

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. This County 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. The policy applies to alcohol, and to all substances, drugs, or medications, legal or illegal, which could impair an employee's ability to effectively and safely perform the functions of their job. Your actions will be dictated by the circumstances 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 drugs or alcohol on the job. Alcoholic beverage(s) and/or drug paraphernalia should be confiscated and secured 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

You might observe a pattern of behavior that leads you to suspect an employee may have a substance abuse problem. General symptoms that are common to alcohol and several types of drugs include mood swings, inappropriate behavior, frequent lateness, or long breaks or 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 and state that they will be in later in the day and do not follow through with reporting to work. 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 at least two independent observers, preferably supervisory employees.

Each observer should complete a separate form independently. 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 ¹

Symptoms

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

Drug Type

Alcohol
 Steroids
 Alcohol, Depressants, PCP

 PCP

 Depressants, Heroin

 Alcohol
 PCP

 Alcohol
 Heroin
 Heroin
 Cocaine/Crack
 Stimulants, Cocaine/Crack
 Stimulants
 Heroin
 Steroids
 PCP
 Cocaine/Crack (Any drug)
 LSD (Stimulants, Cocaine/Crack)
 Heroin, Alcohol
 PCP, Cocaine/Crack
 Cocaine/Crack
 PCP, Steroids
 Cocaine/Crack (Any drug)
 Marijuana
 Steroids (and others)
 Heroin
 Alcohol, Stimulants
 Marijuana
 Marijuana
 Marijuana
 Heroin
 Heroin
 Stimulants

¹ 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.

If 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. 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. Do not leave them alone unsupervised. Notify your chain of command.
 - a. SEIU, LIUNA, and Unrepresented employees – The MOU with SEIU, LIUNA, and the Management Resolution provide that, **“For reasonable cause (LIUNA), or for cause (SEIU and Unrepresented employees), 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 he/she has successfully completed a drug and alcohol screening.
 - b. **Supervisor Script:** *“Pursuant to the MOU (SEIU/LIUNA) or 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.”*
2. DOT employees – If the employee is covered by DOT regulations (i.e. a driver of certain vehicles) you can compel the employee to take a drug and alcohol test.

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 a drug and alcohol test. Follow the steps above depending on the employee’s answer.
3. Coordinate testing.
 - a. Employee agrees to test
 - i. If the **SEIU/LIUNA/Unrepresented employee agrees to test**, contact Employee Relations during normal business hours via email at **HRInvestigationsUnit@rivco.org**. Please include in subject line of email **“Drug and Alcohol Test Scheduling.”** If after business hours, call the Human Resources Safety Division at (951) 955-3520. Either will assist you with scheduling a drug and alcohol test for a testing site closest to your location.
 - b. Employee refuses to test
 - i. 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. The employee can be

informed that they are required to remain off work until they can provide a negative alcohol and drug test from a certified testing site at their expense. Further, while they are off work, they will be considered absent without pay and unable to use their accruals. You should then inform your chain of command and contact Employee Relations so they can strategize the next steps that should be taken.

➤ **Supervisor Script:** *“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.”*

- ii. If the **Management Resolution employee refuses to test**, they are deemed to have failed the test. He/she should be relieved of duty immediately and arrangements made to have him/her transported home safely. You should then inform your chain of command and contact Employee Relations so they can strategize the next steps that should be taken.

4. Arrange transportation to testing site

- a. You will transport the employee to the testing site. We recommend that another person in a leadership role, preferably the same gender as the employee, accompany you and the employee to the test site. You must remain with the employee until the testing is complete.

5. Results

- a. You will be provided with the results of the alcohol test at the clinic. Please email them to Employee Relations at **HRInvestigationsUnit@rivco.org** upon your return to the work site. Please include in subject line of email “Drug and Alcohol Results.” The Safety Division will also be notified of the drug screen test results as soon as they are available.
- b. Ensure that the employee is advised of the results of the test when they are available.
 - i. If the employee tests positive, work with Employee Relations to ensure that a timely investigation is conducted and appropriate discipline, if warranted, is imposed on the employee.
 - ii. If the employee tests negative, ensure that the employee is fully compensated for any work lost as a result of taking the test.

6. Conclusion

- a. Have the employee make arrangements to be transported home either directly from the testing facility or from the workplace.
 - i. If the employee is unable to secure alternative transportation, make arrangements for the employee to be taken home at the end of the test.
- b. Ensure that the employee is either taken home by the person(s)/method arranged by the employee or by the person(s)/method arranged by the department.
- c. If necessary, you may need to call law enforcement if they are unwilling to cooperate or will not coordinate transportation. Call law enforcement if the employee insists that they will drive their vehicle.
- d. Advise the employee of the County Employee Assistance Program and provide the EAP phone number (833) 954-1067.

Very Important - Do NOT make any commitment to the employee about what will happen as a result of voluntarily agreeing to be tested.

7. Return to work issues - After the drug and 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 administrative leave pending the outcome of the test and/or any follow up Human Resources (HR) investigation. Approval for administrative leave will come from Employee Relations in conjunction with your Department Head and HR Executives. This is not a decision you will be required to make.

If, upon consultation with the clinic in which they are tested 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 employee's 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 for their next shift at the regular time, but he/she 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.

**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
HRInvestigationsUnit@rivco.org

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

I. SUPERVISOR/OBSERVER INFORMATION

NAME: _____
JOB 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 (check or circle all that apply)

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 on 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