

## **A Supervisor's Guide to Potential Violations of the Alcohol & Drug Abuse Policy (C-10)**

The Board of Supervisors Policy C-10 was enacted to eliminate substance abuse and its effects in the workplace. The policy provides that employees shall not:

1. be under the influence of alcohol or drugs while on duty or on a standby or an on-call status;
2. consume alcohol or illicit drugs while on County property or work locations, or while on duty;
3. possess controlled substances or prescription drugs without a prescription while on duty;
4. manufacture, sell, provide, distribute, or dispense prescription drugs or controlled substances to any other employee or to any person while on duty unless authorized by law; or
5. sell, provide, distribute, or dispense alcohol to any other employee while such employee is on duty.

The policy addresses three main areas: (i) personal use or abuse of drugs and alcohol, (ii) personal possession of illegal drugs, and (iii) distribution to others of illegal drugs or alcohol. Your actions will be dictated by the particular circumstance that you face.

The use, possession or distribution of illegal drugs in the workplace may involve law enforcement intervention and you should be mindful of your personal safety in these circumstances. Assuming it can be done safely, you should immediately put an end to any consumption or distribution of alcohol on the job. The alcoholic beverage(s) should be confiscated and kept for evidentiary purposes.

The policy issue that requires you to exercise the most judgment is determining if an employee is under the influence of drugs or alcohol in the workplace. The purpose of this guideline is to assist you in making that determination and outlining what you should do when confronted with this situation.

### **Determining Impairment**

Often you will observe a pattern of behavior that will lead you to suspect an employee may have a substance abuse problem. General symptoms that are common to several types of drugs include mood swings, inappropriate behavior, frequent lateness or long lunches. In addition you may notice a pattern of absenteeism. It may be before or after days off, just after payday, or an employee will call in indicating that he will be in later in the day and does not come in. These patterns should be noted to provide a context for the specific observations that will constitute a reasonable suspicion of impairment.

Attached is an **Alcohol and Drug Abuse Observation Form**. You should use this to make observations regarding an employee you suspect is impaired. In assessing impairment it is helpful to have two independent observers, preferably supervisory

employees. Each observer should complete a separate form. This provides a cross-check in determining reasonable suspicion. The following 33-point checklist was developed by researchers at the University of Baltimore to determine impairment and may assist you in making this determination. The items are listed in descending order of strength of predictability and are included on the Alcohol and Drug Abuse Observation Form.

### The Symptoms of Drug Impairment Checklist <sup>1</sup>

Symptoms	Drug Type
1. Has alcohol odor on breath	Alcohol
2. Has developed bulky muscles	Steroids
3. Is stumbling, staggering; has difficulty balancing; acts in an uncoordinated manner	Alcohol, Depressants, PCP
4. Behaves in an unpredictable manner; behaves erratically	PCP
5. Looks sedated, sleepy, over relaxed; has droopy eyelids	Depressants, Heroin
6. Uses slurred speech	Alcohol
7. Appears disoriented, confused; seems “spaced out”	PCP
8. Has impaired fine motor skills	Alcohol
9. Has fresh needle marks on body	Heroin
10. Has scars or tracks over veins in inner arm	Heroin
11. Shows dramatic weight loss	Cocaine/Crack
12. Is overactive, overly excitable	Stimulants, Cocaine/Crack
13. Is very talkative	Stimulants
14. Has small, constricted pupils	Heroin
15. Shows recent increase in weight	Steroids
16. Is unaffected by affliction of physical injuries	PCP
17. Is recently always broke, without money	Cocaine/Crack (Any drug)
18. Has large, dilated pupils	LSD (Stimulants, Cocaine/Crack)
19. Shows slow, decreased reactions	Heroin, Alcohol
20. Seems paranoid; looks anxious	PCP, Cocaine/Crack
21. Is frequently sniffing	Cocaine/Crack
22. Acts violently, aggressively	PCP, Steroids
23. Is late or absent from work duties	Cocaine/Crack (Any drug)
24. Has red, blood-shot eyes	Marijuana
25. Has extreme mood swings	Steroids (and others)
26. Has a slow respiration rate	Heroin
27. Has poor concentration, difficulty focusing	Alcohol, Stimulants
28. Has marijuana odor on clothes, hair	Marijuana
29. Has excessive hunger or thirst	Marijuana
30. Lacks motivation	Marijuana
31. Has runny nose	Heroin
32. Is vomiting; has nausea, intestinal difficulty	Heroin
33. Is nervous, agitated, fidgety (tapping feet, hands)	Stimulants

<sup>1</sup> Mastrangelo, Paul M. and Beth McDonald, *Defining “Reasonable Suspicion” of Employee Drug Use: The Symptoms of Drug Impairment Checklist*, Applied H.R.M. Research, 2001, Volume 6, Number 1, 1-12.

Assuming that the two independent observers come to similar conclusions, this observation form can serve as documentation supporting a reasonable suspicion determination.

The Alcohol and Drug Abuse Observation Form is not the only tool at your disposal. In the end your common sense and life experience will greatly assist you in reaching the appropriate conclusion as to whether an employee is impaired in the workplace.

**What to do if you have a reasonable suspicion?**

1. Immediately remove the employee from any work that poses a risk to the employee or others.

2a. SEIU, LIUNA, and Unrepresented employees – The MOU with SEIU, LIUNA, and the Management Resolution provide that, “For cause, management may condition further employment on successful passage of a drug or alcohol test.” While this does not make testing mandatory, it does permit you to immediately remove the employee from the workplace until such time and he/she has successfully completed a drug and alcohol screening.

Supervisor: Pursuant to the MOU with SEIU (or LIUNA or the Management Resolution) I have cause to believe you are impaired and am requesting that you submit to a drug and alcohol test at the designated testing facility.

If the **management employee refuses to test** in these circumstances he/she is deemed to have failed the test and should be disciplined accordingly.

If the **SEIU or LIUNA employee refuses to test** in these circumstances he/she should be relieved of duty immediately and arrangements made to have him/her transported home safely. You should then contact your HR Services Team so that they can institute disciplinary procedures.

HR Services Team – you should immediately gather all facts related to the case, including the C-10 Observation Sheets, and determine the appropriate level of discipline. If more than an 80-hour suspension is warranted then the usual Skelly process will be followed. The employee will remain on unpaid leave (i) until such time as he/she successfully passes the drug & alcohol test or (ii) thereafter on approved investigatory leave. LIUNA will challenge this decision but our position is that the employee has made himself/herself unavailable to work until such time as he/she presents as “clean”.

SEIU & Unrepresented Employees Only: If a suspension of up to 80-hours is determined to be appropriate, using the template developed for this purpose, **(S:\ER TEMPLATES\Templates - Discipline, Formal (Writ. Reps & Skelly Letters)\drug and alcohol suspension pending skelly hearing.doc)** the employee should be immediately suspended pending the “Skelly” hearing which should be scheduled either during the period of suspension or within a reasonable time thereafter.

2b. Other Employees - Request that the employee voluntarily submit to a drug and alcohol test. Suggested language is set out below:

Supervisor: I have cause to believe that you are under the influence of alcohol or drugs while on duty (or on standby status - or on-call status – as the case may be). I am requesting that you voluntarily submit to a drug and alcohol test at the designated testing facility.

If the **employee refuses to test** you should respond as follows:

Supervisor: As you have refused to submit to a voluntary drug and alcohol test I am releasing you from work for the rest of the day. As I believe you are impaired I cannot let you drive yourself home. You will have to make alternative arrangements to be taken home. If you are unable to make such arrangements I will arrange for you to be taken home. When you come to work tomorrow you must report directly to me before starting work and I will determine at that time whether I believe you to be under the influence of drugs or alcohol.

Make sure you contact your HR Services Team at this point so they can instruct you on what to do next with this employee.

HR Service Teams – you should gather all facts related to the case, including the C-10 Observation Sheets, immediately and determine the appropriate level of discipline. If more than an 80-hour suspension is warranted then the usual Skelly process will be followed. There is no automatic provision to prevent the employee from returning to work the next day. You will have to determine if investigatory leave is appropriate and seek the necessary approval.

2c. DOT employees – If the employee is covered by DOT regulations (i.e. a driver of certain vehicles) you can compel a drug and alcohol test. See # 4 below for procedure.

3. If the **employee agrees** to be tested then take the following steps:

- ✧ Notify your HR Services Team of the situation. Explain the situation and the Services Team will advise you where to bring the employee for testing. If this occurs after normal working hours or on the weekend, you will need to access the E-Screens provider list and select a facility that accepts walk-ins without an appointment.
- ✧ Arrange to have the employee transported to the testing facility.
- ✧ Have the employee make arrangements to be transported home either directly from the testing facility or from the workplace.

- ✧ If the employee is unable to secure alternative transportation, make arrangements for the employee to be taken home at the end of the test.
  - ✧ Have someone remain with the employee at the testing facility until the test is concluded.
  - ✧ Have someone ensure that the employee is either taken home by the person/method arranged by the employee or by the person/method arranged by the department.
  - ✧ Advise the employee of the County Employee Assistance Program and provide the EAP phone number (951) 778-3970 or (760) 328-6863.
  - ✧ **Very Important** - Do NOT make any commitment to the employee about what will happen as a result of voluntarily agreeing to be tested.
4. If the **employee** is compelled by DOT regulations to be tested - then take the following steps:
- ✧ Notify your HR Services Team of the situation.
  - ✧ Contact the Safety Division of Human Resources at (951) 955-3520 and ask to speak to Darrell Richardson or Becky Perkins. Explain the situation and Darrell or Becky will advise you where to bring the employee for testing. The Safety Division can be reached at the above number 24 hours a day, 7 days a week.
  - ✧ Arrange to have the employee transported to the testing facility.
  - ✧ Have the employee make arrangements to be transported home either directly from the testing facility or from the workplace.
  - ✧ If the employee is unable to secure alternative transportation, make arrangements for the employee to be taken home at the end of the test.
  - ✧ Have someone remain with the employee at the testing facility until the test is concluded.
  - ✧ Have someone ensure that the employee is either taken home by the person/method arranged by the employee or by the person/method arranged by the department.
  - ✧ Advise the employee of the County Employee Assistance Program and provide the EAP phone number (951) 778-3970 or (760) 328-6863.
  - ✧ **Very Important** - Do NOT make any commitment to the employee about what will happen as a result of voluntarily agreeing to be tested.

5. If the **employee admits** the drug or alcohol usage then take the following steps:
  - ✧ Confirm all the details of the drug or alcohol usage including what drug(s), when last taken, whether this is an isolated incident, whether other County employees were involved, whether they are receiving treatment, what type of treatment, etc.
  - ✧ Renew the request that the employee voluntarily submit to the drug and alcohol test. Follow the steps above depending on the employee's answer.
  - ✧ **Very Important** - Do NOT make any commitment to the employee about what will happen as a result of voluntarily admitting the drug or alcohol usage and/or voluntarily agreeing to be tested.
  - ✧ Advise the employee of the County Employee Assistance Program and provide the EAP phone number (951) 778-3970 or (760) 328-6863.
  
6. Return to work issues - After the drug & alcohol test has been administered to the employee, or the employee has refused to test, a determination will be made as to whether the employee will be placed on investigatory leave pending the outcome of the test and/or any follow up HR investigation. Approval for investigatory leave will come from your HR Services Manager, after consultation with the HR Director. This is not a decision you will be required to make.

If upon consultation with Employee Health and HR it is apparent that the employee has an active abuse problem and will likely be impaired at work the following day or in the near future, or if you are not in a position to ensure the safety of the employee or others, investigatory leave will likely be the answer. However this requires consultation and approval of HR.

In the exceptional case (does not apply to DOT employees) a determination may be made that the impairment is temporary, or that you are in a position to closely monitor the employee for impairment. In that case you will advise the employee that he/she is to report to work tomorrow at the regular time but is to report directly to you or another designated supervisor who will determine if the employee is under the influence of drugs or alcohol at that time.

7. Ensure that the employee is advised of the results of the test when they are available.
  - ✧ If the employee tests positive, work with your HR Services Team to ensure that a timely investigation is conducted and appropriate discipline, if warranted, is imposed on the employee.
  - ✧ If the employee tests negative, ensure that the employee is fully compensated for any work lost as a result of taking the test.

8. Be aware of the employee's representational rights. The right to union representation arises when a "significant purpose of the interview is to obtain facts to support disciplinary action that is probable or that is being seriously considered against the employee being interviewed". As drug use normally leads to disciplinary consequences you should allow union representation, if requested. Generally, a witness would not be entitled to representation because he/she is not under investigation.

8. If a "last chance" agreement is obtained as a result of the disciplinary process, ensure that you closely monitor the employee's behavior and status during the observation period to determine compliance with the terms of the last chance agreement. Immediately advise your HR Services Team of any suspected breach of such agreement.

**COUNTY OF RIVERSIDE, CALIFORNIA**  
**BOARD OF SUPERVISORS POLICY**

Subject:  
**ALCOHOL & DRUG ABUSE POLICY**

Policy  
Number  
C-10

---

COUNTY OF RIVERSIDE HUMAN RESOURCES DEPARTMENT  
4080 LEMON STREET, POST OFFICE BOX 1569  
RIVERSIDE, CA 92501-1569  
PHONE: (951) 955-5851 / FAX: (951) 955-3599 / TDD NO.: (951) 955-5871

**ALCOHOL AND DRUG ABUSE OBSERVATION FORM**  
(Please Type or Print Using Ink)

---

**I. SUPERVISOR INFORMATION**

NAME: \_\_\_\_\_  
CLASS TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
WORK ADDRESS: \_\_\_\_\_ CITY/ZIP CODE: \_\_\_\_\_  
PHONE: BUSINESS (\_\_\_\_) \_\_\_\_\_ CELLULAR: \_\_\_\_\_  
Person to contact if I cannot be reached: \_\_\_\_\_  
Telephone number of contact person: (\_\_\_\_) \_\_\_\_\_

---

**II. EMPLOYEE INFORMATION**

NAME: \_\_\_\_\_ HIRE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
CLASS TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
WORK ADDRESS: \_\_\_\_\_ CITY/ZIP CODE: \_\_\_\_\_  
PHONE: BUSINESS (\_\_\_\_) \_\_\_\_\_ CELLULAR: \_\_\_\_\_

---

**III. GENERAL INFORMATION**

Was employee on duty? YES \_\_\_\_ NO \_\_\_\_ UNKNOWN \_\_\_\_  
Was employee on standby or on-call status? YES \_\_\_\_ NO \_\_\_\_ UNKNOWN \_\_\_\_  
Did employee consume alcohol or illicit drugs while on duty? YES \_\_\_\_ NO \_\_\_\_ UNKNOWN \_\_\_\_  
Did employee consume alcohol or illicit drugs while on County property? YES \_\_\_\_ NO \_\_\_\_ UNKNOWN \_\_\_\_  
Did employee consume alcohol or illicit drugs while at a County work location? YES \_\_\_\_ NO \_\_\_\_ UNKNOWN \_\_\_\_  
Was employee in possession of controlled substances while on duty? YES \_\_\_\_ NO \_\_\_\_ UNKNOWN \_\_\_\_



Was employee in possession of prescription drugs without a prescription while on duty? YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN \_\_\_\_\_

Did employee manufacture prescription drugs or controlled substances while on duty? YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN \_\_\_\_\_

Did employee sell, provide, distribute, or dispense prescriptions drugs or controlled substances to any other employee or other person while on duty? YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN \_\_\_\_\_

Is employee authorized by law to manufacture, sell, provide, distribute, or dispense prescription drugs or controlled substances? YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN \_\_\_\_\_

Did employee sell, provide, distribute, or dispense alcohol to other employee(s) while either employee was on duty? YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN \_\_\_\_\_

**IV. OBSERVATIONS**

DATE OF OBSERVATION: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

OBSERVATIONS LEADING TO SUSPICION OF IMPAIRMENT (Please be as specific as possible and include all pertinent names and incidents.)

---

---

---

---

---

---

---

---

---

---

---

**V. DRUG IMPAIRMENT CHECKLIST**

Has alcohol odor on breath —	Is overactive, overly excitable —	Is late or absent from work duties —
Has developed bulky muscles —	Is very talkative —	Has red, blood-shot eyes —
Is stumbling, staggering; has difficulty balancing; acts in an uncoordinated manner —	Has small, constricted pupils —	Has extreme mood swings —
Behaves in an unpredictable manner; behaves erratically —	Shows recent increase in weight —	Has a slow respiration rate —
Looks sedated, sleepy, over relaxed; has droopy eyelids —	Is unaffected by affliction of physical injuries —	Has poor concentration, difficulty focusing —
Uses slurred speech —	Is recently always broke, without money —	Has marijuana odor on clothes, hair —
Appears disoriented, confused; seems “spaced out” —	Has large, dilated pupils —	Has excessive hunger or thirst —
Has impaired fine motor skills —	Shows slow, decreased reactions —	Lacks motivation —
Has fresh needle marks on body —	Seems paranoid; looks anxious —	Has runny nose —
Has scars or tracks over veins in inner arm —	Is frequently sniffing —	Is vomiting; has nausea, intestinal difficulty —
Shows dramatic weight loss —	Acts violently, aggressively —	Is nervous, agitated, fidgety (tapping feet, hands) —

\_\_\_\_\_  
**SIGNATURE OF SUPERVISOR/OBSERVER**

\_\_\_\_\_  
**DATE**