



# **Substance Abuse Program**

COALITION FOR  
CONSTRUCTION SAFETY, INC. (CCS)

COALITION FOR CONSTRUCTION SAFETY, INC. (CCS)  
Substance Abuse Program

**Table of Contents**

Part 1. Introduction .....3  
    1.1 Purpose .....3  
    1.2 Benefits .....3  
    1.3 CCS ID Card and Database Protocol .....3  
Part 2. Revision History .....5  
Part 3. Definitions .....6  
Part 4. Tests: Procedures and Supporting Information .....8  
    4.1 Reasons for Testing .....8  
        4.1.1 Annual/Pre-employment Test .....8  
        4.1.2 Follow-up Test .....8  
        4.1.3 Post-Accident/Incident Test .....8  
        4.1.4 Probable Cause/Reasonable Suspicion Test .....8  
        4.1.5 Random Test .....9  
        4.1.6 Returning to Duty Test .....9  
    4.2 Drug Testing Procedures .....9  
        4.2.1 Specimen Collection .....9  
        4.2.2 Laboratory Testing Procedures .....10  
        4.2.3 MRO Procedures .....10  
        4.2.4 Specimen Retest Protocol .....11  
    4.3 Alcohol Testing Procedures .....11  
    4.4 Test results .....11  
        4.4.1 Adulterated Test .....11  
        4.4.2 Diluted Test .....12  
        4.4.3 Negative Test Result .....12  
        4.4.4 Positive Alcohol Test .....12  
        4.4.5 Positive Drug Test Result .....12  
        4.4.6 Refusal to Test .....12  
    4.5 Sanctions and Consequences for Failing a Drug Test .....12  
Part 5. Employee Responsibilities .....14  
Part 6. Auditing Information .....15  
Part 7. Contractor/employer responsibilities .....16  
APPENDIX A: SAMHSA Drug Screen .....17  
APPENDIX B: Diluted Specimen Processing .....18  
    Instructions for Diluted Specimen Retest .....18  
    Employee Instruction Prior to Retesting .....18  
APPENDIX C: Sample Evaluation Form for Inability to Provide an Adequate Urine Specimen .....19  
APPENDIX D: Sample Documentation When a Breath Test Cannot Be Conducted .....21  
APPENDIX E: Guidelines for Post-Accident/Incident Testing .....22  
APPENDIX F: Sample Fitness for Duty Form: Reasonable Cause/Observation Documentation .....22

## **Part 1. Introduction**

### **1.1 Purpose**

The use of alcohol and other drugs leads to unsafe working conditions for workers, since the impaired worker is a potential hazard to himself and to those working with him.

The purpose of this document is to outline a substance abuse program which establishes and maintains a safe and healthy work environment, free from drugs and alcohol. Although this document provides essential information, it cannot address all situations that may arise.

Therefore, it is recommended that CCS owners implement, publish, maintain, and enforce a contractor substance abuse policy which includes prohibiting the unlawful use, possession, consumption, manufacture, distribution, and sale of controlled substances in the work place that meets or exceeds the guidelines presented in this document. All bid and contract documents should contain and adhere to the same stringent guidelines.

Note that it is the intention of CCS to comply with state and federal laws. Where state and federal law differ, however, CCS will comply with federal law. For example, some state laws permit the use and possession of marijuana for medical and/or non-medical purposes. Federal law does not. Consistent with federal law, CCS considers marijuana to be an illegal drug for purposes of this policy in *all* states – even those states that allow for medical and/or non-medical use.

### **1.2 Benefits**

CCS has developed this program to provide the following benefits to the local construction industry:

- Minimize the duplication of effort created by multiple substance abuse programs that would be necessary were it not for this industry-wide program.
- Establish minimum standards for substance abuse programs for contractors and building trade unions.
- Assist owners and contractors in developing substance abuse policies that result in increased safety for all on-site workers.

### **1.3 CCS ID Card and Database Protocol**

- Test results from all CCS required testing will be entered into the CCS database. The employee's annual test date is automatically updated with any negative drug result entry.
- A CCS ID Card will be issued to employees with a negative test result.
- A new card will not be issued each time a test is taken. A new card will be issued as needed to update an employee's photo and/or replace a worn unreadable card.
- A CCS ID Card displays the employee's photo, name, and a computer generated identification number. A card cannot be issued without a photo.
- The CCS ID Card is the property of CCS. Employers and employees are to return invalid cards to CCS.
- A record that is in the CCS database that is indicated "not available" and has not had a documented substance abuse test for any reason in the past 5 years will be purged from the Construction SafeSite database.
- There is a "per test entry fee" charged which covers the costs associated with:
  - purchasing and maintaining the software, hardware and other technology-related costs of Construction SafeSite,
  - the costs of periodically auditing participating reciprocal programs, and
  - the cost of administering and promoting the CCS program.

COALITION FOR CONSTRUCTION SAFETY, INC. (CCS)

**Substance Abuse Program**

- The initial “per test entry fee” is \$0.80. CCS adopted a policy that monies from the fee would not generate a profit for CCS so this fee will be periodically reviewed by the CCS Board of Directors and may be adjusted.

COALITION FOR CONSTRUCTION SAFETY, INC. (CCS)  
**Substance Abuse Program**

## Part 2. Revision History

Revision	Revision Date	Reason for Revision/Change Request	Revised By
1.0	OCT 2004		
2.0	JUL 2007	Reformatted document in MS Word. Modified content and organization.	Alan L. Slaff
3.0	JUL 2009	Required 2 year annual review by MICCS and the reciprocal programs	MICCS Substance Abuse Committees
4.0	JUL 2009	Additional Board recommendations	MICCS Board of Directors
5.0	FEB 2011	Changes in DOT Testing Panel	MICCS Substance Abuse Committees
6.0	MAR 2013	Policy Clarifications and Updates	MICCS Substance Abuse Committee
7.0	NOV 2015	Policy Clarifications and Updates	CCS Substance Abuse Committee
8.0	APR 2018	Change in DOT testing panel	CCS Substance Abuse Committee

COALITION FOR CONSTRUCTION SAFETY, INC. (CCS)  
**Substance Abuse Program**

### **Part 3. Definitions**

The following terms and definitions are provided to ensure a common understanding of terms and consistency of use:

**Accredited Laboratory (SAMHSA).** A federally certified laboratory approved by the Department of Health and Human Services (DHHS) for testing of prohibited items and substances.

**Accident/Incident.** Any event caused by an employee, either directly or indirectly, that results in treatment by a health care provider, or that resulted in damage to property. This would also include any serious near miss incidents.

**Adulteration.** Tampering with a test sample by the substitution or addition of other ingredients to mask the presence or use of illegal drugs, resulting in a specimen that contains a substance that is not expected to be present in human urine, or contains a substance expected to be present but is at a concentration that it is not consistent with human urine.

**Annual.** Each employee's obligation to be tested at least every 12 months.

**Controlled Substances.** Includes all illegal drugs listed in this document with the Department of Transportation (DOT) limits and includes:

- Controlled substances, "look alike" and "designer" drugs
- Prescription drugs, used by a person other than the intended user
- Drug paraphernalia
- Alcoholic beverages, in the possession of or used by an employee on the premises, or while assigned to work off premises

**Contractor.** Employees or subcontractors of a corporation, company, or entity that performs construction or maintenance work.

**Medical Review Officer (MRO).** The licensed physician responsible for receiving laboratory results generated by a substance abuse testing program.

An MRO has:

- knowledge of substance abuse disorders
- received appropriate medical training to interpret and evaluate an individual's medical history
- been certified by either the American Association of Medical Review Officers (AAMRO), American College of Occupational and Environmental Medicine (ACOEM), or Medical Review Officer Certification Council (MROCC).

**CCS ID Card.** A CCS card is one that states that it meets the requirements of the CCS substance abuse program, and/or reciprocity with the CCS program, and is verifiable through the Construction Safesite © ([www.constructionsafesite.org](http://www.constructionsafesite.org)) site database.

**CCS ID Card (Counterfeit).** A CCS Identification (ID) Card modified in any manner without authorization from CCS.

**Owner.** The corporation, company, agency, or other entity, that hires contractors to perform construction work and/or maintenance work on their premises.

**Pre-employment Site Entry.** Screening of prospective employees to determine if an applicant is capable of safely performing required tasks and meeting the prerequisites for employment.

COALITION FOR CONSTRUCTION SAFETY, INC. (CCS)  
**Substance Abuse Program**

**Probable Cause/Reasonable Suspicion.** Circumstances based on the objective evidence about the employee's conduct in the work place which would cause a reasonable person to believe that the employee is demonstrating signs of impairment due to alcohol or other drugs. Note: See sections 4.1.4 and 4.3.

**Construction SafeSite©:** Construction Safesite© ([www.constructionsafesite.org](http://www.constructionsafesite.org)) is a verification database that gives CCS the ability to track the availability of workers who have current drug tests, and who are available to work on CCS jobsites. All third party administrators (TPAs) use this database. The worker can only be "available" for duty if all TPAs show him as "available". If one TPA lists the employee as "not available", his status in Construction Safesite© will be "not available", and he will not be "available" until he becomes compliant with the program that is causing him to be "not available" and his status is changed.

**Substance Abuse Professional (SAP).** An SAP can be a:

- licensed physician (Medical Doctor or Doctor of Osteopathy)
- licensed or certified psychologist
- licensed or certified social worker
- licensed or certified employee assistance professional
- state-licensed or certified marriage and family therapist
- drug and alcohol counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC); or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC); or by the National Board for Certified Counselors, Inc. and Affiliates/Master Addictions Counselor (NBCC).
- licensed or certified mental health counselor
- Or any additional licensed or certified professional as approved by the federal government for compliance with the Department of Transportation's substance abuse program.

An SAP must have knowledge of and clinical experience in the diagnosis and treatment of substance abuse-related disorders.

**Test(s).** (Note: All types of tests applicable to the CCS program are defined in Part 4)

## **Part 4. Tests: Procedures and Supporting Information**

### **4.1 Reasons for Testing**

Contractors are required to send all drug test results, regardless of the reason for testing, to CCS to be entered in the CCS database.

The types of testing, associated information, guidelines, and time constraints, if applicable, as required by CCS are shown below in alphabetical order.

#### **4.1.1 Annual/Pre-employment Test**

- Each onsite employee is to participate in annual testing, or provide documentation of having been tested within the past 12 months.
- The latest test date will become the employee's new annual test date for participation in the CCS program.
- An employer is prohibited from giving any more than 14 days notice of testing to an employee.
- Employers are responsible for notifying employees when their annual test is due.

#### **4.1.2 Follow-up Test**

- Follow-up testing is required after an employee has taken a return to duty test. The number of follow-up tests will be set by the SAP. A minimum of three is required.
- The test results must be negative.
- The employee will be notified by telephone or letter to report for testing no later than the day after receiving notification.
- If the employee fails to complete follow-up testing, their CCS ID Card will be marked "not available" in the CCS database and they will be required to repeat all of the requirements in 4.5 of this policy.
- Even though failure to complete the test may be due to the fact that the employee was laid off or out of the local area (i.e., for vacation), the employee is responsible to contact the third party administrator as soon as possible upon notification of receipt after the fact. The length of time that was designated by the SAP to complete their follow-up tests will be extended by the length of time they are non-compliant for not reporting for the test.
- The employee is responsible for payment.

#### **4.1.3 Post- Accident/Incident Test**

- This test is required when the employee is involved in any accident, incident, or event caused directly or indirectly by the employee that either:
  - Results in treatment by a health care provider, or
  - Results in damage to property.
  - This will include any serious near-miss incident
- The employee(s) are to proceed directly for testing, or as soon as possible, and before the employee returns to the job site. It is the contractor/subcontractor's responsibility to see that testing is done within the time frame described above.
- See Appendix E for additional guidance for Post-Accident/Incident testing.
- The employee(s) shall be tested for both drugs and alcohol.

#### **4.1.4 Probable Cause/Reasonable Suspicion Test**

- This test is required at the time of observable probable cause circumstances based on objective evidence about the employee's conduct in the workplace that would cause a reasonable person to believe that the employee is demonstrating signs of impairment due to alcohol or other drugs.
- Examples of objective evidence include an employee showing signs of impairment such as, difficulty in maintaining balance, slurred speech, or erratic behavior, etc.



COALITION FOR CONSTRUCTION SAFETY, INC. (CCS)  
**Substance Abuse Program**

- These observations must be documented and a copy provided to the employee.
- Only supervisors who have had training on determining reasonable suspicion are qualified to require a reasonable suspicion test.

#### **4.1.5 Random Test**

- CCS owners are required to have contractor employees working on their premises submit to immediate random drug and alcohol tests.
- It is the owner's responsibility to see that their selection is truly random without discrimination or arbitrary selection.
- CCS owner random testing is to be an unannounced, unscheduled drug and alcohol test.
- Upon notification, the employee must report immediately to the testing facility.
- Owners shall give notification of testing to the employee before the end of a shift to take the possibility of a two (2) hour wait into consideration.
- CCS owner random testing should be conducted at levels comparable to current construction and maintenance activity, but must be conducted as least annually.

#### **4.1.6 Returning to Duty Test**

- After a positive test result, in order for an employee to return to work, the employee is required to take a return to duty test.
- The test result must be negative.
- The employee is responsible for payment.

## **4.2 Drug Testing Procedures**

### **4.2.1 Specimen Collection**

- Specimen collection will be conducted in accordance with 49 CFR Part 40 "Procedures for Transportation Workplace Drug and Alcohol Testing Programs", unless noted otherwise in this policy, and applicable state and federal law.
- Testing must be performed by a DHHS-approved laboratory.
- CCS does not follow the complete regulatory testing requirements of the DOT, only the general guidelines. The following urine collection procedures are followed for the CCS program that are different from DOT:
  - Non-federal chain of custody is used.
  - Split collection is preferred, but not mandatory.
  - If an employee provides an unacceptable specimen (ex. Temperature out of range), the unacceptable specimen is discarded and NOT sent to the lab for testing (only the specimen collected under observation is sent to the lab).
  - Return to duty and follow-up tests are not required to be collected under direct observation.
- The CCS procedures are designed to:
  - ensure the security and integrity of the specimen according to accepted federal DOT chain-of-custody guidelines.
  - make every reasonable effort to maintain the dignity of anyone submitting a specimen for this program.
- If an employee is unable to provide a specimen at the time of testing, the employee could be required to wait up to two hours without leaving the test facility. Failure to remain and complete the test is the same as a refusal to test with the same sanctions as a positive test result. Make sure that notification of random testing is given in ample time before the end of a shift.
- Types of specimens:
  - The employee will provide a urine specimen for the drug test.
  - In the event that an employee is physically unable to produce a proper urine sample, a test may be done by a different method, such as hair, saliva, etc., and must be approved by the third party administrator or the CCS substance abuse committee. The employee must present

COALITION FOR CONSTRUCTION SAFETY, INC. (CCS)  
**Substance Abuse Program**

written documentation (see Appendix C) from a medical doctor that supports his inability to provide a urine specimen to the MRO. The employee or company must contact the third party administrator for instructions on how to test using an alternate method.

- A photo ID must be presented at the time of collection to verify the employee's identity.
- The employee will be asked to empty all pockets and display the contents to the collector.
- The employee will have up to two hours to provide a specimen. If the employee leaves before the two hours having not provided a specimen, this test will be processed the same as a refusal to test.
- The employee will be afforded privacy to provide the specimen unless
  - The collector observes evidence of an employee's attempt to tamper with a specimen, or
  - The temperature range of the original specimen was out of normal range, or
  - It appears that the specimen was tampered with, or
  - The specimen was determined invalid by the laboratory
- Upon completion of testing the employee will be given a copy of the Custody and Control Form (CCF).

#### **4.2.2 Laboratory Testing Procedures**

All substance analysis will be done in SAMHSA laboratories certified by DHHS. Laboratory procedures will include:

- Initial screen on each specimen. In the event that the initial test is positive a confirmation test will automatically be performed. A test is considered positive if the detected level of the drug is at or above the cutoff level shown in Appendix A. CCS recommends that no adverse action or discipline be taken against any worker or applicant for employment on the basis of any positive test that has not been confirmed.
- Validity testing is required for each specimen. Each specimen is measured for creatinine level, specific gravity, and pH to determine if any of the following occurred:
  - Adulterants or foreign substance were added to the urine,
  - The specimen was substituted, or
  - The urine was diluted.
- The laboratory will report all results to the MRO. The MRO will make a final determination of the verified results. The results will be reported to the designated employee representative.

#### **4.2.3 MRO Procedures**

All drug testing shall come under the control and supervision of a physician with confidentiality protected in accordance with state law and the "AMA Code of Ethical Conduct for Physicians Providing Occupational Medical Services". All testing results shall be verified by an MRO.

The MRO provides a medical review on all test results issued by the laboratory as follows:

- If the laboratory result is negative, the review is completed and a negative result is reported.
- If the laboratory result is positive, adulterated, substituted, or invalid, the MRO will:
  - Make one attempt to contact the donor by telephone to inform him of the results and complete an interview to determine whether a legitimate medical explanation exists for the result reported by the laboratory.
  - If the MRO left a message, but did not talk to the employee by 10:00 AM of the following workday, the MRO will call the employer to report the results. In any case, the employee always has the opportunity to discuss the test results with the MRO.
  - Ingestion of products that contain hemp will not be an acceptable explanation for testing positive for marijuana.
- If the laboratory reports an invalid result to the MRO, the MRO will contact the employee and ask if the employee may have taken any medication that may interfere with some immunoassay tests.
  - If the employee provides an acceptable explanation, the test will be canceled and no further testing will be required unless a negative result is required to obtain a valid CCS ID Card.
  - If the employee is unable to provide an acceptable explanation and denies having adulterated the specimen, the test will be canceled, and a second collection must take place immediately under direct observation

COALITION FOR CONSTRUCTION SAFETY, INC. (CCS)  
**Substance Abuse Program**

- If the laboratory reports a negative result that is also diluted to the MRO, the MRO will follow the protocol established in Appendix B and direct the employee to report for another test.

#### **4.2.4 Specimen Retest Protocol**

- When the MRO has informed the employee of a verified “positive drug test” or “refusal to test” because of adulteration or substitution, the employee/worker has 72 hours from the time of notification to request a retest of the specimen at a different SAMHSA laboratory.
- The employee may make the request verbally or in writing and make arrangements for payment with the MRO service, as the cost of the test is the responsibility of the employee.
- If the result of the retest is different from the original result, the test will be cancelled, and a recollection under direct observation will be needed.

### **4.3 Alcohol Testing Procedures**

Alcohol testing is required for probable cause, post accident/incident, and for immediate random testing situations.

Tests for alcohol shall be performed using the breath, saliva, or blood to determine a Blood Alcohol Content (BAC). If possible, a breathalyzer type instrument conforming to DOT standards should be used. If not available, then a blood sample may be used. If blood testing is necessary, the contractor/owner is responsible to provide a documented reason as to the reasons why a breath test could not be performed (see Appendix D).

Failure to provide a sufficient breath sample to complete a breath test or refusing to provide a blood sample will be considered a “refusal to test” and have the same consequences as a positive test.

All alcohol test results with a confirmed BAC test level of .04 or higher will be considered positive and will require the employee to be removed from the owner’s property immediately. This result will also invalidate the employee’s CCS ID Card.

In order for the employee to become eligible for a CCS ID Card again, the employee will have to complete the required program of rehabilitation outlined in this document.

All alcohol test results with a confirmed BAC test level of .020 through .039 will require the employee to be removed from the owner’s property for 24 hours or until the employee’s next scheduled work time, whichever is longer.

Any initial test that indicates a BAC level of .02 or greater must be confirmed by an Evidential Breath Testing Device (EBT) operated by the Breath Alcohol Technician (BAT). The confirmation test will be performed no sooner than 15 minutes and no later than 30 minutes following the completion of the initial test in accordance with current DOT guidelines.

### **4.4 Test results**

#### **4.4.1 Adulterated Test**

- If a test was tampered with by the substitution or addition of other ingredients, the test result will be processed the same as a positive test result.
- When a recollection is required, i.e., due to adulteration or temperature, etc., the recollection will be observed according to DOT procedures.

COALITION FOR CONSTRUCTION SAFETY, INC. (CCS)  
**Substance Abuse Program**

**4.4.2 Diluted Test**

- A test result that produces a diluted specimen requires a retest. Refer to Appendix B for detailed instructions on how to process a diluted specimen. If the retest also produces a diluted specimen, it will carry the same consequences as a positive test result unless a valid medical reason exists.

**4.4.3 Negative Test Result**

- A drug result is considered negative if:
  - the laboratory finds no drug metabolite levels over the confirmed cutoff values, or
  - the screen test and confirmation test indicated the presence of a legal or illegal substance(s) in excess of the limits but the donor (employee) had a valid medical reason for the substance being detected in the specimen.
- An alcohol result is considered negative if the BAC is below 0.02.
- The employee's CCS ID Card will be updated in the CCS database.

**4.4.4 Positive Alcohol Test**

A positive alcohol test occurs if the breathalyzer test, or its equivalent test, indicates the presence of alcohol that meets or exceeds the cut-off limits of the DOT as shown in this document.

**4.4.5 Positive Drug Test Result**

- A result is considered positive if the presence of the drug meets or exceeds both the screening and confirmation levels listed in Appendix A.
- The test must be verified by the MRO.
- The MRO must determine that the test results are not from the use of prescription or over the counter medications, food, or any reason other than the illegal use of unlawful substances or controlled substances.

**4.4.6 Refusal to Test**

Refusal to submit to a test will carry the same consequences as a positive test as referenced in 4.5.

A refusal to test occurs if an employee:

- Adulterated, substituted, or refused to provide a urine specimen
- Failed to appear for testing within a reasonable period of time
- Failed to remain at the testing site until the testing process was completed
- Failed to provide a sufficient amount of urine within 2 hours without a medical reason and/or failed to undergo an MRO directed medical evaluation for such a reason
- Failed to cooperate with any part of the testing process, which includes the use of abusive/threatening language or behavior
- Disrupted the testing process
- Is found to possess or wear a prosthetic or other device that could be used to interfere with the collection process.
- Admits to the collector or MRO that he/she adulterated or substituted the specimen.
- Fail to permit an observed collection when required by the program.

**4.5 Sanctions and Consequences for Failing a Test**

CCS requires employees, who test positive (including a refusal to test), to surrender their CCS ID Card. The CCS employer is required to refer employees with positive test results to a SAP for evaluation and treatment.

The CCS website has a listing of SAP's who support and are knowledgeable about the CCS substance abuse program requirements.

COALITION FOR CONSTRUCTION SAFETY, INC. (CCS)  
**Substance Abuse Program**

The employee must start a program of rehabilitation prior to returning to a CCS owner's site, and must continue and complete the rehabilitation in order to be eligible to work on a CCS site. The rehabilitation must include the following steps:

1. The employee must arrange for an evaluation with a Substance Abuse Professional (SAP).
2. The SAP evaluation must specify that the employee:
  - Must attend education classes and/or treatment.
  - Must perform the actions recommended by the SAP or assigned rehabilitation specialists.
  - Is subject to random follow-up testing not less than 3 times within the next 12 month from the employee's return to work test. In cases where the employee was unable to complete the follow-up test due to being laid off or out of town, etc., the length of time that was designated by the SAP to complete their follow-up test will be extended by the length of time the employee was not available for testing.
  - Will not be allowed to take another CCS drug test for at least 14 days from the date of the first positive test.
3. The employee is required to submit a letter from the SAP to CCS concerning their fitness for return to work including that the employee is eligible for a return to duty test.
4. The employee must take a return to duty test with negative results. These results must be submitted to CCS for CCS database entry.
5. The employee must actively complete any ongoing rehabilitation and follow-up testing required by the SAP to keep the CCS ID Card valid.
6. Arrangements for all costs are the responsibility of the employee.
7. If an employee tests positive three (3) times within a 12-month period, the employee will not be eligible to retest or obtain an CCS ID Card for a period of one year and will not be permitted to work on CCS owner property during that period.
8. Failure to comply with any of the above sanctions shall result in the employee surrendering their CCS ID Card. The status of the employee's card will be changed to "not available" in the CCS database.
9. The result of a person using a counterfeit drug card will be the same as a positive drug test.

## **Part 5. Employee Responsibilities**

Employee responsibilities are as follows:

- Report to work fit for duty.
- Be in the appropriate mental and physical condition necessary to work in a safe and competent manner, free of the influence of drugs and alcohol.
- Report to the employer any medications that may impair job performance or safety.
- Consent to and participate in owner/employer required tests
- Consent to the release of the drug test results to the employer, for the CCS database, or for specific purposes required by law.

COALITION FOR CONSTRUCTION SAFETY, INC. (CCS)  
**Substance Abuse Program**

## **Part 6. Auditing Information**

The owner reserves the right, under conditions of strict confidentiality, to inspect the employer's substance abuse testing program records within 24 hours of the owner's notification of intent to audit.

Owners are required to audit the validity of on-site employees at the time of entry to the job site and may audit them at any time thereafter. (See [www.constructionsafesite.org](http://www.constructionsafesite.org)).

CCS employers are required to check the validity of all CCS ID Cards through Construction Safesite© ([www.constructionsafesite.org](http://www.constructionsafesite.org)) upon hire and/or job site entry. Construction Safesite© will state that an employee's CCS ID card is either "available", "not available", or "no record with that ID". Any problems and/or questions about a card status will be addressed by the third party administrator who holds the employee's testing record. Third party administrators have the ability to make appropriate updates to the employee's testing record so that his/her status is changed at Construction Safesite©.

## **Part 7. Contractor/employer responsibilities**

Contractor's employees working on or visiting a participating owner's job site, including workers, new hires, replacements, and supervisory personnel, are subject to annual testing, testing for probable cause/reasonable suspicion, post-accident/incident testing, random testing and return to duty/follow up testing as a condition of contract between the contractor and the owner.

The contractor shall comply with owner requirements, when the owner requirements are more stringent than the contractor's.

The contractor should provide training to employees, including new hires, to help them understand the contractor's substance abuse testing policy, the effects of substance abuse on personal health and the work environment. Recognizing the behaviors common to substance abuse and the procedures for conducting substance abuse testing should also be included as a part of this training for supervisor personnel who could be required to initiate a reasonable suspicion/probable cause test.

Contractors are required to maintain a record keeping system that would allow an owner or another contractor with whom the contractor has entered into agreement, to effectively conduct a compliance audit.

To protect everyone's legal interest contractors should obtain a written consent from each employee that allows the release of otherwise confidential testing information to an owner.



COALITION FOR CONSTRUCTION SAFETY, INC. (CCS)  
**Substance Abuse Program**

**APPENDIX A: Testing Panel**

Drugs of abuse are tested in a routine SAMHSA 5-panel screen. Owners and contractors can choose to test for additional drugs of abuse.

The CCS Substance Abuse Program uses the drug screen components and cut-off levels listed below. In addition to these levels and substances, the creatinine level and specific gravity of the specimen will be measured.

If the creatinine level is less than 20 mg/dL but greater than 2.0 mg/dL and the specific gravity is less than 1.0030 but greater than 1.0010, the sample will be considered dilute and another collection will be required. The second sample will be collected the morning after notification of a diluted specimen.

Adulterated specimens will be processed the same as a positive test.

The minimum requirement for a positive test result for alcohol will be a BAC of 0.04% w/vol., a level consistent with the DOT and CDL guidelines.

New drugs, preliminary cut off and confirmation levels may be modified periodically in order to parallel the DOT and CDL guidelines.

The CCS Substance Abuse Program does not follow the complete regulatory testing requirements of the DOT, only the general guidelines.

Drug Class	Initial Screening Cut-Off Limit	Confirmation Cut-Off Limit
Amphetamines/Methamphetamines	500 ng/ml	250 ng/ml
MDMA/MDA (Ecstasy)	500 ng/ml	250 ng/ml
Cocaine	150 ng/ml	100 ng/ml
PCP-Phencyclidine	25 ng/ml	25 ng/ml
Opioids:		
Codeine/Morphine	2000 ng/ml	2000 ng/ml
6-AM – Heroin	10 ng/ml	10 ng/ml
Hydrocodone/Hydromorphone	300 ng/ml	100 ng/ml
Oxycodone/Oxymorphone	100 ng/ml	100 ng/ml
THC – Cannabinoids (Marijuana)	50 ng/ml	15 ng/ml

Alcohol Testing	Screening	Confirmation
Ethanol (Alcohol)	.04% w/vol.	.04% w/vol.

## **APPENDIX B: Diluted Specimen Processing**

### **Instructions for Diluted Specimen Retest**

A diluted specimen result requires a retest. If this is a second diluted result without a medical reason, it will be processed the same as a positive test result.

The MRO will report the dilute result to the employer's representative. The employer must provide specific instructions on fluid intake (see below) to the employee prior to retesting to prevent another diluted specimen.

The collection for another test must be done the morning after the employee has been notified. The employee may provide reasons for not being able to test which can be approved by the database manager. The database manager may reject the explanation. If the employee disputes the decision of the database manager, the employee can contact the CCS office to submit a plea to the Substance Abuse Committee to consider further.

### **Employee Instruction Prior to Retesting**

Here are instructions for the employee to be followed prior to retesting:

- Consume no fluids after 9:00 PM the night before the test.
- Limit fluid intake to a minimum the day of the test.
- The supervisor will inform the employee of the test time and location.
- It is the employee's responsibility to monitor intake of fluids to prevent another dilute specimen.

If the employee has a medical condition that will cause a dilute specimen, the employee's physician must provide medical information in writing to the MRO for evaluation. After reviewing the submitted information, the MRO will issue a final report to the employer. Under the MRO's discretion, a different type of test, i.e. hair test, may be permitted after an individual has provided two diluted specimens in a row. If a different type of test is ordered, the results of that test will be used to update the individual's database record.

## APPENDIX C: Evaluation Form for Inability to Provide an Adequate Urine Specimen

**Purpose of Form:** This physician referral form is to be used for an individual who was unable to provide a sufficient urine specimen within the time allowance stated in the CCS Substance Abuse Policy. The CCS policy states that a “refusal to test” will be issued if an individual is required to take a CCS drug test and is unable to provide a sufficient specimen within the required time, unless the individual can provide a valid medical explanation. This form provides information to the employee, employer and the evaluation physician on the steps to be followed for the evaluation. This form should be filled out and given to the physician who will be doing the medical evaluation.

The CCS substance abuse program will follow the same general protocol used by DOT for handling these types of evaluation. The specific DOT protocol taken from 49 CFR Part 40.193 is summarized below and will be used as a guide for CCS evaluations.

### **Background Information from 49 CFR Part 40.193:**

When the collector informs the designated employee representative that an employee has not provided a sufficient amount of urine, they must, after consulting with the MRO (Medical Review Officer), direct the employee to obtain, within five working days, an evaluation from a licensed physician, acceptable to the MRO, who has expertise in the medical issues raised by the employee’s failure to provide a sufficient specimen. If the employee declines to have a medical evaluation, the MRO will verify the test as a refusal to test.

The referral physician must recommend that the MRO make one of the following determinations:

- (1) A medical condition has, or with a high degree of probability, could have, precluded the employee from providing an adequate amount of urine.
- (2) There is not an adequate basis for determining that a medical condition has, or with a high degree of probability, could have, precluded the employee from providing an adequate amount of urine. (For the purposes of this paragraph, a medical condition includes an ascertainable physiological condition (e.g., a urinary system dysfunction) or a documented pre-existing psychological disorder, but does not include unsupported assertions of “situational anxiety” or dehydration.)

After the referral physician completes the evaluation, they must provide a written statement of their recommendations and the basis for them to the MRO. Do not include in this statement detailed information on the employee’s medical condition beyond what is necessary to explain your conclusion.

### **Employee/Employer information:**

1. Employee must have an evaluation done by a physician as soon as possible. The employee must present this form to the evaluating physician. The evaluation should be done within five working days or else the MRO will be required to issue a refusal to test. Time extensions beyond the five working days must be approved by the MRO.
2. Employee should sign this consent allowing the physician to release their findings to you and the MRO.
3. Failure to provide an acceptable statement from a physician will result in a refusal to test, which carries the same consequences as a positive test result.

### **Consent to Release Information (Employee needs to sign)**

I, \_\_\_\_\_, SSN \_\_\_\_\_, authorize the evaluating physician to release the findings of my evaluation to:

Employer’s MRO: \_\_\_\_\_  
Physician’s Name Phone Fax

Employer \_\_\_\_\_  
Employer Name Phone Fax

\_\_\_\_\_  
Signature of employee Date of signature

COALITION FOR CONSTRUCTION SAFETY, INC. (CCS)  
Substance Abuse Program

APPENDIX C - Continued

**Physician Information and Instructions:**

You have been requested to evaluate the individual indicated below because he/she was unable to provide an adequate amount of urine to complete a CCS required drug test. Make sure you have read and understand the background information of 49 CFR Part 40.193 on the previous page. Your findings will assist the MRO in determining this individual's final test status. ***Please make sure item #1. or #2. below has been completed and attach any additional information you feel is pertinent to this evaluation.*** If you have any questions regarding this evaluation, please call the CCS database administrator, DISA/Midwest Toxicology at 317/262-2200 or 800/358-8450.

Name & SSN (ID #) of employee: \_\_\_\_\_

Employer Name/Address: \_\_\_\_\_

Date employee was unable to complete required drug test: \_\_\_\_\_

Name (printed) of physician performing evaluation: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I have determined, in my reasonable medical judgment, that:

\_\_\_\_\_ 1. the employee **does** have a medical condition\* that has, or with a high degree of probability, could have, precluded the employee from providing an adequate amount of urine.

\_\_\_\_\_ 2. **there is not** an adequate basis for determining that a medical condition\* that has, or with a high degree of probability, could have, precluded the employee from providing an adequate amount of urine.

\*For purposes of this paragraph, a medical condition includes an ascertainable physiological condition (e.g., a urinary system dysfunction) or a documented pre-existing psychological disorder, but **does not** include unsupported assertions of "situational anxiety" or dehydration.

**Do not include in this statement detailed information on the employee's medical condition beyond what is necessary to explain your conclusion.**

Explanation of finding: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Physician                      Signature of Physician                      Date of Conclusion

Please fax this completed form to the MRO and Employer listed in the consent area of this form.

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**Substance Abuse Program**

## APPENDIX D: Documentation When a Breath Test Cannot Be Conducted

CCS requires a breath or saliva alcohol test for qualifying Post-Accident/Incident situations, reasonable suspicion, and immediate random testing situations. CCS has patterned their alcohol testing requirements after the regulatory testing requirements of DOT (Department of Transportation). DOT does not allow the use of blood for alcohol tests except in a few rare circumstances. The FMCSA (Federal Motor Carrier Safety Administration) division of DOT does allow employers to accept the results of breath, saliva, or blood tests conducted by Federal, State, or local officials having independent authority in Post-Accident/Incident situations as long as the results of the tests can be obtained by the employer.

The CCS program's policy will allow alcohol testing done by breath or blood. However, breath or saliva testing is the preferred method. Blood testing is only authorized when a breath or saliva test is impossible to obtain. The employer is responsible to provide a documented reason to the third party administrator as to why this alternative method (blood testing) was used. The form below can be used for such documentation and should be forwarded to the third party administrator.

Name of Employee

Date

\_\_\_\_\_

\_\_\_\_\_

Complete explanation of why breath or saliva testing was not done:

Employee had medical treatment that prevented a breath alcohol test from being done within the allowed time frame.

There is no testing facility open that was capable of performing a breath alcohol test within the allowed time frame. Provide time and location information

\_\_\_\_\_  
\_\_\_\_\_

There was no testing facility capable of performing a breath alcohol test within the geographical area of where the testing needed to occur. Provide time and location information

\_\_\_\_\_  
\_\_\_\_\_

Other, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Company name and signature of Employer authorizing agent:

\_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX E: Guidelines for Post-Accident/Incident Testing

### CCS policy requirement for Post-Accident/Incident Testing:

A substance abuse drug and alcohol test of an onsite contractor employee is required when they are involved in any accident/incident or event, caused by them either directly or indirectly, that results in treatment by a health care provider, or that results in damage to property, including any serious near-miss incident. The employee should proceed directly for testing or as soon as possible.

### Recommended Steps for Post-Accident/Incident Testing:

1. Contractors are responsible to insure that a drug and alcohol test is completed for any accident or incident as defined above.
2. Needed medical treatment will take precedence over completing a drug and alcohol test. However, a drug and alcohol test should be done as soon as possible. The alcohol test should be administered within 2-hours of the accident/incident. If there is a delay of more than 2-hours, an explanation of why the testing was delayed or couldn't be completed should be documented.
3. The contractor must insure that the facility who will be doing the post-accident test meets the following requirements.
  - a. Drug test requirement:
    - i. Use of a standard custody and control form
    - ii. Testing of specimen by a SAMHSA certified laboratory using the drug panel cut-off level set by CCS
    - iii. Test result reviewed by a certified MRO (Medical Review Officer)
  - b. Alcohol Test requirements:
    - i. A breath test should always be administered unless breath testing is not an option.
    - ii. A breath test should be done as soon as possible (within 2 hours). If it can't be completed within 8 hours, testing should cease and documentation explaining the inability to complete testing within 8 hours should be forwarded to the third party administrator.
    - iii. The breath test should be administered by a certified BAT (Breath Alcohol Technician) using a breath testing device that meets the same requirement as DOT.
    - iv. If breath testing is not available, a blood draw may be used.
4. The results of all Post-Accident/Incident tests are required to be reported to the third party database administrator as soon as possible following any Post-Accident/Incident testing so the results may be entered into the database.
5. If any Post-Accident/Incident test result is positive the contractor must immediately remove the employee from the CCS owner site and follow their company policy's discipline for testing positive. Any positive test will render the employee's CCS card invalid.

COALITION FOR CONSTRUCTION SAFETY, INC. (CCS)  
**Substance Abuse Program**

**APPENDIX F                      Fitness For Duty Form**  
**REASONABLE CAUSE/OBSERVATION DOCUMENTATION**

All employees, including yourself, occasionally exhibit some performance problems and behavior changes. Sometimes these problems and changes cause concern that an employee may be unfit to perform the employee's regular duties as a result of substance abuse. Below is a checklist of some possible observations for you to use in determining when there is reasonable cause for such concern and possible substance testing. This list is not intended to be all-inclusive nor should you think that one symptom alone automatically means an employee is impaired.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION \_\_\_\_\_ TIME \_\_\_\_\_

The onset of one or more of the following observations may be cause for substance abuse testing:

<b>SPEECH</b>	<b>AWARENESS</b>	<b>BALANCE</b>	<b>PHYSICAL INDICATORS</b>
<input type="checkbox"/> Incoherent	<input type="checkbox"/> Confused	<input type="checkbox"/> Swaying	<input type="checkbox"/> Pupils dilated/red eyes
<input type="checkbox"/> Muddled	<input type="checkbox"/> Sleepy	<input type="checkbox"/> Staggering	<input type="checkbox"/> Cold sweats/tremors
<input type="checkbox"/> Slurred	<input type="checkbox"/> Erratic behavior	<input type="checkbox"/> Falling	<input type="checkbox"/> Alcohol/marijuana odor

When you observe behaviors that may interfere with the employee's performance, you should note and document your observations. The employee should be counseled about any performance problems, and any explanations volunteered or offered by the employee should be noted. Although work related performance or behavior problems might be cause for substance abuse testing, continued work related performance and behavior problems might result in reassignment, or discipline up to and including termination of employment.

<b>WORK OBSERVATIONS</b>	<b>MOODS</b>	<b>PHYSICAL INDICATORS</b>
<input type="checkbox"/> Unexplained or excessive absenteeism or tardiness	<input type="checkbox"/> Withdrawn/sad/morbid	<input type="checkbox"/> <u>Rapid breathing</u>
<input type="checkbox"/> Unexplained or excessive absences from work area	<input type="checkbox"/> Mood swings high and low	<input type="checkbox"/> <u>Inappropriate wearing of sunglasses</u>
<input type="checkbox"/> Frequent trips to water cooler or restroom	<input type="checkbox"/> Nervousness/agitation	<input type="checkbox"/> <u>Other: _____</u>
<input type="checkbox"/> Difficulty in understanding/recalling instructions	<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> High frequency of accident occurrence	_____	_____

Comments:

To the best of my knowledge and belief this report represents the action, appearance, and/or conduct observed by me and upon which I base my decision to suggest said employee be tested or be further evaluated by a supervisor.

EMPLOYEE SIGNATURE: \_\_\_\_\_

Employee signature is merely confirming that they have been informed of the situation.

SUPERVISOR SIGNATURE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

NOTE: THIS REPORT IS TO BE USED ONLY AS AN OBSERVATION AID, AND SHALL, TO THE EXTENT POSSIBLE, REMAIN CONFIDENTIAL.