



DOUGLAS COUNTY SCHOOL DISTRICT

REASONABLE SUSPICION DETERMINATION DIRECTIONS

Whenever there is pertinent behavior and physical signs and symptoms that lead you to reasonably believe the employee has recently used, or is under the influence of, alcohol and/or a prohibited controlled substance, an administrator supervisor should proceed as follows:

1. Immediately relieve the employee from duty.
2. Quietly remove the employee(s) to a private area away from the work site.
3. Notify Human Resources, or the Superintendent if the Director of Human Resources is unavailable.
4. Seek assistance from another supervisor to observe and evaluate the situation. Do not tell the corroborating supervisor that you suspect alcohol or drug use, as this could easily bias his/her observation. Simply state that you are concerned about the employee's behavior or job performance and would like him/her there to observe and talk with the employee to get their opinion of the situation.
5. Complete a Reasonable Suspicion Determination Checklist.
6. When possible, two (2) administrators and/or supervisors meet with the employee and ask for an explanation regarding your observations about their performance, behavior, or fitness for duty (i.e. Joe, I noticed the following things in your performance or behavior today at work (use Reasonable Suspicion Determination Checklist). Can you explain why?
7. Based on the employee's response, ask the following:
 - a) Have you been drinking alcohol or using any illegal drugs on the job site **today**? Have you used an illegal drug before coming to work **today**? Have you consumed any alcohol within four hours of reporting for duty?
 - b) Are you taking any medications that would explain what I am seeing in your performance, behavior, fitness for duty?
IMPORTANT – Do not ask about the identity or type of medication the employee is taking. If the employee volunteers this information, you can take action upon the disclosure.
 - c) Are you aware of any medical condition that would explain what I am seeing in your performance, behavior, fitness for duty?
IMPORTANT – Do not ask about the type or identity of the medical condition. If the employee volunteers this information, you can take action upon the disclosure.
8. In the event the employee discloses information on a medical condition or medication use to explain your observations, inform the employee that they must obtain a written release from their physician or dentist that the medical condition or medication being taken will not affect their ability to perform their job safely. They should not continue to work or be scheduled to work again until you have the medical release.
8. If the employee admits to alcohol or drug use on the job – immediately transport them to the medical facility for reasonable suspicion testing. It is still critical to test as they may deny they admitted to use the next day.
9. If they remain in denial and you feel there is reasonable suspicion to test, state the following: “Based on my observations of your behavior or performance today at work, I am requesting that you submit to a drug and alcohol test to rule that out as a factor in your fitness for duty.”

10. **NEVER** accuse the employee of using alcohol or drugs or being under the influence, impaired or high. Only a drug and alcohol test can provide objective proof of alcohol or drug use. Keep your discussion focused on safety and fitness for duty.
11. If the employee agrees, have employee sign an agreement to test form and follow procedure for collecting sample.
12. If the employee refuses to submit to testing:
 - a) Ask employee for reason(s) why employee refuses to submit to drug and alcohol testing:
Note: _____

 - b) Inform employee that the Douglas County School District policy requires employee to consent to testing and that refusal is grounds for discipline, including termination.
 - c) Again, request employee to consent to drug and alcohol testing.
 1. If employee agrees, have employee sign agreement to testing and follow procedure for collecting sample.
 2. An administrator or supervisor will arrange transportation and must accompany the employee at all times to the collection site, stay in the waiting room until notified that the collection has been completed and then arrange transportation home for the employee.
 3. If the employee still refuses, inform employee that he/she is placed on unpaid administrative leave pending the Douglas County School District's decision on the matter. Request employee to sign refusal to test form.
13. After sample collection, inform employee that he/she is on paid administrative leave pending test results and the Douglas County School District's decision on the matter.
14. In cases where the employee is suspected of being under the influence of drugs and/or alcohol, arrange transportation (i.e. district employees, spouse, taxi, uber, etc.) home for the employee. If the employee refuses transportation, attempt to persuade the employee to change his/her mind. Do not detain or physically restrain the employee. In cases where the employee refuses transportation and the employee's condition suggests that the employee presents a potential or actual safety risk to themselves or other drivers, notify the sheriff's department by calling 9-1-1.
State "I am calling because I am concerned about an employee by the name of _____. Based on my observations of his/her behavior and performance at work today, I am concerned about his/her ability to operate a motor vehicle". Relay your observations to the deputy but do not voice an opinion about alcohol or drug use. Inform the employee that you intend to call the sheriff unless the employee accepts transportation. Seek corroborating witnesses to verify employee's refusal of transportation.
15. If the Director of Human Resources is not actively involved in the situation, instruct the employee to contact the Director of Human Resources and set up an appointment as soon as possible to review the matter.
16. Document the incident, making a detailed record of all actions, observations, statements and other pertinent facts.
17. Regardless of determination, send the original Reasonable Suspicion Determination Checklist with all applicable documentation within 24 hours of the incident or accident to Human Resources. **DO NOT RETAIN A COPY OF THE REASONABLE SUSPICION DETERMINATION CHECKLIST FOR YOUR RECORDS.**



DOUGLAS COUNTY SCHOOL DISTRICT

REASONABLE SUSPICION DETERMINATION CHECKLIST

The following determination checklist should be completed when an administrator or supervisor suspects the use of a controlled substance or alcohol by an employee. Document all pertinent behavior and physical signs and symptoms that lead you to reasonable believe the employee has recently used, or is under the influence of, alcohol and/or a prohibited controlled substance. Mark any applicable items on this form and describe in detail any additional facts or circumstances you have noted.

Employee Name: _____

School/Department: _____

Date of Observation: _____ Time of Observation: _____

Observing Administrator/Supervisor's Name: _____

2nd Observing Administrator/Supervisor's Name: _____

Location of Observation: _____

Nature of Incident or Cause for Suspicion:

- Observed/reported possession or use of a prohibited substance (including a complaint)
- Apparent drug or alcohol use
- Observed abnormal or erratic behavior
- Arrest or conviction for drug-related and/or driving while intoxicated offense
- Evidence of tampering on a previous drug and/or alcohol test
- Admission by an employee of possession or use of a prohibited substance
- Other (e.g. flagrant violation of safety rules or serious misconduct, accident or "near miss", fighting or argumentative/abusive language)

Physical Signs or Conditions

- | | | |
|---|--|--|
| <input type="checkbox"/> Weariness, exhaustion | <input type="checkbox"/> Flushed face | <input type="checkbox"/> Yellow/gray skin complexion |
| <input type="checkbox"/> Unusual cuts, bruises, rashes | <input type="checkbox"/> Facial itching | <input type="checkbox"/> Glassy/blood shot eyes |
| <input type="checkbox"/> Dilated or constricted eyes | <input type="checkbox"/> Eyelid tremors | <input type="checkbox"/> Marked reddening of eyelids |
| <input type="checkbox"/> Nystagmus/Strabismus present | <input type="checkbox"/> Sleepiness (nodding) | <input type="checkbox"/> Sunglasses worn at inappropriate times |
| <input type="checkbox"/> Unusual effort to cover arms | <input type="checkbox"/> Fresh puncture marks | <input type="checkbox"/> Changes in appearance after lunch or break |
| <input type="checkbox"/> Alcohol on breath | <input type="checkbox"/> Untidiness | <input type="checkbox"/> Yawning excessively |
| <input type="checkbox"/> Blank stare | <input type="checkbox"/> Slurred speech | <input type="checkbox"/> Unsteady walk/poor coordination |
| <input type="checkbox"/> Change in personal grooming habits | <input type="checkbox"/> Brittle hair and nails | <input type="checkbox"/> Dry mouth |
| <input type="checkbox"/> Unusual thirst | <input type="checkbox"/> Grinding teeth, dental problems | <input type="checkbox"/> Receding gums |
| <input type="checkbox"/> Extreme bad breath | <input type="checkbox"/> Shakes, hand tremors | <input type="checkbox"/> Running nose |
| <input type="checkbox"/> Excessive use of nasal sprays | <input type="checkbox"/> Major weight gains or losses | <input type="checkbox"/> Use of breath purifiers, such as gum or spray |
| <input type="checkbox"/> Strong use of perfumes or colognes | | |

Notes: _____

Mood

- | | | |
|--|---|---|
| <input type="checkbox"/> Appears to be depressed or extremely anxious all the time | <input type="checkbox"/> Irritable | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> Complains about others | <input type="checkbox"/> Low frustration tolerance levels | <input type="checkbox"/> Over-reaction |
| <input type="checkbox"/> Mood changes after lunch or break | <input type="checkbox"/> Confusion | <input type="checkbox"/> Disorientation |
| <input type="checkbox"/> Emotional unsteadiness (e.g. outbursts of crying) | | |

Notes: _____

Actions

- Becomes a loner
- Argumentative
- Displays violent behavior
- Withdrawn or improperly talkative
- Has exaggerated sense of self-importance
- Avoids talking with supervisor regarding work issues
- Spends excessive amount of time on the telephone
- Wage attachments or other involvements with law

Notes: _____

Absenteeism

- Acceleration of absenteeism & tardiness – Especially on Mondays, Fridays, before and after holidays
- Frequent unreported absences, later explained as “emergencies”
- Frequent use of unscheduled vacation time
- Unusually high incidence of colds, flu, upset stomach, headaches
- Leaving work area more than necessary (e.g. frequent trips to water fountain or bathroom)
- Unexplained disappearance from the job with difficulty in locating employee
- Unauthorized leaves
- Requesting to leave work early for various reasons
- Long lunch hours
- Highly unlikely excuses for absences.

Notes: _____

Accidents

- Taking of needless risks
- Higher than average accident rate on and off the job
- Disregard for the safety of others
- Damage to company property or equipment

Notes: _____

Work Patterns

- Inconsistency in quality of work
- Mental slow down
- Lapses in concentration
- Difficulty in remembering own mistakes
- Increased difficulty in handling complex situations
- Complaints from customers
- High & low periods of productivity
- Poor judgment, more mistakes than usual, general carelessness
- Difficulty in recalling instructions
- Using more time to complete work, missing deadlines
- Wasting materials

Notes: _____

Relationships to Others on the Job

- Over-reaction to real or imagined criticism
- Wide swings in morale
- Unrealistic resentments
- Complaints of problems at home, such as separation, divorce
- Complaints of problems with child discipline
- Avoidance and withdrawal from peers
- Complaints from co-workers
- Borrowing money from fellow employees
- Persistent job transfer requests

Notes: _____

Determining Reasonable Suspicion

If you are able to document one or more of the observable indicators included on this form, as yourself the following questions to establish reasonable suspicion.

DO NOT proceed with reasonable suspicion testing unless you can answer all of the following questions with a "Yes"!

1. Has some form of impairment been shown in the employee's appearance, actions and/or work performance? Yes No
2. Does the impairment result from the possible use of drugs and/or alcohol? Yes No
3. Are the facts reliable? Did you personally witness the situation? Yes No
4. Are the facts capable of explanation? Yes No
5. Are the facts capable of documentation? Yes No
6. Is the impairment current? Yes No

Reasonable Suspicion Established

Reasonable Suspicion NOT Established

Action Plan

Once you and a witness have completed the above sections of the Reasonable Suspicion Determination Checklist, you can proceed to an action plan in a meeting with the employee. Remember to follow the directions outlined on the cover-page and those outlined in DCSD Board Policy 431 – Alcohol and Controlled Substance Testing .

Check the box next to the applicable action as agreed upon with the employee:

- Employee has agreed to testing
- Employee has not agreed to testing
- Employee will be referred to the Employee Assistance Program (EAP)
- No further action warranted at this time

Signature of Observing Supervisor: _____

Date: _____

Signature of 2nd Observing Supervisor: _____

Date: _____

TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT

Employee underwent:

- Alcohol Test at _____ AM/PM on _____ (MM/DD/YYYY)
- Drug Test at _____ AM/PM on _____ (MM/DD/YYYY)

Test was conducted at the following location: _____

Employee refused to test: Yes No

Employee was referred to the Employee Assistance Program (EAP): Yes No



DOUGLAS COUNTY SCHOOL DISTRICT

REASONABLE SUSPICION – AGREEMENT TO TEST

I acknowledge that the Douglas County School District has requested that I submit to drug and alcohol testing pursuant to Board Policy 431 – Alcohol and Controlled Substance Testing. I further understand that I have previously received a copy of the Douglas County School District’s policy.

I understand that the testing is voluntary on my part, that I may refuse to submit, and that such refusal will be grounds for discipline up to and including termination.

I further understand that the test results may be released to the Douglas County School District and the results will be used as grounds for discipline up to and including termination.

With full knowledge of the foregoing, I hereby **agree** to submit to drug and alcohol testing by the Douglas County School District’s selected medical clinics and laboratories.

Employee’s Signature

Date

Observing Administrator/Supervisor’s Signature

Date

2nd Observing Administrator/Supervisor’s Signature

Date



DOUGLAS COUNTY SCHOOL DISTRICT

REASONABLE SUSPICION – REFUSAL TO TEST

I acknowledge that the Douglas County School District has requested that I submit to drug and alcohol testing pursuant to Board Policy 431 – Alcohol and Controlled Substance Testing. I further understand that I have previously received a copy of the Douglas County School District’s policy.

I understand that the testing is voluntary on my part, that I may refuse to submit, and that such refusal will be grounds for discipline up to and including termination.

I further understand that the test results may be released to the Douglas County School District and the results will be used as grounds for discipline up to and including termination.

With full knowledge of the foregoing, I hereby **refuse** to submit to drug and alcohol testing by the Douglas County School District’s selected medical clinics and laboratories.

Employee’s Signature

Date

Observing Administrator/Supervisor’s Signature

Date

2nd Observing Administrator/Supervisor’s Signature

Date