug Test Results" page should be attached to each employee's copy of the Substance Abuse Program. This page is referenced in the program.

Please keep the licensed laboratories pages and "Notification of Positive Drug Test Result" letter. You may contact any laboratory on the licensed laboratories page (to arrange testing), and ask for a collection site in your area. And, of course, the "Notification of Positive Drug Test Result" letter will be the letter given to employees who may test positive in the course of being tested for reasonable suspicion or at the time of an injury.

To receive the workers' compensation premium credit, please return a complete copy of your Substance Abuse Program to Summit, the "Application for Drug-Free Workplace Premium Credit Program" fully completed, and your reference listing of employee assistance programs.

## **SUBSTANCE ABUSE PROGRAM**

### **I. STATEMENT OF POLICY**

(Date) \_\_\_\_\_

In a commitment to safeguard the health of our employees and to provide a safe environment for everyone, we have established a drug-free workplace policy.

The ultimate goal of this policy is to balance our respect for individual privacy with our need to keep a safe, productive, drug-free environment. We would like to encourage those who use illegal drugs or abuse alcohol to seek help in overcoming their problem. Employees who do so will be able to retain their job position in good standing.

While this company understands that employees and applicants under a physician's care are required to use prescription drugs, abuse of prescribed medications will be dealt with in the same manner as the abuse of illegal substances.

Employees are given notice as of the above date that it is a condition of employment to refrain from reporting to work, or working with the presence of drugs or alcohol in his or her body. Employees are subject to drug testing under the standards of this policy on \_\_\_\_\_, which is 60 days from the above date.

This policy is implemented pursuant to the drug-free workplace program requirements under Florida Statute 440.102 and Administrative Rule 59A-24 of the State of Florida Agency for Health Care Administration.

### **II. DEFINITIONS**

- A. **"Legal Drug"** - Prescribed drug or over-the-counter drug which has been legally obtained and is being used solely for the purpose for which it was prescribed or manufactured.
- B. **"Illegal Drug"** - Any drug (a) which is not legally obtainable, (b) which may be legally obtainable but has not been legally obtained, or (c) which is being used in a manner or for a purpose other than as prescribed.

### **III. POLICY AND WORK RULE**

The policy of our company is to employ a work force free from use of illegal drugs and abuse of alcohol, either on or off the job. Any employee determined to be in violation of this policy is subject to disciplinary action, which may include termination, even for the first offense.

It is a standard of conduct for employees of the company that no employee shall report to work or work with the presence of illegal drugs or alcohol in his or her body. In order to maintain this standard, the company shall establish and maintain the programs and rules set forth below.

All job applicants at this company will undergo screening for the presence of illegal drugs as a condition for employment.

Any applicant with a positive test result will be denied employment at that time but may initiate another inquiry with the company after six months.

## **B. Drug Testing of Employees**

This company will maintain screening practices to identify employees who use illegal drugs or abuse alcohol, either on or off the job. It shall be a condition of continued employment for all employees to submit to a drug screen:

1. **When there is a reasonable suspicion** to believe that an employee is using or has used illegal drugs or is abusing or has abused alcohol;

Circumstances that could be indicators of a substance-abuse problem and considered reasonably suspicious are as follows:

- **Information that an employee has caused, or contributed to, an accident while at work.** "Accident" includes injury to person(s) and/or damage to equipment or property.
- Observable phenomena while at work - such as direct observation of drug use or of the physical symptoms or manifestations of being under the influence of a drug.
- Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.
- A report of drug use provided by a reliable and credible source and independently corroborated.
- Evidence that an individual has tampered with a drug test during his employment with the current employer.
- Evidence that an employee has used, possessed, sold, solicited or transferred drugs while working or while on the employer's premises or while operating the employer's vehicle, machinery or equipment.

Whenever possible, the supervisor should have the employee observed by a second supervisor or manager before requiring testing. Employees who refuse substance testing under these circumstances will be terminated and forfeit workers' compensation medical and indemnity benefits.

2. **As a follow-up to Employee Assistance.**

If the employee, in the course of employment, enters an Employee Assistance Program or a drug rehabilitation program, the employer must require the employee to submit to a drug test as a follow-up to such program, unless the employee voluntarily entered the program. In that case, follow-up testing is optional. If follow-up testing is required, it must be conducted at least once a year for a two-year period after completion of the program. Advance notice of a follow-up testing date will not be given to the employee.

only medical examination that is part of the employer's established policy or that is scheduled routinely for all members of an employment classification or group.

4. **At other times and under such circumstances as deemed appropriate** by company management and current state and/or federal standards. Employees will be given adequate notice of any addition/change/deletion in the company's drug testing requirements.

### **C. Employee Assistance Program**

This company does (or) does not maintain an Employee Assistance Program (EAP). The purpose of an EAP is to provide help to employees and their families who suffer from alcohol, drug abuse or other problems. We do, however, maintain a list of local providers of employee assistance, drug and alcohol treatment and family services that employees may access without company involvement.

It is the responsibility of an employee to seek assistance from an EAP **before** alcohol and drug problems lead to disciplinary actions. Once a violation of this policy occurs, subsequently using an EAP on a voluntary basis will not necessarily lessen disciplinary action and may, in fact, have no bearing on the determination of appropriate disciplinary action.

An EAP will provide appropriate assessment, evaluation and counseling and/or referral for treatment of drug and alcohol abuse. Such employees may be granted leave with a conditional return to work, depending on successful completion of the agreed-upon appropriate treatment regimen, which may include follow-up testing.

The cost of seeking assistance from an EAP or other provider will be the responsibility of the employer (or) employee and is subject to provisions of the company's health insurance plan, if any. Please consult the provider for specifics concerning this issue.

### **D. Grounds for Termination or Discipline**

#### **1. Illegal Drug Use**

The following are considered violations of our company's drug-free workplace policy and are subject to discipline, including discharge or suspension from employment without pay and loss of Workers' Compensation benefits, even for the first offense:

- Refusing to take a company-required drug test
- Failing a company-required drug test (a *positive* test result)
- An employee bringing illegal drugs onto the company's premises or property (including company vehicles)
- Possession of illegal drugs or drug paraphernalia on the employee's person
- Using, consuming, transferring, selling or attempting to sell or transfer any form of illegal drug (as previously defined) while on company business or at any time during the hours between the beginning and ending of the employee's workday, whether on company property or not.

The following are considered violations of the drug-free workplace policy and are subject to discipline, including discharge or suspension from employment without pay and loss of Workers' Compensation benefits, even for the first offense:

- Refusing to take a company-required alcohol test
- Failing a company-required alcohol test
- An employee who is under the influence of alcoholic beverages at any time while on company business or at any time during the hours between the beginning and ending of the employee's workday, whether on company property or not (including company vehicles)

An employee shall be determined to be under the influence of alcohol if -

- a. the employee's normal faculties are impaired due to consumption of alcohol
- or if
- b. the employee has a blood-alcohol level of .04 or higher.

#### **E. Confidentiality**

1. All information, interviews, reports, statement memoranda, and drug-test results, written or otherwise, received by the employer through a drug-testing program are confidential communications and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with this section or in determining compensability under this chapter 440.,F.S (Workers' Compensation).
2. This subsection (confidentiality) does not prohibit an employer, agent of an employer, or laboratory conducting a drug test from having access to employee drug-test information or using such information when consulting with legal counsel in connection with actions brought under or related to this section or when the information is relevant to its defense in a civil or administrative matter.

#### **F. Medication Reporting Procedure**

Employees or job applicants may confidentially report to the company's medical review officer (MRO) the use of prescription or nonprescription medications both before and after being tested. Additionally, employees and job applicants shall receive notice of the most common drugs or medications - by brand name or common name, as applicable, as well as by chemical name - which may alter or affect a drug test. (A listing of these is attached.)

#### **G. Reporting of Test Results**

Employees or job applicants who receive a positive confirmed test result may contest or explain the result to the medical review officer within 5 working days after receiving written notification of the test result. If the employee's or job applicant's explanation or challenge is unsatisfactory to the medical review officer, the medical review officer shall report a positive test result back to the employer. Employees and job applicants also may contest the drug test result pursuant to law or to rules adopted by the Agency for Health Care Administration (AHCA), as outlined below.

#### **H. Challenges to Test Results**

A requirement of a drug-free workplace program is that within five working days after receiving the notice of a positive confirmed test result, an employee or job applicant may submit information to the employer explaining or contesting the test result, and why the result does not constitute a violation of the employer's policy. If the employee's or job applicant's explanation or challenge of the positive test result is unsatisfactory to the employer, a written response as to why the employee's or job applicant's explanation is unsatisfactory, along with the report of positive result, shall be provided by the employer to the employee or job applicant; and all such documentation shall be kept confidential by the employer pursuant to confidentiality provisions outlined above, and shall be retained by the employer for at least 1 year.

2. An employee or job applicant may undertake an administrative challenge by filing a claim for benefits with a Judge of Compensation Claims pursuant to Chapter 440, Florida Statutes, or, if no workplace injury has occurred, the person must challenge the test result in a court of competent jurisdiction. When an employee undertakes a challenge to the result of a test, it shall be the employee's responsibility to notify the laboratory, and the sample shall be retained by the laboratory until the case is settled.

**I. Drugs To Test For**

The company may test for any or all of the following substances:

<b>Drugs</b>	<b>Trade or Common Name</b>
Alcohol	Liquor, Beer, Booze
Amphetamines	Biphphetamine, Desoxyn, Dexedrine
Cannabinoids	Marijuana, Pot, Grass
Cocaine	Coke, Flake, Snow, Crack
Phencyclidine HCl	PCP, Angel Dust
Methaqualone HCl	Quaalude
Opiates	Paregoric, Morphine, Tylenol with Codeine
Barbiturates	Phenobarbital, Amytal, Nembutal, Seconal
Benzodiazepines	Librium, Valium, Halcion, Restoril
Synthetic Narcotics	Methadone-Polophine, Methadose Propoxyphene-Darvocet, Darvon-N, Dolene

**J. Collective Bargaining**

This company has no collective bargaining agreement.

**K. Consultation Rights**

Employees and applicants have the right to consult the company's Medical Review Officer (MRO) for technical information regarding prescription and nonprescription medications.

**L. Medical Review Officer**

The company's Medical Review Officer is

\_\_\_\_\_

Telephone # \_\_\_\_\_

## DRUG-FREE WORKPLACE POLICY ACKNOWLEDGEMENT

I hereby acknowledge that I have received and read this Drug-Free Workplace Policy, a summary of the drugs which may alter or affect a drug test and a list of local Employee Assistance Programs and drug and alcohol treatment programs. I have had an opportunity to have all aspects of this material fully explained. I also understand that I must abide by the policy as a condition of initial and/or continued employment, and any violation may result in disciplinary action up to and including discharge.

Further, I understand that during my employment I may be required to submit to testing for the presence of drugs or alcohol. I understand that submission to such testing is a condition of employment with the Company and disciplinary action up to and including discharge may result if:

- 1) I refuse to consent to such testing
- 2) I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations
- 3) I refuse to authorize release of the test results to the Company
- 4) The tests establish a violation of the Company's Drug-Free Workplace Policy
- 5) I otherwise violate the policy.

I also understand that if I am injured in the course and scope of my employment and test positive or refuse to be tested, I forfeit my eligibility for medical and indemnity benefits under the Workers' Compensation Act upon exhaustion of the remedies provided in Florida Statute 440.102(5).

I ALSO UNDERSTAND THAT THE DRUG-FREE WORKPLACE POLICY AND RELATED DOCUMENTS ARE NOT INTENDED TO CONSTITUTE A CONTRACT BETWEEN THE COMPANY AND ME.

***THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGEMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.***

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SIGNATURE

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DATE

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WITNESS

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DATE

# AN OPEN LETTER TO THE EMPLOYEES OF

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(Company Name)

We have come to recognize that substance abuse is an on-the job problem, as well a social problem, for all of us. We believe abuse of alcohol and use of illegal drugs endangers the health and safety of the abusers and of others around them.

This company has committed to creating and maintaining a drug-free workplace without jeopardizing the job security of valued, but troubled, employees, provided they are prepared to help us help them.

Our policy now formally states that substance abuse will not be tolerated during working hours or on the company premises, including the parking lots. This prohibition includes the possession, use or sale of illegal drugs or alcohol. (Company sponsored activities during which alcoholic beverages may be served are not included in this provision.)

Employees who are found to be under the influence of illegal drugs or alcohol or who violate this policy in other ways are subject to disciplinary action, which may include termination. Because of the serious nature of these violations, each individual case will be thoroughly investigated to determine the appropriate course of action.

It is important that all of us work together to deal with substance abuse and other personal problems to make a safer and even more rewarding place to work.

Sincerely,

Chief Executive Officer

## OVER-THE-COUNTER AND PRESCRIPTION DRUGS WHICH COULD ALTER OR AFFECT DRUG TEST RESULTS

**Purpose of this form:** The use of this form is to alert you of the possible influence that prescription drugs may have on the outcome of a drug test. It is for your information only at this time. If necessary, any question about the outcome of a drug test will be addressed by a licensed physician.

<b>Alcohol</b>	All liquid medications containing ethyl alcohol (ethanol). Please read the label for alcohol content. As an example, Vick's Nyquil is 25% (50 proof) ethyl alcohol, Comtrex is 20% (40 proof), Contact Severe Cold Formula Night Strength is 25% (50 proof) and Listerine is 26.9% (54 proof)/
<b>Amphetamines</b>	Obetrol, Biphphetamine, Desoxyn, Dexedrine, Didrex, Ionamine, Fastin.
<b>Cannabinoids</b>	Marinol (Dronabinol, THC).
<b>Cocaine</b>	Cocaine HCl topical solution (Roxanne).
<b>Phencyclidine</b>	Not legal by prescription.
<b>Methaqualone</b>	Not legal by prescription.
<b>Opiates</b>	Paregoric, Parapectolin, Donnagel PG, Morphine, Tylenol with Codeine, Emprin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin and Roxanol (morphine sulfate), Percodan, Vicodin, Tussi-organidin, etc.
<b>Barbiturates</b>	Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebral, Butabarbital, Butalbital, Phenrinin, Triad, etc.
<b>Benzodiazepines</b>	Ativan, Azene, Clonopin, Dalmine, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax.
<b>Methadone</b>	Dolophine, Metadose.
<b>Propoxyphene</b>	Darvocet, Darvon N, Dolene, etc.

# NOTIFICATION OF POSITIVE DRUG TEST

Dear \_\_\_\_\_:

On *(date)* \_\_\_\_\_ you were drug tested according to requirements in our company's drug-free workplace program and policy. In compliance with the State of Florida drug testing standards, your urine/blood specimen was tested twice in a controlled laboratory environment.

We have received the drug test result from our company's medical review officer (MRO), and the result indicates that you have tested positive (failed the test) for the following substance(s):

- |   |  |
|---|--|
| <input type="checkbox"/> Cannabinoids (marijuana) | <input type="checkbox"/> Alcohol             |
| <input type="checkbox"/> Amphetamines             | <input type="checkbox"/> Cocaine             |
| <input type="checkbox"/> Phencyclidine (PCP)      | <input type="checkbox"/> Methaqualone        |
| <input type="checkbox"/> Opiates                  | <input type="checkbox"/> Barbiturates        |
| <input type="checkbox"/> Benzodiazepines          | <input type="checkbox"/> Synthetic Narcotics |

In keeping with our company drug-free workplace policy, the following disciplinary procedure(s) will take place immediately:

If you disagree with the test result or have some other related concern, you have the right, within 5 working days after receiving this notice, to submit information to us explaining or contesting the test result, and explaining why the positive test result does not constitute a violation of our drug-free workplace policy. You also have the right, within 180 days of your challenge to the drug test result, to have *your original specimen* retested at another Agency for Health Care Administration certified laboratory. Arrangements and cost will be your responsibility. Other challenge rights to which you may be entitled are included in your copy of our drug-free workplace policy previously distributed to you.

Our company medical review officer is \_\_\_\_\_, M.D.  
Telephone # \_\_\_\_\_. You may contact the MRO to ask questions or discuss your drug test result.

Sincerely,