

POST FALLS SCHOOL DISTRICT NO. 273

Procedure Title: Non-Certified Personnel: Related Considerations

Section Title: Employee Drug/Alcohol Testing

Sub-Section No. 604.5a

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PROVISIONS OF POLICY

This policy will apply to all prospective and current drivers of this district who are required to obtain a commercial drivers license (CDL) in order to operate a commercial vehicle for this district (hereafter referred to as "drivers").

The district hereby designates the Pupil Transportation Supervisor as the person responsible for answering drivers' questions relating to the provisions of this policy.

The district is committed to ensuring that all drivers do not operate a commercial vehicle while under the influence of alcohol. Therefore, drivers of this district are not to consume alcohol within eight (8) hours of reporting to work. Drivers are not to report to work or remain at work while having an alcohol concentration of .02 or greater. Drivers are prohibited from using or possessing alcohol while they are on duty.

The district has an absolute prohibition against a driver's use of illegal drugs, or the illegal use or misuse of prescription medicine. This prohibition extends to such use both on and off the job. Evidence that a driver has tested positive for the presence of illegal drugs pursuant to a test given under the terms of this policy will be proof sufficient to establish the driver's violation of this provision.

Adopted: 1/8/96

Reviewed: 2011

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All prospective drivers will be tested for the presence of illegal drugs prior to driving a commercial vehicle for this district. Furthermore, all prospective drivers must disclose to the district all previous employers for whom they have worked as a CDL driver within the past two (2) years. The district will then request from those employers information regarding any incidents where the prospective driver has tested positive for illegal drugs or alcohol, or refused to test within the last two (2) years. In the event the district receives information from a past employer that the prospective driver has tested positive for drugs or alcohol within the last two (2) years, that prospective driver will not be offered employment, or their conditional employment will be terminated with the district. Drivers will be required to sign a consent form authorizing the district to conduct a check of each employer the driver has been employed with during the past two (2) years as a CDL driver to determine if the driver has tested positive for illegal drugs or alcohol.

Random Testing: All drivers will be subject to random drug and alcohol testing. Random testing selections shall be made by a scientifically valid method that will result in each driver having an equal chance of being tested each time selections are made. Random testing for alcohol will take place just prior to, during, or just after a driver's duty time.

Post Accident: A driver operating a commercial vehicle for the district that is involved in a reportable accident will be tested for both illegal drugs and alcohol as soon as practical. For terms of this policy a reportable accident means an accident that results in a fatality, or where someone involved requires medical treatment away from the scene, or if one of the vehicles is towed away, and there is a citation issued to the driver in connection with the accident. Alcohol testing must be administered within two (2) hours of the accident where possible, but in no case later than eight (8) hours. Drug testing must be administered within 32 hours of the accident.

Any driver required to be tested under this section must remain readily available for such testing and such a driver may not consume alcohol within eight (8) hours of the accident or until they have been tested for alcohol. A driver involved in an accident requiring a drug and alcohol test must notify the district contact of the accident as quickly as possible and comply with those instructions given them relative to their taking a drug and alcohol test.

Reasonable Suspicion: The district may require a driver to be tested for illegal drugs or alcohol when there is reasonable suspicion to believe a driver is under the influence of illegal drugs or alcohol while at work.

Baseline Testing: In initiating the provisions of this Employee Drug/Alcohol Testing Policy, the district will require all drivers to submit to testing for the presence of illegal drugs as soon after the effective date of this policy as is deemed necessary.

Drug/Alcohol Specimen Collection Procedures: All testing for illegal drugs will be done by the testing of a driver's urine specimen. All such testing will utilize the split specimen collection procedure. Under that procedure, each driver will have his/her urine specimen sealed in two separate containers and both sent to a SAMHSA certified laboratory for testing.

If a driver's first specimen tests positive, that driver may request, within three (3) days of the positive notification, that the other specimen be tested at another SAMHSA laboratory. This second test will

be done at the driver's expense unless the second test comes back negative. During the time the second specimen is being tested, the driver may be suspended without pay. Any driver who has a test come back negative on a test of their split specimen will be given back pay for the time of the suspension and will be paid for the cost of the retest.

All specimen collections will be conducted by personnel that have been instructed and trained in collection procedures set by the DOT. All testing for alcohol will be done by the use of DOT approved alcohol testing procedures conducted by trained and qualified alcohol testing technicians.

Adulteration or Submission of a Concealed Specimen: If, during the collection procedure, the collection monitor detects an effort by a driver to adulterate or substitute a specimen, a second specimen will be immediately requested. If a second specimen is provided, that specimen will be tested. If the request for a second specimen is refused, the collection monitor will inform the district contact of the driver's refusal to submit a true specimen. Such conduct by the driver will be considered as a refusal to provide a true specimen for testing.

In the event that a prospective or current driver submits a specimen that the laboratory later identifies as a diluted specimen, the district will advise the driver of that result and request that the driver submit a second specimen. Such donors will be advised by the district not to drink any fluids prior to the test.

Notification of Test Results: All test results, both drug and alcohol, will be forwarded to the school district designated third party administrator and/or Medical Review Officer (MRO).

Prior to the district being informed that a prospective or current driver has tested positive for illegal drugs, the driver will be offered an opportunity to personally discuss the positive drug test with the school district designated third party administrator. The school district designated third party administrator will follow up on such information as is appropriate. Any driver who is taking a prescription drug that may have been the cause of a positive test result will be asked to provide the name of the medication and the identity of the prescribing physician for verification. If this is verified, the driver's test result will be reported as negative. If, after consideration of the matter, the school district designated third party administrator finds no reason to doubt the validity of the positive test, that result will be conveyed to the district contact, as well as the identity of the drug.

If the driver cannot be located, the school district designated third party administrator may request that the district arrange for the driver to contact the school district designated third party administrator as soon as possible to discuss the results of the positive test. The school district designated third party administrator will communicate a positive result to the district without discussing the result with the driver if the driver expressly declines the opportunity to discuss the results of the test, or the driver is instructed by the district to contact the school district designated third party administrator but fails to do so within five (5) days.

Refusal: A driver operating a commercial vehicle for this district may not refuse to take a drug or alcohol test when requested to do so, consistent with the terms of this policy. Such a refusal will be considered equivalent to testing positive for illegal drugs or alcohol. A driver will be considered as refusing to test if he/she expressly refuses to take a test when so requested, or otherwise fails to provide an adequate breath, saliva, or urine sample without a valid medical explanation. Additionally, a driver will be considered as refusing to test if he/she engages in conduct that clearly obstructs the testing process.

Effect of Testing Positive for Drugs or Alcohol: Any prospective driver that tests positive for the presence of illegal drugs will not be hired. Any current driver that tests positive for the presence of illegal drugs or alcohol will immediately be terminated from employment with the district.

For purposes of this policy, a driver tests positive for alcohol when that driver's blood alcohol concentration (BAC) is .02 or above. This last provision is done as a matter of district policy and is not as required by the DOT.

Adopted: 1/8/96

Amended: 10/11/99

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**POST FALLS SCHOOL DISTRICT #273
DOT DRUG TESTING PROGRAM
Controlled Substance Testing Consent Form
(Prospective Drivers)**

As a part of my application for employment as a driver of a commercial motor vehicle for Post Falls School District #273, I consent to a drug test as required by federal regulations.

I understand that if I test positive for illegal drugs I will not be offered employment.

I understand that the collection, testing and reporting of my specimen will be done in accordance with DOT regulations relating to the testing of controlled substances. If I am taking any prescription medication at the time of my drug test, I will be afforded an opportunity to discuss that with a Medical Review Officer if my test comes back positive for illegal drugs.

I consent to the release of my drug test results received by the school district designated third party administrator as the representative of the district, and the Medical Review Officer, to management officials at Post Falls School District #273 and understand that those test results will be held in confidence by them.

I further consent to Post Falls School District #273 contacting those employers for whom I have worked as a commercial vehicle operator for the past two (2) years for the purpose of the district verifying from those employers whether I have tested positive for illegal drugs or alcohol, or have refused to test when requested to do so. In the event that the district receives information from such a past employer that I have tested positive for drugs or alcohol within the last two (2) years, I will not be offered employment, or my conditional employment will be terminated with the district. I consent to the release of that information by those employers for whom I have worked during the past two (2) years as a commercial vehicle driver.

I have received, read, and understand the terms of Post Falls School District #273's Employee Drug/Alcohol Testing program, and agree to abide by those terms.

Applicant's Name (Print) _____
Applicant's Signature _____ Date _____

POST FALLS SCHOOL DISTRICT #273
DOT DRUG TESTING PROGRAM
Controlled Substance Testing Consent Form
(Current Drivers)

As a condition of my continued employment as a driver of a commercial motor vehicle for Post Falls School District #273, I consent to take a drug and/or alcohol test as required by the terms of the district's Employee Drug/Alcohol Testing Policy.

I understand that if I test positive for illegal drugs or alcohol, I will be terminated from employment with the district.

I further agree that in the event that I am involved in an on-the-job accident (as defined by the terms of the district's Employee Drug/Alcohol Testing Policy) I authorize the release of relevant hospital reports, or other documentation, that would indicate whether there were any illegal drugs or alcohol in my system at the time of the accident.

I consent to the release of my drug and alcohol test results received by the school district designated third party administrator as the representative of the Medical Review Officer, to management officials at Post Falls School District #273 and understand that those results will be held in confidence by them.

I have received, read, and understand the terms of Post Falls School District #273's Employee Drug/Alcohol Testing Policy, and agree to abide by those terms.

Driver's Name (Print)_____

Driver's Signature_____ Date_____

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