Cornell University

Department of Transportation (DOT)
Omnibus Transportation
Employee Testing Act

Cornell University Policy and Training Materials
Revised 1/2018
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Training Program Purpose and Objectives

Purpose:

1) To review Department of Transportation (DOT) and Cornell University policy and procedures regarding individuals who are employed in safety-sensitive positions
2) To provide DOT mandated training for safety-sensitive employees, supervisors and managers
3) To educate employees, supervisors, and managers on the signs, symptoms and effects of alcohol and drug misuse
4) To define roles and responsibilities of employees, supervisors and managers in complying with the regulations of the Omnibus Transportation Employee Testing Act

Training Objectives:

1) Describe the signs, symptoms and effects of alcohol and drug misuse
2) Educate supervisors, managers and employees about the reasonable suspicion guidelines for testing
3) Identify the resources and services available to prevent alcohol misuse and prohibited drug use, and to resolve such problems
4) Distribute Cornell University Policy on Alcohol and Drug Testing
5) Describe the policy related to Department of Transportation (DOT) regulations, and random alcohol and drug testing
6) Explain the policy on random testing procedures
7) Review the consequences of positive test results
INTRODUCTION AND OVERVIEW OF REGULATIONS

✓ Purpose of the legislation (see Policy)
  ➢ This is a federal Department of Transportation Safety regulation that requires us to conduct random drug and alcohol tests on covered employees.

✓ Covered Employees (see Policy)
  ➢ Safety-sensitive employees are CDL holders who operate certain types of vehicles or transport hazardous material. Safety-sensitive employees include certain vehicle mechanics and dispatchers as well.

✓ When is testing required and under what circumstances must testing occur? (see Policy)
  ➢ Employees covered by this policy are tested pre-employment, randomly during employment, return-to-duty, follow-up, post-accident and for reasonable suspicion.

✓ What methods are used to test for drugs and alcohol? (see Policy)
  ➢ Breath alcohol tests, urine specimen for drug tests

✓ What drug use is prohibited? (see Policy)
  ➢ Any illegal drug use as defined in this policy.

✓ What alcohol use is prohibited? (see Policy)
  ➢ Any use or possession of alcohol while in a safety-sensitive function.
EFFECTS OF ALCOHOL MISUSE AND PROHIBITED DRUG USE ON PERSONAL HEALTH
Drugs of Abuse

Alcohol

In American society alcohol is a legal drug. Nonetheless, it is a depressant and is the leading drug of abuse. Use of alcohol (as little as one drink) affects judgment and decision-making abilities, slows the central nervous system and brain function, and reduces coordination and reflex actions. Alcohol withdrawal can be lethal.

Marijuana

Marijuana is a derivative of the hemp plant and is illegally used for its sedating, intoxicating effects and dreamy state of relaxation and euphoria. All forms of marijuana have negative physical and mental effects. The active ingredient in marijuana is Delta-9-Tetrahydrocannabinol (THC) and is present in all forms of the drug. THC is stored in the body fat and is slowly released over time. Since it is retained in the fat, an employee can test positive for marijuana many days after use.

Cocaine

Cocaine is an illegal drug that is the most potent stimulant of organic origin and the most widely used of the stimulants. Although cocaine has been used in the past as a topical anesthetic, its therapeutic uses have almost been eliminated due to the development of safer anesthetics. Cocaine is a powerfully addictive drug that causes physical and psychological dependence.

Crack Cocaine

Crack is cocaine that is processed into tiny chips having the appearance of slivers of soap. Crack has become a very popular form of cocaine since it is inexpensive and relatively easy to use. It is smoked in a pipe or rolled with tobacco in a cigarette. Crack cocaine is highly addictive and can produce psychological and physical dependency, a feeling that the user cannot function without the drug. Many users become extremely depressed when not using the drug, and the craving for the drug is intense. Tolerance to crack cocaine develops rapidly.

Amphetamines (including methamphetamine)

Amphetamines are considered to be stimulants. These drugs stimulate the central nervous system and excite bodily activity. Methamphetamine or crank is one of the fastest growing drugs of abuse. These drugs create less intense and less expensive cocaine-like effects in the body. Note: It is important for safety sensitive employees to notify their supervisor if they are taking a stimulant drug prescribed by their physician for the treatment of Attention Deficit/ Hyperactivity Disorder or narcoleptic sleep disorder.

Synthetics:

- MDMA (3,4-methylenedioxy-methamphetamine- Ecstasy/Molly)

MDMA is a synthetic drug (known as a “designer drug,”) chemically similar to both stimulants and hallucinogens, as its effects include increased energy levels, distorted perceptions, and feelings of warmth and pleasure. This drug is typically used in tablet or capsule form, and effects last between 3 and 6 hours. High doses of MDMA may affect the body’s ability to regulate temperature, which may lead to kidney and liver damage, heart failure, or death.
- **Synthetic Stimulants/Cathinones (Bath Salts)**

Bath salts are often labeled “not fit for human consumption.” The pharmacological properties of synthetic stimulants or “new psychoactive substances” are largely unknown. These substances are typically swallowed, snorted, injected, or smoked, and the range of effects may include lowered inhibitions, paranoia, hallucinations, increased sex drive, agitation, and violent behaviors.

- **Synthetic Marijuana (Spice, K2)**

The chemical composition of synthetic marijuana is often unknown, and potency can vary significantly. This substance may have toxic physiological effects.

**Phencyclidine (PCP)**

Phencyclidine (PCP) is illegal. Phencyclidine (PCP) interrupts the function of the neurocortex and blocks pain receptors—the section of the brain that controls the intellect and keeps instincts and primitive reactions in check. Violent PCP episodes may result in self-inflicted or other-inflicted injuries.

**Opium and Opiates**

Narcotic analgesics are the most effective compounds used for pain relief. Narcotic analgesics prohibited by the DOT include Opium and Opiates (Morphine, Codeine, Percodan, and Heroin.)

Note: It is important for safety sensitive employees to notify their supervisor if they are taking a narcotic drug prescribed by their physician.
Ways that People Use Alcohol and Other Drugs
(Working Partners for an Alcohol and Drug-Free Workplace; US Department of Labor)

**Use:** Alcohol and other drugs may be used in a socially accepted and medically authorized manner. For example, an individual may have a drink after work with friends, a glass of wine or other alcohol beverage with dinner or take a medication prescribed by a physician for a medical problem. Described below are different ways that people use alcohol and other drugs without necessarily becoming addicted.

- **Experimentation:** Out of curiosity and/or at the urging of peers, individuals may try drinking or using drugs illegally. If the illegal drug use is not repeated, or discontinues after a short time, such experimentation may not be problematic. Likewise, deciding to drink alcoholic beverages after early experimentation is not problematic for most adults.

- **Social/Recreational:** Drinking alcoholic beverages is permitted in American society, and some excessive use may even be condoned. If use doesn’t cause problems for the user, or those around him/her, most people would consider such use to be social or recreational. Some use marijuana in a similar manner—only in certain social or recreational situations and without immediate adverse consequences. However, in New York State, marijuana use is currently illegal.

- **As a Stress Reliever:** Many people use alcohol or other drugs to help them cope with stress and the pressures of life. If this type of use is infrequent and doesn’t create more stress or difficulties for the user or those around him/her, it may not lead to addiction; however, alcoholism and drug addiction often begin with relief drinking or drug use.

**Misuse:** The use of a substance to modify or control mood or state of mind in a manner that is illegal or harmful to oneself or others is considered problematic use.

**Addiction:** A number of individuals occasionally use or misuse alcohol or drugs without becoming addicted but, for many, misuse continues despite repeated attempts to return to more social or controlled use and eventually develop addiction. Addiction is the irresistible compulsion to use alcohol and drugs despite adverse social, emotional and physical consequences. Addiction is characterized by repeated failures to control use, increased tolerance, withdrawal, and disruption in the family.
Effects of Alcohol Excess and Chronic Use on the Human Body

It takes one hour for the average person (150 pounds) to process one serving of an alcoholic beverage from the body. Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body. A person who is legally intoxicated is six (6) times more likely to have an accident than a sober person.

Brain and Central Nervous System

- Alters and destroys brain cells
- Impairs memory, coordination, judgment and decision-making; hangover effect causes slowed thinking and reaction time
- Damages the connection between nerve cells and causes irreversible brain damage
- Alcohol withdrawal can be life-threatening, as it can cause seizures and Delirium Tremens (characterized by marked confusion, agitation, hallucinatory experiences, rapid heart rate, shivering, increased body temperature, etc.)

Cardiovascular System

- Causes high blood pressure and cardiomyopathy (deterioration of heart muscle)
- Causes anemia

Gastrointestinal System

- Irritates the stomach and intestines
- Blocks absorption of essential nutrients
- Causes stomach and intestinal ulcers
- Causes cirrhosis of the liver, alcoholic hepatitis and pancreatitis

Reproductive System

**Male:**
- Reduces testosterone levels and causes enlargement of breasts, shrinking of testicles and impotence

**Female:**
- Causes menstrual irregularities, infertility and loss of sex drive
- May lead to fetal alcohol syndrome of child if ingested during pregnancy

Skeletal-Muscular System

- Leaches calcium from the bones; worsens an existing condition of osteoporosis
- Reduces muscle mass

Immune System

- Impedes functioning of immune system cells increasing susceptibility to infectious disease and cancer
- Contributes to the development of cancers of the lip, oral cavity, esophagus, larynx, stomach and liver
Blood Alcohol Concentration (BAC) and You

When you drink an alcoholic beverage, the alcohol is quickly and directly absorbed into your bloodstream without being digested, and then distributed to your body's cells. When you consume alcohol faster than your body can metabolize it, the concentration of alcohol in your blood rises and you become intoxicated. A person's blood alcohol concentration, or BAC, depends upon several different factors:

Amount of Alcohol Consumed

All “standard” drinks contain approximately .60 oz. of alcohol. A “standard” drink can be a 12 oz. can or bottle of beer, a 5 oz. glass of most wines, or 1½ oz. (one shot) of liquor. To find out the amount of alcohol your body is taking in, multiply the volume of your beverage by the percentage of alcohol it contains. For example, if your drink on 12 oz. can of beer with an alcohol content of 5 percent, the amount of alcohol you will have consumed is .60 oz.

Drinking Time

The more drinks consumed in a shorter period of time, the higher your blood alcohol concentration (BAC). Three drinks in one hour will cause higher blood alcohol content (BAC) than one drink each hour for three hours. Eating before or while drinking will slow the absorption rate of the alcohol into your bloodstream, but eventually all of the alcohol consumed gets into the blood. Time is the only thing that will sober you up if you have had too much to drink.

Body Weight

A heavier person has more body fluids and can consume more alcohol than a lighter person.

Biological Sex, Health Concerns, and Medications

Research indicates that alcohol effects tend to be stronger and last longer in women, as women produce a smaller amount of alcohol dehydrogenase and acetaldehyde dehydrogenase, which are enzymes that help metabolize alcohol. Some medications may amplify the effects of alcohol, and cause dangerous interactions. Thus, if taking medication, avoiding alcohol may be necessary. Likewise, certain medical conditions such as genetic enzyme deficiencies, diabetes, hypertension, depression, and a myriad of other issues may alter the body’s ability to process and metabolize alcohol, which may result in increased health risks.

<table>
<thead>
<tr>
<th>Number of Drinks</th>
<th>APPROXIMATE BLOOD ALCOHOL CONTENT (PERCENTAGES)</th>
<th>Body Weight (Pounds)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>One</td>
<td>Two</td>
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<tr>
<td></td>
<td>.04 .04 .03 .03 .02 .02 .02 .02</td>
<td>.09 .07 .06 .06 .06 .04 .04 .04</td>
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</tbody>
</table>

(Source: American Health Magazine/ Mothers Against Drunk Driving)
The Effects of Alcohol on Individual Performance
(Working Partners for an Alcohol and Drug-Free Workplace; US Department of Labor)

Alcohol is a central nervous system depressant which can degrade performance of demanding or delicate tasks. The effects of alcohol vary among individuals, and, even for a given individual, alcohol will have varying effects depending on such factors as motivation, fatigue and previous experience with alcohol.

Ingestion of a specified quantity of alcohol by two people will not necessarily produce the same alcohol concentration in each, even if they have the same body weight. That is because alcohol tends to enter the bloodstream at different rates in different people. In one study, the time required to reach the blood alcohol concentration (BAC) varied from 15 to 90 minutes after ingestion.

An individual doesn’t have to drink very much before being adversely affected by alcohol. Generally, cognitive performance decreases for most individuals at BACs of .04 or less. BACs lower than .05 has been associated with an increase in errors in tasks requiring divided attention or multi-tasking. Low alcohol concentrations also affect a driver’s reaction and steering ability. 

*Because even a small amount of alcohol can affect concentration and driving ability, it is imperative that individuals employed in safety-sensitive positions abstain from any alcohol consumption prior to and while performing their duties. Per Cornell Policy, safety-sensitive employees may not consume alcohol within 6 hours prior to performing any safety-sensitive function.*
# WHAT ROLE DOES ALCOHOL PLAY IN YOUR LIFE?\(^1\)

(National Council on Alcoholism and Drug Dependence, Inc.)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Do you ever drink heavily when you are disappointed, under pressure or have had a quarrel with someone?</td>
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<tr>
<td>2.</td>
<td>Can you handle more alcohol now than when you first started to drink?</td>
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<td>3.</td>
<td>Have you ever been unable to remember part of the previous evening, even though your friends say that you didn't pass out?</td>
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<td>4.</td>
<td>When drinking with other people, do you try to have a few extra drinks when others won't know about it?</td>
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<td>5.</td>
<td>Do you sometimes feel uncomfortable if alcohol is not available?</td>
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<tr>
<td>6.</td>
<td>Are you in more of a hurry to get your first drink of the day than you used to be?</td>
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<tr>
<td>7.</td>
<td>Do you sometimes feel guilty about your drinking?</td>
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<tr>
<td>8.</td>
<td>Has a family member or close friend ever expressed concern or complained about your drinking?</td>
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<tr>
<td>9.</td>
<td>Have you been having more memory “blackouts” recently?</td>
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<tr>
<td>10.</td>
<td>Do you often want to continue drinking after your friends say they’ve had enough?</td>
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<tr>
<td>11.</td>
<td>Do you usually have a reason for the occasions when you drink heavily?</td>
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<tr>
<td>12.</td>
<td>When you’re sober, do you sometimes regret things you did or said while drinking?</td>
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<tr>
<td>13.</td>
<td>Have you tried switching brands or drinks, or following different plans to control your drinking?</td>
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<tr>
<td>14.</td>
<td>Have you sometimes failed to keep promises you made to yourself about controlling or cutting down on your drinking?</td>
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<tr>
<td>15.</td>
<td>Have you ever had a DWI (Driving While Intoxicated) or DUI (Driving Under the Influence) violation, or any other legal problem related to your drinking?</td>
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<tr>
<td>16.</td>
<td>Do you try to avoid family or close friends while you are drinking?</td>
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<tr>
<td>17.</td>
<td>Are you having more financial, work, school and/or family problems as a result of your drinking?</td>
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<tr>
<td>18.</td>
<td>Has your physician ever advised you to cut down on your drinking?</td>
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<tr>
<td>19.</td>
<td>Do you eat very little or irregularly during the periods when you are drinking?</td>
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<tr>
<td>20.</td>
<td>Do you sometimes have “the shakes” in the morning and find that it helps to have a “little” drink, tranquilizer or medication of some kind?</td>
<td></td>
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<tr>
<td>21.</td>
<td>Have you recently noticed that you can’t drink as much as you used to?</td>
<td></td>
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<tr>
<td>22.</td>
<td>Do you sometimes stay drunk for several days at a time?</td>
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<tr>
<td>23.</td>
<td>After periods of drinking do you sometimes see or hear things that are not there?</td>
<td></td>
<td></td>
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<tr>
<td>24.</td>
<td>Do you ever feel depressed or anxious before, during or after periods of heavy drinking?</td>
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<tr>
<td>25.</td>
<td>Have any of your blood relatives ever had a problem with alcohol?</td>
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</tr>
</tbody>
</table>

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\(^1\) If you answered YES to any of the above questions, you may be at greater risk for an alcohol use disorder or alcoholism. If you think that you or someone you care about has a problem with alcohol, make an appointment with a substance abuse professional or contact the Cornell University Faculty Staff Assistance Program (FSAP) for information and referral.
What is Alcohol Misuse?

Alcohol misuse is defined as a pattern of drinking that is accompanied by one or more of the following situations within a 12-month period:

- Repeated failure to fulfill major work, school, or home responsibilities
- Drinking in situations that are physically dangerous (e.g. driving a car or boat, operating machinery, engaging in a risky recreational activity such as rock climbing)
- Recurring alcohol-related legal problems (e.g. being arrested for driving under the influence of alcohol, physically hurting someone while drinking, disorderly conduct or public intoxication);
- Continued alcohol use despite having ongoing relationship problems that are caused or worsened by the use and effects of alcohol.

<table>
<thead>
<tr>
<th>Signs and Symptoms of an Alcohol Use Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>Anxiety</td>
</tr>
<tr>
<td>Moodiness, Mood Swings</td>
</tr>
<tr>
<td>Angry outbursts; irritability; low frustration tolerance</td>
</tr>
<tr>
<td>Use of alcohol to soothe and manage unsettling or disturbing feelings; inability to relax privately or socially without alcohol; increase frequency of use</td>
</tr>
<tr>
<td>Increase tolerance; increase alcohol intake to achieve intoxication or desired feeling state</td>
</tr>
<tr>
<td>Inability to stop or limit alcohol intake despite the intent and verbalized desire to do so and the negative consequences that continued use brings</td>
</tr>
<tr>
<td>Loss of control over behavior while drinking</td>
</tr>
<tr>
<td>Conflicted relationships with significant others; family problems; frequent arguments; domestic violence; neglect of children or household duties and responsibilities</td>
</tr>
<tr>
<td>Alcohol-related health problems; continued use even after a physician has advised that using is causing or will worsen health problems</td>
</tr>
<tr>
<td>Lying about alcohol use; lack of awareness of or inaccurate accounting of frequency of use and amount of alcohol consumed</td>
</tr>
<tr>
<td>Black outs</td>
</tr>
<tr>
<td>Defensiveness about alcohol use and drinking behavior when questioned</td>
</tr>
<tr>
<td>Guilt feelings about alcohol use or drinking behavior; worry about use</td>
</tr>
<tr>
<td>High risk behavior (i.e. unprotected sex, multiple sexual partners)</td>
</tr>
<tr>
<td>Preoccupation with alcohol and anticipation of next opportunity to drink</td>
</tr>
<tr>
<td>Feeling out of control of use, of behavior, of life</td>
</tr>
<tr>
<td>Tardiness or absenteeism at work or school</td>
</tr>
<tr>
<td>Poor work performance related to recurrent hangovers or alcohol use on the job</td>
</tr>
<tr>
<td>Conflict with co-workers or supervisors</td>
</tr>
<tr>
<td>Legal difficulties</td>
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<tr>
<td>Financial problems</td>
</tr>
<tr>
<td>Decrease interest in personal hygiene</td>
</tr>
<tr>
<td>Feeling of being increasingly socially isolated and misunderstood; social withdrawal</td>
</tr>
</tbody>
</table>
Effects of Marijuana Use on the Human Body

The active chemical, THC, stores in body fat and slowly releases over time. A 500 to 800 percent increase in THC concentration in the past several years makes smoking three to five joints a week equivalent to 15 to 40 joints a week in 1978. Long term marijuana use impairs social functioning and negatively impacts work or school performance.

Brain and Central Nervous System

- Impairs or reduces short-term memory and interferes with learning and comprehension
- Impairs concentration, judgment and decision-making
- Reduces ability to safely perform tasks requiring concentration and coordination, such as driving a vehicle or operating machinery; impairs signal detection (ability to detect a brief flash of light); impairs tracking (ability to follow a moving object with the eyes) and visual distance measurements
- Chronic use may cause permanent brain cell damage, particularly in areas controlling memory and behavior
- Chronic use may cause acute fear and anxiety
- May lead to psychological dependence

Cardiovascular System

- Increases heart rate by 50%
- Lowers oxygen supply to heart muscle

Reproductive System

- Causes temporary loss of fertility
- Chronic use in adolescence impairs normal social and sexual development
- May be especially harmful physically and psychologically during adolescence and physically harmful to developing fetus during pregnancy

Lungs

- Contains more cancer causing agents than tobacco
- Irritates lungs and damages the way they work
- Increases susceptibility to colds, pneumonia and flu
- May lead to chronic bronchitis, emphysema and lung cancer

Skeletal-Muscular System

- Chronic use in adolescence may cause stunted physical development

Immune System

- Impedes functioning of immune system cells, increasing susceptibility to infectious disease and cancer
- Contributes to the development of cancers of the lip, oral cavity, esophagus, larynx, stomach and liver
Effects of Cocaine Use on the Human Body

Brain and Central Nervous System

✓ Impairs concentration, judgment and decision-making
✓ Causes lapses in attention; cause individual to ignore warning/danger signals which increases the risk for accidents
✓ Causes insomnia and sleep deprivation
✓ Causes mood changes, mood instability
✓ May cause seizures; may lead to permanent brain damage
✓ May cause aggressive behavior; may cause paranoia and tactile hallucinations
✓ May lead to physical and psychological dependence
✓ Increases body temperatures

Cardiovascular system

✓ Elevates blood pressure
✓ Increases heart rate; increases risk of heart irregularity, heart attack

The Nose

✓ Chronic use may cause ulcers in the mucous membrane

The Lungs

✓ May cause respiratory distress and failure

The Liver

✓ May cause Hepatitis from injecting with non-sterile needles

The Immune System

✓ Increases risk of HIV or AIDS due to injecting with non-sterile needles and unsafe sexual practices

Effects of Opiates on the Human Body

Opiates/Opioids (Narcotics) have legitimate medical use in alleviating pain. However, even prescribed medication can be abused.

✓ Impairs physical and mental functions
✓ Impairs concentration, slows reaction time
✓ Causes mental clouding and drowsiness
✓ Increases tolerance to pain which can lead to failure to seek treatment for serious injuries
✓ May lead to physical and psychological dependency
Effects of Amphetamine Use on the Human Body

Amphetamines such as those prescribed by a physician to treat Attention Deficit/Hyperactivity Disorder or Narcoleptic Sleep Disorders have legitimate medical use. However, even prescribed medication can be abused.

Brain and Central Nervous System

✓ Chronic use may cause permanent brain damage, speech and thought disturbance
✓ Impairs concentration, coordination and mental functioning
✓ Causes mood changes
✓ Hangover effect is characterized by physical fatigue and depression
✓ May cause physical and psychological dependence

Cardiovascular System

✓ Increases heart and respiratory rates
✓ Causes rapid or irregular heartbeat
✓ Elevates blood pressure
✓ Heart disease or heart attack may occur from ingesting or injecting high doses

Immune System

✓ Serious and life threatening infections, including AIDS and Hepatitis, may occur from injecting amphetamines with non-sterile needles or contaminated solutions and unsafe sexual practices

Effects of Phencyclidine (PCP) on the Human Body

Brain and Central Nervous System

PCP abuse is much less common today than in recent years. It is also not generally used in a workplace setting because of the severe disorientation that occurs.

✓ Anesthetizes the body
✓ Causes hallucinations
✓ Causes irreversible memory loss, personality changes, and thought disorders
✓ Often causes aggression and violent behavior
✓ May cause seizures, coma, death
✓ Causes flashbacks
✓ Causes depression and mood instability
Effects of Synthetics on the Human Body

Synthetics can be addictive and significantly dangerous, given variability on their pharmacological properties and potentially detrimental and toxic effects.

**Brain and Central Nervous System**

- Psychotic behavior, including hallucinations and paranoia
- Extreme anxiety
- Possible aggression and violence
- Increased body temperature

**Cardiovascular System**

- Rapid heart rate, increased blood pressure, and increased risk of heart attack
# Drug Detection Periods

Detection periods vary since rates of metabolism and excretion are different for each drug and use. Detection periods should be viewed as estimates. Cases can always be found to contradict these approximations.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Approximate Detection Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines:</td>
<td></td>
</tr>
<tr>
<td>✓ Amphetamine</td>
<td>2-4 days</td>
</tr>
<tr>
<td>✓ Methamphetamine</td>
<td>2-4 days</td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
</tr>
<tr>
<td>✓ Benzylecgonine</td>
<td>12-72 hours</td>
</tr>
<tr>
<td>Cannabinoids (Marijuana):</td>
<td></td>
</tr>
<tr>
<td>✓ Casual Use</td>
<td>2-7 days</td>
</tr>
<tr>
<td>✓ Chronic Use</td>
<td>Up to 30 days</td>
</tr>
<tr>
<td>Ethanol (Alcohol)</td>
<td>12-24 hours</td>
</tr>
<tr>
<td>Opiates</td>
<td></td>
</tr>
<tr>
<td>✓ Codeine</td>
<td>2-4 days</td>
</tr>
<tr>
<td>✓ Hydromorphone (Dilaudid)</td>
<td>2-4 days</td>
</tr>
<tr>
<td>✓ Morphine (for Heroin)</td>
<td>2-4 days</td>
</tr>
<tr>
<td>Phencyclidine (PSP)</td>
<td></td>
</tr>
<tr>
<td>✓ Casual Use</td>
<td>2-7 days</td>
</tr>
<tr>
<td>✓ Chronic Use</td>
<td>Up to 30 days</td>
</tr>
<tr>
<td>Synthetic Drugs (Synthetic Stimulants, Synthetic Marijuana, MDMA, etc.)</td>
<td>Emerging Data: 1-3 days</td>
</tr>
</tbody>
</table>
Understanding Addiction
(Working Partners for an Alcohol and Drug-Free Workplace; US Department of Labor)

Unfortunately, it is not possible to tell early on whose use may lead to misuse and/or addiction. For one in ten people, misuse leads to addiction.

Addiction to alcohol and other drugs is:

- **Chronic**: Once you have developed an addiction, you will always have to deal with it. You may manage to stop using alcohol or other drugs for significant periods of time, but for most the disease doesn’t disappear but rather goes in remission. Should you attempt to resume “normal” use, you will rapidly return to addictive, out of control use and abuse.
- **Progressive**: Addiction gets worse over time. With some drugs, the decline is rapid; with others, like alcohol, it can be more gradual, but it does get worse. Alcohol and other drugs cause a biochemical change in the nervous system that can persist even after the substance leaves the blood. Repeated use causes progressive physical, psychological and social damage.
- **Primary**: Addiction is not just a symptom of some underlying psychological problem, a developmental stage, or a reaction to stress. Once your use of alcohol or drugs has become an addiction, the addiction itself needs to be medically treated as a primary illness.
- **Terminal**: Addiction on alcohol and/or other drugs often leads to disease and possibly death.
- **Characterized by Denial**: One of the most disturbing and confusing aspects of addiction is that it is characterized by denial. The user denies that his/her use is out of control or that it is causing any problems at home or work. The user often seems to be the last to know that his/her life is out of control. There are effective strategies employed by professionals for helping break through this denial, which must be overcome before treatment can take place.

Risk of Addiction

- **Addiction is a family disease**: Some people with a history of substance abuse in their family are more susceptible to developing problems with addiction. Children of alcoholics or addicts are three times as likely to develop problems. If both parents are alcoholics or addicts, the risk increases to five times as great. This is due to heredity as well as learned behavior. It is important for parents to realize that children learn much more from watching their behavior than listening to their advice, and children are always watching.
- **Prior abuse of alcohol and other drugs has a great impact on developing future problems**: A pattern of abuse develops and can lead to addiction and psychological reliance on alcohol and/or drugs. This can be a slow progression for some and a rapid decline for others. Research demonstrates that the later in life an individual first drinks alcohol or uses other drugs, the less likely he or she will be to progress to problem use.
- **Other contributing factors**: Some people abuse alcohol and drugs as part of a self-destructive lifestyle. Other people start to use substances to seek relief from depression or crisis in their lives. Although some fortunate individuals never develop serious problems and use diminishes or ceases once the precipitating events change, others develop a serious problem before they even realize it.
Recognizing Addiction

Everyone agrees that addiction to alcohol or other drugs is a serious problem. But sometimes, recognizing addiction is difficult. Chemical addiction is simply the inability to control the use of a substance—not being able to quit, and not being able to limit how much is used.

- **Not always obvious:** You might think of a chemically addicted person as someone who can’t live without drink or drugs, who is often drunk or stoned, who uses every day and is irresponsible, immoral, weak-willed or even evil. The fact is, a person can be chemically addicted without showing such obvious signs, and addiction can cause serious problems in a person’s life. We are gradually beginning to realize that a person’s genetic makeup may affect his or her chances of becoming addicted, and that addiction is often a physical condition that cannot be cured by will power alone.

- **What to look for:** The following are some signs that may indicate a chemical addiction in you or someone you love: Trying to cut down or quit using a substance, and failing; “blackouts,” or lapses of memory after use; using the substance while alone, or hiding the evidence; using the substance to forget about problems, cares or worries; doing things while “under the influence” that cause regret afterward; not being able to enjoy an event without the substance of choice; using much more than other people during a social gathering; neglecting responsibilities in order to use the substance of choice; family, friend or employer expressing concern about substance use; being willing to do almost anything to get the substance of choice; financial or legal problems from using the substance.

- **Problems arise:** Chemically addicted people often act inappropriately while under the influence of their substance of choice. They may act in ways that will embarrass them later. They may endanger their health and lives, and the lives of others, by having unsafe sex or driving while intoxicated. They may lose their jobs or families, as people around them are hurt by their behavior.

Recovery from Addiction

Recognizing that there is a problem is the first step toward recovering from chemical addiction. Cornell University has a Faculty Staff Assistance Program (FSAP) that can help the chemically addicted employee by providing support, information and referral to inpatient or outpatient treatment programs. Or, the chemically addicted employee may wish to take some steps on his or her own. If you are chemically addicted, here are some things that you can do:

- Acknowledge your problem
- Understand that help is available and that you are not alone in your struggle
- Limit time spent with people who encourage alcohol or drug use, or who believe that addiction is a problem of weak will
- Seek professional help from doctors or therapists who deal with chemical addiction and recovery; there are hospitals and private clinics that offer treatment and recovery programs
- Seek out the support of people who are recovering themselves. Many 12-Step programs, such as Alcoholics Anonymous, are available for various types of addictions. Contact the Cornell University Faculty Staff Assistance Program, the Alcoholism Council of Tompkins County or the local chapter of Alcoholics Anonymous for a schedule of meetings, information and referral
Illegal drug and alcohol use in the workplace is a major problem these days for employers. The vast majority of substance users are employed (almost 75 percent of current illicit drug users and 79 percent of heavy drinkers aged 18 or older), and when they arrive for work, they don't leave their problems at the door. It is currently estimated that at least 20 million workers use marijuana/hashish, 6 million are cocaine users and 100 million are alcohol users. Even though prescription drugs are legal, it is unknown how many prescription drug abusers there are in the current workforce.

Studies suggest that the typical recreational drug user in the workplace is three times as likely to be late to work and meetings as fellow employees, has 2.5 times as many absences of eight or more days, is five times more likely to file a worker's compensation claim and is involved in accidents 3.6 times more frequently than other workers. Furthermore, research indicates that between 10 and 20 percent of the nation's workers who die on the job test positive for alcohol or other drugs.

Substance abuse costs businesses billions of dollars every year from lost productivity, absenteeism and increased health care costs. The potential effects of substance abuse are enormous in terms of lives lost, personal injuries and property damage due to on the job accidents.

If you think a coworker has an alcohol problem, don't ignore it. If you have a close relationship, you may want to talk to him or her about it. Express your concern and willingness to support serious efforts to stop.

If alcohol use is interfering with a coworker's ability to do his or her job properly or safely, tell your supervisor. Avoid accusing someone of being an alcohol or drug abuser. Simply tell your supervisor that you are concerned about the coworker's job performance and safety.

**Employee Health:** People who abuse alcohol or other drugs often neglect nutrition, sleep and basic health needs. Substance abuse depresses the immune system.

- **Impact on the Workplace**
  - Higher use of health benefits
  - Higher use of sick time, Short Term Disability or Workers Compensation
  - Higher absenteeism and tardiness
  - Psychological or stress-related effects due to substance abuse by the employee, a family member, friend or co-worker

- **Productivity:** Employees who abuse substances can be physically and mentally impaired while on the job due to hangover or withdrawal effect. Substance abuse interferes with performance, job satisfaction and the motivation to do a good job.

  - **Impact on the Workplace**
    - Decrease output
    - Procrastination
    - Decrease efficiency; increased errors; decrease concentration and inattention to detail
    - Decrease reliability; increase reliance on co-workers to pick up the slack and cover for mistakes
    - Lower quality of work
    - Reduced customer and co-worker satisfaction
**Decision Making:** Individuals who abuse alcohol and/or other drugs often make poor decisions and have a distorted perception of their ability and performance.

**Impact on the Workplace**
- Reduced innovation and creativity; decrease initiative
- Reduced quality and quantity of work
- Less competitive
- Decrease clarity of thought; poor decision making, daily and strategic

**Safety:** Common effects of substance abuse include impaired vision, hearing and muscle coordination and impaired levels of attention, alertness and mental acuity.

**Impact on the Workplace**
- Increase risk of accidents
- Increase Workers' Compensation claims due to unsafe actions and increase on-the-job accidents
- For safety-sensitive employees, increase risk and liability for the organization

**Employee Morale:** The presence of an employee with drug and/or alcohol problems creates a strain on relationships between coworkers. Organizations that appear to condone substance abuse create the impression that they don’t care about employee well-being.

**Impact on the Workplace**
- Higher turnover of quality employees; increase frustration and anger with management for “looking away” or not holding the problem employee accountable
- Lower quality of work
- Reduced team effort and increase interpersonal conflict

**Security:** Employees with drug and/or alcohol problems often have financial difficulties, and employees who use illegal drugs may engage in illegal activities in the workplace.

**Impact on the Workplace**
- Theft
- Law enforcement involvement

**Organizational Image and Community Relations:** Accidents, lawsuits and other incidents stemming from employee substance abuse problems receive media attention and hurt an organization’s reputation in the community.

**Impact on the workplace**
- Reduced trust and confidence in the organization
- Reduced ability to attract and retain high-quality employees
Driving Under the Influence

If driving is part of your job at Cornell University, if you are in a safety-sensitive position, you cannot use alcohol within six hours of reporting to work. Employees who ignore this rule can lose their job, their licenses and endanger themselves and others.

Serious Consequences

There are good reasons why the Department of Transportation (DOT) has come to take such a hard line on alcohol use. Alcohol can change your mood, perception, reaction time and state of consciousness. It slows your central nervous system and can seriously affect your driving ability and your health in general.

Driving under the influence of alcohol is illegal. The Department of Transportation (DOT) regulations for safety-sensitive employees strictly prohibit it, as do state laws, and the consequences of driving drunk are serious. An intoxicated driver places him or herself and others in danger.

Alcohol and Prescription Drugs

Any medication containing alcohol can cause problems and should not be used while driving or operating machinery. In fact, the Department of Transportation’s (DOT) alcohol restrictions include medications containing alcohol.

If you have a legal prescription for any drug, whether or not it contains alcohol, you should know what the side effects are. Read the label carefully. If you are a safety-sensitive employee and side effects of your medication can impair your driving or ability to safely operate machinery, let your supervisor know. If you are selected for random testing, make sure you let the tester know what prescribed medication you are taking.

A Deadly Combination

Drugs and alcohol are a killing combination. Because a chemical process multiplies the effects of both substances, even a prescribed drug can become dangerous in combination with alcohol. The combination can kill you even if you’re not driving. If you are driving, the result can be a collision that kills you along with others on the road.

Clear Thinking

Make it a hard and fast rule never to drive under the influence of alcohol anytime, anywhere. To be a safe driver, you must have good judgment, common sense, a clear head to make fast decisions, and a fast reaction time. Alcohol impairs all of these skills.
Reasonable Suspicion
Reasonable Suspicion: Supervisor Responsibilities

As supervisors and managers who make reasonable suspicion determinations, you are being trained on the physical, behavioral, and performance indicators of probable drug use and alcohol misuse.

In addition to understanding when to fulfill this responsibility, you should understand why it is important and how to fulfill this responsibility. Because only one supervisor’s or manager’s opinion is necessary to require a reasonable suspicion test, it is important to you to understand how to determine when to require the test.

In the end, a supervisor’s or manager’s decision should pass the “reasonable prudent individual” rule of thumb. This rule of thumb simply requires that a similarly trained and experienced supervisor or manager, being reasonable and prudent and having observed and noted the same facts, signs and circumstances would have come to the same conclusions. Hunches and “gut feelings” are not valid in making a reasonable suspicion determination. A reasonable suspicion determination referral must be based on a trained supervisor or manager’s specific, contemporaneous, articulate observations concerning the appearance, behavior, speech and/or body odor of the identified employee.

It is likely that the most reasonable suspicion referrals will occur when the employee reports for duty because this is the time when supervisors and managers have the most contact with their employees. Reasonable suspicion referral may also be triggered by incidents and complaints by other employees during the workday. In any event, the supervisor’s or manager’s decision must be made quickly and correctly.

For assistance in determining reasonable suspicion, a resource phone line through KELMAR Safety, Inc. is available by calling 317-468-0730 ext. 4008. You may also contact Shan Varma at the Office of Workforce Policy and Labor Relations at 607-2550290.

The following are examples of observable, articulate-able changes that may indicate that an individual may be under the influence of a drug or alcohol:

<table>
<thead>
<tr>
<th>Appearance</th>
<th>Behavior</th>
<th>Speech</th>
<th>Body Odors</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Differs from usual: May appear sloppy or unkempt</td>
<td>✓ Differs from usual</td>
<td>✓ Slurred</td>
<td>✓ Alcohol on breath</td>
</tr>
<tr>
<td>✓ Drowsy or sleepy</td>
<td>✓ Erratic</td>
<td>✓ Slow</td>
<td>✓ Marijuana on clothes and/or hair</td>
</tr>
<tr>
<td>✓ Tremors</td>
<td>✓ Irritable</td>
<td>✓ Fast paced</td>
<td></td>
</tr>
<tr>
<td>✓ Dilated pupils</td>
<td>✓ Giddy</td>
<td>✓ Rambling or</td>
<td></td>
</tr>
<tr>
<td>✓ Bloodshot eyes</td>
<td>✓ Mood swings or mood instability</td>
<td>Incoherent</td>
<td></td>
</tr>
<tr>
<td>✓ Jerky eye movements</td>
<td></td>
<td>✓ Lethargic</td>
<td></td>
</tr>
<tr>
<td>✓ Profuse sweating</td>
<td></td>
<td>✓ Poor motor skills</td>
<td></td>
</tr>
<tr>
<td>✓ Rapid breathing</td>
<td></td>
<td>✓ Slowed reaction time</td>
<td></td>
</tr>
<tr>
<td>✓ Runny nose</td>
<td></td>
<td>✓ Restlessness</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Talkative</td>
<td></td>
</tr>
</tbody>
</table>
Reasonable Suspicion: The following is a list of *signs and symptoms* that may indicate that an individual is under the influence of a drug or alcohol.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Signs and Symptoms of Use</th>
</tr>
</thead>
</table>
| Alcohol                  | ✓ Odor of alcohol on breath  
                             | ✓ Slurred speech           
                             | ✓ Dulled mental processes; slowed reaction rate  
                             | ✓ Sleepy or stuporous condition  
                             | ✓ Impaired coordination  
                             | ✓ Possible constricted pupils  
                             | Note: Except for the odor, these are general signs and symptoms of any depressant substance. |
| Cannabinoids (Marijuana) (aka: THC, Pot, Grass, Joint, Reefer, Acapulco Gold, Sinsemilla, Tai Sticks, Hash, Hash Oil) | ✓ Distinctive odor on clothing (resembling a combination of sweet alfalfa and incense)  
                             | ✓ Slowed speech  
                             | ✓ Reddened eyes  
                             | ✓ Lackadasical, “I don’t care” attitude  
                             | ✓ Irritating cough, chronic sore throat  
                             | ✓ Chronic fatigue and lack of motivation and initiative  
| Cocaine and Crack        | ✓ Runny or irritated nose  
                             | ✓ Increase physical activity and fatigue; restlessness; insomnia  
                             | ✓ Difficulty in concentration  
                             | ✓ Increase talkativeness; unusual defensiveness, anxiety, agitation; wide mood swings  
                             | ✓ Hyper excitability and overreaction to stimulus  
                             | ✓ Frequent or extended absences from meeting or work assignments  
                             | ✓ High blood pressure, heart palpitations and irregular heart rhythm  
                             | ✓ Dilated pupils and visual impairment  
                             | ✓ Profuse sweating and dry mouth  
                             | ✓ Isolation and withdrawal from friends and normal activities  
                             | ✓ Financial problems  
| Amphetamine/ Methamphetamine (aka: Biphette, Delcobese, Desotyn, Detedrine, Chetrol, Ritalin, Speed, Meth, Crank, Crystal, Monster, Black Beauties, Rits) | ✓ Talkativeness; hyper excitability, restlessness  
                             | ✓ Inability to concentrate; confusion  
                             | ✓ Increased heart rate and blood pressure; heart palpitations and irregular heart rate; rapid respiration  
                             | ✓ Profuse sweating  
                             | ✓ Dilated pupils  
                             | ✓ Heightened aggressive behavior  
| Narcotics                | ✓ Mood changes and instability: depression and apathy  
                             | ✓ Impaired mental functioning and alertness; impaired coordination; slurred speech  
                             | ✓ Physical fatigue and drowsiness; “nodding” (head drooping toward chest and then bobbing up)  
                             | ✓ Nausea, vomiting and constipation  
                             | ✓ Impaired respiration  
                             | ✓ Constricted pupils  

Cornell University Policy and Training Materials Updated January 2018
When Making a Reasonable Suspicion Determination

**The supervisor/manager should:**

Remember that *the primary issue is safety*. Remove the employee from the safety sensitive function. An employee believed to be under the influence of a prohibited substance is an immediate hazard to themselves and others. *Whether management obtains proof of reasonable suspicion of substance abuse is secondary to assuring safety.*

**Inquire and observe.** Ask the employee to explain the suspected behavior and to describe the events that took place from his or her perspective. *A persuasive explanation should not deter or prevent you from requiring a test if you have a reasonable belief that the prohibited drug use or alcohol misuse is a factor.*

Denial should be an expected reaction. If a person knows they will test positive, they may give many explanations and protest, wanting to avoid testing. As a result, *a reasonable suspicion decision must be based on objective observations. Remember, a request for a urine specimen or a breath test is not an accusation; it is merely a request for additional objective data.*

To the employee, it may feel like an accusation. It is important to stress that this is merely a request for additional data. Explain also that the incident and the test results will be handled with strict confidentiality. Sometimes, just telling the employee, “I’m glad to hear your explanation, and in light of the circumstances, I want to verify what you have just told me,” may calm the situation.

**Isolate and inform the employee.** Remove the employee from the vehicle or workplace. Explain that you believe the employee may not be fit for duty, and that you are requesting him or her to accompany you to the collection site. Inform the employee of the consequences of refusal and that he or she is being relieved from duty. *Under Cornell University policy, refusal to test is considered the same as a positive test and will carry the same consequences.*

*It is important to respect the dignity and confidentiality of the employee during the interview.*

**Review the findings.** During the conversation, observe physical and mental symptoms. Be sure to document any characteristics that either support or contradict the initial information. Regulations only require that reasonable suspicion referral be made by one supervisor or manager. However, if possible, a second supervisor or manager should be consulted. The confirmation by a second supervisor or manager creates objectivity, provides additional observation and data, and generally strengthens the reliability of the reasonable suspicion determination.

**Make the reasonable suspicion decision.** Anonymous tips must be taken seriously, but should not be the sole reason to initiate a request for a reasonable suspicion test. *Hearsay is not an acceptable basis for a reasonable suspicion referral.* If witnesses saw a specific event or behavior, the supervisor or manager should ask them to describe what they saw. How far away were they? How long did they observe the person? What, if anything, caused them to believe it was substance use related behavior? On what basis did they make their conclusion?

The supervisor or manager should observe the employee directly. What can the supervisor or manager observe and objectively document as it relates to physical signs and symptoms, emotional state, physical evidence, and related facts?
Transport the employee. It is unwise to allow an employee suspected of being under the influence of alcohol or drugs to proceed alone to the collection site or to drive home. He or she could be a danger to self or others. In addition, the employer’s exposure to liability if damage or injury occurs is great. Accompanying the employee assures that there is no opportunity en route to the collection site for the employee to ingest or acquire anything that could affect the test result.

Per Federal regulations, the direct supervisor or manager of the employee must not serve as the collection site person for a urine test. The supervisor or manager who makes the determination that a reasonable suspicion exists must not conduct the breath alcohol test on the employee.

Document everything! Document the behavioral signs and symptoms that support the determination to conduct a reasonable suspicion test. A copy must be sent to the Office of Workforce Policy and Labor Relations, Attention: Laurel Parker.

Consult with KELMAR Safety at 317-468-0730 ext. 4008.

Communicate with the Office of Workforce Policy and Labor Relations (Shan Varma, 607-255-0290), your Human Resource Representative, and/or the Faculty Staff Assistance Program (FSAP) (607-255-2673).
Resource Available to Employees, Supervisors, and Managers

Cornell University Resources

Faculty Staff Assistance Program (FSAP) 607-255-2673
800-327-2255

Faculty Staff Assistance Program (FSAP)/ Geneva 607-255-2673
800-327-2255

Medical Leaves Administration 607-255-1177

Workforce Policy and Labor Relations 607-255-0290
607-255-4652

Other Resources

KELMAR Safety, Inc. 317-468-0730 ext. 4008

Community Resources

Alcohol and Drug Council of Tompkins County 607-274-6288

Cayuga Addiction Recovery Services 607-273-5500

Alcoholics Anonymous (AA) (Ithaca) 607-273-1541

Narcotics Anonymous (NA) (Ithaca) 607-387-8291

Office of Alcoholism and Substance Abuse Services 877-8HOPENY
(877-846-7369)

Suicide Prevention and Crisis Service of Tompkins County 800-273-TALK
(800-273-8255)

Tompkins County Information and Referral Service 211
(OR 877-211-8667)
OMNIBUS TRANSPORTATION
EMPLOYEE TESTING ACT

Cornell University Policy
**Policy Statement**

Cornell University strives to maintain a safe living and workplace environment for its students, faculty, staff and visitors, including an environment that is free of drug and alcohol abuse. The University will enforce its own regulations and policies in addition to applicable state and federal law and will provide programs about the dangers of the use of illegal drugs and abuse of alcohol. The University will also provide confidential support services for those with problems of abuse.

**Reason for Policy**

Under the federal Omnibus Transportation Employee Testing Act, Cornell University is responsible for implementing drug and alcohol testing of employees in safety-sensitive positions. The policy is established to comply with all aspects of this Act which includes identifying and training covered employees as well as communicating with them about testing program requirements and consequence for violators. Additionally, this policy is intended to increase alcohol and drug abuse awareness in order to maintain a safe living and workplace environment.

**Note:** The Cornell University policy goes beyond the federal law in the following areas:

- Unlimited positive test result history during reference checking process from all prior safety-sensitive positions under the Omnibus Transportation Employee Testing Act
- Pre-employment tests will consist of both an alcohol and a drug test
- Fifty percent (50%) random test rate for both alcohol and drugs
- Consequences for positive test
- Definition of “accident”
- Out of Random Pool 30 days requires pre-employment tests
- Safety-sensitive employees must not consume alcohol within 6 hours prior to performing a safety-sensitive function

**Entities Affected by this Policy**

Endowed and Statutory Divisions of the University

**Who Should Read this Policy**

All members of the Cornell University community, particularly all supervisors, managers, and employees covered by the Omnibus Transportation Employee Testing Act.
Applicability

A. Safety-Sensitive Employees

Employees covered under this policy are those who are performing safety-sensitive functions under the following categories, regardless of whether they are regular, temporary, casual, student or volunteer:

1. Employees who operate a revenue service vehicle (e.g. bus).
2. Employees who operate a non-revenue service, commercial motor vehicle when required to be operated by a holder of a Commercial Driver’s License (DSL) (See Attachment C, “Commercial Driver’s License Vehicle Classification Descriptions” and Attachment D, “Hazardous Materials—Guidelines for Commercial Drivers Licensing”).
3. Employees who control dispatch or movement of a revenue service vehicle or equipment used in revenue service.
4. Employees who maintain a revenue service vehicle.
5. Employees who carry a firearm for transit security purposes. (This does not include Cornell University Police)

Note: Employees are considered safety-sensitive regardless of how infrequently they may perform any of the above safety-sensitive duties.

B. Applicants

As a condition of performing a safety-sensitive function, an applicant(s) for employment in a safety-sensitive position, as defined above, will be given a pre-employment drug and alcohol test. Applicants include current employees who are transferring from a non safety-sensitive function into a safety-sensitive function.

C. Supervisors of Safety-Sensitive Employees

Supervisors or managers of safety-sensitive employees must participate in the training requirements as described in the section on “Training” below, regardless of whether or not they themselves hold a CDL and perform safety-sensitive functions. If a supervisor or manager does perform safety-sensitive functions, he or she would also be considered a safety-sensitive employee and subject to the training and testing requirements as described below for such employees as well as the rest of this policy in its entirety.

Training

Employees covered under the training section of this policy are as follows:

Employees

Safety-sensitive employees must receive a copy of this policy and complete an on-line training on the effects and consequences of prohibited drug use on personal health, safety, and the work environment and on the signs and symptoms, which may indicate prohibited drug use.
Supervisors

Supervisors or managers of employees performing safety-sensitive functions who are designated to determine whether reasonable suspicion exists to require a covered employee to undergo drug and alcohol testing, must receive a copy of this policy and at least two (2) hours of training on the physical, behavioral, speech and performance indicators of probable alcohol and drug use.

Prohibited Substances and Prohibited Conduct

Drugs

✓ Use and ingestion of the following prohibited drugs by employees are prohibited at all times: marijuana, cocaine, opium and opiates (e.g. heroin, morphine, and codeine), amphetamines (including Ecstasy), or phencyclidine (PCP).

✓ Employees are prohibited from engaging in unlawfully manufacturing, distributing, dispensing, possessing, or using controlled substances in the workplace consistent with the Drug Free Workplace Act of 1988.

Alcohol

✓ Alcohol use is defined as the consumption of any beverage, mixture, or preparation, including any medication, containing alcohol.

   An employee must not consume alcohol:

   • While performing a safety-sensitive function
   • Within six (6) hours prior to performing a safety-sensitive function
   • Up to eight (8) hours following an accident, or until the employee takes a post-accident test, whichever is first

✓ An employee must not possess any product containing alcohol in the vehicle while on duty, unless the alcohol is manifested and transported as part of a shipment.

General

✓ An employee who exhibits appearance, behavior, speech, or body odor that might cause a reasonable person to suspect the use of abuse of alcohol or drugs could be subject to reasonable suspicion testing as described later in this document.

Medication

An employee who is taking any prescribed medication is prohibited from reporting for duty and/or remaining on duty in a safety-sensitive function unless the employee’s physician has advised him or her that the medication does not adversely affect his or her ability to safely perform a safety-sensitive function. If the physician has indicated that the medication could adversely affect the employee’s
ability to perform a safety-sensitive function, the employee must confer with his or her supervisor prior to performing any such function.

An employee who is taking any over-the-counter medication which carries a warning label indicating that it may adversely affect his or her ability to perform a safety-sensitive function should confer with his or her supervisor prior to performing any such function. The employee should also consult with his or her physician to ensure that it is safe to perform such a function.

The employee may be required to submit written medical documentation of the above to the supervisor or manager.

NOTE: Regardless of what the employee’s physician and/or any warning label indicates about the possible effects of any medication, the employee is still subject to the prohibited alcohol and drug usage indicated in this policy. Additionally, the employee may be subject to the consequences of a positive test for alcohol and/or drugs as outlined in this policy.

Types of Testing for Prohibited Substances

Covered employees and applicants for employment safety-sensitive positions will be subject to evidential breath alcohol testing and urine specimen drug testing under the following circumstances:

- Pre-employment testing
- Reasonable Suspicion testing
- Post Accident testing
- Random testing
- Return to Duty testing
- Follow-up testing

Detailed descriptions of the types of testing listed above appear in Attachment A, “Types of Drug and Alcohol Tests”.

Confidentiality

Cornell University will strictly adhere to all standards of confidentiality and assurance all employees that testing records and results will be released only to those authorized by federal rules to receive such information.
D. Testing Methodology—General

Alcohol and drug testing will be coordinated and conducted through an outside vendor contracted by Cornell University.

A. Alcohol Testing

Alcohol testing will be conducted by obtaining a breath specimen from the employee utilizing an evidential breath testing device (EBT) that is approved by the National Highway Transportation Safety Administration.

Such breath testing will be conducted by a Breath Alcohol Technician (BAT) who has been trained to proficiency in the operation of the EBT and in the testing procedures. Alcohol tests shall be conducted by a BAT at a site or sites which provide privacy and security.

B. Drug Testing

Drug testing will be accomplished by conducting laboratory testing of urine specimens obtained from the employee or applicant at the testing site. Drug testing will be conducted to screen for and to confirm, if necessary, the presence of the following prohibited substances:

- Marijuana
- Cocaine
- Opiates (heroin, morphine, codeine)
- Amphetamines (including Ecstasy)
- Phencyclidine (PCP)

C. Medical Review Officer

Department of Transportation regulations require that all drug testing laboratory results must be reviewed by a qualified Medical Review Officer (MRO); there is no involvement of an MRO in alcohol testing procedures. An MRO is a licensed physician who not only has knowledge of substance abuse disorders, but who also has been trained to interpret and evaluate lab test results in conjunction with an employee’s medical history and other relevant biomedical information.

In the case of a negative test result with the MRO receives from the lab, his or her role will be to administratively check to ensure the procedures and documentation is in accordance with federal regulations.

In the case of a positive test result, the MRO, in addition to his or her administrative responsibilities, will be responsible for verifying the positive results by contacting the employee directly to determine whether the results were caused by the use of prohibited drugs or whether there are alternate medical explanations for the positive result. The MRO may verify a test as positive without having communicated directly with the employee about the test in three (3) circumstances:

- The employee expressly declines the opportunity to discuss the test;
- If the MRO is unable to reach the individual directly after making reasonable efforts, the MRO may then contact a designated program management official who will direct the employee to contact the MRO. If the employee has not contacted the MRO within five (5) calendar days of such contact by management, the test may be deemed as positive.
- Other circumstances provided for in Department of Transportation (DOT) drug testing regulations.
D. Split Specimen Procedure—Drug Testing

Each urine specimen will be split into two (2) at the time of collection. This will provide the employee or applicant with the opportunity of having an analysis of the split sample performed at a separate laboratory should the primary specimen test result be verified positive. The employee or applicant has seventy-two (72) hours after being informed by the Medical Review Officer (MRO) of a verified positive test a test of the split sample. Cornell University shall bear the cost of the testing and any lost work time for the employee will be considered leave with pay.

E. Refusal to Test

A refusal is any failure on the part of the employee or applicant to meet the requirements of the testing procedures unless such failure is due to circumstances beyond the employee’s control. Failure to meet the requirements includes, but is not limited to:

✓ Outright refusal to take the test
✓ Inability to provide sufficient quantities of urine to be tested without a valid medical explanation
✓ Tampering with or attempting to adulterate the specimen or collection procedure
✓ Not reporting to the collection site in the time allotted
✓ Leaving the scene of an accident without a valid reason before the tests have been conducted

Any behavior which constitutes a refusal to take a test as described above equates to a verified positive drug or .04 level alcohol test which will result in the consequences outlined later in this policy.

F. Further Information

Additional details about testing appear in attachments to this policy, which include information about:

✓ Consequences of a positive test
✓ Consequences of a refusal to test
✓ Specifics about testing methods and procedures (e.g. random selection methods)
✓ Detailed definitions of types of testing
✓ Location(s) of testing sites
✓ Role of the Substance Abuse Professional
✓ Other program information

G. Federal Requirements

This policy and all testing methods used and described in Attachment A are in accordance with standards set forth in the U.S. Department of Transportation guidelines** which appear in “Procedures for Transportation Workplace Drug and Alcohol Testing Programs” (49 CFR part 40), “Prevention of Alcohol and Prohibited Drug Misuse in Transit Operations; Rules” (49 CFR Parts 653, 654, 655), and “Controlled Substances and Alcohol Use and Testing” (49 CFR parts 382, et. al.) These documents are available online at http://www.dot.gov/ost/dapc/NEW_DOCS/part40.html, or contact Workforce Policy and Labor Relations at 607-255-0290 to view a paper copy.

**Note exceptions previously indicated under “Reason for Policy”.

Cornell University Policy and Training Materials Updated January 2018
Cornell University Faculty Staff Assistance Program (FSAP)

As part of the benefits available to Cornell University faculty, staff and retirees, the university offers a Faculty Staff Assistance Program (FSAP). The FSAP provides a variety of free, confidential services including assessment, counseling and referral for a wide range of problems, including alcohol and drug abuse issues. FSAP services are also available to spouses, and domestic partners of Cornell University faculty, staff, and retirees. To schedule an appointment, call (607) 255-2673

Related Documents

Policy Notebook for Cornell Community containing the Campus Code of Conduct
New York State Commercial Driver’s Manual
Omnibus Transportation Employee Testing Act of 1991
Drug Free Workplace Act of 1988
Federal Department of Transportation Hazardous Material Regulations
Cornell University, Human Resource Policies
Applicable Collective Bargaining Agreements
Attachment A: Types of Drug and Alcohol Tests
Attachment B: Hiring Procedures
Attachment C: Commercial Driver’s License Vehicle Classification Descriptions
Attachment D: Hazardous Materials, Guidelines for Commercial Driver’s Licensing
Attachment E: Gregory and How, Inc’s Random Program (Random Selection Program)
Attachment F: Drug and Alcohol Testing Notification Form
Attachment G: Collection Site Checklist (for specimen collection personnel)
Attachment H: Employee Specimen Collection Checklist (for employees)
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Types of Drug and Alcohol Tests

I. Pre-Employment Testing

Applicability

a) **Prospective Employees (Applicants)**— As a condition of performing a safety-sensitive function, applicant(s) for employment in safety-sensitive positions will be given pre-employment drug and alcohol tests.*

b) **Current Employees**— Any employee who performs a non safety-sensitive function and is transferring to a safety-sensitive function, will be given a pre-employment drug and alcohol test prior to, and as a condition of, being assigned to a safety-sensitive function.*

*NOTE: There may be other hiring requirements, which must be met by the applicant(s)/ current employee(s) in addition to those required under this policy.

Refusal to Test

See definition of Refusal to Test earlier in this policy.

Medical Review Officer

See definition of Medical Review Officer earlier in this policy.

Consequences of a Positive Test

a) **Prospective Employees (Applicants)**

An applicant who tests positive for prohibited drugs or alcohol will not have met the condition of performing a safety-sensitive function and shall be permanently prohibited from performing in a safety-sensitive position.

b) **Current Employees**

A current employee who tests positive for prohibited drugs or alcohol will not have met the condition of performing a safety-sensitive function and shall be permanently prohibited from performing a safety-sensitive position.

*Note: Current employees who test positive are responsible for informing their current university supervisor or manager of the positive test as soon as the results are made known to the employee. Such employee may be subject to discipline in accordance with other university policies.*

Cancellation of Test

When an applicant or current employee is scheduled for a drug and alcohol test and it is cancelled, Cornell will require the applicant or employee to take another pre-employment drug and alcohol test.
II. Reasonable Suspicion Testing

Applicability

All employees who perform safety-sensitive functions as defined in this policy.

Basis for Conducting Testing

Federal Department of Transportation (DOT) regulations require safety-sensitive employees to submit to drug and alcohol testing when the employer has reasonable suspicion that the employee has used a prohibited drug or has misused alcohol. Such testing will occur only when a supervisor or manager trained in detecting the symptoms of drug use or alcohol misuse has made “specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of covered employee,” according to federal rules. Long-term indicators of substance abuse such as absenteeism, tardiness, personality changes, occupational injuries or decline in performance are not to be used solely as justification of reasonable suspicion testing.

Reasonable Suspicion Investigation

When a supervisor or manager has reasonable suspicion to believe that an employee is under the influence of alcohol or prohibited drugs, the supervisor or manager will remove the employee from duty immediately and investigate further. If, after the investigation, the supervisor or manager reasonably concludes that objective facts may indicate drug use and/or alcohol misuse, the employee will be required to undergo testing. The supervisor or manager should document specific observations, which led to the required testing and submit a copy of such documentation to Laurel Parker, Workforce Policy and Labor Relations.

Note: Anytime a supervisor or manager objectively makes a reasonable suspicion determination, it is recommended that the employee be tested for both alcohol and drugs.

Alcohol Testing

1. Breath alcohol tests will be performed within two (2) hours following the determination of reasonable suspicion. Otherwise, the supervisor shall file a written report stating the reasons why the test was not done. If a breath alcohol test is not completed within eight (8) hours, no further attempts will be made to test the employee and the supervisor or manager shall file a written report explaining why the test was not done. A copy must be filed with Workforce Policy and Labor Relations.

2. Neither the direct supervisor nor manager of the employee nor the supervisor or manager who makes the reasonable suspicion determination shall conduct the breath alcohol test on the employee.

3. A safety-sensitive employee may be tested for alcohol at anytime while on duty if the employee has the potential to perform a safety-sensitive function at any time while on duty.

Pay Status—Negative Results

When an employee is removed from duty, he or she will be placed on leave with pay until the alcohol test is administered. If the alcohol test results are negative, he or she will continue on leave with pay pending the results of the drug test. If the results of the drug test are negative, the employee will be returned to work.

Refusal to Test

See definition of Refusal to Test earlier in this policy.

Medical Review Officer

See definition of Medical Review Officer earlier in this policy.
Consequences of a Positive Test

1. Alcohol Concentration of 0.02 or greater but less than 0.04

Any employee who undergoes breath alcohol testing which results in an alcohol concentration between 0.02 but less than 0.04 must immediately be removed from the safety-sensitive function and be evaluated by a Substance Abuse Professional (SAP).

In these cases, the University will advise the employee of the resources available in evaluating and resolving problems associated with the misuse of alcohol and/or drugs, including the names, addresses and phone numbers of SAPs as well as counseling programs. The employee will be required to contact an SAP within 24 hours of being advised that the alcohol test was positive.

The SAP will determine whether the employee needs help in resolving problems associated with alcohol misuse or drug abuse. The SAP will also determine what kind of help the employee needs. If the SAP determines that the employee needs help in resolving alcohol misuse or drug abuse problems, the employee must follow the course of treatment prescribed by the SAP.

2. Alcohol Concentration of 0.04 or greater or Verified Positive Drug Test

Any employee who undergoes breath alcohol testing which results in an alcohol concentration of 0.04 or greater or who has a verified positive drug test result must be immediately and permanently removed from the safety-sensitive function.

Pay Status—Positive Test Results

In the event of a positive alcohol test between 0.02 and 0.04 and during the period of evaluation by an SAP, an employee will be placed on accrued sick leave. Such sick leave shall continue until a status change is indicated. Such status change may include, but is not limited to, disability, disciplinary action, or the employee’s ability to return to work.

3. Returning to Duty (See also section called “Return to Duty Testing”)

Prior to being allowed to return to the safety-sensitive function, the employee whose alcohol concentration level tested between 0.02 and 0.04 must:

- Be re-evaluated by an SAP so that the SAP can determine whether he or she has properly followed the treatment course originally prescribed and is able to return to work

AND

- Take a return to duty breath alcohol test which shows an alcohol concentration level which measures less than 0.02 and if required, a negative drug test result.

The employee shall bear the cost of such re-test(s).

4. Returning to Duty—Testing for Other Than Original Infraction

If the SAP recommends that the employee whose alcohol concentration level tested between 0.02 and 0.04 be subject to a return to duty drug test, passing such a test shall also be a condition of reinstatement to the safety-sensitive function for the employee.

5. Discipline

Any employee who tests positive for alcohol or who has a positive drug test result shall be subject to discipline, up to and including termination, in accordance with applicable collective bargaining agreements and/or university policy.
III. **Post-Accident Testing**

**Applicability**

All employees who perform safety-sensitive functions as defined in this policy.

**Definition of Accident**

An accident is an occurrence associated with the operation of a vehicle in which:

- An individual dies OR
- An individual suffers a bodily injury and immediately receives medical treatment away from the scene of an accident OR
- The vehicle involved is a bus, electric bus, van or any vehicle requiring a commercial driver’s license (CDL) to operate in which one or more vehicles incurs disabling damage and is transported away from the scene by a tow truck or other vehicle. Disabling damage means damage that precludes departure of any vehicle from the scene of occurrence in its usual manner in daylight after simple repairs. This includes damage to vehicles that could have been operated but would have been further damaged if so operated. It does not include damage that could be remedied temporarily at the scene without special tools or parts; tire disablement without other damage even if no spare tire is available; or damage to headlights, tail lights, turn signals, horns or wipers that makes them inoperative.

**Circumstances Requiring Testing**

1. **Fatal Accidents**

   Whenever there is a loss of human life as a result of an accident as defined above, each surviving safety-sensitive employee operating the vehicle at the time of the accident must be tested as soon as practicable following the accident. Cornell University shall also test any other safety-sensitive employee whose performance could have contributed to the accident, as determined by using the best information available at the time for the accident.

2. **Non-Fatal Accidents**

   As soon as practicable following an accident, as defined above, not involving the loss of human life, Cornell University will test each covered employee operating the vehicle at the time of the accident unless the University determines, using the best information available at the time of the decision, that the employee(s) performance can be completely discounted as a contributing factor to the accident. The University will also test any other covered employee whose performance could have contributed to the accident, as determined by using the best information available at the time of the decision.

**Alcohol Testing**

1. Breath alcohol tests will be performed as soon as practicable and within two (2) hours following the accident. Otherwise, the supervisor shall file a written report stating the reasons why the test was not done. A copy of this report should be submitted to the Office of Workplace Policy and Labor Relations (WPLR). If a breath alcohol test is not completed within eight (8) hours, no further attempts will be made to test the employee(s) and the supervisor shall file a written report explaining why the test was not done. A copy of this report should be submitted to the Office of Workforce Policy and Labor Relations (WPLR).

2. The direct supervisor is prohibited from acting as the collection site person for a drug test of the employee(s).
Drug Testing

1. Drug testing will be performed as soon as practicable and within thirty-two (32) hours following the accident. Otherwise, the supervisor shall file a written report stating the reasons why the test was not done. A copy shall be submitted to Office of Workforce Policy and Labor Relations (WPLR).

2. The direct supervisor is prohibited from acting as the collection site person for a drug test of the employee(s).

Pay Status—Negative Test Results

After an accident, an employee who is subject to testing will be placed on leave with pay until the alcohol test is administered. If the alcohol test is negative, he or she will continue on leave with pay pending the results of the drug test. If the drug test results are negative, the employee will be returned to work.

Leaving the Scene of an Accident Prior to Being Tested

1. General Statement of Employee Responsibility

Cornell University employees who are subject to post-accident testing shall not leave the scene of an accident without permission of a management representative from their department. An employee who fails to remain readily available for such testing may be deemed to have refused to submit to testing. Refusal to submit equates to a verified positive drug and 0.04 level alcohol test which will result in the consequences listed later in this section. Remaining readily available means that an employee must notify a management representative of his or her location if leaving the scene of an accident so that the University knows the whereabouts of the employee until he or she is tested and that the employee is available to be tested as soon as possible after being notified by the employer and within the time limits outlined earlier in this section. It is recognized that there are certain emergency circumstances which take precedence over required alcohol and drug testing procedures pursuant to this policy. These circumstances are outlined below.

2. Emergency Medical Care

The health of the people involved in the accident is the highest priority. Therefore, the requirement to test for alcohol and drugs following an accident should in no way delay necessary medical attention for injured people or prohibit an employee from leaving the scene of an accident to obtain necessary emergency medical care or to seek assistance for other injured individuals.

3. Local Law Enforcement Investigation

Local law enforcement officials may conduct an investigation of an accident which could involve their own alcohol and/or drug testing or general questioning of the people involved. Employees may leave the scene in an accident in order to cooperate with local law enforcement officials. If possible, however, employees must remain readily available for testing by Cornell University by notifying a management representative as described above. Cornell University has an obligation to conduct post-accident testing of employees regardless of whether local law enforcement officials conduct testing of their own. The University will not use the results of alcohol and/or drug tests conducted for law enforcement purposes in administration of this policy.

Use of Alcohol Following an Accident

Employees who are required to take a post-accident alcohol test are prohibited from drinking alcohol for eight (8) hours following the accident or until they undergo a post-accident alcohol test, whichever occurs first.

Refusal to Test

See definition of Refusal to Test earlier in this policy

Medical Review Officer
See definition of Medical Review Officer earlier in this policy.

**Consequences of a Positive Test**

1. **Alcohol Concentration of 0.02 or greater but less than 0.04**
   
   Any employee who undergoes breath alcohol testing which results in an alcohol concentration between 0.02 but less than 0.04 must immediately be removed from the safety-sensitive function and be evaluated by a Substance Abuse Professional (SAP).
   
   In these cases, the University will advise the employee of the resources available in evaluating and resolving problems associated with the misuse of alcohol and/or drugs, including the names, addresses and telephone numbers of SAPs as well as counseling programs. The employee will be required to contact the SAP within 24 hours of being advised that the alcohol test was positive.
   
   The SAP will determine whether the employee needs help in resolving problems associated with alcohol misuse or drug abuse. The SAP will also determine what kind of help the employee needs. If the SAP determines that the employee needs help in resolving alcohol misuse or drug abuse problems, the employee must follow the course of treatment prescribed by the SAP.

2. **Alcohol Concentration of 0.04 or greater or Verified Drug Test**
   
   Any employee who undergoes breath alcohol testing which results in an alcohol concentration of 0.04 or greater or who has a verified positive drug test result must immediately and permanently removed from the safety-sensitive function.

**Pay Status—Positive Test Results**

In the event of a positive alcohol test between 0.02 and 0.04 and during the period of evaluation by the SAP, an employee will be placed on accrued sick leave. Such sick leave shall continue until a status change is indicated. Such status change may include, but is not limited to, disability, disciplinary action or the employee’s ability to return to work.

**Returning to Duty—Testing for Other Than the Original Infraction**

Prior to being allowed to return to the safety-sensitive function, the employee whose alcohol concentration level tested between 0.02 and 0.04 must:

- Be re-evaluated by an SAP or the SAP can determine whether he or she has properly followed the treatment course originally prescribed and is able to return to work

  AND...

- Take a return to duty breath alcohol test and/or drug test which shows an alcohol concentration level which measures less than 0.02 and/or a negative drug test result.

The employee shall bear the cost of such re-test(s).

**Discipline**

Any employee who tests positive for alcohol or who has a verified positive drug test result shall be subject to discipline, up to and including termination, in accordance with applicable collective bargaining agreements and/or University policy.
IV. Random Testing

Applicability

All employees who perform safety-sensitive functions as defined in this policy.

Basis for Conducting Testing

Federal Department of Transportation regulations require safety-sensitive employees to submit to drug and alcohol testing on a random basis. Random testing identifies employees who are using prohibited drugs or misusing alcohol but are able to use the predictability of other testing methods to escape detection. It is also widely believed that random testing serves as a deterrent against employees beginning or continuing prohibited drug use and misuse of alcohol.

General Characteristics of Random Testing Methodology

- Random testing for both prohibited drugs and alcohol will be unannounced, unpredictable and spread reasonably throughout the calendar year.
- A scientifically valid method will be used to randomly select employees from a pool in which each employee has an equal chance of being selected. Employees will be identified by a unique number which will be entered into the pool from which the selection is made. Once an employee is selected and tested, his or her identification number will be re-entered into the pool so that he or she will have an equal chance of being tested the next time random testing is conducted.
- The direct supervisor of any employee selected for random testing is prohibited from serving as the Breath Alcohol Technician or the collection site person for alcohol or drug testing of the employee.

Specific Characteristics of Random Drug Testing and Alcohol Testing

- The number of safety-sensitive employees randomly selected for drug and alcohol testing the calendar year shall be equal to a minimum annual percentage rate of 50 (fifty) percent of the total number of covered employees subject to drug and alcohol testing. Therefore, any employee randomly selected for testing will be sent for both an alcohol and drug test.
- A safety-sensitive employee may be randomly tested for drugs and alcohol at any time while on duty if the employee has the potential to perform a safety-sensitive function at any time while on duty.

Removal from Random Testing Pool

In the event an employee only performs a safety sensitive function on a predictable basis (e.g. only during the winter season) he or she may be randomly tested for alcohol and drugs during the course of that season only. Such an employee will be removed from the random testing pool during those periods when he or she has no potential to perform a safety-sensitive function.

Should the period of removal from the random testing pool last more than 30 days, such an employee will be subject to a pre-employment drug and alcohol test prior to being assigned his or her safety-sensitive duties again. (See section: “Pre-employment Testing” earlier in this policy.)

Pay Status—Negative Test Results

After being notified that he or she has been randomly selected for testing, the employee will receive leave with pay for the time that it takes to have the alcohol and drug test administered. If the alcohol test is negative, the employee with then return to work. See section: “Pay Status—Positive Test Results” later in this document.

Refusal to Test

See definition of Refusal to Test earlier in this policy.
Medical Review Officer

See definition of Medical Review Officer earlier in this policy.

Consequences of a Positive Test

1. Alcohol Concentration of 0.02 or greater but less than 0.04

Any employee who undergoes breath alcohol testing which results in an alcohol concentration between 0.02 but less than 0.04 must immediately be removed from the safety-sensitive function and be evaluated by a Substance Abuse Professional (SAP).

In these cases, the University will advise the employee of the resources available in evaluating and resolving problems associated with the misuse of alcohol and/or drugs, including the names, addresses and telephone numbers of SAPs as well as counseling programs. The employee will be required to contact the SAP within 24 hours of being advised that the alcohol test was positive.

The SAP will determine whether the employee needs help in resolving problems associated with alcohol misuse or drug abuse. The SAP will also determine what kind of help the employee needs. If the SAP determines that the employee needs help in resolving alcohol misuse or drug abuse problems, the employee must follow the course of treatment prescribed by the SAP.

2. Alcohol Concentration of 0.04 or greater or Verified Positive Drug Test

Any employee who undergoes breath alcohol testing which results in an alcohol concentration of 0.04 or greater or who has a verified positive drug test result must be immediately and permanently removed from the safety-sensitive function.

Pay Status—Positive Test Results

In the event of a positive alcohol test between 0.02 and 0.04 and/or during the period of evaluation by the SAP, an employee will be placed on accrued sick leave. Such sick leave shall continue until a status change is indicated. Such status change may include, but is not limited to, disability, disciplinary action or the employee’s ability to return to work.

3. Returning to Duty (Also see section: "Return to Duty Testing")

Prior to being allowed to return to the safety-sensitive function, the employee whose alcohol concentration level tested between 0.02 and 0.04 must:

- Be re-evaluated by an SAP so that the SAP can determine whether he or she has properly followed the treatment course originally prescribed and is able to return to work

  AND...

- Take a return to duty breath alcohol test and/or drug test which shows an alcohol concentration level which measures less than 0.02 and/or a negative drug test result.

The employee shall bear the cost of such re-test(s).

4. Returning to Duty—Testing for Other Than the Original Infraction

If the SAP recommends that the employee whose alcohol concentration level tested at 0.02 but less than 0.04 be subject to a return to duty drug test, passing such a test shall also be a condition of reinstatement to the safety-sensitive function for the employee.
5. **Discipline**

Any employee who tests positive for alcohol or who has a verified positive drug test result shall be subject to discipline, up to and including termination, in accordance with applicable collective bargaining agreements and/or University policy.

V. **Return to Duty Testing**

**Applicability**

Any employee who has undergone a required evaluation by a Substance Abuse Professional (SAP) and who has completed the prescribed course of treatment as a result of random, reasonable suspicion or post-accident testing.

**General Procedures**

Prior to being allowed to return to the safety-sensitive function, the employee whose alcohol concentration level tested between 0.02 and 0.04 must:

- Be re-evaluated by a SAP so the SAP can determine whether he or she has properly followed the treatment course originally prescribed and is able to return to work

  AND...

- Take a return to duty breath alcohol test and/or drug test which shows an alcohol concentration level which measures less than 0.02 and/or a negative drug test result

The employee shall bear the cost of such re-test(s).

**Returning to Duty—Testing for Other Than the Original Infraction**

If the SAP recommends that the employee whose alcohol concentration level tested at 0.02 but less than 0.04 be subject to a return to duty drug test, passing such a test shall also be a condition of reinstatement to the safety-sensitive function for the employee.
VI. Follow-up Testing

Applicability

Any employee who has returned to duty after having undergone a required evaluation by a Substance Abuse Professional (SAP) and completed the prescribed course of treatment as a result of random, reasonable suspicion or post-accident alcohol testing.

General Procedures

Following the employee’s return to work, he or she will be subject to unannounced, unpredictable breath alcohol testing and/or drug testing for the first twelve (12) months following return to work. During those first twelve (12) months, the employer must administer at least six (6) follow-up tests, each of which must result in an alcohol concentration level of less than 0.02 or a verified negative drug test result.

Following the first twelve (12) months, the SAP will determine whether the employee should continue to be subject to such follow-up testing for up to an additional forty-eight (48) months. The SAP, in this case, will determine how many tests the employee should take and how often the tests should be administered.

The employee shall bear the cost of such follow-up testing.

Characteristics of Follow-Up Testing

- The employee is subject to a follow-up alcohol test and/or drug test at any time while on duty if the employee has the potential to perform a safety-sensitive function at any time while on duty. In the event the employee only performs safety-sensitive functions on a predictable basis (e.g. only during the winter season), he or she may be subject to follow-up testing only during the course of that season.
- Employees subject to follow-up testing are also subjected to random testing as described in that section of this attachment.

Follow-Up Testing—Testing for Other Than the Original Infraction

The SAP may determine that the employee is subject to follow-up testing for drugs, even though the original infraction may have been related to alcohol.
TO: All Applicants and Employees in Safety-Sensitive Positions at Cornell University

FROM: Office of Human Resources

SUBJECT: Release Form for Pre-Employment and Employment Drug and Alcohol Testing

Cornell University is a covered employer under the federal Department of Transportation’s (DOT) Omnibus Transportation Employee Testing Act which carries certain requirements for applicants and employees in safety-sensitive positions. In accordance with this law and with the University’s hiring practices for safety-sensitive positions, the following requirements must be met by you:

- As part of the hiring process, and as a condition of employment in a safety-sensitive function, you will be required to sign this release form allowing Cornell University to obtain positive drug or alcohol results and refusals to be tested, if any, from your prior employers.

- As a condition of employment in a safety sensitive function, you will be required to undergo a pre-employment drug and alcohol test, which must have a negative result. The hiring supervisor will provide you with instructions at to where and when to go for the test.

- If you successfully pass the pre-employment drug and alcohol test, you agree to participate in the ongoing Cornell University random drug and alcohol testing program due to your safety sensitive position. Please be aware that a positive test for drugs or alcohol shall be subject to discipline, up to and including termination, in accordance with applicable collective bargaining agreement and/or university policy.

_________________________________  ___________________________________
Applicant Signature                       Supervisor Signature

_________________________________  ___________________________________
Applicant Printed Name                    Supervisor Printed Name

_________________________________
Date

Cc: Applicant
Attachment B

Hiring Procedures
Safety-Sensitive Positions

The position for which you are currently recruiting is covered by the federal Department of Transportation’s (DOT) Omnibus Transportation Employee Testing Act. As a result, there are certain requirements that internal and external applicants and supervisors/managers of safety-sensitive positions must follow in order to remain in compliance with both this law and the University’s hiring practices.

The hiring supervisor/manager of a safety-sensitive position is required to:

For all interviewees:
Provide applicant being interviewed a Release Form (Attachment A), which must be completed and signed by the applicant and the supervisor/manager in order for the applicant to be considered;

For the finalist(s):
Check references from employers where the applicant held a safety-sensitive position to obtain 1) positive drug test results, 2) positive alcohol test results, 3) refusals to be tested.

If you receive information from a prior employer, as stated above, that the applicant(s) has tested positive or has incurred a refusal to test, you may not hire such applicant in a safety-sensitive position.

Give the final candidate(s) a completed Drug and Alcohol Testing Notification Form (Attachment E of University policy) to notify them of the time and place of the pre-employment drug and alcohol test, which you have arranged. Be sure to send/fax a copy of the completed Drug and Alcohol Testing Notification Form to Workforce Policy and Labor Relations per the instructions on the form.

A representative from the Workforce Policy and Labor Relations Office will contact you concerning the results of the pre-employment drug and alcohol tests if the tests are positive. If the results are negative, the applicant has met this particular condition of employment and may continue to be considered. If the results are positive, or if the applicant refuses to take the test, you may not hire the applicant to perform any safety-sensitive function(s). In the case of a positive test, the University shall provide a list of Substance Abuse Professionals (may be obtained through the Faculty and Staff Assistance Program) and recommends that you encourage the applicant to seek counseling.

For the Successful Candidate:

Notify the Workforce Policy and Labor Relations Office (607-2550290) as soon as a hiring decision has been made. Provide the name, employee ID (or SSN if the employee ID is not yet available), the start date, DOB, and hiring supervisor name so that the newly hired employee will be included in the random testing database and arrangements can be made for mandated training for Cornell’s Drug and Alcohol Testing Policy.
Attachment C

Commercial Driver’s License (CDL)
Vehicle Classification Descriptions

The following are the classes of vehicles that require a commercial driver’s license (CDL) in order to operate.

**Combination**

These are typically “tractor-trailer” vehicles, also known as “18 wheelers”. They may include two trailers, three trailers, or a tanker.

**A Class A CDL is required if:**
- The combination of the tractor and the trailer weighs more than 26,000 pounds together and the weight of the towed portion is more than 10,000 pounds. This means that the trailer is built and registered to carry more than 10,000 pounds.

**Single**

This is a heavy single vehicle such as a truck, or any other specialized vehicle.

**A Class B CDL is required if:**
- The single vehicle weighs more than 26,000 pounds. With a Class B CDL, any trailer which is towed must weigh 10,000 pounds or less. If the trailer weighs more than 10,000 pounds, the GCWR must be 26,000 or less, or the operator must have a Class A CDL.

**A Class C CDL is required if:**
- The single vehicle weighs 26,000 pounds or less and
  1. Transports 15 or more passengers or,
  2. Carries hazardous materials (certain types and/or quantities only—see attached guidelines).

With a Class C CDL, any trailer which is towed must weigh 10,000 pounds or less. May transport a trailer more than 10,000 pounds provided the GCWR is 26,000 or less.

For guidance about whether your vehicles fall within these categories please call the Department of Motor Vehicles. For information regarding hazardous materials, please refer to Attachment D and, for assistance, contact Environmental Health and Safety at 255-8200.
Attachment D

Hazardous Materials
Guidelines for Commercial Driver’s Licensing

Please refer to the information below for definitions of some common categories of hazardous materials. For most of the materials defined below, commercial driver’s licensing is only required if the gross weight of the hazardous material being transported in your department vehicle is 1,001 pounds or more.* There are, however, certain hazardous materials that, if transported in ANY quantity, would require the operator to hold a CDL. These hazardous materials are: Explosives class 1.1, 1.2 and 1.3; Poison Gas Class 2.2; Dangerous When Wet Class 4.3; Organic Peroxide Type B; Poison Inhalation Hazard; and Radioactive Yellow III. For guidance about this, please contact Environmental Health and Safety at 255-8200.

Definitions

“Hazardous Material” means a substance or material, which has been determined by the Secretary of Transportation to be capable of posing an unreasonable risk to health, safety, and property of others when transported in commerce, and which has been so designated. The term includes hazardous substances, hazardous wastes, and marine pollutants.

Hazardous materials regulations apply to: (1) all carriers by railcar, aircraft, and vessel; (2) interstate carriers by motor vehicle; and (3) intrastate carriers by motor vehicle of hazardous waste, hazardous substances, flammable cryogenic liquids, and marine pollutants.

This may include some of the following materials found in the transportation mode on a daily basis:

- Flammable and Combustible Liquids: gasoline, home heating oil, benzene, paint thinner
- Poisonous Liquids and Solids: pesticides, insecticides, farm chemicals, garden dusts, etc.: for instance, chlordane, 2,4-D acid, dinoseb, malathion, zinc phosphide
- Corrosive Liquids and Solids: drain cleaning products, battery acids, boiler and furnace cleaners, pool chemicals
- Oxidizing Materials: ammonium nitrate fertilizers; sodium nitrate, HTH pool chemicals
- Compressed Gases: acetylene gas; oxygen gas, nitric oxide

*Unless the characteristics of the vehicle would otherwise mandate that a CDL is held; i.e., the vehicle weighs more than 26,000 pounds, etc. See Attachment C to this policy, “Commercial Driver’s License Vehicle Classification Descriptions” for more information.
Attachment E

KELMAR Safety, Inc.’s
Random Program
Standard Operating Procedure for Random Selection
And
Notification Process

Objective:
The random selection process is impartial. It is designed to assure equal opportunity of selection for each and every individual on each and every selection date.

General Description:
The KELMAR Safety, Inc., “Random Program” is a computer-generated random selection program that has withstood the scrutiny of validation studies. Employees’ files are entered into the program and/or deleted based on confidential data provided by the employer. The rate of individuals to be tested on an annual basis and the frequency of testing is determined by the employer and, where applicable, Federal Guidelines.

Creation of a Random File
When a company decides to participate in KELMAR Safety, Inc.’s, Random Program, they provide a list of employees with the following information:

- Employee’s Name or Employee Number
- Date of Birth (optional)
- Cornell Employee ID Number
- Job Description
- Employee’s Work Location

A specific data file is then created which includes:

- Percentage to be tested annually
- Frequency of testing.
Random Selection Process

Based on a monthly random selection, the following procedures would occur:

The last week of every month, the following months’ testing is randomly selected.

The following detailed steps take place when performing the random selection:

1. The percentage of employees to be tested is determined. This is based on the annual rate and compared to the year-to-date activity.

2. The clients’ random file is accessed via the computer and the percentage of employees to be selected is entered.

3. The employees to be tested are randomly selected.

4. The selection is sorted by location and can be sorted by job description as well if requested.

5. An alternate list of employees is selected based upon the locations selected in the initial draw.

6. KELMAR Safety will send an email directly to each unit contact if a driver in their unit has been randomly selected for testing that period. In addition, Shan Varma (Workforce Policy and Labor Relations) and Bill Leonard (Environmental Health and Safety) will be copied on this email as University administrators of the random drug and alcohol testing program.

The client provides an updated list of employees to KELMAR Safety, Inc. before the end of the test month. This is processed utilizing a specific form designed by KELMAR Safety, Inc. for this purpose. New Employees are added and individuals who have left the company are deleted.

The last week of the month the process begins again.

KELMAR Safety, Inc. will track the number of individuals selected versus the number of tests performed by reviewing the monthly data with the clients MRO. By doing this, KELMAR Safety, Inc. will be able to adjust the number of employees selected monthly and be certain the client meets their required annual percentage of employees to be tested.
Attachment F

Drug and Alcohol Testing Notification Form
(to be given to employee/applicant by supervisor)

This form is to verify that ____________________________________________,

an applicant/employee of __Cornell University__________________

is to provide a DRUG test specimen as well as an ALCOHOL test (using an EBT) for (PLEASE CHECK ONE):

___X___ Cornell University DOT Drug and Alcohol Testing Program

PLEASE CHECK ONE:

______ Pre-employment
______ Random
______ Reasonable Cause
______ Post Accident

* Return To Duty (MUST be observed)
* Follow Up (MUST be observed)

The program is administered by KELMAR Safety, Inc., any questions please call Alex Carson at 317-468-0730 ext. 4008. THE CCF FOR DRUG AND/OR ALCOHOL MUST BE FAXED TO 317-468-1083, OR EMAIL TO DNACompliance@kelmarsafety.com WITHIN 48 HOURS OF COLLECTION.

Employee is to report WITH PHOTO ID to: Guthrie Clinic, 1780 Hanshaw Road, Ithaca, NY 14850

on this date ________________________________ at this time ______________________ AM    PM.

Employee Name ________________________________________________________________

Employee Signature _____________________________________________________________

Supervisor Name ________________________________________________________________

Supervisor Signature _____________________________________________________________

All alcohol results should be reported only to the following company representative: Shan Varma, Workforce Policy and Labor Relations, 391 Pine Tree Road, Ithaca, NY 14850. (607) 255-0290

Instructions to supervisor:

Note: When filling out this paperwork
Please have the person to report for testing take their Cornell ID card.
We are not using SS Numbers for identification purposes.

• Call Guthrie’s central Scheduling team to arrange date and time of test at 1-800-244-4886, M-F 8a-4p. Please specify “Ithaca Office” and “Cornell University Drug and Alcohol Testing Program” when you make the appointment.
• Supervisor should make a copy and give the original to the employee/applicant approximately 1 hour before reporting to the medical facility collection site.
Supervisor should send the copy to Workforce Policy and Labor Relations at 391 Pine Tree Road or fax it there at 607/255-0298 (note: it is a confidential fax location).
Collection Site Checklist
(To be used by Specimen Collection Personnel)

1. Verify the identity of the employee through the use of an official picture identification or verification by a transit official. Notify the transit agency if the employee fails to report or arrives late.
2. If the employee providing the specimen requests it, provide your identification as well.
3. Request that the employee check his or her belongings, including unnecessary outer garments, purses, and briefcases. The employee is asked to empty his or her pockets. If the employee request, provide a receipt for his or her personal belongings.
4. Request the employee rinse his or her hands with water and dry them.
5. Provide the employee with a specimen bottle and direct him or her to the privacy enclosure. Do not enter the enclosure. You should not observe the specimen collection unless special circumstances exist. Instruct the employee that at least 45 milliliters of urine are required and that the temperature will be taken to ensure the integrity of the sample.
6. If the employee refuses to provide a specimen, or otherwise fails to cooperate with the process, inform the employer and document the refusal on the custody and control form.
7. If the employee is unable to provide at least 45 milliliters, the original specimen shall be discarded and the employee will be instructed to drink not more than 40 ounces of fluid in a period of up to three hours. If 45 milliliters cannot be provided with the three-hour limit, notify Shan Varma, Workforce Policy and Labor Relations at 607-255-0290.
8. After providing the specimen, allow the employee to wash his or her hands.
9. Measure the temperature of the specimen. If the temperature of the specimen is outside the acceptable range (90.5 to 99.8), the collection site person will require the employee to have his or her oral temperature taken to counter any suspicion of tampering with or substitution of the specimen. Note the temperature in the appropriate place on the custody and control form.
10. If there is any reason to suspect adulteration or substitution, notify a higher level supervisor, have a same gender technician directly observe the collection of the second specimen; note any unusual behavior on the custody and control form. Submit both specimens for testing.
11. Pour the first 30 ml of urine into the specimen bottle for the original specimen. Up to 15 ml is to be used for the split specimen.
12. Keep the specimens in view at all times prior to sealing and labeling. The specimen must also be in view of the employee.
13. Seal and label the specimens in view of the employee. Record the date on the specimen label. Have the employee initial the label verifying that the specimens are his or hers.
14. Complete the custody and control form ensuring that you and the employee have signed the appropriate certification statement. Document receipt and release of specimen and shipment courier in chain of custody section of the form.
15. Place the specimens and the copies of the custody and control form in a container suitable for shipment and seal. Initial the seal and record the time and date of closure for shipment.
16. Store all specimens in a secure location until shipment.
17. Ship the specimens to the laboratory using the designated courier.

Employee Specimen Collection Checklist
(For Employees Required to Provide Urine Specimens for Drug Testing)

1. Report to the specimen collection site as soon as possible after notification to report. Refusal to report for collection or refusal to cooperate with the collection process will result in a determination of a refusal to provide a specimen.
2. Show the collection site personnel an official photo identification card.
3. Check your outer garments with the collection site personnel for safekeeping. You have a right to ask for a receipt for your belongings.
4. Rinse and dry your hands.
5. Obtain a wrapped specimen container from the specimen collection personnel.
6. Proceed to the privacy enclosure and provide a specimen in the collection container. At least 45 milliliters of urine are required for analysis. If an insufficient amount of urine is provided, the original specimen will be discarded and you will be required to provide another specimen. Do not tamper with the specimen or make substitutions. The specimen will be visually inspected for unusual color and sediment.
7. The temperature of the specimen will be measured and must fall within an acceptable range. If the temperature falls outside the acceptable range, you will be required to provide an oral temperature to counter any suspicion of tampering.
8. Give the specimen to the specimen collection personnel and watch the sealing and labeling of the bottles. Initial the labels verifying that the specimen is yours.
9. You may wish to indicate on the back of your copy of the custody and control form any medications and over the counter drugs that you are currently taking. This list may serve as a memory jogger in the event that a Medical Review Officer (MRO) calls you to discuss the results of your tests.
10. The results of the laboratory analysis will be forwarded to your employer’s Medical Review Officer (MRO). If the results are negative (no drugs detected), the MRO will notify your employer. If the laboratory confirms a positive result (drugs detected), the MRO will contact you at the telephone number you provided to give you the opportunity to discuss the test results and to submit information demonstrating authorized use of the drugs in question.