

Sam Houston State University
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Finance & Operations Human Resources Policy E-9
Drug and Alcohol Testing for Positions Requiring Commercial Driver's License (CDL)

SUBJECT: Drug and Alcohol Testing for Positions Requiring Commercial Driver's License (CDL)

PURPOSE: To provide a safe, healthy, and productive working environment and to comply with the U.S. Department of Transportation (DOT) drug and alcohol testing requirements under the rules of the Omnibus Transportation Employees Testing Act of 1991.

POLICY: This policy applies to all applicants for or employees in positions with duties or activities that involve the requirement of a commercial driver's license; otherwise referred to herein as safety-sensitive functions. The provisions of this drug and alcohol testing policy do not relieve an employee from requirements pursuant to other University policies on drugs and alcohol. The University will not use drug/alcohol screen information to discriminate on any basis prohibited by law. Personnel actions are reviewed to ensure Equal Employment Opportunity (EEO) compliance.

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1. General

- a. To legally operate some heavy-duty university vehicles, state law requires the driver to possess a valid commercial driver's license (CDL). Vehicle operators, when driving heavy-duty vehicles, are subject to the provisions of the federally mandated program of Drug and Alcohol Testing for Safety-Sensitive Positions Requiring a Commercial Driver's License. Failure to comply with the provisions of this program may result in the loss of authorized driver status and disciplinary action, up to and including separation of employment.
- b. Positions require a CDL if the employee operates a motor vehicle under one or more of the following conditions:
 1. With a gross vehicle weight rating (GVWR) of more than 26,000 pounds,
 2. A trailer in combination with a vehicle if the total GVWR is more than 26,000 pounds,
 3. Which transports quantities of hazardous materials that requires warning placards (signs), or
 4. Designed to transport 16 or more passengers including the driver.

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- c. It is the policy of Sam Houston State University to be a drug-free workplace and to prevent and eliminate drug abuse from the workplace. Sam Houston State University has an obligation to:
 - 1. Ensure a safe work environment for all employees;
 - 2. Protect the students and other members of the public against endangerment resulting from the impairment of employee's physical or mental capabilities;
 - 3. Protect its property and equipment from unnecessary damage; and
 - 4. Assure that all Sam Houston State University business is conducted with efficiency and quality.

2. Conditions of Employment

- a. All applicants and employees for positions requiring a CDL will be required to show proof of CDL and must satisfy all requirements to maintain the CDL while employed in the position.
- b. All applicants who have been conditionally accepted for employment for a position requiring a CDL driver's license, will be required to provide a urine specimen for testing for the presence of illegal drugs in accordance with DOT drug and alcohol testing regulations. DOT alcohol screening tests are conducted using either breath or saliva. DOT alcohol confirmation tests are conducted using Evidential Breath Testing Devices (EBTs) that only analyze breath. This requirement also applies when a current employee is transferring from a non-safety sensitive position to a safety-sensitive position.
- c. All applicants who have been conditionally accepted for employment for a position requiring a CDL driver's license, will be required to provide consent to verify prior drug and alcohol testing history with any DOT-regulated company or agency that employed the person during the past three years. This requirement also applies when a current employee is transferring from a non- safety sensitive position to a safety-sensitive position, if employed by another DOT-regulated company or agency within the past three years. Prior drug and alcohol testing history will be obtained and reviewed according to DOT regulations.
- d. Sam Houston State University requires, as a condition of initial and continued employment, that employees in safety-sensitive positions be free from the influence of alcohol and controlled substances while performing their duties.
- e. Employees in safety-sensitive positions are required to report the following to their supervisor and Risk Management within 24 hours:
 - 1. Any traffic violation conviction (except parking violations), no matter what vehicle they were driving at the time of the violation.
 - 2. If their license is suspended, revoked, cancelled, or they are otherwise disqualified from driving for any reason.

3. Employee and Supervisor Education and Training

- a. Employees who perform DOT safety-sensitive functions must acknowledge receipt of the Drug and Alcohol Testing for Positions Requiring Commercial Driver's License (CDL) policy.
- b. Supervisors of employees who perform DOT safety-sensitive functions must complete DOT required training regarding the indicators of probable alcohol and/or drug use.

4. Prohibited Employee Behavior

- a. Alcohol Use
 - 1. Use or possession of alcohol while on duty.
 - 2. Report for duty or remain on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.02 or greater.
 - 3. Perform safety-sensitive functions within four hours after using alcohol.

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4. Use alcohol for 32 hours following an accident, if post-accident testing is required, or until he/she undergoes a post-accident alcohol test, whichever occurs first.
- Drug use
1. Use or possession of a controlled substance while on duty, except when the use is pursuant to the instruction of a physician who has advised the driver that the substance does not adversely affect the driver's ability to safely operate a commercial vehicle; or
 2. Testing positive for a controlled substance while holding a position requiring the performance of a safety-sensitive function.
- c. Refusing to submit to require testing.
 - d. Permitting a subordinate employee to perform or continue to perform safety-sensitive functions when the supervising employee has actual knowledge that a driver has engaged in conduct prohibited as listed above.

5. Definition of Prohibited Drugs

- a. Any drug prohibited by federal law or university policy;
- b. Alcohol;
- c. Prescribed drugs consumed by a person but not prescribed to that person;
- d. Any drug that is obtained illegally;
- e. Any drug that is obtained legally but is not being used for the prescribed purpose or is not being taken according to the prescribed dosages; and
- f. Any drug that would have a medical effect of reducing an individual's ability to safely operate a motor vehicle or perform a CDL safety-sensitive function.

6. Effects of Drugs and Alcohol on a Person's Health, Work, and Personal Life

- a. The unlawful use, possession, or distribution of drugs or alcohol will result in disciplinary action up to and including separation of employment.
- b. When alcohol is consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions. Alcohol is fully absorbed into the bloodstream within 30 minutes to 2 hours, depending upon the beverage consumed and associated food intake. The effects of alcohol on behavior (including driving behavior) vary with the individual and with the concentration of alcohol in the individual's blood. Generally speaking, alcohol is absorbed into the blood relatively quickly and metabolized more slowly. The physical symptoms include: reduction of reflexes, slurred speech, loss of coordination, and unsteady gait. Behavioral symptoms include: increased talkativeness, reduced emotional control, distorted judgment, impaired driving ability, and gross effects on thinking and memory. Alcohol also effects an individual's physical health, which includes disease to the liver, gastrointestinal tract, esophagus, heart and vascular systems. Either because of direct action or indirectly through malnutrition, alcohol depresses immune system functioning and increases the likelihood of infection. There is considerable evidence that alcohol abuse is associated with the incidence of cancer, particularly cancers of the liver, esophagus, nasopharynx, and larynx. Heavy alcohol consumption causes brain damage, manifested through dementia, blackouts, seizures, hallucinations, and peripheral neuropathy. While most of the medical consequences of alcohol use listed above result from chronic use, some effects can result from a single episode of acute use. One half of all traffic accident fatalities are alcohol-related. The risk of a traffic fatality per mile driven is at least eight times higher for a drunk driver than for a sober one. By affecting vision, reflexes, coordination, emotions, aggressiveness, and judgment, alcohol deprives the professional driver of most of the tools he or she relies upon to perform safely. Alcohol also plays a significant role in crime and family violence, including spousal and child abuse. Overdose effects cause unconsciousness, coma, and death. Alcohol is toxic by itself and, coupled with the malnutrition common in alcoholics, can lead to

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kidney disease, deterioration of mental faculties, and psychotic episodes (the “DTs”) if the alcohol is withdrawn. The DTs are characterized by hallucinations and extreme fear, and their presence are a clear indication of alcohol dependence. Withdrawal and the associated DTs can be fatal.

- c. The effects of controlled substances differ from drug to drug.
1. Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. The physical symptoms include: dilated pupils, sweating, increased blood pressure, palpitations, rapid heartbeat, dizziness, decreased appetite, dry mouth, headaches, blurred vision, insomnia, and high fever (depending on the level of the dose). The behavioral symptoms include: confusion, panic, talkativeness, hallucinations, restlessness, anxiety, moodiness, and a false sense of confidence and power. The physical health effects include: psychological dependence and an increased tolerance to the drug, toxic psychosis resembling schizophrenia, heart attack, stroke, and brain damage. Long-term heavy use can lead to malnutrition, skin disorders, ulcers, and various diseases that come from vitamin deficiencies. Users who inject drugs intravenously can get serious and life-threatening infections from non-sterile equipment or contaminated self-prepared solutions. Amphetamines cause a false sense of alertness and potential hallucinations, which can result in risky driving behavior and increased accidents. The hangover effect of amphetamines is characterized by physical fatigue and depression, which make operation of equipment or vehicles dangerous.
 2. Cocaine is a powerful physical and mental stimulant, causing the entire central nervous system to be energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation. The physical symptoms include: dilated pupils, runny or irritated nose, profuse sweating, dry mouth, tremors, needle tracks, loss of appetite, hyper excitability, restlessness, high blood pressure, heart palpitations, insomnia, talkativeness, and formication (sensation of bugs crawling on skin). The behavioral symptoms include: increased physical activity, depression, isolation and secretive behavior, unusual defensiveness, frequent absences, wide mood swings, difficulty in concentration, paranoia, hallucinations, confusion, and a false sense of power and control. Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells.
The onset of nervous system illnesses such as Parkinson’s disease could also occur. Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes or heart attacks. Strong psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days of using crack or within several months of snorting coke. Cocaine causes the strongest mental dependency of any known drug. Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are not usually reversible by medical intervention. Cocaine use results in an artificial sense of power and control, which leads to a sense of invincibility. Lapses in attention and the ignoring of warning signals brought on by cocaine use greatly increase the potential for accidents. Paranoia, hallucinations, and extreme mood swings make for erratic and unpredictable reactions while driving.
 3. Cannabinoids (Marijuana) is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood and

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perception- altering effects it produces. The physical symptoms include: reddened eyes, stained fingertips, chronic fatigue, irritating cough, chronic sore throat, accelerated heartbeat, slowed speech, impaired motor coordination, altered perception, and increased appetite. The behavioral symptoms include: impaired memory, time-space distortions, feeling of euphoria, panic reactions, paranoia, an "I don't care" attitude, and false sense of power. Marijuana smoking lowers the body's immune system response, making users more susceptible to infection. Marijuana use also effects an individual's mental functions, to include: delayed decision making, diminished concentration, impaired short-term memory, impaired signal detection (ability to detect a brief flash of light, a risk for users who are operating machinery), impaired tracking (ability to follow a moving object with the eyes) and visual distance measurements, erratic cognitive function, and distortions in time estimation. There are long-term negative effects on mental function, known as "acute brain syndrome," which is characterized by disorders

in memory, cognitive function, sleep patterns, and physical condition. These mental impairments resulting from the use of marijuana produce reactions that can lead to unsafe and erratic driving behavior. Distortions in visual perceptions, impaired signal detection, and altered reality can make driving a vehicle very dangerous.

4. Opiates (Narcotics) are drugs that alleviate pain, depress body functions and reactions, and, when taken in large doses, cause a strong euphoric feeling. The physical symptoms include: constricted pupils, sweating, nausea and vomiting, diarrhea, needle marks, loss of appetite, slurred speech, slowed reflexes, depressed breathing and heartbeat, drowsiness, and fatigue. The behavioral symptoms include: mood swings, impaired coordination, depression and apathy, stupor, and euphoria. IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles. Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity. The effects of narcotics are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose. The apathy caused by opiates can translate into an "I don't really care" attitude toward performance. The physical effects as well as the depression, fatigue, and slowed reflexes impede the reaction time of the driver, raising the potential for accidents. Although opiates have a legitimate medical use in alleviating pain, workplace use may cause impairment of physical and mental functions.
5. Phencyclidine (PCP) acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood-altering effects. Low doses produce sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare with the eyelids half-closed. Sudden noises or physical shocks may cause a "freak-out," in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication. The physical symptoms include: dilated or floating pupils, blurred vision, nystagmus (jerky eye movement), drooling, muscle rigidity, profuse sweating, decreased sensitivity to pain, dizziness, drowsiness, impaired physical coordination, severe disorientation, and rapid heartbeat. The behavioral symptoms include: anxiety, panic/fear/terror, aggressive/violent behavior, distorted perception, severe confusion and agitation, disorganization, mood swings, poor perception of time and distance, poor judgment, and auditory hallucinations. PCP is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction. There are four phases to PCP abuse. The first phase is acute toxicity. It can last up to three days and can include: combativeness, catatonia, convulsions,

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and coma. Distortions of size, shape, and distance perception are common. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia, and agitation. The third phase is a drug-induced schizophrenia that may last a month or longer. The fourth phase is PCP-induced depression. Suicidal tendencies and mental dysfunction can last for months. The distortions in perception and potential visual and auditory delusions make driver performance unpredictable and dangerous. PCP use can cause drowsiness, convulsions, paranoia, agitation, or coma. ([U.S. Department of Transportation Federal Motor Carrier Safety Administration, FMCSA Implementation Guidelines for Alcohol and Drug Regulations, Chapter 4: Education and Training](#))

7. Employee Testing is Required:

- a. Prior to employment drug and alcohol testing;
- b. Upon reasonable suspicion of alcohol or drug abuse during, just preceding, or just after the period of the work day that the employee is performing safety-sensitive functions.
- c. On an unannounced random basis;
- d. Following an accident when required by DOT regulation or at the request of the employee's supervisor or department administrator;
- e. If allowed to return to duty for a covered position after having been identified by a substance abuse professional (SAP) as needing assistance in resolving problems with drug or alcohol abuse, the employee must have a return-to-duty test and the test result must be negative. Such an employee will be subject to a minimum of six unannounced follow-up drug or alcohol tests over the first 12 months following return to duty.

8. Reasonable Suspicion

- a. An employee in a safety-sensitive position will be required to submit to a controlled substances test when the supervisor or department administrator has reasonable suspicion to believe that the employee has violated the policy concerning drugs or alcohol. The supervisor's or department administrator's determination that reasonable suspicion exists must be based on specific, contemporaneous, articulable observations concerning the employee's appearance, behavior, speech, body odors, or performance indicators of probable alcohol or drug use. The observations may include indications of the chronic and withdrawal effects of controlled substances.
- b. Reasonable suspicion testing will occur when the required observations for drugs or alcohol are made by a trained supervisor or department administrator during, just preceding, or just after the period of the work day that the employee is performing safety-sensitive functions.
- c. Each supervisor must participate in a minimum of 60 minutes of training on drug and alcohol abuse, on a one-time basis, provided by a qualified substance abuse program approved by Human Resources. This training will help supervisors determine if reasonable suspicion testing may be warranted.

9. Refusal to Submit to Testing

- a. A driver will be considered as refusing to test if he/she:
 1. Fails to provide sufficient quantities of breath, saliva, or urine to be tested without a valid medical explanation;
 2. Tampers with or attempts to adulterate the specimen;
 3. Interferes with the collection procedure;
 4. Does not immediately report to the collection site;
 5. Fails to remain at the collection site until the collection process is complete;
 6. Has a test result reported by an MRO as adulterated or substituted; or

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7. Leaves the scene of an accident without a valid reason before the tests have been conducted.
- b. A driver who refuses to take an alcohol or drug test as required by law or as requested by a supervisor shall immediately notify the appropriate supervisor of such refusal and will be deemed medically unqualified to drive. Such an employee will be placed off duty and be subject to disciplinary action up to and including separation of employment.
- c. Forgetting to take an alcohol or drug test will not be considered acceptable reason for not taking such test. Personal or family emergencies will be evaluated on an individual basis.
- d. The decision regarding continuing employment will be the responsibility of the employee's supervisor and department administrator, with concurrence of the AVP of Human Resources.

10. Collection Procedure

- a. All alcohol and drug testing shall be conducted by an approved drug and alcohol testing vendor licensed by the state of Texas and for whose services Sam Houston State University contracts. Safety-sensitive position applicants and employees will be tested under controlled procedures.
- b. The alcohol test is generally a two-part process; a screening test and a confirmation test. If the screening test results in a negative reading, no further tests are required. However, a positive result on a screening test will require a confirmation test. No adverse action will be taken against an employee without a positive confirmation test.
- c. The DOT Safety-Sensitive drug test will screen for the following drugs:
 1. Marijuana metabolites / THC
 2. Cocainemetabolites
 3. Phencyclidine(PCP)
 4. Amphetamines, Methamphetamine, and Methylenedioxyamphetamine(MDMA)
 5. Opiate metabolites (Codeine, Morphine, and Heroin)
- d. Security and Chain of Custody: Testing is through vendors that affirm their laboratories are secure. Vendors are required to take sufficient security measures to control access to the premises and to ensure that only authorized personnel handle specimens or are allowed access to records storage. Vendor laboratories shall use chain of custody procedures to maintain control and accountability of specimens from receipt through completion of testing, reporting during storage, and continuing until final disposition.

11. Positive Test

- a. Employees with positive alcohol or drug tests will be removed immediately from safety-sensitive functions. The supervisor or department administrator will meet with each employee who tests positive, informing the employee of the test result, and providing the employee with information about the Employee Assistance Program. Based on the information available after the meeting with the employee, the supervisor or department administrator shall determine whether:
 1. To proceed to impose appropriate disciplinary action; and/or
 2. To offer the employee the opportunity to participate in and satisfactorily complete an appropriate employee assistance program or rehabilitation program for alcohol and/or drug abuse as a condition of continued employment. An employee who chooses to participate in such a program must be informed that the University will pursue appropriate disciplinary action if the employee does not satisfactorily complete the prescribed program; or

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3. To allow the employee who has tested below 0.04 for alcohol, with no concurrently positive drug test, to return to work after a 24-hour period.
- b. Split specimen testing is used for the drug test. With a split specimen, only one portion of the specimen is initially tested. If the test result is positive and the employee or applicant requests in writing that the remaining portion of the specimen be tested at another lab, the additional testing will be at the employee's or applicant's expense.

12. Recordkeeping

All records of the drug and alcohol abuse prevention and testing program must be kept in a secure location with controlled access. All records must be maintained according to the following schedule:

- a. Education and Training records – indefinite period / plus two years after ceasing to perform related functions.
- b. Documents related to verified positive controlled substance test results and alcohol test results indicating an alcohol concentration of 0.02 or greater – five years;
- c. Documentation related to refusals to take required tests – five years;
- d. EBT calibration documentation – five years;
- e. Records related to driver evaluations and referrals to SAPs – five years;
- f. Follow-up tests and follow-up schedules – five years;
- g. Management Information System drug and alcohol statistical testing data – five years;

- h. Previous employer records – three years;
- i. Records related to alcohol and drug collection process – two years;
- j. Training records – two years;
- k. Documents related to negative or canceled tests – one year; and
- l. Alcohol test results indicating an alcohol concentration of less than 0.02 – one year.

13. Reporting

Sam Houston State University will submit reports in accordance with federal regulations regarding this alcohol and drug misuse prevention program.

14. Contact Information

- a. Any questions regarding this policy should be addressed to the Associate VP for Human Resources and Risk Management at (936) 294-1070.
- b. All Sam Houston State University faculty, staff and family members have access to the University of Texas Employee Assistance Program (UTEAP). One of the services an EAP provides is referral to Substance Abuse Professionals for assistance to help resolve issues related to alcohol and drug problems. Employees who need to schedule an appointment may call (800) 346-3549.

Reviewed by: David M. Hammonds, Associate VP for Human Resources & Risk Management - 2/23/15