

**Reasonable Suspicion Testing  
for Drugs and Alcohol**

**A Supervisor's Guide**

**Prepared by**

**Office of the State Employer  
March 2000**

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**T**his Supervisor's Guide to Reasonable Suspicion Testing for Drugs and Alcohol is provided to assist supervisors in making decisions about reasonable suspicion drug or alcohol tests. The Guide is intended to be used in conjunction with the videotape presentation on Reasonable Suspicion Testing for Drugs and Alcohol. The Guide will also serve as a ready reference for supervisors in fulfilling their responsibilities to monitor employees' compliance with State of Michigan work rules regarding drugs and alcohol.

The Guide is organized into 16 sections that expand upon the information provided in the videotape presentation. The order of the sections in the Guide is the same as the videotape, which will allow stopping the tape at appropriate intervals to review the written material or to engage in group discussions or activities on a particular topic. Each Guide section concludes with a summary of the key points emphasized in that section.

In Appendix A, the Guide presents workplace scenarios designed to provide the supervisor with "real life" practical situations that require the supervisor's evaluation and assessment concerning a reasonable suspicion test determination. Each scenario contains questions that lead the supervisor through the decision-making process concerning a reasonable suspicion test determination. These scenarios can also be used as case studies for discussion in a group training session. Suggested responses to the workplace scenarios are provided.

Appendix B is the Supervisor's Report of Reasonable Suspicion. This report documents the supervisor's observations of employee behavior, appearance, speech, or body odors made in conjunction with the reasonable suspicion test determination. The report will serve as the written documentation to support a decision to conduct a reasonable suspicion test. It is to be maintained in confidential files as documentation of compliance with reasonable suspicion testing requirements.

Documentation showing you have completed the supervisory training will be maintained by your appointing authority.

## 2

# Overview of Drug and Alcohol Testing Program

**N**on-exclusively represented employees are subject to Civil Service Rule 2-7 Drug and Alcohol Testing. Most exclusively represented employees are covered by similar provisions in their collective bargaining agreement.

These provisions prohibit the on-duty use of drugs and alcohol. Employees are also prohibited from reporting to duty or being on duty with a prohibited level of drugs or alcohol in their system. All such employees are subject to drug or alcohol testing if there is reasonable suspicion that the employee has violated applicable rules or contract provisions regarding drugs and alcohol. In addition, employees in positions identified as "test-designated" are subject to drug and alcohol testing on a random basis and following serious work accidents. Two other types of tests are required for some employees: 1) follow-up drug and/or alcohol testing is required under certain circumstances and 2) a preappointment drug test is required for an employee not currently in a test-designated position who is selected for a test-designated position. Finally, all offers of employment to new employees are conditioned upon submitting to and passing a drug test before becoming a State employee.

The applicable contract provisions or rules establish prohibited levels of drugs and alcohol and specify the testing protocols.

Prohibited Drugs: Classified employees may be tested for the following drugs or classes of drugs: marijuana, cocaine, opiates, phencyclidine, and amphetamines. Any positive drug test will be just cause for discipline.

Prohibited Alcohol Level: An alcohol breath concentration equal to or greater than 0.02 is just cause for discipline.

Drug testing is conducted on an employee's urine using immunoassay analysis for illicit controlled substances. Urine specimens are obtained from employees using procedures that protect the employee's privacy, ensure the accuracy and reliability of test results, and provide for security, integrity and identification of the urine specimen. Analysis of the specimen is performed at laboratories certified by a state agency or by the U.S. Department of Health and Human Services (DHHS). Test results are sent to the medical review officer (MRO), a licensed physician who has knowledge of substance abuse disorders and the appropriate medical training to interpret and evaluate a confirmed positive test for controlled substances.

The MRO forwards negative test results to the appointing authority. Each specimen reported positive for drugs undergoes a second analysis using gas chromatography/mass spectrometry methodology. If the specimen tests negative on this confirmatory test, the result is reported as negative. If the specimen tests positive, the MRO interviews the employee to determine if there is an alternative medical explanation for the urinalysis finding. Once

the MRO has reviewed and interpreted the test result, it is reported to the appointing authority.

Alcohol testing is done using an evidential breath testing device (EBT) approved by the National Highway Traffic Safety Administration. If the result of the initial test is an alcohol concentration of 0.02 or greater, a confirmation test is performed. Positive alcohol test results are reported immediately to the appointing authority, and all alcohol test results are sent to the MRO.

If an employee has a drug or alcohol problem, the employee may voluntarily disclose the problem to the appointing authority at any time before the employee is required to be tested. The employee may then seek treatment or assistance for the problem without incurring discipline. An employee may self-report twice during a career.



### 3

## Supervisory Training

**S**upervisors are provided with training on alcohol abuse and controlled substance use to enable them to determine when an employee should be required to submit to a reasonable suspicion test for alcohol or drugs. The training includes specific information on the physical, behavioral, speech, and performance indicators of drug and alcohol use. Documentation of supervisors' participation in the required training must be maintained by appointing authorities.



## 4

# Definition of Reasonable Suspicion Testing

**R**easonable suspicion is defined as a belief, drawn from specific objective facts and reasonable inferences drawn from those facts in light of experience, that an employee is using or may have used drugs or alcohol in violation of one of the following: 1) a departmental work rule; 2) an applicable collective bargaining agreement; or 3) a civil service rule or regulation applicable to NEREs.

Reasonable suspicion describes a set of circumstances that indicate the need to explore possible explanations for an employee's appearance, behavior, conduct, or performance. The suspicion only has to be *reasonable* (it doesn't have to be an iron-clad certainty), but it must be based on facts and observations related to that employee.

Reasonable suspicion thus leaves room to rule out a particular cause. If you look at the Supervisor's Report for documenting reasonable suspicion in Appendix B, you will see that it includes a number of signs and symptoms that can be associated with other problems and conditions besides alcohol or drug use. In other words, the reasonable suspicion test is used as much to determine that alcohol or drugs are *not* the cause of the observed behavior or appearance, as it is to prove that one of them is the causative agent.

There is a significant difference between testing for alcohol misuse and testing for drug use. Alcohol is a legal drug, and therefore its use is prohibited only in relation to an employee's performance of duties. An employee's off-duty use of alcohol is not proscribed except when it has a direct bearing on the performance of work responsibilities, such as shortly before reporting to work or when the employee is on call, is called back, or is working overtime. Unlike alcohol, use of controlled substances without a physician's authorization is prohibited at any time.

Urine drug testing tells only whether the individual has engaged in drug use in the recent past; it does not tell whether a person is currently under the influence of a drug, or the amount of a drug consumed. Urine drug tests do not tell if the use of a controlled substance was authorized or illegal use. That is why a urine drug test result must be reviewed by a physician to determine if there is an alternative medical explanation for the finding of drugs in the person's urine.

A reasonable suspicion drug and/or alcohol test determination may be made at any time the supervisor observes employee behavior or appearance indicating possible use of controlled substances or alcohol. The test(s) should be conducted as soon as possible following the supervisor's observations. The supervisor completes signed, written documentation of the observations leading to a reasonable suspicion test, using the form in Appendix B, and contacts the department's Drug and Alcohol Testing Coordinator (DATC) for approval to proceed with reasonable suspicion testing.

## **SUMMARY**

### **Definition of Reasonable Suspicion Testing**

- Reasonable suspicion testing is:
  - ♦ based on observations of an individual
  - ♦ based on objective, documented criteria
  - ♦ used to rule out or eliminate alcohol or drug use as a cause of the individual's behavior or appearance
- Urine drug test does not establish if the person is under the influence of a drug
- Urine drug test tells only if drug was used in recent past
- Urine drug test does not tell if use was illegal or was authorized medical use
- Reasonable suspicion test requires supervisory documentation of observations leading to the test and prior approval of the Drug and Alcohol Testing Coordinator



## 5 **CRITERIA FOR REASONABLE SUSPICION TESTING**

**R**easonable suspicion testing determinations must be based on the supervisor's observations of an employee's appearance, behavior, conduct, or body odors or other physical signs associated with alcohol or controlled substance use. The observations must be made and documented by a supervisor who has received training on the requirements for reasonable suspicion testing.

Observations of the employee's appearance, behavior, or other circumstances must be made in close time proximity to the decision to conduct a reasonable suspicion test. The supervisor cannot use observations made last week to require a test today. Examples of the factors upon which the supervisor can base his/her determination to conduct a reasonable suspicion drug test include:

- observable phenomena, such as direct observation of drug or alcohol use or the physical symptoms of being impaired by or under the influence of a drug or alcohol
- a report of on-duty or sufficiently recent off-duty drug or alcohol use provided by a credible source
- evidence that an employee has tampered with a drug or alcohol test
- evidence that an employee is involved in the use, possession, sale, solicitation, or transfer of drugs or alcohol while on duty, while on the employer's premises, or while operating the employer's vehicle, machinery, or equipment

Once the decision to test has been made, the test must be conducted promptly.

The supervisor must be able to identify specific signs or symptoms associated with possible drug or alcohol use. The specific observations should be documented using the report in Appendix B of this Guide.

Since many of the behavioral and physical signs of possible drug use are similar to, or the same as, the symptoms associated with alcohol misuse, it may be appropriate to conduct both a urine drug test and a breath alcohol test in reasonable suspicion testing circumstances. If the observed signs and symptoms are consistent with both possible alcohol misuse and controlled substance use, a drug and an alcohol test should be conducted. In other words, if the observations could be associated with either alcohol or drugs, both tests are appropriate. If, however, the odor of alcohol on the employee's breath is the documented observation, conducting a urine drug test in addition to the alcohol breath test is not appropriate. Doing both tests based on a belief that alcohol and drug use often occur together is insufficient justification for dual testing.

## **SUMMARY**

### **Reasonable Suspicion Criteria**

- Reasonable suspicion test determinations must be based on observations of the employee, including appearance, behavior, conduct, or body odors associated with drug or alcohol use
- Supervisor must have training in reasonable suspicion testing
- Observations must be made in close time proximity to the decision to test
- Testing must be conducted promptly after the determination to test is made
- A breath alcohol and urine drug test can be done based on a determination to conduct a reasonable suspicion test
- Decision to conduct both tests must be based on observations of employee behavior, appearance, or other phenomena consistent with both alcohol and drugs
- Supervisor's observations must be documented
- General belief in polydrug use (alcohol and illegal drugs) is insufficient grounds to do both tests



# 6 SUPERVISOR'S ROLE IN REASONABLE SUSPICION TESTING

## Alcohol Testing Issues

**M**aking a determination that a reasonable suspicion test is necessary involves informing the employee. This is often the most difficult aspect of reasonable suspicion testing for supervisors. Dealing with an employee's misconduct often is embarrassing and uncomfortable for many supervisors, especially if that misconduct involves the use of alcohol. Discomfort about someone's alcohol use or abuse is not limited to supervisor/employee relationships. Experiences with friends or family members who drink too much leave people feeling frustrated, annoyed, angry, helpless and confused about how to approach them on the issue. Our own experiences with alcohol affect our beliefs and our actions in response to alcohol misuse or abuse by others.

## Drug Testing Issues

One of the most difficult things about reasonable suspicion drug testing for supervisors is the fear of being wrong--of accusing an employee of using drugs; of being involved in something illegal. Supervisors often fear being sued or having a grievance action brought against them as a result of their decision to conduct a reasonable suspicion drug test. These fears can be minimized if supervisors remember that a decision to require an employee to submit to a reasonable suspicion drug test is not an accusation of illegal activity or an attempt to diagnose drug abuse or addiction. It

is rather a method for "ruling out" a possible cause or explanation for employee behavior or appearance that is cause for concern.

Many supervisors believe that they must be skilled "drug recognition experts" in order to make sound, effective decisions about reasonable suspicion drug testing. It is not necessary or expected that supervisors be able to identify the specific drug or drugs an employee may be using. For example, it is not necessary to know all the specific physical and behavioral symptoms associated with each drug or type of drug.

The symptoms of illegal drug use cover a wide range of physical and behavioral responses, and frequently drug users engage in polydrug or multiple drug use, using more than one type of drug, either in combination or in a serial pattern. The supervisor's responsibility is to be alert to changes in the employee's behavior, appearance, or conduct, not to a specific set of symptoms associated with each drug or drug class.

## **Useful Approaches**

The key to successfully handling an employee's possible alcohol or drug use is to focus on the specific observations of employee behavior and appearance. The supervisor should clearly and objectively articulate his/her observations and inform the employee that a reasonable suspicion alcohol breath test and/or drug urine test will be conducted.

If the employee protests that the signs or symptoms are due to other causes, such as fatigue, physical illness, or personal problems, the supervisor should listen to the employee, respond empathetically, and explain that if that is the case, the test will serve to eliminate drug use or alcohol misuse as a possible cause of the observed behavior or appearance. It is true that medical or other problems may mimic these symptoms. The supervisor should not accuse an employee of drug or alcohol use or offer a diagnosis of alcoholism or drug addiction. The supervisor's role is to identify the specific observations of employee behavior or appearance, tell the employee of the requirement to undergo a drug test, and fully explain the consequences of the employee's refusal to comply.

The supervisor should be prepared to explain the procedures for obtaining the test, including such matters as transportation to and from the testing location, any documentation being made, and the employee's responsibilities. The employee may ask about the consequences of a "positive" test. The supervisor should be knowledgeable of state and departmental work rules and the departmental procedures for carrying them out.

Frequently, employees are defensive or hostile when their behavior, appearance, or conduct are under scrutiny. Remember, if the employee is under the influence of alcohol or drugs, the defensive, hostile responses may be related to their effects. The following hints may give some assistance:

## **EMPLOYEE BEHAVIOR**

## **SUPERVISOR RESPONSE**

Defensive or denies your comments

Listen

Repeat your statements

Point out requirements of applicable work rules

Talking non-stop

Interrupt with questions that require a 'yes' or 'no' reply

Listen

Crying

Allow the employee to regain composure

State that you are not blaming but you must both follow the requirements placed on us as employees

Silence

Ask non-threatening questions - "Is there anything you would like to tell me?"

After a question, remain silent

Aggressive, belligerent

Stay calm

Do not yell

Ignore inflammatory remarks

Stick to the facts

The supervisor should remain firm in his/her resolve to carry through with the decision to conduct reasonable suspicion testing for drugs and/or alcohol. The supervisor needs to stay focused on the observations that have led to the determination to test, and follow through with arrangements to have the test(s) conducted as soon as possible.

It is helpful to have another supervisor assist you with, or at least witness, the interview with the employee. Whether or not another

supervisor assists with the initial evaluation of the employee, ***you must contact your department's Drug and Alcohol Testing Coordinator (DATC) for approval of the decision to require a reasonable suspicion test.***

## **SUMMARY**

### **Supervisor's Role**

- Informing the employee of the need for testing often is the most difficult task
- Supervisor should be alert to changes in the employee's usual behavior, appearance, and conduct
- Reasonable suspicion drug test is not an accusation of illegal drug use
- Reasonable suspicion test does not diagnose alcohol abuse or drug addiction
- Supervisor's role is to:
  - ; *identify and document* the specific observations of employee behavior, appearance, and conduct
  - ; *inform* the employee concerning the requirement to undergo the test
  - ; *fully explain* the consequences of the employee's refusal to comply
- Supervisor does not need to identify the specific drug associated with the behavior or appearance
- Interview with employee should remain focused on objective observations
- Collaboration with another supervisor is helpful
- DATC approval for reasonable suspicion testing is required

## 7

# THE EFFECTS OF ALCOHOL

**A**lcohol is a drug, a chemical substance that alters the way the human body functions. Although low doses of alcohol initially have a mildly stimulating effect, alcohol is a sedative or depressant drug. Alcohol produces dramatic effects as it alters the chemical reactions and physiology of the human body. Alcohol is water-soluble and enters the blood stream immediately upon ingestion through the mouth. Alcohol penetrates the blood-brain barrier and circulates to the brain tissue, altering the chemical reactions in individual cells.

The effects of alcohol vary tremendously from person to person, depending upon a person's weight, sex, age, metabolism, and liver functioning. Alcohol's effects even vary in the same individual from occasion to occasion depending on such factors as: how rapidly the person drinks; what food was eaten when; the person's nutritional state; interaction with other drugs; sugar or carbonation in the alcohol beverage; the individual's emotional state; and tolerance developed from past alcohol use experience.

The more an individual drinks, the more intoxicated he/she becomes by the sedative effects of alcohol. It takes an average of 1½ hours for the alcohol in "one drink" of beer, wine, or distilled spirits to leave the body. Thus, the effects of alcohol when consumed at a rate of greater than one drink every 1½ hours is cumulative, as demonstrated by an increasing blood alcohol

concentration (BAC). As a person's BAC rises, his/her judgment, cognitive and psychomotor skills are increasingly impaired.

**SUMMARY**  
**Effects of Alcohol**

- Alcohol is a drug
- Alcohol initially acts as a stimulant
- Alcohol's overall effect is a sedative or depressant
- Alcohol affects the brain cells, slowing the body's chemical responses
- The effects of alcohol vary from individual to individual
- The effects of alcohol on an individual vary from occasion to occasion
- One drink metabolizes in approximately 1½ hours
- The higher the blood alcohol concentration, the more pronounced the effects of alcohol

## 8

# SIGNS AND SYMPTOMS OF ALCOHOL INTOXICATION

**M**ost supervisors are familiar with the behavioral and physical symptoms of alcohol intoxication. However, most of the signs and symptoms we associate with intoxication or drunkenness generally are not apparent until the person's alcohol concentration reaches 0.1 or greater. An individual's alcohol use history, medical status, and conditions surrounding the use of alcohol affect the physical and behavioral symptoms present at a given alcohol concentration.

The physical, behavioral and appearance signs of alcohol intoxication are commonly recognized. The physical symptoms include: unsteady gait, poor balance, staggering; poor eye-hand coordination, tremors, slowed reflexes; bloodshot eyes and unfocused eye movements; slurred or incoherent speech; and odor of alcohol on the breath. The behavioral signs of alcohol intoxication include: poor judgment and lowered inhibitions; decreased reasoning or cognitive abilities; and personality changes. Appearance symptoms associated with acute alcohol intoxication include: disheveled clothing, poor personal grooming and flushed complexion.

**SUMMARY**  
**Signs of Alcohol Intoxication**

- Clumsiness, staggering, unsteady gait
- Poor coordination, slowed reflexes, diminished reaction times
- Bloodshot eyes, impaired tracking ability
- Slurred speech, incoherent speech patterns
- Odor of alcohol on breath
- Poor judgment, increased risk taking behavior
- Decreased reasoning ability, forgetfulness
- Exaggerated emotion, excitement, belligerent attitude
- Disheveled clothing, poor personal grooming
- Flushed complexion, sweating

## 9

# SIGNS AND SYMPTOMS OF ALCOHOL USE

**T**he signs and symptoms of alcohol use are more subtle and more difficult to observe than the behavioral and physical symptoms of alcohol intoxication. It is important for the supervisor to be alert to the more subtle changes in behavior and appearance that occur when alcohol, even in small quantities, is used. An employee is prohibited from reporting to duty or being on duty with a breath alcohol concentration of 0.02 or more. Therefore, a supervisor needs to be able to identify behavioral and physical signs that may indicate an employee's recent use of alcohol. The key to identifying signs of alcohol use is to recognize changes in the individual's appearance or behavior.

### **Mental Functions:**

Judgment and decision-making abilities are two of the first mental functions affected by alcohol. Judgment is a complex mental task that involves deductive and inductive reasoning. Judgment is also impacted by internalized societal controls and inhibitions. Because alcohol is a central nervous system depressant, these processes are slowed down, resulting in lowered inhibitions and faulty judgment. Cognitive processes are also affected by alcohol consumption. The brain's retrieval system responds more slowly; memory, computation and stimulus response are less efficient.

### **Sensory Functions:**

The next areas of the brain to be affected by the sedative effects of alcohol are the sensory perception centers. Acuteness of vision,

hearing, and the senses of smell and taste are diminished. Vision is most noticeably affected by decreased object tracking ability and diminished night and peripheral vision. These vision skills are critical to functions involving operation of a moving vehicle or other safety related tasks.

Hearing is also affected by alcohol consumption. As the alcohol concentration in the blood increases, the individual experiences difficulty in sorting background noise, and his/her hearing acuity is generally diminished. This hearing loss often is manifested by the individual asking to have things repeated, and by the individual's own increase in speech volume. Because the person is having difficulty hearing others, he/she speaks more loudly to compensate.

Research studies have demonstrated that alcohol affects the senses of smell and taste. The abilities to distinguish among different odors and tastes are decreased. Thus, people frequently will eat or drink foods that they ordinarily would not, when they use alcohol. Remember, alcohol is a sedative; the senses of taste and smell are dulled as the alcohol concentration increases.

### **Psychomotor Functions:**

As the person's alcohol concentration continues to increase, the areas of the brain that control psychomotor activity are affected. Generally, the brain centers that control muscle coordination and movement are more resistant to the sedative effects of alcohol.

Speech is one of the first motor skills to be affected by alcohol. Changes in speech may include over-enunciation as well as slurring

or garbled speech patterns. Individuals often are aware that when they drink alcohol their ability to pronounce and articulate words decreases. Thus, they may attempt to compensate by concentrating on their pronunciation and articulation. The result may be stilted, exaggerated enunciation of words or phrases.

Eye-hand coordination, reflex reactions and other dexterity functions are also affected as the alcohol concentration increases. For example a person may begin to drop things, have difficulty picking things up, or show other signs of diminished fine motor skills. An individual's reaction times are slower; movements appear delayed or retarded.

Eventually, when enough alcohol is consumed, gross motor skills are affected. A person's balance, gait and muscle coordination may be affected. Again it is important to recognize that these physical symptoms are not manifested until the alcohol concentration is considerably greater than .02, usually only when the BAC is 0.1 or greater.

### **Odor of Alcohol:**

One of the easiest to recognize and most familiar of the signs of recent alcohol use is the odor of alcohol on the person's breath. Alcoholic beverages have a distinct odor that persists on the breath after drinking alcohol. The intensity of the odor is not necessarily dependent on the amount of alcohol consumed, but rather on the recency of the use. Supervisors who do not drink alcoholic beverages or are unfamiliar with the odor of alcohol should familiarize themselves with the characteristic odor of alcohol on someone's breath.

### **Multiple Signs and Symptoms:**

All of the signs and symptoms of alcohol use discussed previously may be caused by other things. They may be manifestations of physical illness, stress, fatigue, emotional problems, etc. Even the odor of alcohol on the breath could be due to ketosis, a medical condition occurring in uncontrolled diabetes. If the supervisor observes these signs or symptoms, however, a reasonable suspicion test should be conducted. Remember, an alcohol breath test is a quick, non-invasive method for ruling out or eliminating alcohol use as the possible cause of the symptoms.

A good rule of thumb is to document at least two observations of behavioral or physical signs in making a reasonable suspicion alcohol test determination. By identifying at least two of the changes in employee behavior or appearance, the probability of alcohol use as a cause of the presenting symptoms is much greater. A possible exception to this rule of thumb is the odor of alcohol. This symptom is a more definitive indicator of recent alcohol use, and therefore usually warrants the reasonable suspicion determination.

## **SUMMARY**

### **Signs and Symptoms of Alcohol Use**

#### **Mental Functions**

- Mental capacities affected by alcohol use include:
  - judgment
  - decision making skills
  - memory
  - computation

#### **Sensory Functions**

- Alcohol affects sensory perception
  - Vision: decreased object tracking, night and peripheral vision
  - Hearing: diminished acuity, ability to sort background noise
  - Smell: decreased sensitivity and selectivity
  - Taste: decreased sensitivity and selectivity

#### **Psychomotor Functions**

- Speech is one of the earliest motor skills to be affected
- Speech changes may include over-enunciation, slurring, or exaggerated speech patterns
- Coordination, reflexes and fine motor dexterity are diminished
- Reaction times are slower; movements appear delayed or retarded

## **Alcohol Odor**

- Alcoholic beverages have a characteristic, distinct odor
- Odor of alcohol persists on the breath following alcohol use

## **Multiple Signs and Symptoms**

- Many signs and symptoms of alcohol misuse can be due to other causes
- A good "rule of thumb" is to document two symptoms
- Odor of alcohol on breath is the most definitive sign of recent alcohol use

**D**rug testing is done for five classes of drugs:

- marijuana
- cocaine
- amphetamines (including amphetamine & methamphetamine)
- opiates (including morphine & codeine)
- phencyclidine (PCP)

These five classes of drugs represent the most frequently abused illegal drugs. Most prescription drugs are not found in these classes of drugs. Barbiturates, benzodiazapines, synthetic morphines, and other prescription medications are not identified through the drug testing program.

Drug testing identifies the drug metabolites produced in the urine after ingestion of marijuana, cocaine, amphetamines, opiates, or PCP. The urine specimen is first analyzed using an immunoassay to identify the presence of metabolites in one or more of the drug classes. If this screening test is positive for drugs, a second analysis using gas chromatography/mass spectrometry (GC/MS) is used to identify the specific drug metabolite. The amount of drug metabolite found in the urine is measured in nanograms per milliliter (ng/mL). Cut-off levels or thresholds are used to determine if a specimen is reported positive for drugs.

The cut-off levels were established so that only specimens containing a sufficient quantity of drug metabolites to ensure that the individual actually ingested the drug, as opposed to simply being exposed to the drug, are identified as positive. This prevents persons who may be passively exposed to drugs, such as through secondary marijuana smoke or cocaine tainted money, from being identified as having ingested the controlled substance.

The use of the very sophisticated, extremely accurate GC/MS confirmation methodology also ensures that the use of over-the-counter medications or preparations containing sudafed, ibuprofen, aspirin, caffeine, etc. do not yield positive results.

## **SUMMARY**

### **Drug Classes**

- Testing is required for five classes of drugs:
  - ; marijuana
  - ; cocaine
  - ; amphetamines (methamphetamine & amphetamine)
  - ; opiates (codeine & morphine)
  - ; phencyclidine
- Most prescription drugs are not found in these drug classes
- Urine specimens undergo a separate screening and confirmation test before being reported positive
- Cut-off levels prevent passive inhalation of drugs from causing a positive result
- Over-the-counter medications do not cause a positive drug test

# 11

## BEHAVIORAL SIGNS AND SYMPTOMS OF DRUG USE

**B**ehavioral signs or symptoms associated with controlled substance use fall into four categories: changes in psychomotor activity; changes in interaction with others; changes in speech and verbal communication patterns; and changes in affect or personality. Because drugs affect the central nervous system, they are called psychoactive substances. They cause changes in how the brain sends and receives messages. Some of these changes affect the body's ability to move and function.

### **Psychomotor Changes:**

*Stimulants*, for example, generally speed up the body's motor activity. A cocaine or amphetamine user feels energized; there is often a restless, hyperactive, overcharged quality to their movements. They can't sit or stand still; they fidget; in the extreme, their movements appear jerky and misdirected.

*Sedatives or narcotics*, on the other hand, slow down motor functions. An opiate or heroin user's movements will appear slow and methodical, they may "nod off" or seem stuporous. They may stumble when they walk or seem to be unsteady, having trouble with their balance.

*Hallucinogenic drugs* such as PCP or LSD often produce bizarre behavior in which the person's movements are out of sync with the environment. They may appear to be miming, responding to things

or people that aren't even there; their movements may be exaggerated and dramatic.

*Marijuana* users may not show distinct motor functioning changes. In general, however, marijuana intoxication produces slowed psychomotor responses, delayed reaction times, poor eye-hand coordination, and unsteadiness.

### **Social Interaction Changes:**

Controlled substance use frequently causes changes in the way a person interacts with others. Social interaction patterns are not necessarily specific to the drug, but rather much more dependent on the individual's response to the effects of the drug. Thus, many of the changes in interactions associated with drug use are seen across the classes of drugs.

Controlled substances may produce irritability, hostility, withdrawal from social interaction; or they may produce talkative, boisterous, or silly behavior; or even paranoid, suspicious or hyper-sensitive reactions to others. There is a saying about alcohol that "Some drunks are laughing, fun-loving drunks; others are crying and maudlin; and still others are mean and nasty." The same is true for drug users. The key here is to be alert to changes in the employee's normal or usual interaction patterns. If the employee is usually low-keyed, laid back, easy to get along with, and is now irritable, hostile and aggressive in his/her interactions with co-workers, supervisor, or subordinates, something has changed. This observation, in combination with other changes in the employee's

behavior or appearance (e.g., changes in attendance pattern or work performance) would support a reasonable suspicion test.

**Speech Patterns:**

Changes in speech patterns are another sign of possible controlled substance use. Again, in general, stimulants tend to speed up speech patterns. Stimulant users frequently have rapid, pressured speech patterns. They can be talkative, almost to the point of sounding breathless or manic. Narcotic users, on the other hand, may have slurred, thick, or incoherent speech. Hallucinogens often produce nonsensical, dreamlike speech patterns that don't fit the situation. All of these changes in speech patterns may vary from drug to drug, and from very subtle to very exaggerated changes. In the extreme, psychoactive drugs may produce incoherent speech, slurred pronunciation, and even stuporous unresponsiveness.

**Personality Changes:**

The most difficult of the behavioral changes to specify are personality changes. These observations are often very difficult to make unless the supervisor has had frequent long-term contact with the employee, and is aware of his/her general behavior patterns. There is no "rule of thumb" for identifying changes in affect or personality by type of drug. Controlled substances affect people in very different ways. Often an individual's response to a drug is determined, in large part, by their mood or personality traits prior to the use of the drug. A quiet, introverted, passive person may become outgoing, aggressive and obnoxious after using drugs. Conversely, an out-going, assertive, loud employee may appear withdrawn, isolated, and out-of-touch after using controlled substances. What a supervisor needs to be alert to are

changes in usual behaviors, and exaggerations or dramatic increases or decreases in traits or patterns.

## **SUMMARY**

### **Behavioral Signs and Symptoms of Drug Use**

#### **Psychomotor Changes**

- Stimulants speed up the body's motor activity
- Sedatives or narcotics slow down motor functions
- Hallucinogens may produce bizarre motor movements
- Marijuana delays reaction times, impairs eye-hand coordination, and causes unsteadiness

#### **Social Interaction Changes**

- Changes in social interaction are not specific to the drug
- Changes in social interaction vary from individual to individual
- Supervisors should be alert to changes in the employee's usual patterns of interacting with others

#### **Speech Patterns**

- Stimulants create rapid, pressured speech patterns
- Narcotics produce slow, thick, slurred speech
- Hallucinogens may produce nonsense, fantasy speech

#### **Personality Changes**

- Personality changes are the most difficult to specify
- Supervisor needs to be alert to changes in the employee's usual personality traits or expression
- Personality changes due to drug use often are sudden and dramatic

## 12

# APPEARANCE SIGNS AND SYMPTOMS OF DRUG USE

**I**n addition to behavior changes, the supervisor needs to consider changes in the employee's appearance when making a decision about reasonable suspicion drug testing. Like behavior, appearance changes range from subtle to extreme. With chronic drug use, these changes may occur gradually over time, often in subtle increments.

### **Personal Grooming:**

Generally, attention to personal grooming diminishes with drug use or abuse. However, dramatic, often inappropriate, changes in grooming style may signal drug involvement. Extreme hairstyles, makeup, or clothing inappropriate to the workplace may be associated with drug use, usually linked to the user's identification with a lifestyle involving illegal drug use. This does not suggest that a supervisor's decision to conduct a reasonable suspicion drug test should be based on stereotypes of a "drug subculture" or "addict lifestyle." However, the usually well groomed, appropriately dressed employee who now is disheveled and unkempt warrants a supervisor's increased monitoring and attention. Personal appearance, like many of the other signs and symptoms discussed previously, needs to be viewed in the broader context of changes in the employee's overall performance and behavior.

### **The Eyes:**

Changes in the appearance of the employee's eyes should be considered when evaluating appearance. The eyes are one of the

organs most susceptible to the physical effects of controlled substance use. Eye movements often are affected dramatically by drugs. In fact, it is eye movements, referred to as nystagmus, that are used by police "drug recognition experts" to make judgments about drug intoxication. These movements associated with the eyes' tracking abilities yield amazingly accurate results in predicting the type of drug ingested by the individual. However, the interpretation of eye movements requires considerable training and practical experience, and is not generally a skill developed by most supervisors.

Pupil size is a characteristic of the eye that is more readily identified. Many controlled substances cause changes in pupil size; constricted or pinpoint pupils or dilated or large pupil size. Normally eyes respond to light intensity by changes in pupil size. The effects of controlled substances frequently cause changes in pupil size that are incongruous with light intensity.

Other conditions of the eyes that may be associated with controlled substance use are red or bloodshot eyes, excessive tearing or watery eyes, or eyes that appear unfocused or unresponsive. These symptoms may be associated with a variety of physical, environmental, or emotional causes, and should not be the sole factor for requiring a reasonable suspicion drug test.

### **Other Physical Symptoms:**

Other physical symptoms such as profuse sweating (in the absence of physical exertion or extreme heat), shivering or shakes (not associated with extreme cold), or dramatic changes in skin color,

such as flushed or pallid complexion, should not be ignored. These symptoms are not unique to controlled substances; however, when observed in combination with other signs of behavior or appearance, they may suggest controlled substance use or withdrawal syndromes associated with drug abuse.

**Body Odor:**

Body odors are a factor to be considered in observations leading to a decision to conduct a reasonable suspicion drug test. The most meaningful issue here is associated with marijuana use. Marijuana, when smoked, gives off a distinct, recognizable odor, described in a variety of ways-pungent, sweet, acrid, etc. Marijuana smoke, much like cigarette smoke, is detectable on a user's breath and clothing. The tell-tale odor of marijuana smoke is an observation that should be associated with possible use of a controlled substance.

## **SUMMARY**

### **Appearance Signs and Symptoms of Drug Use**

- Appearance changes due to drug use range from subtle to extreme
- Personal grooming often deteriorates or dramatic changes in hairstyle, clothing may occur
- Eyes are very susceptible to the effects of drugs
  - ; eye movements such as tracking ability are affected
  - ; pupil size is altered
  - ; eyes may be bloodshot, watery, or unfocused
- Profuse sweating, the chills, flushed or pallid complexion may be due to the effects of drugs
- Marijuana has a distinct odor when smoked that clings to the user's breath and clothing

# 13

## SUPERVISOR'S ROLE IN POST-ACCIDENT TESTING

**P**ost-accident testing applies to **employees in test-designated positions only**. Such testing is appropriate if there is evidence that the employee may have caused or contributed to a serious work accident, which is defined as an on-duty accident or incident resulting in death, or serious personal injury requiring immediate medical treatment, that arises out of any of the following:

- the operation of a motor vehicle
- the discharge of a firearm
- a physical confrontation
- the provision of direct health care services
- the handling of hazardous or explosive materials

“On duty” means that the employee is engaged in, or on-call to be engaged in, the performance of work responsibilities for the employer (i.e., for the state). If there is a question about whether the employee was “on duty” at the time of an accident, the supervisor should consult the DATC or labor relations.

Accidents are, of course, unexpected and occur suddenly. In dealing with the aftermath, supervisors of test-designated employees need to be prepared to evaluate the circumstances promptly. If the supervisor concludes that the employee(s) may have caused or contributed to the accident, he/she needs to contact the DATC to review information and evidence on the accident. ***The DATC's approval is required before testing may proceed.***

After the DATC approves post-accident testing for drugs and/or alcohol, the steps are the same as for reasonable suspicion testing. The supervisor informs the employee, completes the first section of the testing form(s), and sees to it that the employee is transported to the collection site. The supervisor also consults with the DATC regarding test results prior to returning the employee to work or home.

## **SUMMARY**

### **Post-Accident Testing**

- Post-accident testing covers only employees in test-designated positions
- Drug and/or alcohol testing is required if there is evidence that an employee may have caused or contributed to a serious work accident
- Consult the DATC or labor relations to resolve any questions about on-duty status
- Post-accident testing requires DATC approval

**K**nowledge of the criteria for reasonable suspicion drug testing, the purposes of such testing, and the behavioral and physical signs and symptoms associated with controlled substance use are very important to an effective reasonable suspicion testing program. However, they are not enough. Supervisors need to be familiar with both statewide and departmental procedures for carrying out a reasonable suspicion test when needed. A copy of the state's procedures is included in the information packet distributed with this manual or may be obtained from your DATC. These procedures deal with issues such as required coordination between the supervisor, DATC, and collection site. State procedures also determine an employee's duty status after a urine specimen has been obtained, depending on what type of testing was done (random, reasonable suspicion, etc.). Unlike breath alcohol tests, urine drug test results are not immediately available; several days elapse before test results are known.

Your department establishes procedures for other matters, such as transporting an employee to and from the collection site, placing an employee on leave credits, and administering the discipline procedure.

The supervisor needs to know both the state and departmental procedural requirements in order to carry out his/her responsibilities.

## **SUMMARY**

### **Procedural Issues**

- Supervisors need to be familiar with:
  - ; procedures for contacting the DATC
  - ; transportation to and from the test site
  - ; employee duty status upon a positive alcohol test result and while waiting for drug test results
  - ; disciplinary actions for a positive drug or alcohol test or refusal to test

## 15 GETTING HELP FOR EMPLOYEES

**O**ften the supervisor's interactions with employees will lead to the discovery that an employee needs or wants help in resolving problems impacting on his/her workplace performance and productivity. Supervisors should know what resources are available for employees, including the state's Employee Service Program and mental health/substance abuse services provided through state-sponsored group insurance plans.

An employee who has a substance abuse problem may disclose it voluntarily to the appointing authority without incurring discipline, *if the employee self reports before being required to be tested*. After self reporting, the employee will be permitted to take a leave of absence in order to obtain medical treatment or enter a rehabilitation program. This option is available twice in a career. Supervisors should be knowledgeable about the appointing authority's procedures for handling a self report.

The state's procedures require that an employee who violates applicable rules regarding drugs and alcohol be provided with information on resources available for evaluating and resolving the problems associated with his/her violation. Appointing authority labor relations has the responsibility for providing this information, which includes a telephone number to contact SAPs and counseling and treatment programs. Labor relations is also responsible for administering discipline. Even if discharge is the penalty for the employee's rule violation, the appointing authority should provide the employee with information on counseling and treatment programs and how to contact a substance abuse professional.

## **SUMMARY**

### **Getting Help for Employees**

- Supervisors should be familiar with resources available to assist employees who are experiencing personal problems
- Employees with substance abuse problems may self report twice in a career without incurring discipline, *if they make the report before being required to undergo drug or alcohol testing*
- Employees who self report are permitted to take a leave of absence to obtain medical treatment or enter a rehabilitation program
- Labor relations can provide information on resources, including those available for evaluating and resolving the problems associated with alcohol misuse or drug use

**A**lcohol misuse and illegal drug use by employees are serious business. Their potential threat to safety and productivity cannot be underestimated.

Reasonable suspicion alcohol testing is an important component of the drug and alcohol testing program. A supervisor's knowledge of alcohol testing requirements is critical to a successful program. In order to make effective determinations for reasonable suspicion alcohol testing, the supervisor needs to be confident in his/her ability to recognize the signs and symptoms of alcohol use and to accomplish reasonable suspicion testing in accordance with the applicable procedures.

Reasonable suspicion drug testing is important to monitoring employees' compliance with requirements to remain drug-free. Supervisory personnel have a responsibility to monitor employee performance, behavior and conduct to ensure that they are able to perform their duties effectively and safely.

Reasonable suspicion testing isn't "blowing the whistle" on employees; it is a tool to deter drug use and alcohol misuse and to identify employees who need help in resolving problems associated with their alcohol misuse or drug use. By doing so, the supervisor aids in accomplishing the department's mission to serve the public.



## **Appendix A**

# **Workplace Scenarios**

**T**he following scenarios provide examples of situations or circumstances supervisors may encounter that suggest a need for reasonable suspicion drug and/or alcohol testing. The examples are intended to give supervisors practice in evaluating the situation, making a determination concerning the need to conduct reasonable suspicion testing, and carrying out a decision to administer the test(s).

These scenarios can be used as self-paced exercises for the supervisor participating in training by viewing the videotape presentation on Reasonable Suspicion Drug and Alcohol Testing in combination with this Supervisor's Guide; or the examples may be used as discussion exercises for supervisors participating in facilitated group training courses.

Each scenario gives a brief description of a workplace situation. Following the description of the situation, a series of questions is presented as guidance through the decision-making process for making a reasonable suspicion test determination. Suggested answers to the questions are provided. While the examples are hypothetical, the information is intended to resemble "real-life" situations that may require supervisory intervention.



## **Scenario 1**

### **WHAT IF IT'S LEGAL?**

Delores has been under a great deal of stress lately from the demands of her job. Her father was diagnosed with terminal cancer last month. A personal relationship in which she was involved soured and she has been depressed. She sought out the Employee Service Program and has been receiving counseling. Delores has been open about this and states to you that the ESP also referred her to a psychiatrist who has put her on medication for her depression. She shows you the prescription and you realize that the drug is one of the drugs tested for under the state's drug and alcohol testing program.

**Is a drug test warranted?**

**Could Delores be tested for reasonable suspicion?**

## **Recommended Response:**

Because Delores has a valid prescription from a licensed medical doctor, she is not in violation of the state's drug and alcohol testing program. As long as she can perform her assigned tasks appropriately and her behavior is appropriate, she is in compliance. You may wish to monitor Delores' performance more closely and encourage and support her decision to utilize the ESP or mental health/substance abuse benefits available.

## **Scenario 2**

### **WHAT CAN YOU DO?**

During the morning break on Tuesday, one of your employees casually draws you aside and reports to you that “he heard through the grapevine that Harry was at a party on Saturday night, and he was high as a kite.” Harry is at work today and his performance is up to standard. You are also aware Harry was promoted to supervisor over the complaining employee just about a month ago.

**What action should you take?**

**Is there cause for a reasonable suspicion drug test?**

## **Recommended Response:**

Under the category of reasonable suspicion drug and/or alcohol testing, reports from third parties may be used to determine if a drug or alcohol test should be given. However, such reports should ordinarily not be the sole basis for making a determination to test.

Harry is on the job and his performance is acceptable. His behavior and performance are not an issue and you have observed nothing to lead you to reasonably suspect that Harry is using drugs.

When including third party reports as part of the basis for reasonable suspicion testing, it is important to weigh information in light of whether the reporting party may have an unspoken agenda or complaint against the individual. Harry may have been at a party on Saturday and may well have been "high as a kite." Reporting to work with prohibited levels of drugs is in violation of the state's drug and alcohol testing program. However, you have observed nothing in his behavior, attitude, or conduct to justify drug testing under reasonable suspicion.

If Harry's performance deteriorates, or his behavior becomes inappropriate and you have on-the-job observations and information, then a reasonable suspicion test may be warranted.

## **Scenario 3**

### **TICKLISH ISSUES**

Becky has worked in your department for the last 3½ years. Last year she went through a very messy and difficult divorce. During this time she utilized the Employee Service Program and eventually spent six weeks at an alcohol treatment center. She has been quite open at work about her past problems with alcohol. She states that she knows absolutely she will never drink again, but then admits she will occasionally have “a small glass of wine just to be sociable” if she is out with friends or on a date.

Contrary to her normal performance, today the monthly report Becky always compiles was incomplete and so error-filled you gave it to someone else to redo. When you called Becky into your office to discuss the botched report, she stumbled and bumped into the door coming in. Becky had a strong odor of Listerine on her breath, and you noticed she hadn’t combed her hair or put on her usual makeup today.

Becky strongly denied any recurring problem with alcohol and reminded you that she had just gone for an alcohol test three days ago and it was negative. She accused you of being non-supportive of her recovery. She also hinted she would file a complaint against you under ADA if you didn’t stop “picking on her.”

**Should you have Becky tested for alcohol?**

**Why or why not?**

**What about ADA issues?**

## **Recommended Response:**

Becky is involved in a follow-up testing program. A back-to-work meeting was most likely held and conditions for continued follow-up were outlined. Her work performance today was clearly unacceptable and her response quite defensive. Combined with her appearance and difficulty walking, it appears that sending Becky for another alcohol test is appropriate.

The state's drug and alcohol testing program includes a series of unannounced follow-up tests to be administered over a period of 24 months after the employee returns to work. Since the DATC for your department must approve reasonable suspicion testing and also is involved in coordinating Becky's follow-up testing program, you can discuss with him/her whether reasonable suspicion or follow-up testing is appropriate. (Becky's admission to an occasional glass of wine, and her unusual behavior can lead you to suspect her alcohol use may have escalated.)

The Americans with Disabilities Act (ADA) requires "reasonable accommodation" for persons with disabilities, including alcoholism and drug addiction. However, reasonable accommodation does not include allowing the recovering addict to continue to use drugs or the alcoholic to continue to use alcohol in violation of the rule or contractual provision.

## **Scenario 4**

### **MARY JANE, MARY JANE**

As you enter the restroom, you hear a sudden flurry of activity. You immediately notice three employees standing by an open window with sheepish looks on their faces. A smell similar to burning leaves is in the air and you observe a hand rolled "cigarette" in the toilet.

**What is your responsibility?**

**Is testing appropriate?**

## **Recommended Response:**

The use, possession, sale, solicitation, or transfer of drugs on or off the job is prohibited. The presence of a marijuana cigarette in the toilet does not necessarily prove that the employees were smoking marijuana—the lingering marijuana odor in the air and the flurry of activity as you were entering the restroom, however, are indicators for reasonable suspicion testing.

Document the incident, consult with the DATC, and send the trio for drug testing under reasonable suspicion. If the employees state they were not using and that it must have been someone else, explain to them that in that case, a drug test will verify their contention and validate their innocence.

## **Scenario 5**

### **YOU CAN'T MAKE ME**

At the morning supervisor staff meeting you receive the list of employees randomly selected for drug testing. Following procedure, you notify the chosen employees about 30 minutes beforehand that they are to report to the clinic for random drug testing.

Stan responds angrily that "this testing program is all a bunch of bull," and that he will not go for testing and you can't make him.

**What is your responsibility?**

**Is there a refusal to test?**

## **Recommended Response:**

Since he holds a test-designated position, Stan must report for testing or assume the consequences for not doing so. This means the refusal will be considered a positive test and he will be subject to discipline.

You should not physically force Stan to report for the test. Nor should you argue with him about the legality or philosophy of random testing. Make certain he understands that his behavior constitutes a refusal, which will be documented and treated as a positive test. If Stan persists in his refusal to be tested, notify the appropriate management officials.

## Scenario 6

### THE DISTRAUGHT DAMSEL

Sally is usually pleasant and cheerful on the job. Well liked, she is competent and professional in her work habits and completes her assignments in a timely fashion. She is a valued employee with over 12 years of service.

On Monday, Sally comes to work and you notice she seems different. Usually well groomed, today she is somewhat disheveled. Her eyes are bloodshot and puffy. She seems distracted, unable to stay on task. You ask her if she's okay and she replies, "I'm fine!" and refuses to carry the conversation any further.

When passing by the lunch room at the morning break, you overhear Sally remark to a co-worker, "I could really use a good stiff drink about now." Following the break you engage Sally in a trivial conversation but detect no odor of alcohol on her breath or person.

**What would your best course of action be?**

**Is there a legitimate cause for "reasonable suspicion testing"?**

**Would you test her for alcohol? Why? / Why Not?**

**Would you test her for drugs? Why? / Why Not?**

## **Recommended Response:**

Sally's behavior could come from many sources. She may have been involved in an argument with her spouse. Perhaps she was in an accident or suffered some sort of reversal or received traumatic news which has deeply affected her. Her condition seems more consistent with distress than drug or alcohol abuse. Since you did not smell an odor of alcohol, reasonable suspicion testing probably is not indicated at this time. You may want to consider reminding her of the availability of the Employee Service Program as a resource for state employees experiencing personal difficulties.

## **Scenario 7**

### **LARRY LATELY**

Larry has been with your department for four years. He has been a good employee, with no disciplinary record. Over the past two months, Larry has been late six times, four of them on Mondays. Today his wife called and said he had "car trouble"; he arrived two hours late. When you walked into the work area to talk with Larry about his late arrival, you thought you detected a faint odor of stale alcohol on his breath. As you approached closer, Larry quickly popped some breath mints into his mouth and started to complain about his car problems. You also noted that Larry's eyes were bloodshot, he was unshaven, and his clothing looked like he had slept in it.

**What observation of Larry's behavior and appearance would you make?**

**What decision would you make about testing?**

**What would you say or do after listening to Larry's car problems?**

**What if Larry's explanation of his car problems included telling you that he had been up half the night getting the car home from the next town where it had broken down?**

## **Recommended Response:**

Several observations could be made of Larry's behavior and appearance. The odor of alcohol on his breath, his use of breath mints, bloodshot eyes, unshaven face and disheveled clothing are indicators for reasonable suspicion alcohol testing. In response to his tale of woe, empathize with him about his car problems, but say something like, "I'm concerned about what I see and smell, Larry. I want you to take a breath alcohol test."

Stay focused on behavior and appearance that are of concern. Explain that if fatigue or stress are the problem, a breath alcohol test will eliminate alcohol misuse as a possible factor.

## **Scenario 8**

### **HARRIETT HOSTIL**

Harriett is an office manager who has been with the department for 10 years. She has an excellent work record and is a favorite among the workers. She is usually cheerful, outgoing and cooperative. This afternoon you ask Harriett if she will return to the office later that evening to complete something that needs to be done first thing in the morning. You are surprised when Harriett refuses your request, curses you and tells you to "get off her case." As she storms out of your office, you notice an unopened beer can in her tote bag.

**What documentation for a reasonable suspicion test do you have?**

**What would you say or do next?**

**What is the deciding factor in your decision?**

## **Recommended Response:**

Cursing, inappropriate language (which is uncharacteristic of Harriett's usual demeanor), and possession of alcohol are indicators that reasonable suspicion testing is warranted. Her behavior might have other causes; the fact that she has a can of beer in her possession while on duty is the deciding factor.

Ask Harriett to wait in your office or a conference room. Document your observations. Privately contact your DATC for authorization to conduct a reasonable suspicion alcohol test. After receiving approval, explain to Harriett that her behavior is inappropriate and very different from her usual actions on the job, and that a reasonable suspicion alcohol test will be conducted.

## **Scenario 9**

### **DOUG DROPSEY**

Doug is a nursing supervisor. He has worked for the State for eight years, but you have been his supervisor for only six weeks. This morning, as you are making your "round," you notice Doug dropping files and muttering to himself. You check the files and note they have obvious errors or omissions. You approach Doug and ask him how it's going. Doug's complexion is flushed, his eyes are red and tearing. He doesn't respond to your greeting. When you ask him again if there are any problems, he looks at you, seems unfocused and distant, and mumbles an incoherent response.

**What do you do next?**

**What observations of behavior and appearance do you note?**

**Is a reasonable suspicion alcohol or drug test warranted?**

## **Recommended Response:**

Your observations of Doug include flushed complexion and red, watery eyes. He is unresponsive to your verbal greeting and has unfocused, distracted eye contact and incoherent, mumbled speech. If possible, have another supervisor interact with Doug. Record your observations on the Supervisor's Report of Reasonable Suspicion form. Contact your DATC for authorization for a reasonable suspicion test.

Ask Doug to accompany you to your office or other private area, and ask him if he is okay; solicit a coherent verbal response. Identify and confront Doug with your observations of his behavior and appearance. Explain that a reasonable suspicion test will be conducted. Both an alcohol and drug test are indicated since signs and symptoms are consistent with either drug or alcohol use.

**Appendix B**

**Supervisor's Report  
of Reasonable Suspicion**

# SUPERVISOR'S REPORT OF REASONABLE SUSPICION

## Section 1

Employee Name: \_\_\_\_\_ Classification: \_\_\_\_\_

Department: \_\_\_\_\_ Agency \_\_\_\_\_

Date of Observation: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Location: \_\_\_\_\_ Employee in test-designated position?  Yes  No

## Section 2

Observations: Check **ALL** that apply:

### BEHAVIOR

- stumbling, unsteady gait
- drowsy, sleepy, lethargic
- agitated, anxious, restless
- hostile, belligerent
- irritable, moody
- depressed, withdrawn
- unresponsive, distracted
- clumsy, uncoordinated
- tremors, shakes
- flu-like illness complaints
- suspicious, paranoid
- hyperactive, fidgety
- inappropriate, uninhibited behavior
- possessing, dispensing, or using controlled substance or alcohol

### APPEARANCE

- flushed complexion
- excessive sweating
- cold, clammy sweats
- eyes:
  - : bloodshot
  - : tearing, watery
  - : dilated (large) pupils
  - : constricted (pinpoint) pupils
  - : unfocused, blank stare
- unkempt grooming
- disheveled clothing

### SPEECH

- slurred, thick
- incoherent
- exaggerated enunciation
- loud, boisterous
- rapid, pressured
- excessively talkative
- nonsensical, silly
- cursing, verbal abusiveness
- inappropriate verbal response to questions or instructions

### BODY ODORS

- alcohol
- marijuana

**SUMMARY** (circumstances, employee response, supervisor actions, other observations): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section 3

The observations, as documented above, were made of the employee identified in Section 1.

Supervisor Name (printed or typed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Additional Witness: (optional)

Witness Name (printed or typed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Section 4

### Test Determination:

- Reasonable Suspicion Alcohol Breath Test
- Reasonable Suspicion Drug Urine Test
- No Test Required
- Employee Refused Test
- No Test Conducted:
  - : No collection available
  - : Employee transported for medical care
  - : Other (explain)

## Section 5

Employee transported to collection site by: \_\_\_\_\_

Time transported \_\_\_\_\_ am/pm Collection Site: \_\_\_\_\_