

## **TSO Management, Inc. dba Interim HealthCare**

### **Drug Free Workplace Policy**

The Company is committed to providing a safe workplace for everyone. Consistently, we have established a policy and are committed to providing a drug and alcohol free work environment. We require drug and/or alcohol tests in the following situations:

1. Pre-Employment / New Hire – After an offer of employment and prior to hire, or within the first 30 days of employment. The Company will not hire any applicant who refuses testing, nor will the Company employ any individual who tests positive for illegal drugs.
2. Reasonable Suspicion – a reasonable belief that illegal drug and/or alcohol involvement and/or use is influencing an employee's behavior, appearance, job performance, attendance, or fitness for duty and/or the employee is under the influence of or is using, possessing, selling, purchasing, receiving, manufacturing, or distributing illegal drugs or alcohol while on the job or on the Company's premises.
3. Post Accident – An incident or unsafe work practice which occurs on Company property, on Company business or during working hours, or which involves Company-supplied motor vehicles or motor vehicles being used for Company business and which results in either:
  - a. A fatality;
  - b. Bodily injury requiring medical attention away from the scene of the incident;
  - c. Vehicular and/or property damage in apparent excess of \$1000; or
  - d. Non-vehicular property damage in apparent excess of \$1000.
4. Return to duty after not working for a period of 6 months or greater
5. As a requirement of the assignment by contract or government
6. If applicable, random selection for testing based on Company policy

The refusal to test, failure to test as directed, tampering with or providing a false or adulterated sample is treated as a positive result subject to immediate termination of employment.

We expect you to report to work able to perform your job in a satisfactory manner. The legal use of prescription medication is permitted on the job only if it does not impair your ability to perform the essential functions of the job effectively and safely. In addition, the use of prescription medication must be in your name, used for the intended purpose, and used in the prescribed dosage.

The manufacturing, use, possession, sale, distribution or dispensing of illegal drugs or alcohol are prohibited on company premises, or while conducting business for the Company.

Under the Drug-Free Workplace Act, you must notify the Company within five days of any criminal conviction for drug-related activity occurring in the workplace.

The terms "Company premises" and "workplace" in this policy are used in their broadest sense, and include all locations where Company work is conducted.

If any supervisor has reason to suspect that you may:

1. Be under the influence of or impaired by drugs or alcohol,

2. Have or are using drugs or alcohol,
3. Be keeping drugs or alcohol on your person, in your vehicle or other personal belongings on Company premises.

You may be asked to:

1. Open the area for inspection,
2. Consent to drug and/or alcohol testing,
3. Leave the premises.

If you are found to be in possession of illegal drugs or paraphernalia, refuse to consent to testing or test positive for drugs and/or alcohol, your employment will be terminated immediately.

While not on Company property or worksites and not on Company business, it is also considered a violation of this policy to be arrested, indicted, or convicted for the use, possession, manufacture, distribution, dispensation, purchase and/or sale of illegal drugs (including controlled substances/pharmaceuticals) or the possession of drug paraphernalia. Pending a court date, situations will be reviewed on a case by case basis as described in the previous Arrest, Indictment, and Conviction section.

### **Medical Review**

In the event of a positive test result, the Company uses a Medical Review Officer (MRO) to ensure consistent review of test results. The MRO is a physician and will be able to determine whether there are any valid reasons for the presence of illegal drugs.

### **Employee Rights Following a Positive Test Result**

An employee who tests positive will be given an opportunity to explain the findings to the MRO prior to the issuance of a positive test result to the Company. Upon receipt of a confirmed positive result, the MRO will attempt to contact the employee by telephone. If contact is made by the MRO, the employee will be informed of the positive finding and given an opportunity to explain the results. The MRO may request information on recent medical history and medications taken within the last thirty days.

If the MRO finds supporting reasons in the explanation offered by the employee, the employee may be asked to provide documentary evidence to support the employee's explanation (for example, the names of treating physicians, pharmacies where scripts have been filled, etc.). Failure on the part of the employee to provide requested documentation to the MRO will result in the issuance of a positive report by the MRO with no attendant medical explanation. If the employee fails to contact the MRO as instructed, the MRO will issue a positive report to the Company.

### **Reporting of Results**

All test results will be reported to the MRO prior to the results being issued to the Company. The MRO will receive a detailed report of the findings of the analysis from the testing laboratory. Each tested substance will be listed along with the results of the test. The Company will receive a summary report, and this report will indicate the employee passed or failed the test. All of these procedures are intended to be consistent with the most current guidelines for Medical Review Officers as published by the Department of Health and Human Services.

# Interim HealthCare

## Drug and Alcohol Testing Consent / Authorization Form

As an employee or applicant of the Company, I hereby acknowledge that I have received a copy of the Drug Free Workplace Policy and understand the Company's policy requires me to submit to urine drug testing and/or breath alcohol testing.

I further understand that the purpose of such analysis is to determine or rule out the presence of controlled or non-prescribed substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test and agree to participate in the Company testing program.

I hereby and herewith release the Company, its employees, officers, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program and understand that my lack of cooperation will be viewed as a violation of the Company policy resulting in either the withdrawal of a conditional offer of employment or disciplinary action up to and including termination of employment.

I hereby authorize the release of my drug and/or alcohol test to the contractor's Medical Review Officer (MRO) as provided by the Company policy.

I further acknowledge that the company has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Applicant / Employee Printed Name: \_\_\_\_\_

Applicant / Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

