

JORDAN VALLEY EMS AUTHORITY POLICY

POLICY #:106.7.1.8

**SUBJECT: DRUG / ALCOHOL TESTING AND
REPORT PROCEDURES**

CAAS STANDARD:

SCOPE: ALL EMPLOYEES AND VOLUNTEERS

Purpose and Coverage

It is the JVEMS Authority's (hereinafter "Authority") intention to have a policy for alcohol and drug testing, collection and record retention for all employees. In the event regulations are amended or revised, the Policy and the applicable terms, conditions and/or requirements shall be deemed to have been amended automatically. Redrafting will not be necessary in order to reflect and be in compliance. The Authority reserves the right to apply the amended or revised requirements immediately.

The goal of the Authority's Policy and the testing of employees is to ensure a drug- and alcohol-free work environment and to reduce and eliminate drug- and alcohol-related accidents, injuries, fatalities and damage to Authority property. For the purpose of this Policy, any employee performing under the definitions described below shall be referred to as "employee".

Non-Discrimination

In accordance with the requirements of the Americans with Disabilities Act, the Authority does not discriminate against employees or applicants who are qualified individuals with a disability who are not currently engaged in the use of illegal drugs and who do not otherwise violate the provisions of this Policy, including but not limited to individuals who: 1) have successfully completed or who are currently participating in a supervised rehabilitation program and are no longer engaging in such use; or 2) have otherwise been rehabilitated successfully and are no longer engaging in such use.

Criteria for Employees Subject to Testing

All full-time employees and volunteers are subject to the drug and alcohol testing in accordance with this policy.

All applicants for positions will be notified of the Authority's Drug-Free Workplace Program (DFWP) at the time they apply for a position as defined in Policy #106.7.1.7 Drug- / Alcohol-Free Work Place

Confirmation Test

- Drugs:** A second analytical procedure to identify and quantify the presence of a specific drug or metabolite that is independent of the screening test.
- Alcohol:** A second test, following a screening test with a result of 0.02 or greater, which provides quantitative data of alcohol concentration.

Damage to Equipment

Drug and Alcohol testing will be done after any and all accidents involving Authority-owned equipment according to the following definition:

JORDAN VALLEY EMS AUTHORITY POLICY

POLICY #:106.7.1.8

SUBJECT: DRUG / ALCOHOL TESTING AND
REPORT PROCEDURES

CAAS STANDARD:

SCOPE: ALL EMPLOYEES AND VOLUNTEERS

Accident: Damage, which precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs and at the discretion of the EMS Director or his/her designee.

Included: 1. Damage to motor vehicles that could have been driven, but would have been further damaged if so driven.

Excluded: 1. Damage, which can be remedied temporarily at the scene of the accident without special tools or parts.

 2. Tire disablement without other damage even if no spare tire is available.

 3. Headlight or taillight damage.

 4. Damage to turn signals, horn, or windshield wipers, which make them inoperative.

Refuse to Submit

A refusal to submit to a required drug or alcohol test (also "refusal to test") means that an employee:

1. Fails to appear for any test (except a pre-employment test) when notified as determined by the Authority after being directed to do so by the Authority.
2. Fails to remain at the testing site until the testing process is complete;
3. Fails to provide a urine specimen for any drug test, or fails to provide an adequate amount of saliva or breath for any alcohol test required;
4. In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the employee's provision of a specimen;
5. Fails to provide a sufficient amount of urine, saliva or breath when directed, and/or, with respect to urine or breath, it has been determined through a required medical evaluation that there was no adequate medical explanation for the failure;
6. Fails or declines to take a second test the Authority or collector has directed the employee to take;
7. Fails to undergo a medical examination or evaluation as directed by the Medical Review Officer (MRO) as part of the verification process, or as directed;
8. Fails to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process); or
9. Is reported as having a verified adulterated or substituted test result.

JORDAN VALLEY EMS AUTHORITY POLICY

POLICY #:106.7.1.8

**SUBJECT: DRUG / ALCOHOL TESTING AND
REPORT PROCEDURES**

CAAS STANDARD:

SCOPE: ALL EMPLOYEES AND VOLUNTEERS

Any employee who refuses to submit to a required drug and alcohol test or otherwise fails to cooperate with any part of the testing process is in violation of this Policy. Any employee who refuses such a test will be subject to the consequences described in the "Consequences for Policy Violations" section.

Tests Required

In general, the Authority shall conduct, and an employee or volunteer shall submit to, drug and alcohol tests at the following times and under the following conditions:

Pre-Employment/Pre-Placement Testing

A drug test is required before any applicant is hired to perform any job function. Prior to taking a pre-employment/pre-placement drug test, the applicant will be given forms notifying the applicant to report for a drug test. All offers by the Authority to hire an applicant for, or to assign or transfer an applicant to, another position are conditioned upon the applicant:

- Taking and providing a negative drug test as directed by the Authority;
- Authorizing the Authority to obtain past drug and alcohol test results;
- Providing the Authority with information regarding whether they have tested positive or refused to test on any required pre-employment drug or alcohol test in which the applicant applied for, but did not obtain a position in the preceding two (2) years;
- Passing required physical exam required for all positions; and
- Complying with any other conditions or requirements of which the Authority advises the applicant at the time of the offer.

A verified positive drug test will disqualify an applicant/employee from a position and the conditional offer of employment in such a position will be withdrawn.

Post-Accident Testing

All employees who are performing a function must submit to a post-accident drug and alcohol test as soon as possible after any occurrence.

An employee may be directed to submit to a drug and alcohol test at the accident scene by a federal, state or local law enforcement officer. Whenever a test is conducted by a law enforcement officer, the employee is required to immediately contact the EMS Director with the name, badge number and telephone number of the law enforcement officer who conducted or offered to conduct the test. If an accident occurs during normal business hours, the employee must contact the EMS Director or designated employee in his/her absence, who will take the employee to the East Jordan Family Health Center for drug and alcohol testing. If an accident occurs after normal business hours, the employee must contact the EMS Director or designated employee in his/her absence who will take the employee to the Charlevoix Area Hospital for drug and alcohol testing.

JORDAN VALLEY EMS AUTHORITY POLICY

POLICY #:106.7.1.8

**SUBJECT: DRUG / ALCOHOL TESTING AND
REPORT PROCEDURES**

CAAS STANDARD:

SCOPE: ALL EMPLOYEES AND VOLUNTEERS

At the discretion of the EMS Director, the employee may return to work after the drug and alcohol testing is completed until the results of the Post-Accident test are received by the EMS Director. Hourly non-exempt employees will not be compensated for time missed from work if the test is positive, adulterated or substituted, but will be compensated if the test result is negative.

Drugs:

Tests should be administered within two (2) hours after an accident.

Alcohol:

Tests should be administered within two (2) hours of an accident. If unable to test within the two-(2) hour time period, the employer must document the reason(s) for the time delay.

The employee must refrain from consuming alcohol for eight (8) hours after an accident and/or until the test has been completed. An employee who is subject to post-accident testing must remain available or the employer may consider the employee to have refused to submit to testing.

Reasonable Suspicion Testing

Each employee is required to submit to a drug and alcohol test whenever the EMS Director has reasonable suspicion (also referred to as "reasonable cause") to believe that an employee has used drugs/alcohol in violation of the Authority's Drug-Free / Alcohol-Free Workplace Policy. Reasonable suspicion will exist when an employee's appearance, behavior, speech and/or body odors indicate drug/alcohol use, or the chronic and withdrawal effects of drugs/alcohol. Employees or volunteers who observe such indicators will report their suspicion to the EMS director. Whenever an employee is notified that there is reasonable suspicion to be tested, the employee is expected to report to the test/collection site immediately and will be escorted. Documentation of the employee's conduct and/or appearance leading to a reasonable suspicion drug/alcohol test must be prepared and signed by the EMS Director who made the observations within twenty-four (24) hours of the observed behavior, or before the results of the drug/alcohol test are released, whichever is earlier.

As permitted in the Authority's Drug-Free / Alcohol-Free Workplace Policy, when a reasonable suspicion determination is made that leads to a reasonable suspicion drug and/or alcohol test, an employee will be removed from performing job related functions until the reasonable suspicion test results are reported to the Authority. While awaiting the reasonable suspicion test results, the employee will be placed on non-disciplinary suspension. Hourly (non-exempt) employees will not be compensated for time missed from work if the test result is positive, adulterated or substituted, but will be compensated if the test result is negative. Volunteers will be subject to testing under this section if applicable.

Drugs:

Drug testing should be administered as soon as possible after making a reasonable suspicion determination. If unable to drug test within two (2) hours, the employer must cease attempts and document the reason(s) why the test was not conducted.

JORDAN VALLEY EMS AUTHORITY POLICY

POLICY #:106.7.1.8

SUBJECT: DRUG / ALCOHOL TESTING AND
REPORT PROCEDURES

CAAS STANDARD:

SCOPE: ALL EMPLOYEES AND VOLUNTEERS

Alcohol:

Observations must be made just before, during or just after the employee performs a function. The person who makes the reasonable suspicion determination cannot conduct the alcohol test.

Alcohol tests should be administered within two (2) hours of observation. If unable to test within the two-(2) hour period, the employer must document the reasons for the time delay.

Policy Prohibitions

Employee involvement with drugs and alcohol can adversely affect the work environment, job performance and safety of all employees. Violation of the prohibitions of this Policy will be considered to be serious misconduct and will result in disciplinary action up to and including termination.

Consequences for Policy Violations

Employee Discipline:

Employees who engage in any of the prohibited conduct listed above are in violation of this Policy and are subject to termination, at the Authority's sole discretion.

Any employee who refuses to submit to testing or attempts to adulterate or substitute a specimen shall be subject to disciplinary action up to and including termination.

An employee found to have an alcohol concentration of 0.02 or greater, but less than 0.04, shall not perform nor be permitted to work for at least twenty-four (24) hours.

If the EMS director fails to enforce and does not follow this policy he/she shall be subject to disciplinary action up to and including termination.

Voluntary Admission of Drug/Alcohol Use

The Authority encourages all employees who need assistance in dealing with alcohol abuse or drug dependency problems to seek appropriate counseling and/or treatment through various private and public organizations that are available. Accordingly, employees who voluntarily come forward and admit to alcohol misuse or drug use will not be subject to disciplinary action. Rather, employees who self-identify their need for assistance will be allowed sufficient opportunity to seek evaluation or treatment to establish control over their drug or alcohol problem.

Employees must make any such admission or self-identification of a drug and/or alcohol problem prior to performing a job function (i.e. prior to reporting for duty). Employees may not self-identify a drug or alcohol problem to avoid required testing. Employees also may not escape discipline or the Post-Violation/Return-to-

JORDAN VALLEY EMS AUTHORITY POLICY

POLICY #:106.7.1.8

**SUBJECT: DRUG / ALCOHOL TESTING AND
REPORT PROCEDURES**

CAAS STANDARD:

SCOPE: ALL EMPLOYEES AND VOLUNTEERS

Duty Procedures by self-identifying a drug or alcohol problem after being referred for testing or after a drug and/or alcohol regulation violation has occurred. Costs associated with any counseling or treatment program may be covered by the employee's medical insurance plan; however, any costs not covered by the employee's medical insurance plan and which are not otherwise required to be paid by any applicable plan are entirely the employee's sole responsibility. The Authority will comply with any applicable medical leave law, disability discrimination law or applicable leave law in the event a leave is requested.

Employees who admit to a drug or alcohol problem will be referred to a drug and alcohol abuse evaluation expert (i.e. employee assistance professional, SAP, or qualified drug and alcohol counselor) for evaluation and recommendations for an appropriate education or treatment program. Said employees will not be permitted to return to work until the Authority is satisfied that the employee has been evaluated by a drug and alcohol abuse evaluation expert and successfully completed the expert's recommendation for an educational or treatment program. Before the employee's return to work, the employee must also undergo a return-to-duty test with a result indicating an alcohol concentration of less than 0.02 and/or a verified negative drug test result. Except as otherwise required by applicable law or policy, the JVEMS Authority cannot guarantee that the employee will return to the same or a comparable position upon return to duty. All returning employees are required to comply with the Authority's normal standards with respect to work performance and conduct.

SUMMARY OF ALCOHOL TESTING PROCEDURES

1. Alcohol testing is done at locations determined by the Authority in a private setting. The testing technician, who has been trained, will ask test subjects to verify their identity. Employees must cooperate with that request. Employees may also ask the technician for identification. The employee's identity will be recorded on an alcohol testing form.
2. A breath or saliva testing device approved by the federal government will be used for all alcohol tests. A screening test will be done first. If a breath-testing device is used, employees will be instructed to exhale forcefully into a mouthpiece of a screening device. If a saliva-testing device is used, a swab will be placed in the employee's mouth and saturated with saliva. After the saliva is collected, the swab will be inserted into the saliva-testing device.
3. The technician will show the result displayed on the screening device to the employee. If the reading is less than 0.02, the employee has passed the alcohol test and the alcohol testing form will be completed.
4. If the screen test result is more than 0.02, a confirmation breath test, using a federally approved evidential breath-testing device, will be performed after at least a 15-minute waiting period from the completion of the initial screening test. During that time, for their own protection, employees should not eat or drink anything.
5. For the confirmation test, the employee will have to exhale into the evidential breath-testing device until the technician tells the employee to stop. The employee will be shown the printed and displayed results.

JORDAN VALLEY EMS AUTHORITY POLICY

POLICY #:106.7.1.8

SUBJECT: DRUG / ALCOHOL TESTING AND
REPORT PROCEDURES

CAAS STANDARD:

SCOPE: ALL EMPLOYEES AND VOLUNTEERS

6. A confirmation test result under 0.02 means the employee has passed. A confirmation alcohol concentration level of 0.02 or higher will result in the employee's removal from all work related functions. If the confirmation level is 0.04 or more, or if the employee refuses to cooperate, the employee is in violation of the Authority's Drug and Alcohol Policy and subject to the Consequences for Policy Violations and Post-Violation/Return-to Duty Procedures described above.
7. If an employee tries, but fails to provide a breath specimen adequate for testing, the employee will be asked to try again. If the employee still does not provide an adequate specimen, the employee's failure will be noted and the Authority will be informed. The employee will be removed from performing work related functions for a 24-hour time period and required to see a doctor, acceptable to the Authority, within five days for an evaluation. If the doctor provides a written statement to the adequate breath specimen, the employee will not be disciplined for refusing to cooperate.

SUMMARY OF DRUG TESTING PROCEDURES

1. Employees subject to drug testing will be directed to provide a urine specimen at an Authority designated facility. The employee will be driven or sent to the facility and required to verify his or her identity. In return, an employee may ask collection site personnel to verify their identity.
2. The employee's urine specimen will be collected by a trained collection site person (the Collector) in accordance with the Authority's Drug and Alcohol Policy, using a Custody and Control Form (CCF), also known as chain-of custody form. To protect themselves, employees should ensure that the entries on the form are accurate, that their collected urine specimens have been sealed, and that their specimens are labeled with the same number as appears on the CCF and are placed in a container with copies of the correct CCF.
3. The Collector shall require an employee to remove unnecessary outer garments that might conceal items used to tamper with the collection process. The Collector shall also retain personal belongings like briefcases and purses during the collection process. Employees may keep their wallets and ask for a receipt for any belongings they surrender. The Collector will direct the employee to empty his or her pockets and display the items in them and the driver must allow the Collector to make this observation.
4. Employees will be given a collection container and allowed to provide a urine specimen in private unless:
 - the laboratory reports a specimen was invalid and the MRO reports there was no adequate medical explanation for the result;
 - the original positive, adulterated or substituted test result had to be cancelled because the test of the split specimen could not be performed;
 - the laboratory reports a specimen as having a low creatinine concentration (i.e., a creatinine concentration greater than or equal to 2 mg/dL and less than or equal to 5 mg/dL) and the MRO reports the specimen as negative and dilute;
 - the Authority directs a return-to-duty test or follow-up test be performed under direct observation;

JORDAN VALLEY EMS AUTHORITY POLICY

POLICY #:106.7.1.8

SUBJECT: DRUG / ALCOHOL TESTING AND
REPORT PROCEDURES

CAAS STANDARD:

SCOPE: ALL EMPLOYEES AND VOLUNTEERS

- the Collector observes materials brought to the collection site or the employee's conduct clearly indicates an attempt to tamper with a specimen;
- the temperature on the original specimen was out-of-range; or
- the original specimen appeared to have been tampered with.

In such circumstances, the EMS Director will be notified and the employee will be required to provide a specimen while being observed.

5. If the employee does not provide a sufficient amount of urine for testing (at least 45 ml), the Collector will discard the specimen, tell the employee to drink additional fluids, wait up to three (3) hours and try again to provide a specimen. If the employee refuses to drink those fluids or provide another specimen, the Collector shall notify the Authority of the employee's refusal to cooperate. If the employee cooperates, but still does not provide an adequate specimen, testing will stop and the employee will be sent to a doctor acceptable to the Authority's MRO within five working days for evaluation. If that doctor states in writing to the Authority's MRO that it is highly probable that a medical condition prevented the employee from providing an adequate specimen, the employee will not be disciplined on grounds of refusing to provide a specimen.
6. If the employee provides a sufficient amount of urine for testing, it will be inspected by the Collector and its temperature will be measured. If there is a reason to believe an altered or substituted specimen has been provided, the Authority will be notified and a second, observed specimen will be collected. Collected specimens will be poured into two containers (i.e. a split-specimen collection). The collector will seal the bottles by placing the tamper-evident bottle seals over the bottle caps/lids. The collector will date the seals and instruct the donor to initial the tamper-evident bottle seals for the purpose of certifying the bottles contain the specimens he or she provided.
7. Both specimen containers will be sent to a federally certified laboratory designated by the Authority. The lab will review the CCF and check the specimens for apparent tampering. Any apparent tampering or CCF problems will be reported to the EMS Director or Designee.
8. If the specimens appear to be in order, the lab will run an initial screening test on the primary specimen. If the screening test is negative, the lab will report as negative and the employee has passed the drug test. If the screening test is positive, the lab will conduct a confirmation test and analyze the specimen using Gas Chromatography/Mass Spectrometry (GC/MS). The laboratory will send the test results to the Authority's MRO.
9. The MRO is a trained doctor the Authority has retained to review test results and to evaluate any explanation an employee may have for a positive, adulterated, substituted (because of a creatinine concentration of less than 2 mg/dL), or invalid drug test result. The MRO will telephone employee at the numbers given on the CCF. If the employee believes a mistake was made at the collection site or lab, or on a CCF, or that the drug test result is caused by lawful substance use, the employee should tell the MRO. Employees should cooperate with the MRO. If the employee does not cooperate, the Authority will be notified and the employee will be removed from duty and disciplined or discharged pursuant to the Authority's independent authority (or not hired, if the employee is an applicant).

JORDAN VALLEY EMS AUTHORITY POLICY

POLICY #:106.7.1.8

SUBJECT: DRUG / ALCOHOL TESTING AND
REPORT PROCEDURES

CAAS STANDARD:

SCOPE: ALL EMPLOYEES AND VOLUNTEERS

10. If an employee wants his or her split specimen to be tested by another certified lab at the employee's expense, the employee should tell the MRO within 72 hours of notice of a positive, adulterated or substituted drug test result. **The employee will not have the opportunity to provide another specimen.** The retest will be conducted on the secondary container of the original specimen. The employee's secondary specimen will then be sent to a different Authority-approved, certified laboratory for re-analysis. If that second lab does not find any evidence of the drug(s) that the first lab found or the split specimen cannot be tested, the MRO will cancel the test results and the employee will not be subject to discipline. If the second laboratory finds evidence of the drugs, adulteration or substitution that the first laboratory found, the MRO will tell the Authority the split specimen was positive, adulterated or substituted. In the case of a reconfirmed substituted result in which the creatinine concentration for the primary specimen was less than 2 mg/dL and the creatinine concentration of the split specimen is between 2 and 5 mg/dL (inclusive), the MRO will report the result as "dilute" and the employee will be required to undergo an immediate recollection under direct observation.
11. If the MRO informs the EMS Director that a negative drug test was dilute, the following will apply:

Dilute Negative with Low Creatinine: If the MRO indicates that a recollection under direct observation is required because the creatinine concentration of the specimen was equal to or greater than 2 mg/dL but less than or equal to 5 mg/dL, the Authority must immediately instruct the employee to undergo a recollection under direct observation. The Authority's stated purpose for this requirement as having substituted their specimens.

Medications prescribed for someone other than the employee, will be considered unlawfully used under any circumstance. The Authority also indicates that an employee's purported use of marijuana for medical purposes (even if pursuant to the State's "medical marijuana" law) or use of hemp or marijuana-related products does not constitute a legitimate medical explanation for a positive test result and these are insufficient grounds for the MRO to verify the test result as negative.

Education and Training

The Authority will, upon request, provide information, education and training materials regarding problems associated with drug and alcohol abuse in the workplace and otherwise. The Authority's educational and training materials may include information on available methods of intervening when an alcohol or controlled substances problem is suspected, including confrontation, referral to any employee assistance program and/or referral to management. If there are concerns regarding a suspected substance abuse problem, the Authority encourages employees to contact the EMS Director to obtain referrals to any employee assistance program and/or appropriate counseling or treatment programs through various private or public organizations.

Acknowledgement

Employees must sign an acknowledgement form (a copy of which is attached hereto and made a part hereof) after receiving a copy of this Policy.

JORDAN VALLEY EMS AUTHORITY POLICY

POLICY #:106.7.1.8

SUBJECT: DRUG / ALCOHOL TESTING AND
REPORT PROCEDURES

CAAS STANDARD:

SCOPE: ALL EMPLOYEES AND VOLUNTEERS

Reservation of Rights

This Policy is in addition to any other Authority practice or policy relating to the use of drugs and alcohol in the workplace and drug and alcohol testing. The Authority reserves the right to interpret and administer this Policy, and at any time and at its sole discretion, amend or change this Policy, in whole or in part, with or without notice. Additionally, this Policy does not in any way affect or change the status of any at-will employee. Nothing in this Policy is a promise or guarantee or should be construed as a promise or guarantee that the Authority will follow in any particular circumstances any particular course of action, disciplinary, rehabilitative or otherwise.

Signs and Symptoms of a Drug or Alcohol Problem

Drugs and alcohol can result in such work-related problems as absenteeism and tardiness, lower productivity, missed deadlines, poor work quality, unsafe driving, and increased injuries and accidents. Problems relating to or communicating with supervisors, co-workers or customers, following directions, concentrating or remembering things may also indicate a drug or alcohol problem.

Drugs and alcohol slow reaction times, cause confusion, harm coordination and motor skills and can impair decision-making and memory. People misusing alcohol and using illegal drugs may be withdrawn, lethargic, depressed, erratic, "hyper" or unusually anxious, hostile or paranoid.

Drugs and alcohol misuse can also result in health problems like chronic gastritis, headaches, chronic respiratory infections and liver problems. They may also show up as poor hygiene, a sloppy appearance, financial problems, DUIs or family problems.

Evidence of use can include paraphernalia such as pipes, syringes, foil packets, pills, powders and empty alcohol containers. Physical symptoms of use can include:

- Marijuana and alcohol odors
- Puffy or droopy eyelids, bloodshot eyes, dilated or pinpoint pupils
- Nosebleeds, excessive sniffing, chronic sinus problems, nasal sores
- Needle tracks or blood spots on clothing
- Tremors, racing or irregular heartbeats
- Slurred or incoherent speech
- Coordination problems
- Lethargy and sleepiness

Effects of Alcohol and Drug Use

Drugs and alcohol can harm health and the workplace in a variety of ways.

Alcohol

Alcohol is a central nervous system depressant that acts like a poison if used in large quantities. Each year the lives of tens of thousands of Americans are shortened or ended by alcohol misuse. Alcohol quickly reaches the brain after drinking. It impairs self-control and other learned behaviors.

JORDAN VALLEY EMS AUTHORITY POLICY

POLICY #:106.7.1.8

SUBJECT: DRUG / ALCOHOL TESTING AND
REPORT PROCEDURES

CAAS STANDARD:

SCOPE: ALL EMPLOYEES AND VOLUNTEERS

This loss of self-control can lead to aggressive driving (or overly cautious driving), as well as the other kinds of aggressive behaviors associated with drinking. Even small doses of alcohol, i.e. a single drink, can impair driving performance. In large doses, alcohol significantly impairs coordination, memory and judgment. Over time, alcohol misuse damages the liver, the heart, the digestive system and can cause permanent brain damage. On average, alcoholics shorten their life span by about 10 years.

Alcohol misuse harms the ability to think clearly, harms judgment and can affect the ability to get along with and work constructively with co-workers and customers. Alcoholics often have attendance and work performance problems and get fired because of the consequences of alcohol misuse. Because of its adverse effects on coordination, reflex time, vision, driving ability, judgment and the ability to evaluate and quickly process information, alcohol is especially dangerous for drivers of commercial motor vehicles and large equipment.

A small glass of wine, a can of beer and a one & one-half ounce shot of liquor all contain about the same amount of alcohol. It takes the body about one hour to metabolize and eliminate each "drink" of alcohol. Coffee, exercise and cold showers do not speed up this process or magically produce sobriety. While individuals differ greatly, each drink on an empty stomach by an average-sized adult male may lead to an alcohol concentration of about 0.02. Thus, drinking more than two drinks raises a serious risk of having an alcohol concentration in excess of the Authority's Policy, especially for people with low body weights. Any drinking while on duty or during the four hours before working violates Authority Policy.

Drugs

Cocaine

Cocaine is a powerful stimulant that can be inhaled up the nose, injected or smoked. It greatly increases heart rate and blood pressure. Partly because of its effects on the circulatory system, cocaine use can lead to seizures. Every time cocaine is used, there is some unquantifiable risk of a fatal stroke or heart attack. Cocaine can also cause tremors, convulsions or vomiting and raises body temperature to dangerous levels. Repeated snorting damages nasal tissues, sometimes permanently. Needle use carries risks of infection and overdose.

Initially, cocaine use brings a rush of euphoria and exaggerated overconfidence. Sometimes these effects are so strong that safe driving is impossible. Cocaine wears off in about an hour after it is snorted and in just a few minutes after it is smoked. When it wears off, the user may become depressed, anxious, paranoid and exhausted.

Cocaine users may exhibit rapid mood swings and changes in activity level. They may grind their teeth, repeatedly wash their hands or engage in other compulsive behaviors.

JORDAN VALLEY EMS AUTHORITY POLICY

POLICY #:106.7.1.8

SUBJECT: DRUG / ALCOHOL TESTING AND
REPORT PROCEDURES

CAAS STANDARD:

SCOPE: ALL EMPLOYEES AND VOLUNTEERS

Amphetamines

Amphetamines, also known as “speed,” are powerful stimulants that are often abused because they make it easy to stay awake. Amphetamines, however, are dangerous drugs with a high potential for abuse. Amphetamines may also be known as uppers, black beauties, white crosses or dexies.

Use brings feelings of alertness and a loss of appetite. The user’s blood pressure can rise to the point where strokes or heart attacks occur. Long-term users often have acne, tooth problems and may exhibit symptoms of permanent brain damage.

Marijuana

Marijuana is a hallucinogen that alters the user’s sense of time and reduces the user’s ability to perform tasks requiring coordination, swift reactions and concentration. Taken in large quantities, marijuana can act like a depressant.

While some people may regard marijuana as harmless, there is evidence its use is unhealthy and dangerous. Marijuana causes significant increases in blood pressure and pulse rate and, thus, can aggravate or cause heart disease. Marijuana smoke also contains a number of known carcinogens. Many experts believe that marijuana is actually healthier to smoke than tobacco.

Studies have shown that smoking marijuana affects the ability to perform tasks that require both thinking and motor skills, for at least 24 hours. Users, however, often believe that all the impairing effects of smoking are worn off after 4 to 5 hours. Marijuana significantly impairs short-term memory and can harm the user’s ability to concentrate or plan for and achieve long-term goals. There is also significant evidence that marijuana harms the reproductive systems of men and women and is dangerous for children and non-smokers who live with the user.

Opiates

Opiates are a class of narcotics and sedatives derived from the opium poppy plant. Heroin is the strongest opiate. Heroin use has been increasing in recent years because of the availability of cheap, strong heroin from Asia. This new stronger heroin can be smoked or snorted. Heroin can also be injected using needles. Morphine and codeine are opiates that are often used to relieve pain or induce sleep. However, they can be stolen from hospitals or pharmacies and abused.

Opiate misuse causes a number of health problems. Because of variations in dosages and strength, heroin use carries a risk of overdose and death. Addicts who use needles also risk contracting AIDS or hepatitis. Heroin is often contaminated with other drugs or toxins or combined with other narcotics. Opiate use slows down and depresses a number of body functions, including brain functioning. Heroin users may act sleepy or euphoric for a while and then become anxious or irritated after the heroin wears off. Heroin users tend to have a number of related health problems and tend to also abuse alcohol and tobacco. Together, these drugs and the unhealthy lifestyles of heroin users result in decreased life expectancy.

JORDAN VALLEY EMS AUTHORITY POLICY

POLICY #:106.7.1.8

SUBJECT: DRUG / ALCOHOL TESTING AND
REPORT PROCEDURES

CAAS STANDARD:

SCOPE: ALL EMPLOYEES AND VOLUNTEERS

PCP

Phencyclidine, or PCP, is also called angel dust or dust. PCP is an extremely dangerous hallucinogen that has unusual and unpredictable side effects. It was developed as an anesthetic in the late 1950's and used for a while as a tranquilizer both for humans and animals. Because of its dangers, it now has no legal uses and is no longer legally manufactured. Rather, PCP is manufactured in underground laboratories. It often contains dangerous adulterants but is very dangerous all by itself.

PCP can produce violence and bizarre behavior in anyone who uses it. Occasionally, PCP users attack nurses and policemen or jump out of windows because they believe they can fly. PCP somehow scrambles the brain's internal stimuli and seriously changes how users feel, see and deal with their environment.

In low doses, PCP produces a feeling of numbness. Increased doses produce excitement, confusion and delirium. The user's body may become rigid or go into convulsions. Routine activities like driving become dangerous and unpredictable.

Users may walk with strange uncoordinated steps. PCP users may have a blank stare, sweat heavily, have thick slurred speech or engage in some of the violent and bizarre behaviors mentioned above.