

D 11: NARCOTIC, DRUG PRESCRIPTION AND ALCOHOL FOR EMPLOYEES PROCEDURES

I. DETERMINATION AND CONSEQUENCES OF DRUG OR ALCOHOL ABUSE.

A. An employee may be judged to be under the influence of alcohol or illegal drugs in the workplace, once there has been a written report in accordance with the procedures below and the Supervisor determines from the written report and personal observation, that there is probable cause to believe that the employee is [under the influence of illegal drug(s) or alcohol such that he/she is] unable to adequately and efficiently perform his/her specified duties or that the employee may endanger himself, others or property. A written report pursuant to section B below is not necessary to a determination of probable cause.

B. Reporting incidents of Suspected Drug or Alcohol Abuse: Any individual, including parents, students, co-workers and members of the general public, who suspects drug or alcohol abuse by an employee in the workplace shall promptly convey the following information, in writing, to the employee's Supervisor:

- the date, time, employee's name and place where the observed incident took place;
- observed symptoms of intoxication/abuse (e.g. red/glassy eyes, alcohol on breath, erratic or unusual behavior);
- any activity by employee which could jeopardize the safety of him/herself, co-workers, students, the general public or property;
- any indication that the employee could not perform his/her job;
- a brief description of the circumstances involved;
- any discussion or other contact had with the employee;
- full name and signature of the reporting individual;

The Supervisor will make every attempt to ensure that this reporting process is limited to legitimate reports of suspected alcohol and drug abuse.

C. Upon receipt of a written report, the Supervisor shall use the written report and documented personal observations of his/her own to complete Sections A and B of the Probable Cause Determination Form found in the Burlington School District's Administrative Procedures Manual.

D. The Supervisor will review the Probable Cause Determination Form together with the employee and the employee will have an opportunity to respond before the Supervisor makes a determination of probable cause.

E. The Supervisor will have probable cause to believe the employee is under the influence of alcohol or an illegal drug if the Supervisor observes the employee exhibiting both physical and/or emotional symptoms and functional symptoms of intoxication or influence.

F. If the Supervisor determines that there is probable cause to believe that the employee reported to work under the influence of alcohol or an illegal drug, or is under the influence of alcohol or an illegal drug while on the job or in the workplace, the employee shall be required to leave the premises and may be escorted home.

G. If the Supervisor concludes that there is probable cause to believe that the employee is under the influence of alcohol or drugs and the employee is required to leave the premises, upon the employee's next shift, the Supervisor will review the Probable Cause Determination and/or underlying report again with the employee, and the employee will sign said Determination. See Administrative Procedures Manual.

H. If the Supervisor concludes that there is not probable cause, the Employee will sign the Determination the day he or she reviews the information. See Administrative Procedures Manual.

II. REPORTING PRESCRIPTION MEDICATIONS USE.

Prescription medications include drugs listed in Schedules II through IV of the Controlled Substances Act and their metabolites. Prescription medications also include, but are not limited to, the following drugs which are likely to cause impairment on the job; amitriptyline, amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, doxepin, glutethimide, hydromorphone, imipramine, meperidine, methadone, methaqualone, opiates, oxycodone, pentazocine, phenytoin, phencyclidine, phenothiazines, and propoxyphene.

An employee who is required to inform his/her Supervisor of the employee's use of prescription medication in accordance with this Policy shall request that the attending physician, using Appendix I, submit the following information:

- the name of the employee;
- the date the employee is to begin taking the prescription;
- the length of time that the employee is to take the prescription;
- a list of possible side effects if the physician determines that there may be a possibility that such side effects will adversely impair the employee's performance or impact others.

If the physician believes that the side effects of the drug prescribed will not impair this employee's work performance in any way under any circumstance, this form need not be filed with his/her Supervisor. The responsibility not to file will rest solely with the physician.

Sources: 21 V.S.A. § 511
21 U.S.C. 801 et seq., Controlled Substances Act

POLICY ADOPTED: July 14, 1992

ADMINISTRATIVE PROCEDURE I
PROBABLE CAUSE DETERMINATION

_____ _____
Date Time

_____ Section A,B&C must be completed and signed
Supervisor's Name by the Supervisor or his/her designee

_____ Section D must be signed by the employee.
Employee Name Department

A. I have received a credible report, a copy of which is attached hereto, regarding the above-named employee. The report indicates that the Reporter observed the following symptoms of intoxication or influence:

1. Physical and/or Emotional:

- _____ Red or glassy eyes
- _____ Alcohol on breath
- _____ Lack of coordination
- _____ Erratic, extreme or unusual behavior
- _____ Other - Describe: _____

2. Functional:

- _____ Incapable of performing regular duties
- _____ Exhibited unsafe actions jeopardizing either self, students, co-workers, or public

Describe the circumstances (checked in #1 & #2) which were observed by the Reporter. Be brief but specific:

B. I personally observed the above-named employee exhibiting the following symptoms of intoxication or influence:

1. Physical and/or Emotional:

- Red or glassy eyes
- Alcohol on breath
- Lack of coordination
- Erratic, extreme or unusual behavior
- Other - Describe: _____

2. Functional:

- Incapable of performing regular duties
- Exhibited unsafe actions jeopardizing either self, students, co-workers, public, or property.

The Supervisor must observe and document behavior in both categories 1 and 2 above to find probable cause that the employee is under the influence of illegal drug(s) or alcohol, [such that he/she is unable to perform his/her duties in a safe and adequate manner.]

Supervisor's description of the circumstances (checked in #1 & #2) which were observed.

Based on the information contained in the report made by _____, who I have determined is a credible witness, (name of reporter) my own personal observations and determinations as documented above, and after considering the employee's explanation after the employee was apprised of the above information, I (have) (have not) concluded that there is probable cause to believe that _____ was under the influence of illegal drugs or (employee) alcohol [such that he/she is unable to perform his/her duties in a safe and adequate manner,] while reporting to work, while on the job or at the workplace on _____.*

(date)

*Note: A management referral to the EAP must be recommended upon the second probable cause documentation within 24 months.

C. Recommendation to Employee if Supervisor or his/her designee finds Probable Cause:

Date

Signature of Supervisor

D. I have read the above or have had the above sections explained to me, and I was given the opportunity to explain the information in Sections A and B prior to my Supervisor's determination whether there was probable cause to believe I was under the influence of illegal drug(s) or alcohol while reporting to work, while on the job or at the workplace on

(date)

Date

Signature of Employee

APPENDIX I

PRESCRIPTION DRUG DOCUMENTATION

Employee Name

The above-named employee has been lawfully prescribed a drug from the following:

Schedules II through IV of the Controlled Substances Act, which include but are not limited to Amitriptyline, amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, doxepin, glutethimide, hydromorphone, imipramine, meperidine, methadone, methaqualone, opiates, oxycodone, pentazocine, phenytoin, phencyclidine, phenothiazines, and propoxyphene, or some other prescription drug which may cause impairment.

The possible side effects of this prescription for this patient include:

This drug has been prescribed for _____, beginning on _____.
Length of Time

Date

Physician Signature

Note: If the physician believes that the side effects of the drug prescribed will not impair this employee's work performance in any way under any circumstances, this form need not be filed with the Personnel Office; however, the responsibility not to file will rest solely with the physician.