CONEMAUGH HEALTH SYSTEM  
HUMAN RESOURCES POLICY MANUAL

TITLE: SUBSTANCE ABUSE

STATEMENT OF POLICY
It is the policy of CHS that employees, volunteers, students of CHS educational programs and affiliate schools, hereafter referred to as “students,” contract personnel, and residents be free of the effects of alcohol and substance abuse. The effects of controlled substance and alcohol abuse, i.e., physical and psychological dependence and impaired behavior, adversely affect personal safety and performance, as well as become a threat to the safety of fellow employees, physicians, and others. This policy serves to address these concerns and commitments. Therefore, CHS will:

A. Prohibit the unlawful manufacturing, possession, use, or distribution of illicit drugs and alcohol on its property. This policy serves notice to those involved in such activities that CHS reserves the right to refer those involved for prosecution under the Controlled Substance, Drug, Device and Cosmetic Act (PA Act No. 64), or any comparable legislation. Legal sanctions may include probation, fines, or imprisonment.
B. Prohibit the use of illicit drugs by employees, students, volunteers, contract personnel, and residents at any time while on duty.
C. Prohibit alcohol consumption while being paid on-call status by those employees covered under the On-Call Payment for Non-Exempt Employees Policy.
D. Prohibit the abuse of scheduled prescription medications, i.e., use in a non-prescribed fashion, or the use of a prescription medication in a manner consistent with substance abuse or chemical dependency.

Throughout this policy, the term “individual” refers to employees (including temporary agency workers), volunteers, students, residents, and others. If a statement is specific to a single class of individuals, that class will be identified. The following principles and procedures are considered reasonable and necessary, and have been developed to take into consideration the mission and needs of the Hospital and Educational Programs, as well as the needs of employees (including temporary agency workers), volunteers, students, patients, residents, and others.

REQUIREMENTS

I. EDUCATION

A. Education will be provided on:
   1. The Drug-Free Workplace Policy.
   2. The dangers of abusing drugs and alcohol in the workplace.
   3. The medical treatment and other resources available for persons who seek treatment and counseling.
   4. The nature and benefits of drug and alcohol testing, including post-offer, pre-placement testing and for cause/reasonable suspicion.
5. The action that the Hospital will take when employees, volunteers, students, or contract personnel violate this policy.

B. Education on the Drug-Free Workplace Policy will be provided at initial orientation by Human Resources, Allied Health Schools, and Residency Program Directors; and annually thereafter at required education to employees and students. The substance of this policy will be included in the employee handbook and orientation manual.

C. In addition to general employee and student education, supervisor training will occur at hospital-wide orientation and annually. This will include information on this policy, the effects of substance abuse in the workplace, how to observe and document reasonable suspicion, how to make reasonable suspicion determinations, and how to refer an individual suspected of having substance abuse problems for evaluation and treatment. Because of the organizations’ need to maintain a safe work environment, all such referrals should be accomplished through the Employee Health Office, the Emergency Department or Corporate Care so that fitness for duty is addressed (see Sections 8-10). Supervisors must also be familiar with the Employee Assistance Program and how to manage re-entry of an employee who is receiving ongoing treatment or who has successfully completed a treatment regimen.

II. PROHIBITED CONDUCT

A. The following conduct is prohibited and will result in corrective action, up to and including termination:

1. Reporting for work or remaining on duty under the influence of alcohol or within 4 hours after alcohol is consumed in any amount.

2. Consuming alcohol at any time during the individual's workday. This includes, but is not limited to consumption on or off the premises of the Medical Center, as well as during mealtime and other break periods.
   a. Exception: This prohibition does not include the authorized and reasonable consumption of alcohol (if person has attained legal drinking age) at functions or activities sponsored by the Medical Center or a client. However, if a “reasonable suspicion” alcohol test is requested as a result of such drinking and if the alcohol test result is 0.04 or greater, the person will be considered to have consumed more than a reasonable amount and will be in violation of this policy.

3. Engaging in any illegal or unauthorized use of drugs at any time while on duty, including reporting for work or remaining on duty while under the influence of drugs. This includes but is not limited to duty time on or off the premises of the Medical Center, as well as during mealtime and other break periods.
   a. Exception: This prohibition does not apply to use of medications under the following circumstances:
   b. The medication has been legally prescribed to the person taking the medication;
   c. It is being used in accordance with the prescription; and
   d. It has been advised that the medication’s use will not adversely affect the health or safety of anyone in the workplace, including patients or visitors. Those who perform safety sensitive functions have an obligation to ask their
doctor whether their use of the medication being prescribed will adversely affect the health or safety of themselves or others in the workplace, including patients or visitors. If the person performing safety sensitive functions is advised that his or her use of a medication will adversely affect anyone at work, that person has the responsibility to see whether another medication can be prescribed or, if not, to advise the Human Resources Department that they are taking medication that may have an adverse effect, without disclosing the medication’s name or the reason for its use, in order to determine whether an accommodation, if any, can be made while the person continues to take the medication.

4. Engaging in the unlawful or unauthorized manufacture, distribution, dispensation, solicitation, sale, purchase, transfer, or possession of drugs or alcohol while on Medical Center paid time, on Medical Center premises, in Medical Center vehicles, or while otherwise engaged in activities for or on behalf of the Medical Center. This prohibition does not include the authorized distribution, dispensation, solicitation, sale, purchase, transfer, or possession of alcohol at Medical Center sponsored functions or activities. In addition, an employee’s illegal conduct involving drugs or alcohol during non-work times may also result in corrective action, up to and including termination.

5. The refusal to submit to any drug or alcohol test that is required under this policy will result in immediate termination of employment or student or volunteer status. This includes tests that a person agrees to take in conjunction with rehabilitation.

6. Diversions or theft of drugs.

III. POST-OFFER EVALUATION/PRE-PLACEMENT EVALUATIONS

A. Pre-placement evaluations apply to all individuals covered by this policy.

B. Pre-placement evaluations consist of a physical examination and urine / saliva / blood drug testing. If there is reason to suspect that the candidate is under the influence of alcohol, the Employee Health Office practitioner reserves the right to conduct a breath / blood alcohol screen at the time of the pre-placement physical examination. Urine / saliva / blood drug screening is generally conducted for the following substances: opiates, PCP, cocaine, amphetamines, and cannabinoids (marijuana). Additional substances may be screened as needed.

C. The offer of employment or student placement is conditional on taking the urine / saliva / blood drug test and breath / blood alcohol test if necessary, when required and receiving negative results.

D. Applicants who test positive on post-offer drug testing will have their conditional offer of employment or student placement withdrawn.

E. Applicants who test positive on post-offer alcohol breath testing will have the conditional offer of employment or student placement withdrawn.

F. Applicants who test positive for drug and/or alcohol use and who are licensed in the Commonwealth of Pennsylvania will be reported to the appropriate agency.

G. Refusal to comply with this testing, which will include urine/ saliva / blood drug test and breath / blood alcohol, if necessary, will result in immediate withdrawal of the conditional offer of employment or student placement.
H. Employment with CHS is conditioned on successful completion of the pre-placement evaluation. If the timeline to meet pre-placement is impossible, the evaluation will be completed as soon as practicable immediately following employment date.

IV. FOR CAUSE/REASONABLE SUSPICION EVALUATION

A. For Cause/Reasonable Suspicion Evaluation applies to all individuals covered by this policy.

B. Supervisors can refer employees or students for a reasonable suspicion test that may include a drug and/or alcohol test, whenever they have reasonable suspicion that an individual has or may have used drugs or alcohol in violation of this policy. The supervisor must escort the individual, whenever possible, to the Employee Health Office, the Emergency Department or Corporate Care. Reasonable suspicion testing also may be required based on the observations of persons other than a supervisor that are reported to CHS’s management. Reasonable suspicion determinations will be based on specific, current observations that can be verbalized including but not limited to the individual’s appearance, behavior, conduct, speech and/or body odors as well as other information that reasonably suggest that the individual may be engaged in drug or alcohol abuse in violation of this policy. Such information would include, by way of example, a pharmacy report indicating that an employee has administered or accessed an unusually high amount of narcotics. These observations may also include indications of an individual’s chronic use of, or the effects of withdrawal from, drugs or alcohol. The determination may be based on a single instance of conduct involving a serious potential risk of harm to the individual or others, or to CHS’s property or the property of others, or an inability to perform the essential functions of the individual's job. Supervisors will be trained on the signs and symptoms of alcohol misuse and drug use. Documentation of the reasonable suspicion determination should be completed on the Supervisory Referral Form (Appendix A). All reasonable suspicion tests must be administered as soon as possible following the determination. A person who is required to submit to a reasonable suspicion test will be suspended after the completion of the drug and/or alcohol test(s) pending the outcome of the test(s). Employees other than managers/supervisors, who observe behaviors consistent with those listed above, should immediately report this information to a supervisor so that this policy may be followed. Whenever an individual is required to submit to a reasonable suspicion test and receives a positive test result caused by the individual’s legal and authorized use of a controlled substance, CHS will require the individual to provide medical certification of the individual’s fitness for duty if the observations that lead to the reasonable suspicion determination reasonably indicate that the individual may pose a risk of harm to themselves or others or that the individual may not be able to safely and effectively perform the duties of his/her job. The purpose of the evaluation is to determine whether the individual poses a significant risk of substantial harm to the health and safety of the individual or others in the workplace, including patients and visitors, and to determine if the individual can effectively perform his/her duties. Individuals will be required to provide the necessary authorizations for obtaining the medical records and conducting the examination. Depending upon the results of the evaluation, the Hospital will consider whether the safety or health risk can
be eliminated or sufficiently reduced by a reasonable accommodation, if applicable.

C. Individuals returning to work from a leave of absence may be required to submit to a For Cause/Reasonable Suspicion drug test in the event that CHS has reasonable cause to believe that the individual may be under the influence of drugs.

D. The refusal to submit to any drug or alcohol test that is required under this policy will result in the employee’s immediate termination of employment. This includes tests that individuals agree to take in conjunction with rehabilitation.

E. Screening is generally conducted for the following substances: opiates, PCP, cocaine, amphetamines, and cannabinoids (marijuana). Additional substances may be screened when history or other circumstances indicate that other substances may be involved.

F. If a urine / saliva / blood drug test or breath / blood alcohol screen is performed as part of reasonable suspicion testing, the individual will be immediately removed from work. The Employee Health Office, the Emergency Department or Corporate Care will assist the individual to secure transportation home. The individual’s immediate supervisor will be notified that the individual will not be returning to the assignment. The individual will be notified of the test result within a reasonable time after the test result becomes available and will be advised as to next steps to be taken.

G. Refusal to comply with this testing, which will include urine / saliva / blood drug test and breath / blood alcohol, if necessary, will result in immediate termination of employment.

H. If urine / saliva / blood drug or breath / blood alcohol testing is positive, the individual will be removed from job duties pending evaluation and treatment of the substance abuse problem. The Employee Health Office, the Emergency Department or Corporate Care practitioner will recommend a course of treatment. Employees who are referred to a treatment program may take a Medical Leave of Absence in accordance with the Leave of Absence Policy.

I. Individuals who test positive for drug and/or alcohol use and who are licensed in the Commonwealth of Pennsylvania will be reported to the appropriate agency.

J. Treatment will be determined based on the recommendations of the Substance Abuse Specialist.

K. All individuals with a positive, adulterated and/or substituted test result for substance abuse may request that the original specimen be retested:
   1. The individual must submit the request to the Employee Health Office in writing within 72 hours of notification of a positive urine / saliva / blood test.
   2. The Employee Health Office, the Emergency Department or Corporate Care practitioner retains the right to select the second-opinion certified lab.
   3. The cost to retest the original specimen is the responsibility of the employee and must be paid at the time that the request is made.
   4. The individual will remain off work pending receipt of test results.

L. All individuals who refuse to submit to evaluation and/or treatment will be terminated.

M. Return to employment, volunteer activities, or schooling after removal for a violation of this policy will be contingent upon a decision made by the Director of Human Resources and appropriate Department Manager for employees or by the Allied Health School and the resident’s Program Director for students and may include periodic follow-up drug or alcohol testing. The Employee Health Office, the Emergency Department or Corporate Care office and the Employee Assistance Program will provide consultation, as needed.
To protect confidentiality, only necessary information will be provided and will be for the purpose of determining the employee’s return to work status.

N. Many programs have attendance policies that would make termination of schooling necessary.

O. If licensed in the Commonwealth of Pennsylvania and if permitted to return, reinstatement may be contingent on specific conditions:
   1. Active participation in a prescribed treatment program. The Employee Health Office, the Emergency Department or Corporate Care will be responsible for monitoring compliance with treatment.
   2. Periodic follow-up drug or alcohol testing, if licensed in the state of Pennsylvania and subject to the Impaired Professional requirements. The Medical Director of the Employee Health Office will supervise this testing.
   3. Reports of satisfactory treatment completion. Prior to resumption of usual job activities, the individual will undergo a fitness for duty evaluation in the Employee Health Office, the Emergency Department or Corporate Care and disclose to the examining physician any medical records that are deemed pertinent to the rehabilitation process. Follow-up will continue in the Employee Health Office, the Emergency Department or Corporate Care until prescribed treatment and periodic testing has been completed.
   4. Endorsement of the Condition of Reinstatement Form (Appendix B).

P. Failure to cooperate with and/or successfully complete the prescribed treatment plan will result in termination of employment or schooling. This includes a positive test result for required follow-up testing.

Q. Individuals who violate this policy on a second occasion will be suspended pending discharge.

R. The Grievance Policy shall be applied for appeals. Appeals by residents will be managed in accordance with the Graduate Medical Education policies.

S. This policy is not to be interpreted as constituting a waiver of the Hospital’s normal rights and responsibilities to take corrective action or measures in the instance of unsatisfactory work performance and/or misconduct. Use of alcohol and/or controlled substances will not be considered as an excuse or justification for that which would otherwise call for corrective action.

T. Referrals for treatment will be treated confidentially. Any medical information required for fitness for duty evaluations in the Employee Health Office, the Emergency Department or Corporate Care will be maintained in confidential medical records and will not be released to the employer. However, selected information may need to be reported to the employee’s supervisor. This information will be limited to: Leave of Absence and any restrictions on the individual’s ability to perform his or her job with or without reasonable accommodations.

U. Employees must notify, in writing, the Director of Human Resources within five (5) days of any conviction of an offense under any criminal drug statute. Students must report such a conviction to their Program Director.

V. SELF IDENTIFICATION

A. Employees who voluntarily admit to a substance abuse problem and want to seek
treatment are encouraged to do so. Employees may discuss these issues with Employee Health Office staff and will be offered a course of treatment. These employees also will be eligible for a Medical Leave of Absence in accordance with the hospital’s Leave of Absence Policy in order to obtain assistance for substance abuse. These employees will be subject to the terms and conditions of this policy including but not limited to treatment, reinstatement of employment, and follow-up testing.

VI. REFUSAL TO SUBMIT TO A TEST

A. An individual who engages in any of the following conduct will be considered to have refused to submit to a test:

1. Refusing or failing to appear for any substance abuse test within a specified time, as determined by the Medical Center, after being directed to do so by the Medical Center;
2. Failing to remain at the testing site until the testing process is complete;
3. Failing to provide a urine / saliva / blood specimen, or breath specimen for testing;
4. Failing to attempt to provide a urine / saliva / blood or breath specimen for testing;
5. Failing to provide a sufficient amount of urine / saliva / blood or breath when directed, without an adequate medical explanation;
6. Failing or declining to take additional drug or alcohol tests that the Medical Center or collector has directed to be taken;
7. Failing to undergo a medical examination or evaluation, as directed by the Employee Health Office or Corporate Care practitioner as part of the verification process, or as directed by the Medical Center as part of the “shy bladder” procedures, or the insufficient breath procedures;
8. Adulterating or substituting a urine / saliva / blood sample, or attempting to adulterate or substitute a urine / saliva / blood sample;
9. In the case of a directly observed or monitored collection in a drug test, failing to permit the observation or monitoring of the provision of a urine / saliva / blood specimen;
10. Failing to cooperate with any part of the testing process such as by delaying the collection, testing, or verification process or otherwise engaging in conduct that clearly obstructs or manipulates, or attempts to obstruct or manipulate, the testing process.

RESPONSIBILITY

The Director, Human Resources is responsible for implementation of this policy and development of the appropriate educational sessions for Managers and Employees in collaboration with the Employee Health Office or Corporate Care, as required. The Director of Allied Health Programs is responsible for educating students. The Director of Residency Programs is responsible for educating interns and residents. The Manager of Volunteer Services is responsible for educating volunteers. The Employee Health Office maintains responsibility for appropriate communication with Human Resources and for organizing policy review at a minimum of every three years. All managers, supervisors, and directors are responsible for implementing this policy in their areas.
RELATED POLICIES/PROCEDURES/GUIDELINES AND FORMS
None

APPROVAL
Hospital Division Senior Leadership Team

SIGNATURE

____________________________________
Scott A. Becker
CEO, Conemaugh Health System

___________________________________________
Steven Tucker
President, MMC and CEO, Hospital Division

ORIGINAL POLICY DATED: 08/1990
NEXT REVIEW DATE: 5/2016
CONEMAUGH HEALTH SYSTEM
SUPervisory Referral Form

Are you feeling ill? __________ Are you under a physician’s care? __________
If yes, what are your symptoms?
___________________________________________________________________________________
___________________________________________________________________________________
Supervisors—Describe Behaviors or Concern (be specific, describe what you actually observed or what was reported to you by someone who observed the conduct, do not make assumptions or diagnose).
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

OBSERVATION CHECKLIST

Walking
  _____Stumbling
  _____Swaying
  _____Falling
Standing
  _____Staggering
  _____Swaying
Speech
  _____Shouting
  _____Slow
  _____Slurred
Demeanor
  _____Cooperative
  _____Sleepy
  _____Talkative
Actions
  _____Threatening
  _____Calm
  _____Hyperactive
Eyes
  _____Bloodshot
  _____Glassy
Face
  _____Flushed
Appearance/
  _____Unruly
Clothing
  _____Partially Dressed
Breath
  _____Alcoholic Odor
Movements
  _____Fumbling
  _____Normal
Eating
  _____Gum
Chewing

Other conduct or actions causing reasonable suspicion of drug or alcohol use in violation of CHS’s Substance Abuse policy; please describe:_______________________________________
I understand that my reinstatement to schooling/employment by Conemaugh Health System is conditioned upon and subject to the following terms:

1. I have undertaken and will complete treatment at ________________________________.
   \(\text{Treating Facility}\)

2. I will participate in such program until successful completion thereof.

3. I will comply with all of the program’s requirement, both during treatment and following completion.

4. My reinstatement will be conditioned upon and subject to the final report issued by
   ____________________________________________
   \(\text{Treating Facility}\).

5. Following reinstatement, I hereby authorize Conemaugh Health System to require or administer appropriate tests for controlled substance and alcohol use on a periodic or random basis, a minimum of once a month for a minimum of one year, or whenever supervisory personnel have reasonable cause to believe that I may be under the influence of controlled substances and/or alcohol.

6. Should I refuse to take such tests, I shall be terminated immediately.

7. I understand that my previous performance justifies close supervision for an extended period of time upon my return to work or school, and I will accept such extraordinary supervision as a condition of my employment/schooling.

8. I understand that upon my return to employment or school, I am required to meet all of CHS’s established standards of performance, and that I will be subject to appropriate corrective action for failure to meet such standards.

9. I will be subject to the terms of these conditions of reinstatement until I have completed 12 calendar months of school or work from the date of my reinstatement or until graduation. Upon completion of that period, my job performance and recovery process will be reviewed to determine whether the terms of this agreement will be modified or sustained.

10. I understand that my failure to meet any or all of the above requirements, including a positive screen, random or for cause, will result in my immediate termination without recourse to the grievance procedure.

11. Nothing contained herein shall be construed as a waiver of CHS’s right to take normal corrective action against me under existing policies and procedures for unsatisfactory work performance or misconduct. My use of or treatment for use of alcohol or controlled substances shall not constitute a mitigating circumstance.

DATED THIS: ___________________________  DAY OF: ___________________________

SIGNED: ___________________________  SIGNED: ___________________________

WITNESS: ___________________________  CONEMAUGH HEALTH SYSTEM