

Section Number: 10-8

Effective Date: January 1, 2012

Subject: Drug-Free Workplace

Purpose: To provide supervisors comprehensive guidance in dealing with situations related to drugs and alcohol in the workplace and to limit liability related to well intended but potentially dangerous responses.

DRUG-FREE WORKPLACE ACT

The Drug Free Workplace Act of 1988 requires federal grantees to keep their workplace drug free to remain eligible for federal funds. A link to the document may be found at:

http://doa.alaska.gov/dop/fileadmin/Employee_Orientation/pdf/DrugFreeWorkplaceAct.pdf

At the bottom of the document is the employee certification. Staff are required to read and sign the form and a copy is kept in their file. By signing the form, staff agrees that they have read the policy and understand it as a condition of employment with the State of Alaska.

RESPONSIBILITIES OF THE SUPERVISOR

The supervisor is responsible to:

1. Observe and document unsatisfactory work performance or behavior that may be attributed to drug or alcohol use or abuse. Examples of unsatisfactory work performance that may be attributed to drug or alcohol use or abuse:
 - a. An employee exhibits a pattern of unscheduled leave use
 - b. An employee smells of alcohol and/or drugs
 - c. An employee acts in a manner consistent with impairment which is outside the normal pattern of behavior
2. Talk to the employee about work and performance problems and convey expectations
3. Educate employees about the Drug-Free Workplace Act
4. Convey to employees, on a periodic basis, the Division's ongoing commitment to a drug free work place.

The supervisor is not responsible to:

1. Diagnose substance abuse problems
2. Treat substance abuse problems
3. Counsel employees on substance abuse problems

Steps to take if an employee appears to be under the influence of drugs or alcohol on the job, or smells of drugs or alcohol at work:

1. Immediately meet with the employee. Include another supervisor or lead worker as witness whenever possible.
2. Advise the employee of your concern and relate to the employee the specific observation.
3. If it appears the employee is not ready and able to work or continue to work, relieve them of duty, without pay. "Ready and able to work" includes the ability to convey an appropriate image of the Division as well as make sound and safe judgments.
4. Call Health and Social Services Human Resource Service Center for advice. Each case is a little different and must be handled on a case-by-case basis. The list of HR contacts is available at the link below:

<http://doa.alaska.gov/dop/fileadmin/hss/hsscontacts.pdf>

Complete the checklist provided below (Supervisor's Reasonable Suspicion Observation Checklist) and submit a copy to the HR contact.

5. At the earliest possible time, take appropriate action. This may start with counseling the employee about unacceptable performance behavior exhibited at work. It may include disciplinary action up to, and including dismissal. Document the actions and rationale.

General rules to consider if the supervisor must relieve an employee from duty or where an employee voluntarily chooses to leave work and where drug and/or alcohol-related conduct is suspected:

1. Under no circumstances should the supervisor allow an employee to drive themselves away from the work-site.

2. Under no circumstances should the supervisor or other employee to drive an employee (relieved under these circumstances) away from the work site. Every effort must be made to get a family member, friend or taxi to transport the employee from the work site. Only an unimpaired driver may transport an employee. If there is any smell consistent with drugs or alcohol present on the driver, or if there is slightest suspicion that the driver is impaired, DO NOT let them transport the relieved employee. Do not make conclusions about the level of impairment. Report and document only those things that are observable: what is seen, heard, smelled, tasted and felt.
3. If the employee disobeys a supervisor's directive and drives a vehicle from the work site, or gets in a vehicle of a potentially impaired driver, attempt to get the license number of the vehicle and immediately notify law enforcement. Thereafter, immediately document and report the situation to the senior supervisor or office manager.

Supervisor's Reasonable Suspicion Observation Checklist

Employee's Name _____

Date _____ Time _____

Employer/Department _____

The above named employee was observed by me to exhibit the following problems. (Check one or more that describe the employee's behavior.)

- | | |
|---|---|
| <p>_____ Possessing, dispensing, or using controlled substance</p> <p>_____ Slurred or incoherent speech</p> <p>_____ Unsteady gait or other loss of physical control; poor coordination</p> <p>_____ Dilated or constricted pupils or unusual eye movement</p> <p>_____ Bloodshot or watery eyes</p> <p>_____ Extreme fatigue or sleeping on the job.</p> <p>_____ Excessive sweating or clamminess to the skin</p> <p>_____ Flushed or very pale face</p> <p>_____ Nausea or vomiting</p> <p>_____ Odor of alcohol</p> <p>_____ Odor of marijuana</p> <p>_____ Other (please specify)</p> | <p>_____ Dry mouth (frequent swallowing/lip wetting)</p> <p>_____ Dizziness or fainting</p> <p>_____ Shaking hands or body tremors/twitching</p> <p>_____ Unusually aggressive behavior</p> <p>_____ Unexplained change in mood</p> <p>_____ Unexplained work related accident or injury</p> <p>_____ Irregular or difficult breathing</p> <p>_____ Runny sores or sores around nostrils</p> <p>_____ Inappropriate wearing of sunglasses</p> <p>_____ Puncture marks or "tracks"</p> <p>_____ Highly excited or nervous</p> <p>_____ Unsafe action</p> |
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Supervisor's Reasonable Suspicion Observation Checklist

Please summarize the facts and circumstances of the incident, employee response, supervisor actions, and any other pertinent information not previously noted. Please note the date, times, and location of reasonable cause testing or note if employee refused test.

Signature of Supervisor #1

Date

Signature of Supervisor #2

Date

Received by Division of Personnel and Labor Relations Management Services:		
_____ Signature	_____ Date	_____ Time AM/PM