

## **Drug/Alcohol Reasonable Suspicion Procedure**

### **15.044 Reasonable Suspicion Drug & Alcohol Testing Procedures**

- (a) In compliance with the federal regulations, the County requires Covered Employees to submit to testing for the presence of Drugs and Alcohol when a reasonable suspicion exists that a Covered Employee has violated any part of the federal regulations or the Commercial Driver's License Drug and Alcohol Policy.
- (b) In accordance with federal regulations, supervisors are trained to and do monitor the following symptoms as indicators of the possible use of Alcohol or Drugs: body odor, appearance, speech, and behavior. For Drugs only, supervisors are trained to and do monitor indications of the chronic effects and withdrawal effects of Drugs.
- (c) After a trained supervisor makes specific, contemporaneous, clearly described observations that are consistent with the use of Drugs or Alcohol, he or she must request, when at all possible, that another trained supervisor make independent observations and verify these observations and conclusions.
- (d) If a supervisor who has not received Alcohol and drug training suspects that a Covered Employee is under the influence of Alcohol or Drugs, he or she must:
  - (1) Immediately remove the Covered Employee from Performing safety sensitive functions; and
  - (2) Document the observations creating the suspicion in writing, and wait until a trained supervisor can confirm the suspicion.
- (e) If a trained supervisor is not available within the department to confirm the suspicion, the untrained supervisor should contact Drug and Alcohol Program Coordinator to provide assistance in locating a trained supervisor. Confirmation by a trained supervisor must occur before administering a drug or Alcohol test to the Covered Employee.
- (f) In cases when a verification by a second supervisor is not possible or practical—such as when the supervisor and the Covered Employee are in a remote location and no other trained supervisor is available to observe the Covered Employee—the supervisor may contact HRMD and the County Attorney to determine whether a determination of reasonable suspicion is warranted.

- (g) Reasonable suspicion exists when one supervisor has made specific observations that are consistent with the use of Drugs or Alcohol if:
- (1) That supervisor has been specifically trained to recognize the appearance, behavior, speech or body odors associated with drug and Alcohol use and the indications of the chronic effects and withdrawal effects of Drugs or Alcohol;
  - (2) A request has been made that a second trained supervisor, based on independent observations of the Covered Employee, verify the initial observations and concurs with the conclusions and either there was a second trained supervisor available who could do this or extenuating circumstance preclude the review by a second trained supervisor; and
  - (3) The observations and conclusions of the supervisors available to make the observations are reviewed by the County Attorney and HRMD.

**HRMD Contacts:**

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- (h) If the Covered Employee is suspected of drug or Alcohol use, and the supervisors, HRMD and the County Attorney have determined that reasonable suspicion exists, reasonable suspicion testing may only be administered:
- (1) If the supervisor's observations were made during, just preceding, or just after a work day during which the Covered Employee is Performing or on call to perform safety sensitive functions and, therefore, subject to compliance with the federal regulations; and
  - (2) If the testing is performed before, during, or after the Covered Employee has performed a safety sensitive function.
- (i) Each supervisor is required to document in writing the specific indicators, symptoms, or observations that form the basis for the determination that reasonable suspicion exists and that testing of the Covered Employee is warranted.

- (j) If the supervisor making the determination of reasonable suspicion is not the Covered Employee's immediate supervisor, the supervisor making the determination must notify the Covered Employee's immediate supervisor of the intent to test. The immediate supervisor must then coordinate the testing of the Covered Employee in accordance with these procedures.
- (k) The immediate supervisor contacts HRMD and the County Attorney for final approval to test the Covered Employee.
- (l) Once approval to test has been obtained from HRMD and the County Attorney, the supervisor notifies the affected Covered Employee of the intent to test and follows the Collection Site and Post Testing Procedures.
- (m) The following time limits apply to reasonable suspicion testing:
  - (1) Alcohol. The Covered Employee must be tested within two (2) hours after the observation of suspicious behavior. The Covered Employee may not be tested unless there is a determination by the supervisors, HRMD, and the County Attorney that Alcohol testing based on reasonable suspicion is warranted. All attempts to administer Alcohol testing must cease within eight (8) hours after observation of suspicious behavior even if there has been a determination that Alcohol testing based on reasonable suspicion is warranted. If Alcohol testing is not administered within two hours after the initial observation, the supervisor shall prepare and maintain on file, a record stating the reasons the test was not promptly administered and update it if the attempt to test is not accomplished. A copy of this record is forwarded to the Drug and Alcohol Program Coordinator within 24 hours.
  - (2) Drugs. A urine specimen must be collected within thirty-two (32) hours after the observation of suspicious behavior. The Covered Employee may not be tested unless there is a determination by the supervisors, HRMD, and the County Attorney that drug testing based on reasonable suspicion is warranted. All attempts to administer a drug test must cease within thirty-two (32) hours after the observation. If the urine specimen is not collected within thirty-two (32) hours, the supervisor shall prepare and maintain on file, a record stating the reasons the test was not promptly administered. A copy of this record is forwarded to the Drug and Alcohol Program Coordinator within seventy-two (72) hours.

- (n) After testing has been conducted, the supervisor making the referral must complete a Behavior/Incident Documentation Report. The supervisor must forward copies of the report and any other documentation that supports the determination of reasonable suspicion to the Elected or Appointed Official and to the Drug and Alcohol Program Coordinator within 24 hours of the initial observation of the behavior.

# Travis County Reasonable Suspicion/Behavior Incident Report

**Date & Time:** \_\_\_\_\_ (check one)  Initial observation  
**Employee:** \_\_\_\_\_  Follow-up observation  
**Employee No:** \_\_\_\_\_  Pre-testing

**Detail the employee's actions that made you suspicious to the possibility of substance abuse**

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**Behavior** (check one or more)

- |  |                                      |                                     |  |                                      |
|--|--------------------------------------|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> normal        | <input type="checkbox"/> defensive   | <input type="checkbox"/> aggressive | <input type="checkbox"/> loud          | <input type="checkbox"/> profanity   |
| <input type="checkbox"/> argumentative | <input type="checkbox"/> belligerent | <input type="checkbox"/> obnoxious  | <input type="checkbox"/> crying        | <input type="checkbox"/> erratic     |
| <input type="checkbox"/> threatening   | <input type="checkbox"/> destructive | <input type="checkbox"/> scared     | <input type="checkbox"/> non-attentive | <input type="checkbox"/> mood swings |

Explain behavior: \_\_\_\_\_

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**Appearance** (check one or more)

- |                                     |  |                                      |                                   |   |
|-------------------------------------|--|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> normal     | <input type="checkbox"/> uncoordinated | <input type="checkbox"/> hyperactive | <input type="checkbox"/> sleepy   | <input type="checkbox"/> bloodshot eyes |
| <input type="checkbox"/> nervous    | <input type="checkbox"/> runny nose    | <input type="checkbox"/> confused    | <input type="checkbox"/> sweating | <input type="checkbox"/> dilated pupils |
| <input type="checkbox"/> staggering | <input type="checkbox"/> pale          | <input type="checkbox"/> tremors     | <input type="checkbox"/> dreamy   | <input type="checkbox"/> glazed eyes    |

Explain appearance: \_\_\_\_\_

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**Overall** (check one or more)

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> normal                      | <input type="checkbox"/> out of normal character               | <input type="checkbox"/> impaired  |
| <input type="checkbox"/> unable to function normally | <input type="checkbox"/> under the influence of some substance | <input type="checkbox"/> dangerous |

**Action taken because of this observation:**

- |   |  |
|---|--|
| <input type="checkbox"/> observation only                       | <input type="checkbox"/> counseled employee                      |
| <input type="checkbox"/> tested for drugs with urine specimen   | <input type="checkbox"/> tested for alcohol with breath specimen |
| <input type="checkbox"/> employee not tested due to time limits | <input type="checkbox"/> employee refused to submit to test      |

Observer:	Witness:
Telephone:	Telephone:
Organization:	Organization:

If testing was done as a result of this observation, you must complete the reverse side.

**Alcohol Breath Test**

- <0.02                                       0.02 but <0.04                                       =/>0.04

As a result of this test the employee was:

- returned to duty
- removed from safety-sensitive duty for 24 hours
- referred to a substance abuse professional
- transferred to a non-safety sensitive duty
- terminated
- other \_\_\_\_\_

**Drug/Urine Test**

- Negative                                       Positive

As a result of this test the employee was:

- returned to duty
- referred to a substance abuse professional
- transferred to a non-safety sensitive duty
- terminated
- other \_\_\_\_\_

**Who conducted the test?**

- Alcohol

Name: \_\_\_\_\_ Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

- Drug

Name: \_\_\_\_\_ Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Was any delay encountered in completing the test(s)?**  No                                       Yes (if yes explain)

**Additional details or comments:** \_\_\_\_\_  
\_\_\_\_\_

The supervisor(s) listed below conducted the determination of suspected controlled substance use and/or alcohol and made the decision to authorize the testing of the employee.

Supervisor (Please Print)	Witness (Please Print)
Supervisor Signature	Witness Signature
Date and Time	Date and Time