Alcohol and Drug Policy

Phillips Industries, Inc.

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ALCOHOL AND DRUG POLICY

November 15, 1986

CORPORATE POLICY AND PLANT RULES
Dear Fellow Employee:

This communication is designed to acknowledge an essential and most important management responsibility we owe each individual employed by Philips Industries. This fundamental obligation is that of providing a productive, safe workplace. For the twenty-nine years of our history, Philips Industries has been committed to this principle. I was recently shocked and appalled to find that many of our work areas are infected with drug and alcohol problems.

Everyone who reads these paragraphs should be aware of the high cost in terms of human suffering, broken families, and untold personal financial burdens that result from alcohol and drug abuse. The national news has been dominated for months by the scope of this problem.

Philips Industries will not tolerate chemical abuse in our workforce and workplace. The cost in human and economic terms dictates that we make every reasonable effort to operate with a chemical free workforce, in a chemical free workplace.

Unfortunately, there exists no simple and quick solution to this problem. However, in the next few weeks, each of you will receive a copy of the Philips Industries Inc. Drug and Alcohol Policy, which will become effective November 15, 1986. The final draft of this important Policy is being reviewed with every effort being made to produce a fair, yet effective tool to combat this major concern. Each of you has the right to expect every management effort to insure that you are not endangered by working alongside the chemically impaired individual.

None of us has the answer to this national tragedy. We Can and Will make every solemn effort to provide you with a chemical free plant, or office, to perform your tasks.

However, management cannot do it alone. We need your help. We are asking you to sign a pledge to help solve this insidious problem. Together we will succeed.

God bless you all.

Jesse Philips
Founder and
Chairman of the Board
POLICY, PURPOSE AND SCOPE

This Policy is intended as a general statement of Corporate concerns and guide to its intentions regarding alcohol and illegal drug use in the workplace. Specific Policies will be defined, and published by Corporate Personnel and Industrial Relations for use in the Company's manufacturing and warehouse facilities, as well as for those engaged in transportation and non-manufacturing responsibilities.

Both this General Policy and specific policies shall be subject to appropriate periodic revisions consistent with practical considerations and developing legal guidelines.

DRUG AND ALCOHOL USE ON THE JOB

The use or possession of alcohol, drugs or other intoxicants creates a serious threat to the health and well being of the user along with fellow employees.

The responsibility of Philips Industries is to provide a work environment free of drugs and alcohol. Employees have the right to perform their duties with unimpaired co-workers.

Employees using, selling, transferring or possessing alcohol, or non-prescription drugs on the Company's premises, shall be subject to immediate discipline, following an appropriate investigation and review by Management.

POLICY GUIDELINES

(A) Pre-employment Testing

Consistent with the commitment to provide a drug and alcohol free work environment, Philips Industries Inc., at its discretion, may require job applicants to submit to a pre-employment drug and alcohol screen.

(B) Voluntary testing may be appropriate regarding routine physical examinations, such as annual physicals, return to work physicals, and other job-related circumstances.

(C) Individual testing shall be required when there is reasonable suspicion that drugs or alcohol is affecting job performance and conduct in the workplace.

(D) Any random, or surprise testing on a wholesale basis would be rarely used, and must be preceded by clear evidence of probable
abuse by a large number of individuals within the group.

(E) Employees engaged in the operation of vehicles, who as a part of their transportation duties, are required to be physically certified under DOT regulations, shall have an alcohol and controlled substance screen as a mandatory part of such physical examination. A negative result is required as a condition of continued employment.

All individuals to be tested must be advised of the purpose and possible consequences of the particular test. Every effort shall be made to insure confidentiality of test results.

IV DEFINITIONS

Administration — The Corporate Personnel Department is responsible for the content and interpretation of this document, and all questions should be directed to the Personnel Department.

Coverage — All employees, vendors and their employees.

Legal Drug — Prescribed drugs and over-the-counter drugs which have been (under U.S. law) legally obtained and are being used for their intended purpose, or as prescribed.

Drug — Any drug which has not been legally obtained or is not being used for its intended purpose or as prescribed. This also includes marijuana.

Under the Influence — The employee is affected by a drug, or alcohol, or both in any detectable manner. The symptoms of influence are not confined to those consistent with misbehavior or to obvious impairment of physical or mental ability, such as slurred speech or difficulty in maintaining balance.

Company Premises — All Company property including vehicles, lockers and parking lots.

Company Property — Includes all Company owned property used by employees such as vehicles, lockers, desks, closets, etc.

Search — Industrial search practices such as inspections of employee personal property including briefcases, lunchboxes or toolboxes, will be maintained as part of the Company's general security measures. All employees will be expected to cooperate as a condition of employment with special drug/alcohol searches of vehicles, purses, clothing, briefcases, or other employee personal property containers when there is reason to believe that an employee may be in possession of drugs or alcohol. Searches of Company premises and Company property can be conducted at any time.
Clean Test Results — “Clean Test” results are results that indicate no trace of alcohol, or drugs in the employee’s system, other than properly used prescription medication.

Testing — Is generally defined as a urine, blood, or breath test to determine chemical or drug content. Testing can occur in the following instances:

(A) Pre-employment process;
(B) Routine physical examination;
(C) Probable and reasonable cause to suspect use;
(D) Random, probable widespread abuse;
(E) Mandatory screens for DOT drivers.

Test results will remain confidential.
In recognition of the importance, both in human and economic terms, of alcohol and drug abuse in the plant, your Management is committed to make every effort to have a drug and alcohol free workplace and workforce.

The Policy and Rules stated below become effective one month from the date of this Notice.

(A) The use, consumption, possession, distribution, or sale of illegal drugs and controlled substances and/or unauthorized alcohol while on Company premises is absolutely prohibited. Use of alcohol or illegal drugs prior to reporting for work which results in negative work performance, or erratic conduct in the workplace is likewise prohibited.

Compliance with this prohibition will be strictly enforced. Violations shall result in disciplinary measures as outlined herein.

Compliance with this Policy is a condition of continued employment for all employees.

(B) Employees taking drugs prescribed by an attending physician must advise their direct Supervisor in writing of the possible effects of such medication regarding their job performance and physical/mental capabilities. This written information must be communicated to Management prior to the employee commencing work.

II

Managers who have reasonable cause to suspect that an employee has in their possession, or is under the influence of, alcohol or controlled substances, may take the following specific actions:

(A) Possession, sale, distribution, or witnessed use of alcohol or illegal drugs shall result in immediate suspension subject to possible termination of employment, following investigation.

(B) Employees who reasonably appear to be under the influence of alcohol, or controlled substances, shall be subject to immediate suspension, pending investigation, and disciplinary action.

(C) Any available evidence should be collected, i.e., beer cans, liquor bottles.

Under II (B), Disciplinary action shall normally be as follows:
(1) An admission by an employee of being under the influence of alcohol, or drugs, shall result in a thirty (30) day suspension and a required “clean” test result for alcohol and drugs. The test shall be administered at the end of the thirty (30) day period and prior to being reinstated. Also, the employee shall be placed on a twelve (12) month probationary period following their return to work. This provision is available to first time offenders only. Second offenses are covered in 3(c) below. The employee may be tested at any time during this twelve month period without prior notice.

(2) Employees who deny being under the influence of either alcohol or drugs, shall be given the opportunity to be administered a blood or urine test in support of their denial.

Failure to take such test shall result in a ninety (90) calendar day suspension. In order to be considered for reinstatement, the employee must submit to an appropriate alcohol or drug screen examination with a negative result.

(3) Employees reasonably suspected of being under the influence, who voluntarily submit to an appropriate test, shall be treated in the following manner:

(A) A negative test conclusion shall result in the employee being immediately returned to work with payment of any loss of wages or benefits suffered during this period of time and interview records will be destroyed.

(B) A positive test result shall result in a thirty (30) day suspension with a “clean test” requirement for reinstatement at the end of the suspension. Also, a twelve (12) month probationary period shall be imposed. A follow-up test can be conducted at anytime during the probationary period.

(C) Employees testing positive for a second time within a twelve (12) month period shall be subject to immediate termination of employment.

(D) Employees disagreeing with test results may choose to have a second set of comparable tests at their expense. In order to be recognized, the laboratory capabilities must be medically recognized and the second test must be performed within six (6) hours of the Company instituted test.

Test results of a significant difference shall allow the reinstatement of such employee if accompanied by medical explanation of differing results. A second incident within twelve (12) months shall result in immediate suspension pending investigation.
(E) Employees attempting to deceive the Company by falsely demonstrating tendencies of being under the influence shall be suspended pending termination. Such suspension shall follow negative test results. Failure to submit to a test in these circumstances shall result in a ninety (90) day suspension. A "clean test" result will be required prior to reinstatement.

III Employees involved in serious accidents can be required to submit to a urine or blood examination.

IV Employees requesting aid and guidance from their Management in alcohol and drug abuse resolution will be dealt with on a confidential basis. Help shall be made available without prejudice.
This is a Checklist and Procedure for handling employees who are intoxicated or impaired (by legal or illicit drugs).

In order to establish if a violation of Company rules occurred, the following procedure should be followed:

1. Determine if an employee "appears" to be under the influence of alcohol, drugs, including controlled substances and prescriptions, or both.

2. Have another Supervisor escort the employee to the Plant Manager's office, along with a lead person if non-union, or if union, have the area Steward involved at the earliest possible point. Witnesses are critical. When female employees are involved, at least one other female Supervisor, or lead person should be involved.

3. Ask the questions contained in the attached "Questions for Suspected Alcohol/Drug Users." A management person should be assigned the task of taking notes of the occurrence including responses to the questions mentioned above.

4. With everyone present, complete the "Observation Check List."

5. If the employee agrees, have the employee take the "On-Site Coordination Examination." A refusal will be handled as outlined in Sec. C-2 of the Rules.

6. Complete the "Opinion-Based on Observations" checklist.

7. If you conclude the employee is not under the influence of drugs/alcohol, and is capable of performing their work duties, return the employee to work.

8. If the employee is concluded to be under the influence of drugs/alcohol, then suspend them pending final determination, in the presence of the full group, and advise the employee of the rule violated.

9. Make the necessary arrangements to have the employee taken home. Do not permit the employee to go home or drive alone. If the employee refuses any assistance, such as by his Union Representative, then make sure the Union Representative and your Company Representative can verify that the employee refused such assistance. However, if an employee cannot control their actions, then under no circumstances should the employee be allowed to leave without assistance. You must call the local police Chief, or Sherrif to warn them of the grievant's condition and refusal of assistance before the employee is allowed to leave the plant. Advise the law enforce-
ment officials of the employee's name and make of car. Advising local law enforcement authorities and providing assistance before the employee leaves the plant avoids Company liability and limits harm to the employee and other persons.

It is imperative that reliable Management and Employee/Union Representative witnesses be present during all of the above. Appropriate notes and documentation must be preserved for future use. All Management representatives should be familiar with this procedure.
QUESTIONS FOR SUSPECTED SUBSTANCE ABUSERS

1. Are you feeling ill?________ If yes, what are your symptoms?____________________________________________________

2. Are you under doctor’s care?____ If yes, what are you being treated for?________________________What is your doctor’s name and address?__________________________When did you last visit the doctor?__________________________

3. Are you taking any medication?____What medication?________________________________________Who prescribed?__________________________ When did you take your last dosage?________________________Do you have your prescription in your possession?________ Do you have any additional medication in your possession?________
Record all information regarding prescription. Request sample, if permitted by employee.

4. Do you have any pre-existing medical problems?____. Diabetes?______ Are you taking insulin?____. Do you have low blood sugar?____. Epileptic?_____.

5. Do you have a cold?______ If yes, are you taking any cold pills?____. Cough medicine?____. Antihistamines?_____.

6. Are you using any type of drug?____. If yes, what?________________________. When?________________________ Where?________________________. With whom?________________________. How much?________________________

7. Would you submit to a physical examination to include a blood and urinalysis by a medical doctor or hospital so we can be sure that you are in good health and able to safely perform your job?__________
If no reasons for refusal

A. Check with hospital for satisfactory arrangements.
B. GET SIGNED RELEASE STATEMENT by the employee to have the hospital/physician release information to company (See Philips Form for voluntary submission for physical examination and BLOOD and URINALYSIS TEST). If the employee refuses to sign the STATEMENT for voluntary testing, the employee should be told that he is refusing a direct order which constitutes insubordination and that such refusal will be treated as a presumption that the employee is intoxicated or impaired by drugs to the extent of his/her not being able to do their job and the disciplinary provisions of the rules will be followed.

8. Would you submit to basic coordination test?__________

9. Did you drink alcohol or an alcoholic beverages today?______. What did you drink?________________________. How much?__________ When did you start?__________ When did you stop?__________ Where did you drink?________________________. With whom did you drink?________________________.
ON-SITE COORDINATION EXAMINATION

1. Balance — □ Fair □ Falling □ Swaying □ Staggering □ Sagging knees (eyes closed - one foot - head back, etc.) □ Good

2. Walking and Turning — □ Fair □ Swaying □ Stumbling □ Arms extended for balance □ Falling □ Sure footed □ Reaching for support □ Normal

3. Finger to Nose — Right □ Sure □ Uncertain □ Left □ Sure □ Uncertain

4. Speech — □ Normal □ Fair □ Slurred □ Incoherent □ Confused □ Silent □ Whispering

5. Awareness — □ Fair □ Confused □ Bewildered □ Sleepy □ Alert

See CONTROLLED SUBSTANCES AND PRESCRIPTION DRUGS
OBSERVATION CHECK LIST

Directions: Check pertinent items.

1. Walking — □ Stumbling □ Staggering □ Falling □ Unable to □ Swaying □ Unsteady
   □ Holding on □ Normal

2. Standing — □ Swaying □ Rigid □ Unable to stand □ Feet wide apart □ Staggering
   □ Sagging at knees □ Normal

3. Speech — □ Shouting □ Silent □ Whispering □ Slow □ Rambling □ Mute
   □ Slurred □ Slobbering □ Incoherent □ Normal

4. Demeanor — □ Cooperative □ Polite □ Calm □ Sleepy □ Crying □ Silent □ Talkative
   □ Excited □ Sarcastic □ Fighting

5. Actions — □ Resisting communications □ Fighting □ Threatening □ Calm □ Drowsy
   □ Profanity □ Hyperactive □ Hostile □ Erratic □ Normal

6. Eyes — □ Bloodshot □ Watery □ Dilated □ Glassy □ Eyelids Droopy □ Closed □ Normal

7. Face — □ Flushed □ Pale □ Sweaty □ Normal

8. Appearance/ — □ Unruly □ Messy □ Dirty □ Partially dressed □ Bodily excrement stains
   Clothing on clothing □ Neat □ Having odor

9. Breath — □ Alcoholic Odor □ Faint alcoholic odor □ No alcoholic odor

10. Movements — □ Fumbling □ Jerky □ Slow □ Normal □ Nervous □ Hyperactive

11. Eating/ — □ Gum □ Candy □ Mints □ Other - identify if possible. _______________________
        Chewing

12. Other Observations — _____________________________________________________________
    _____________________________________________________________
    _____________________________________________________________
OPINION BASED ON OBSERVATIONS

A. Under influence of alcohol
B. Under the influence of drugs
C. When not sure, which one of either alcohol or drugs or both
D. Unfit to operate machinery or to perform safely in work place
E. Unfit for work for other reason. (List)
F. Recommended for physical examination
G. Does not appear to be under influence of alcohol
H. Does not appear to be under the influence of drugs

Remarks:

Signed ___________________________ Date ___________________________
Witnessed by: ___________________________ Date ___________________________
STATEMENT

VOLUNTARY SUBMISSION FOR PHYSICAL EXAMINATION
AND BLOOD AND URINE ANALYSIS TEST
AND THE RELEASE OF FINDINGS AND INFORMATION

I, __________________________, voluntarily agree to take a physical examination to include a blood and/or urine analysis by a doctor, medical center, hospital, laboratory or medically qualified personnel.

Furthermore, I authorize the release of the results of these tests and examination to Philips Industries Inc. or any of its representatives. By this authorization, I do hereby release any doctor, medical personnel, hospital, laboratory, medical center, clinic and Philips Industries Inc., or any of its representatives from any and all liabilities arising from the release or use of the information derived from or contained in my physical examination and test results.

_________________________________________  _______________________________________
NAME                                           NAME

_________________________________________  _______________________________________
WITNESS                                         DATE

_________________________________________  _______________________________________
WITNESS                                         DATE
## Controlled Substances and Prescription Drugs

<table>
<thead>
<tr>
<th>Drugs</th>
<th>What They Are</th>
<th>Slang Terms</th>
<th>Physical Dependence</th>
<th>Psychological Dependence</th>
<th>Symptoms of Abuse</th>
<th>Dangers of Overdose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narcotics</td>
<td><strong>Opium</strong> Made from fluid of poppy bud White powder principal components of opium Morphine derivative Alkaloid derived from morphone</td>
<td>Dreamer, cube</td>
<td><strong>High</strong></td>
<td><strong>High</strong></td>
<td>Euphoria, Giddiness, Constricted pupils, Respiratory Depression</td>
<td>Shallow breathing, Clamy skin, Convulsions, Coma, Death</td>
</tr>
<tr>
<td></td>
<td><strong>Morphine</strong></td>
<td>Misa, Anna, school boy</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>Codeine</strong></td>
<td>School boy, snow, junk, horse</td>
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<tr>
<td></td>
<td><strong>Heroin</strong></td>
<td></td>
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<tr>
<td>DEPRESSANTS</td>
<td><strong>Chloral Hydrate</strong> Sleep inducing drug Mercuric acid sedative &amp; sleep inducing drug Anti-anxiety sedative, sleep inducing drug</td>
<td>Joy juice, Mickey yellow jacket, goof balls, red devils, downers</td>
<td>HIGH TO MODERATE</td>
<td>HIGH TO MODERATE</td>
<td>Slurred speech, Disorientation, Drunken behavior, Without odor of alcohol</td>
<td>Shallow breathing, Clamy skin, Dilated pupils, Week, Rapid pulse</td>
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<td></td>
<td><strong>Barbiturates</strong></td>
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<tr>
<td></td>
<td><strong>Tranquilizer</strong></td>
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<tr>
<td>STIMULANTS</td>
<td><strong>Cocaine</strong> (also considered a narcotic)</td>
<td>Coke, Gold dust</td>
<td><strong>Possible</strong></td>
<td><strong>High</strong></td>
<td>Increased alertness, Excitation, Dilated pupils, Increased pulse rate, Insomnia</td>
<td>Agitation, increased temperature, Hallucinations, Coma, Death</td>
</tr>
<tr>
<td></td>
<td><strong>Amphetamines</strong></td>
<td>Speed, Uppers, Benfonates</td>
<td></td>
<td></td>
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<tr>
<td>HALLUCINOGENS</td>
<td><strong>LSD</strong> Lysergic acid derivative Chemical taken from peyote cactus, produces hallucinations &amp; hallucinations Veralinary anesthetstic</td>
<td>Acid, sunshine, cactus</td>
<td><strong>None</strong></td>
<td><strong>Degree Unknown</strong></td>
<td>Illusions, Hallucinations, Poor time &amp; Distance Perception</td>
<td>Intense “Trips” episodes, Psychosis, Possible death</td>
</tr>
<tr>
<td></td>
<td><strong>Mescaline</strong></td>
<td>Angel dust, crystal tea</td>
<td></td>
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<tr>
<td></td>
<td><strong>PCP</strong> (also considered a depressant)</td>
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<tr>
<td>CANNABIS</td>
<td><strong>Marijuana</strong> Dried part of cannabis sativa plant Derived from marijuana</td>
<td>Raver, Pci, Jointed, Mary Jane, Hash</td>
<td><strong>Degree Unknown</strong></td>
<td><strong>Moderate</strong></td>
<td>Relaxed Inhibitions, Disoriented Behavior, Exaggerated Sense of Ability, Stares off into Space, Low Motivation</td>
<td>Fatigue, Possible psychosis, Paranoia</td>
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<tr>
<td></td>
<td><strong>Hashish</strong></td>
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