



CITY OF DUBLIN

**CITY OF DUBLIN
ADMINISTRATIVE ORDERS
OF THE CITY MANAGER**

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| ADMINISTRATIVE ORDER 2.37 |
| TO: All Non-Union Personnel |
| FROM: Jane S. Brautigam, City Manager |
| SUBJECT: Use of Prescription and "Over-the-Counter" Medication by City Employees |
| DATE: June 9, 2008 |
| Supersedes and Replaces Administrative Order 2.37 dated 06/16/01 Regarding Same Subject. |

I. INTRODUCTION, PURPOSE & SCOPE

In an effort to provide a safe and productive working environment for all City employees, and in the interest of public safety, the City has determined that a policy should be established regarding the use of legally prescribed medication and "over-the-counter" medication in the workplace. The purpose of this Administrative Order therefore is to establish such a policy and to provide guidance & direction to City employees regarding said policy.

This Administrative Order shall be applicable to all non-union employees of the City of Dublin that have job duties involving the operation of City vehicles and equipment and/or the protection of the health and safety of others, where the use of medication may affect their ability to perform essential functions and thereby result in a direct threat to public safety be strictly enforced by all Department/Division Heads and supervisory personnel. Employees violating the provisions within this Administrative Order shall be subject to appropriate disciplinary action, which may include suspension or dismissal. Questions regarding this Administrative Order should be directed to your supervisor, Director, or the Division of Human Resources.

II. POLICY

It is the policy of the City of Dublin that no employee of the City shall be permitted to operate City vehicles or equipment while under the influence of medication legally prescribed by a physician, or purchased "over-the-counter", where the use of such medication may affect his/her ability to perform the essential functions of his/her job. This prohibition shall also extend to employees whose duties involve protection of the public health and safety (e.g. Lifeguards, recreation workers with responsibilities involving the supervision of children, etc.).

Of particular concern are those medications that contain alcohol, codeine, depressant, sedative, or other similar substances that result in drowsiness, states of enhanced relaxation, slowed reflexes, etc., or that, in the judgement of supervisory personnel, could reasonably be construed to impair safe and effective operation of City vehicles and equipment.

It shall be the responsibility of the individual employee, if under the influence of such medication, to exercise proper judgement and refrain from the operation of City vehicles and equipment or the performance of their safety-sensitive functions. In addition, any employee taking medication legally prescribed by a physician, or purchased "over-the-counter" which may impair his/her ability to safely and effectively operate City vehicles/equipment or perform safety-sensitive functions, must advise his/her supervisor, in writing, of the medication being used and the possible effects of such medication, prior to the employee commencing work. Such written notification must be provided through the use of the attached Prescription or "Over-the-Counter" Medication Notification Form. If the employee is uncertain as to the potential effects of a particular medication, it shall be his/her responsibility to consult with a physician or pharmacist as to its potential effects.

When an employee notifies his/her supervisor that he/she is under the influence of prescription or "over-the-counter" medication, and the effects of said medication involve impairment of an individual's ability to safely and effectively operate vehicles or equipment, the supervisor shall prevent the employee from operating City vehicles/equipment or performing safety-sensitive functions and temporarily reassign the employee to other duties which can safely be performed, if such duties are available, or shall authorize appropriate leave for the employee (i.e. sick, vacation, personal, comp time, etc.), if applicable.

It shall be the responsibility of all supervisory personnel to monitor the condition/behavior of their employees during work hours, and when a supervisor has reasonable suspicion to believe that an employee may be under the influence of prescription or "over-the-counter" medication during or after the operation of City vehicles & equipment, or during or after the performance of safety-sensitive functions, which causes the type of effects as those noted above, the supervisor shall immediately relieve the employee of his/her duties and shall follow the procedures outlined in Section III ("Testing Procedures for Prescription and "Over-the-Counter" Medication") of this Administrative Order. Furthermore, whenever there is a work-related accident or safety violation associated with the operation of City vehicles or equipment, supervisors shall likewise follow the procedures outlined in Section III of this Administrative Order.

Employees are hereby advised that if they operate City vehicles/equipment, or perform safety-sensitive functions, under the influence of medication legally prescribed by a physician, or purchased "over-the-counter", which causes the type of effects as those previously noted under this section (II B.), they shall be subject to appropriate disciplinary action including suspension or dismissal.

III. TESTING PROCEDURES FOR PRESCRIPTION OR "OVER-THE-COUNTER" MEDICATION

It shall be the policy of the City of Dublin that, City employees, including Directors and supervisory personnel, shall be required as a condition of employment, to submit upon request, to a urinalysis, saliva and/or blood test (whichever the City deems most appropriate) to detect the presence of prescription or "over-the-counter" medication in their system, when they have provided no prior notification to their supervisors that they were taking such medication and the following circumstances arise:

- (1) When there is reasonable suspicion to believe that an employee is under the influence of prescription or "over-the-counter" medication while on City premises or on City business, which causes the effects identified under Sections II.A. and II.B. of this Administrative

Order.

- (2) Following a serious violation of safety policies, rules, and regulations.
- (3) Following a work-related accident resulting in any of the following:
 - (a) bodily injury (other than minor abrasions/contusions) to the employee or any third party requiring off site medical attention;
 - (b) issuance of a traffic citation to the employee for a moving violation in connection with a vehicular accident;
 - (c) vehicular damage in apparent excess of \$1,000;
 - (d) non-vehicular property damage in apparent excess of \$500;
 - (e) any accident involving fatalities.

Employees who are directed to submit to testing shall be required to sign the attached consent form, which includes consent that notice of the test results will be released to City of Dublin.

Employees are hereby advised that if required to submit to testing, failure to consent to the testing may result in appropriate disciplinary action which may include suspension or dismissal. The actual discipline to be imposed shall take into consideration all facts and circumstances including the expressed reasons for the employee's refusal, the need for the testing, the employee's desire for rehabilitation, and the employee's job performance.

Employees who have been found, through the testing procedures identified below, to have been under the influence of prescription or "over-the-counter" medication, or who have engaged in conduct which obstructs the testing procedures (i.e. the use of masking agents or other products to adulterate or dilute specimens), shall not be paid for the time they are off work awaiting the testing results, and shall be subject to appropriate disciplinary action including suspension or dismissal.

Testing for prescription or "over the counter" medication shall be conducted in the following manner:

Drug & Alcohol testing shall be conducted in the following manner:

- A. When circumstances arise which require prescription or "over the counter" medication testing, the Director shall contact the Director of Human Resources or, his/her designee, to obtain approval for testing. (Under circumstances involving "reasonable suspicion", the supervisor and/or Director should refer to appendix A, "Reasonable Suspicion Checklist".) Should disagreement exist between the employee's supervisor and/or Director or and the Director of Human Resources, or his/her designee, regarding whether or not to proceed with testing, the City Manager shall make the final determination. Upon receiving approval to proceed with testing, the supervisor shall escort the employee to a designated D.H.H.S. (Department of Health and Human Services) certified laboratory. After specimen collection, the employee shall be escorted home. (In circumstances involving "post accident" testing, where the employee requires off-site medical attention, the testing procedure shall be initiated after proper medical attention has been rendered. In the event the employee is hospitalized, testing shall be accomplished by blood within the hospital environment as soon as possible.)
- B. In screening for the presence of prescription or "over the counter" medication, generally accepted screening procedures shall be used. Whenever an employee is required to provide

urine or blood for the screening procedure, the employee shall be required to provide a split specimen at the time of collection in order to facilitate the screening procedure.

- C. When screenings are performed, the threshold level for determination shall be established in accordance with generally accepted medical procedures and existing laws or regulations.
- D. In testing urine or blood specimens for the presence of prescription or “over the counter” medication, the first specimen shall be submitted for testing to a certified laboratory. If the first specimen tests positive, then that same specimen shall be submitted for further verification (confirmatory) testing. If both initial and verification (confirmatory) tests are positive, the Director of Human Resources, or his/her designee, shall be notified by the Medical Review Officer (MRO) at the certified laboratory. The Director of Human Resources, or his/her designee, shall in turn contact the employee.
- E. The employee must then decide whether or not he/she wishes the second specimen provided at the initial collection to be further tested. If the employee so requests, then the second specimen shall be tested using a second certified laboratory.
- F. If the employee does not request the screening of the second specimen after the initial specimen tests positive, or if the employee does request the testing of second specimen and it also tests positive, appropriate rehabilitative and/or disciplinary action shall be taken, which may include suspension or dismissal.
- G. In the initial testing of the first blood/urine specimen provided at the time of collection, should masking agents (e.g. Klear, Ur-n-luck, Zydol, etc.) be detected, such shall be considered as a “refusal to submit to testing” and the option to pursue testing of the second specimen shall be forfeited. The City shall be so notified. Such “refusal to submit to testing” shall result in appropriate disciplinary action, including suspension or dismissal.
- H. In the testing of blood/urine specimens provided at time of collection, should a “dilute negative” result be received by the City, the employee shall be required to repeat the testing procedure within 24 hours. The result of the second test shall then become the test of record. Should a “dilute negative” result be received on the second test, such shall be considered as a “positive” result, which shall result in appropriate disciplinary action, including suspension or dismissal. Should the employee decline to take the second test, such shall constitute a refusal to submit to testing, which shall result in appropriate disciplinary action, including suspension or dismissal. Should a “dilute positive” result be received by the City on the first or second test, such shall be considered as a verified positive test which shall result in appropriate disciplinary action, including suspension or dismissal.
- I. Following the receipt of prescription or “over the counter” medication testing results by the City, the City shall advise the employee regarding his/her return to work.



PRESCRIPTION OR “OVER-THE-COUNTER” MEDICATION NOTIFICATION FORM

PART I – TO BE COMPLETED BY EMPLOYEE

Name of Employee: _____

Position: _____

Date this form submitted to supervisor: _____

Time this form submitted to supervisor: _____

Name of Prescription or “Over-the-Counter” Medication: _____

Date Said Medication was Purchased: _____

Length of Time Employee Expects to Be Taking Said Medication: _____

Effects of Said Medication:

PART II – TO BE COMPLETED BY SUPERVISOR

- I have reviewed the information provided above and authorize the employee to commence normal duties.
- I have reviewed the information provided above and ***DO NOT*** authorize the employee to commence normal duties. I have assigned the employee to other duties temporarily.
- I have reviewed the information provided above and ***DO NOT*** authorize the employee to commence work in any capacity. I have authorized appropriate leave for the employee.

Signature of Supervisor: _____ Date: _____

Time: _____

**CITY OF DUBLIN
EMPLOYEE CONSENT
TO PRESCRIPTION OR "OVER-THE-COUNTER"
DRUG TESTING**

I understand that in consideration for my continued employment with the City of Dublin, I must voluntarily consent to a saliva, urinalysis, and/ or blood test to detect the presence of prescription or "over-the-counter" drugs/medication in my system. I also understand that I am subject to appropriate disciplinary action including suspension or dismissal, if the test results are positive, if masking agents are detected in specimens I provide in conjunction with the testing procedure, or if I refuse to sign this consent and thereby decline to be tested.

I hereby knowingly and voluntarily consent to the City of Dublin's request and authorize them to conduct, through its designated testing laboratory or other licensed/certified medical professionals/technicians, a drug urinalysis, blood, or saliva testing. In addition, I authorize the designated testing laboratory or other licensed/certified medical professionals/technicians to release any and all information regarding the tests, including their results, to the City of Dublin and its representatives. I further release the City of Dublin, its officers, directors, employees, agents, representatives, from any and all claims, suits, causes of action, liability, and damages arising from my submitting to the tests and from the information obtained from the tests.

Employee

Witness

Date

Date

I refuse to consent to a saliva, urinalysis, and/or blood test:

Employee

Witness

Date

Date

Appendix A

REASONABLE SUSPICION CHECKLIST (DRUG/ALCOHOL POLICY)

Name of employee unfit for duty _____

Division _____ Time _____ Date _____

When there is reasonable suspicion that an employee is at work unfit for duty, the supervisor in charge must complete all of the steps outlined below.

OBSERVATION CHECKLIST (Check all pertinent items below)

| | | | | |
|---|---|--|---|---|
| Walking | <input type="checkbox"/> Holding on <input type="checkbox"/> Unsteady | <input type="checkbox"/> Stumbling <input type="checkbox"/> Staggering | <input type="checkbox"/> Unable to walk <input type="checkbox"/> Swaying | <input type="checkbox"/> Falling <input type="checkbox"/> Other: |
| Standing | <input type="checkbox"/> Swaying <input type="checkbox"/> Rigid | <input type="checkbox"/> Feet wide apart <input type="checkbox"/> Staggering | <input type="checkbox"/> Unable to stand <input type="checkbox"/> Sagging at knees | <input type="checkbox"/> Other: |
| Speech | <input type="checkbox"/> Whispering <input type="checkbox"/> Incoherent <input type="checkbox"/> Slow | <input type="checkbox"/> Slurred <input type="checkbox"/> Slobbering <input type="checkbox"/> Mute | <input type="checkbox"/> Shouting <input type="checkbox"/> Silent | <input type="checkbox"/> Rambling <input type="checkbox"/> Other: |
| Demeanor | <input type="checkbox"/> Cooperative <input type="checkbox"/> Polite <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Calm <input type="checkbox"/> Sleepy <input type="checkbox"/> Silent | <input type="checkbox"/> Crying <input type="checkbox"/> Sleeping on job <input type="checkbox"/> Argumentative | <input type="checkbox"/> Talkative <input type="checkbox"/> Excited <input type="checkbox"/> Other: |
| Actions | <input type="checkbox"/> Hostile <input type="checkbox"/> Threatening <input type="checkbox"/> Erratic | <input type="checkbox"/> Fighting <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Profanity <input type="checkbox"/> Resisting <input type="checkbox"/> Communication | <input type="checkbox"/> Drowsy <input type="checkbox"/> Other |
| Eyes | <input type="checkbox"/> Bloodshot <input type="checkbox"/> Dilated | <input type="checkbox"/> Watery <input type="checkbox"/> Glassy | <input type="checkbox"/> Droopy <input type="checkbox"/> Closed | <input type="checkbox"/> Other: |
| Face | <input type="checkbox"/> Flushed | <input type="checkbox"/> Pale | <input type="checkbox"/> Sweaty | <input type="checkbox"/> Other: |
| Appearance and Clothing | <input type="checkbox"/> Neat <input type="checkbox"/> Odor | <input type="checkbox"/> Messy <input type="checkbox"/> Dirty | <input type="checkbox"/> Stains on clothes <input type="checkbox"/> Partially dressed | <input type="checkbox"/> Other: |
| Breath | <input type="checkbox"/> No Alcoholic Odor <input type="checkbox"/> Alcoholic | <input type="checkbox"/> Faint Alcoholic Odor | <input type="checkbox"/> Heavy usage of breath spray | <input type="checkbox"/> Sweet/pungent tobacco odor <input type="checkbox"/> Other: |
| Movements | <input type="checkbox"/> Fumbling <input type="checkbox"/> Slow | <input type="checkbox"/> Jerky <input type="checkbox"/> Normal | <input type="checkbox"/> Nervous <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Other: |
| Chewing | <input type="checkbox"/> Gum <input type="checkbox"/> Tobacco | <input type="checkbox"/> Candy | <input type="checkbox"/> Mints | <input type="checkbox"/> Other: |
| Miscellaneous | <input type="checkbox"/> On the job misconduct <input type="checkbox"/> If there are witnesses to employee's conduct list below: | | <input type="checkbox"/> Employee admissions concerning use of alcohol and/or drug use possession <input type="checkbox"/> Presence of alcohol and/or drugs in employee's possession or vicinity | |
| Other Observations: | | | Employee explanation of items checked above: | |
| <input type="checkbox"/> CONTACT DIRECTOR OF HUMAN RESOURCES | | | | |
| Once this portion of the form has been completed you are now ready to follow the procedures for testing. | | | | |
| <input type="checkbox"/> Employee has agreed to testing (Check one) <input type="checkbox"/> Employee has not agreed to testing | | | | |
| _____ | | | _____ | |
| Signature of supervisor in charge | | | Signature of Employee | |
| Date | | | Date | |