

# **THE ACADEMY OF ELECTRICAL CONTRACTING**

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**VOLUNTARY  
SUBSTANCE ABUSE TESTING PROGRAM  
WESTERN PENNSYLVANIA  
ELECTRICAL WORKERS LABOR MANAGEMENT  
COOPERATION COMMITTEE**

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*After service in World War II, Thomas P. Hanlon Jr. completed his engineering degree and joined G.E. for 2 years. In 1949, he entered the family business founded by his father in 1930. The firm joined NECA in 1953. Tom served as Governor of the Western Pennsylvania Chapter for 20 years from 1974 through 1993. He also served on the Marketing Committee for 4 years, and was elected to the Academy of Electrical Contractors in 1985. He has also served on the council for Industrial Relations. Tom received the Comstock Award in 1991.*

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# POLICY

The SIGNATORY PARTIES OF THIS PROGRAM recognize that the use of illegal drugs, unauthorized drugs, and alcohol abuse are serious problems which may endanger our participants and others in the workplace. The parties also recognize that in order to eradicate the problem, efforts must include focus on treatment and restoring participants with substance abuse problems to productive lives.

As a commitment to safeguarding the health of workers, providing a safe workplace, and supplying the customer with the highest quality of service possible, the Western Pennsylvania Electrical Labor Management Cooperation Committee (LMCC) has established a substance abuse testing program to prevent the use and or presence of drugs and alcohol in the workplace. This program includes education and assistance to participants and their families, and encourages participants suffering from substance abuse to receive treatment.

In implementing the program, the parties agree that effective January 1, 1996, an active "Drug Free Certification Card" from the LMCC program will be required by a participant in order to perform work on projects requiring substance abuse testing, and to the program as follows:

## TESTING REQUIREMENTS

The substance abuse program will be conducted within the established guidelines developed by the United States Department of Health and Human Services Scientific and Technical Guidelines dated April 11, 1988 and any subsequent amendments thereto. The laboratory shall be licensed or certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the College of American Pathologists (CAP) and shall participate in the proficiency testing programs required by each of those respective organizations.

The signatory parties shall select a certified laboratory which meets the specified requirements and designate an independent party to coordinate and administer the program. Each signatory party shall designate a responsible representative from their organization to be notified of participants' test results.

The initial screening shall be by immunoassay and require Gas Chromatography/Mass Spectrometry (GC/MS) for confirmation. The panel shall include the following 10 categories of drugs and cutoff limits:

Drug Class	Initial Screening Cut-Off Limit	Confirmation Cut-Off Limit
Amphetamines	1000 ng/ml	500 ng/ml*
Barbiturates	300 ng/ml	100 ng/ml
Benzoyllecgonine (Cocaine Metabolite)	300 ng/ml*	150 ng/ml*
Cannabinoids (THC)	50 ng/ml*	15 ng/ml*
Methaqualone	300 ng/ml	100 ng/ml
Opiates	300 ng/ml*	300 ng/ml*
Phencyclidine	25 ng/ml*	25 ng/ml*
Benzodiazepines	300 ng/ml	100 ng/ml
Methadone	300 ng/ml	200 ng/ml
Propoxyphene	300 ng/ml	100 ng/ml
Alcohol, Ethyl** (For Cause Only)	0.04% BAC	0.04% BAC

*\*Cut-off limits are established by the United States Department of Health and Human Services in their mandatory guidelines for Federal Workplace Drug Testing Programs.*

*\*\* Alcohol testing shall be for cause only and shall be performed according to established federal guidelines.*

The panel is subject to change as conditions or owner requirements warrant. These conditions or requirements must be submitted to LMCC parties prior to implementation.

## **ANNUAL TESTING**

Effective January 1, 1996, participants shall submit to a substance abuse test at least one time per year. A dated "Drug Fee Certification Card" will be issued to a participant testing negative. A participant refusing to submit to testing will be ineligible for work on projects requiring substance abuse testing.

## **RANDOM TESTING**

Participants are subject to random testing. Random testing will be conducted on at least twenty-five percent (25%) of total participants annually. A computer software program will randomly select social security numbers from the total pool of participants. A participant may be picked more than once or not at all during one year.

Records of annual and random substance abuse tests shall be maintained by the designated Program Coordinator and/or the Medical Review Officer.

All costs for collection, analysis, reporting and maintenance of records for annual and random testing shall be borne by the LMCC.

Scheduling the collection of annual and random tests is the responsibility of the participant.

## **FOR CAUSE TESTING**

A participant may be asked to submit to a drug and alcohol test if "cause" exists which indicates that his health and safety or inability to perform work is observed by a supervisor and/or customer representative. A participant may be tested "For Cause" under any of the following circumstances:

- A) Involvement in, or cause of, an incident, accident, or near miss which causes or could have caused injury to the participant or another individual.
- B) Involvement in, or cause of, an incident, accident, or near miss which causes or could have caused damage or destruction to contractor and/or Owner property.
- C) Upon Customer request.

Testing "For Cause" shall be performed at the time of the incident and shall be the responsibility of the contractor.

## MEDICAL REVIEW OFFICER

All test results shall be treated in a confidential manner. Accordingly, the testing facility will disclose results only to the participant and/or Program Coordinator via the Medical Review Officer (MRO).

The MRO shall be responsible for:

- A. Reviewing and verifying a confirmed positive result
- B. Notifying the tested participant of a positive result
- C. Providing the participant with an opportunity to discuss why the test result might be positive
- D. Reviewing the medical records as provided by or at the arrangement of the tested participant
- E. Verifying the laboratory result
- F. Notifying the Program Coordinator of all test results, positive and negative
- G. Processing re-test requests
- H. Participating in return-to-duty decisions as required
- I. Referring the participant testing positive to an approved Substance Abuse Professional (SAP)

Confirmed positive results are sent by the laboratory to the MRO for processing. The MRO will then notify the participant.

If the MRO determines that there is a legitimate medical explanation for the confirmed positive result, the MRO will take no further action and report the test as "negative".

If the MRO verifies that a confirmed positive test is scientifically sufficient and there is no legitimate medical explanation, the MRO shall immediately contact the Program Coordinator and report the test as "positive".

If the MRO attempts to contact a tested participant and they do not respond in five (5) working days, the MRO shall report the test as "positive".

The MRO shall refer any participant testing positive to an approved Substance Abuse Professional (SAP). The cost of the initial evaluation shall be borne by the LMCC. If treatment is recommended or required, the participant may apply for these benefits as provided by his healthcare insurance.

In case of "positive" results of any test, the participant shall:

- A. Have the right to have the original sample independently analyzed at their expense, by a laboratory of their choice. The laboratory must meet the qualifications of the program as specified. If the independent analysis is negative, the participant shall be allowed to begin work immediately.
- B. Have the right to secure a copy of all data relating to the test procedures and results, providing the costs are paid in advance to the initial laboratory by the participant.

In keeping with DOT guidelines, any adulterated specimen will be considered a positive drug screen and the participant submitting the adulterated specimen will be required to re-establish eligibility prior to further testing. Additionally, any cost incurred for laboratory testing of an adulterated specimen and the subsequent testing shall be the responsibility of the participant.

## RE-ESTABLISHING PROGRAM ELIGIBILITY

A participant testing positive will not be issued a "Drug Free Certification Card".

A participant may become eligible to re-test for a "Drug Free Certification Card" if:

- A. Participant presents a certificate of successful completion of a SAP approved rehabilitation program and tests negative, or,
- B. After one year from the date of the "positive test" the participant tests negative.

After meeting the conditions specified above, the participant will be subject to follow-up periodic testing for a period of one year commencing on the date of their negative re-test. Periodic testing will be determined by the SAP and/or the MRO.

A participant testing positive three times must take medical leave of absence and enter an appropriate treatment program. The participant must provide satisfactory proof of program completion to the MRO. The MRO shall determine if the participant is eligible to retest for a "Drug Free Certification Card".

## GLOSSARY OF TERMS

**BREATH ALCOHOL CONTENT (BAC):** Breath alcohol concentration expressed as grams of alcohol per 210 liters of breath.

**CHAIN OF CUSTODY:** The procedures established by SAMHSA and DOT to track specimen handling and storage from point of collection to final disposition. Stringent chain-of-custody procedures ensure the integrity of each specimen collected.

**CONFIRMED POSITIVE RESULT:** The final result of a specimen which has been first screen tested to detect the presence of a substance above the established cut-off limit and then confirmed by a more precise quantitative method based on the Gas Chromatography/Mass Spectrometry (GC/MS) technique which specifically identifies the substance and the amount.

**CUT-OFF LIMIT:** The lowest level at which a substance can be detected and reported as positive.

**DESIGNATED PARTY REPRESENTATIVE:** The designated representative from an organization to notify participants testing positive.

**DRUG CLASS:** The type of drugs included in the test panel.

**DRUG FREE CERTIFICATION CARD:** The certificate issued to a participant meeting all program requirements.

**GAS CHROMATOGRAPHY/MASS SPECTROMETRY (GC/MS):** A sensitive, specific, and accurate analytical procedure used to confirm a positive result of an initial test. GC/MS is absolute quantitative confirmation when you know the drug you are looking for.

**INITIAL SCREENING TEST:** A quick immunoassay test which proves or disproves the presence of substances in excess of the established cut-off limit. Positive results of an initial screen are considered presumptive until confirmed by GC/MS.

**MEDICAL REVIEW OFFICER (MRO):** A licensed physician (medical doctor or doctor of osteopathy) trained to interpret and evaluate confirmed positive test results. The MRO is responsible for receiving the laboratory results generated by the testing program.

**NEGATIVE TEST:** The final result of tested specimen in which no substance has been detected or a confirmed positive test that the MRO determines to be legitimate.

**NG/ML:** Nanograms per milliliter are the unit of concentration used for quantitative drug test results.

**PARTICIPANTS:** The members of each party of the program voluntarily taking part in the program.

**PARTIES TO PROGRAM:** Organizations, contractors and owners recognizing, accepting, and contributing to the LMCC program.

**PROGRAM COORDINATOR:** An independent party selected by the parties of the program to coordinate and administer the program. The program coordinator is responsible for maintaining all test results, updating the active/inactive status of all participants and notifying the designated party representative from each party his participants tests results.

**SUBSTANCE ABUSE MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA):** A federal organization which recommends substance abuse testing procedures and which certified substance abuse testing laboratories.

**SUBSTANCE ABUSE PROFESSIONAL:** Individual trained to recognize and evaluate substance abuse disorders in participants testing positive.



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## Voluntary Substance Abuse Testing

Presented by  
Thomas P Hanlon, Jr. and Frederic B. Sargent  
to  
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## Benefits for the Customer:

1. **Auditability**  
– Through third-party administrator
2. **Economical**  
– Eliminates costs of repetitive testing
3. **Efficient**  
– People go straight to work
4. **Manpower Flexibility**  
– Change manpower without on-job testing requirements

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## Benefits for the Customer:

5. **Minimizes Job Disruptions**  
– Versus removing those who fail drug tests after they have started work
6. **Off-Payroll Testing**  
– People take tests on their own time
7. **Validity**  
– 25% random test and annual test - split sample

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## Benefits for the Contractor:

1. **Uniformity**
2. **Auditability**  
– Through third-party administrator
3. **Referral for Customer Needs**
4. **Economical**  
– Eliminates costs of repetitive testing

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## Benefits for the Contractor:

5. **Flexibility**  
– For job manning
6. **Off-Payroll Testing**
7. **Selling Point to Customers**

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## Benefits for the Employees:

1. **Safer Working Environment**
2. **Increased Employability**
3. **Voluntary**

### Benefits for the Union:

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1. Increased work opportunities
2. Helps solve members' problems
3. Good public and customer relations
4. Political insulation from various drug testing issues

### Negative Arguments - *Some Valid/Some Not*

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1. Employee gets stuck on N.M.A.P.C. jobs or reduced rate jobs
  - Problem handled through referral language
2. Employee loses personal time
  - Some plans reimburse for time and expenses for testing, some do not

### Negative Arguments - *Some Valid/Some Not*

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3. Employee is not working for employer or customer that requires drug testing – so why participate?
  - There is no need for his participation at this time, but may need it in the future for job opportunities

### Negative Arguments - *Some Valid/Some Not*

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4. Employee harassment through the "for cause" testing requirements
  - Possible, but should be handled through labor-management procedures

### Benefits for the Industry:

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- Quantifiable
  1. Time Saver
  2. Money Saver
  3. Handle Problems as an Industry
    - a. Identification
    - b. Rehabilitation
    - c. Counseling

### Benefits for the Industry:

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- Non-quantifiable
  1. In the Workplace – Reductions in:
    - a. Absenteeism
    - b. Workers' Compensation Claims
    - c. Theft
    - d. Health & Welfare Claims
  2. Family and Marital Problems

## Benefits for the Industry:

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- Non-quantifiable
- 3. Reason for people to quit drugs or seek help
- 4. Reason for people to avoid social pressure to use drugs
- 5. Saves employees that you have money invested in and have compassion for

## Steps to Implementation

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1. Establish a Labor/Management Committee to Adopt and Administer a Voluntary Substance Abuse Testing Program

## Steps to Implementation

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2. Fund the program to pay costs:
  - a. Initial Drug Tests
  - b. Random Drug Tests
  - c. Mailings
  - d. Printing
  - e. Administration
  - f. Random Test Reimbursement, if so desired

## Steps to Implementation

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3. Meet regularly to hear appeals and attend to administrative problems
4. Sell benefits to customers and have them assign designated customer representative

## Steps to Implementation

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5. Sell benefits to contractors and have them assign designated contractor representative
6. Sell benefits to employees
7. Set up initial and annual testing places and times

## Customer Participants as of May, 1997

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Allegheny Power System  
Armco, Inc.  
Duquesne Light Company  
GPU Generation Company  
LTV Steel Company  
Ohio Edison Company

## Customer Participants as of May, 1997

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Oxford Development Company  
Pittsburgh Mercy Health Systems  
St. Francis Medical Center  
U. S. Steel  
West Penn Hospital  
Willamette Industries, Inc.