



Carolinah HealthCare System

Employee Information About Drug and Alcohol Screening

Please read the following information and then review the "Authorization to Obtain and Analyze Specimens for Drug or Alcohol Screening." Ask any questions you may have of the person performing the screen. Then sign the authorization form. Failure to comply with drug or alcohol screening is viewed as insubordination and will result in termination; applicants would be considered ineligible for employment.

Alcohol Testing Procedure

As a means of detecting prohibited alcohol use, a breath analysis will be conducted. The initial screening for alcohol consumption will be through the use of a breath alcohol test. An employee who is screened and who has a confirmed test result of 0.04 breath ethanol level or greater will be considered positive. An employee who is screened and has a breath alcohol level greater than 0.02 will be removed from work and sent home. In both cases, the employee will be asked to call the Employee Health Supervisor or designated nurse the next business day prior to return to work.

Drug Testing Procedure

Urine specimens will be obtained in a private, controlled environment which preserves the dignity of the employee. You will have three hours to complete the urine testing.

Employee urine specimens will be divided into two parts, sealed, and signed by the employee. The "chain of custody" form will be completed by the collector and also signed by the employee. These specimens will be treated and handled with strict adherence to "chain of custody" procedures. Code numbers will be assigned to each specimen to assure confidentiality. While privacy is protected, the employer and licensing boards have rights of notification of positive results.

Each specimen container will then be placed in a tamper-proof, self-sealing bag with the lab copies of the custody form inserted in each side pocket. The other copies of the form along with these Notices will be kept in the Employee Health Department.

Two specimens will be signed in and processed by the approved laboratory. One of the two specimen containers sent to the lab will be tested to determine evidence of certain drugs. If the screen is positive, the specimen will be used for confirmation testing. The remainder of the first specimen and the sealed second specimen are retained for one year when results are positive. Test results will be returned to the Employee Health Department.

If the test is positive for prescription drugs, Employee Health will contact the employee as required by law to gather additional information that could contribute to evaluation of the result. A confirmed positive result will result in the employee being removed from service immediately and being referred to the Employee Assistance Program. A second confirmed positive test may result in termination from the employee's position. See CHS's policy on Alcohol/Drug Use for consequences of a positive test result. This Policy is HR 4.10, found on Synapse in the "My HR" online policy section.

STATEMENT: I have read the above information and had opportunities to ask questions. I hereby consent to such alcohol and/or drug testing by providing a urine specimen and/or submitting to a breath analysis.

SIGNATURE: _____ **DATE:** _____



**Carolinas HealthCare System
 Carolinas Medical Center Employee Health
 NOTICE OF REQUIRED DRUG TESTING COLLECTION**

Full Printed Name: _____

Social Security Number (*Applicant only*): ____-____-____ Employee ID (*Employee only*): _____

Date of Birth: _____ Telephone—Day: _____ Alternate: _____

North Carolina law requires that written notice of positive test results be given to you. You will be notified by Employee Health staff to gather supporting information and alert you to pending receipt of notice.

I prefer written results of a positive test to be mailed to me.

Preferred mailing address for results:

Street Address/P.O. Box number: _____

City: _____ State: _____ Zip: _____

I prefer to personally pick up a written copy of my positive test results at Employee Health Office; I do not want these results mailed to me.

Preferred Contact Telephone Number: _____

**NC CONTROLLED SUBSTANCE EXAMINATION REGULATION ACT
 INITIAL NOTICE TO EMPLOYEES/APPLICANTS**

In accordance with our company policy, you have been selected for a (*circle one*) Post Offer/ Random / Reasonable Suspicion / Post Accident drug screening. In accordance with 13 NCAC 20.0401, this Notice explains your rights and responsibilities under the *NC Controlled Substance Examination Regulation Act ("CSERA")* (Chapter 95, Article 20 of the NC General Statutes) and the corresponding administrative rules (Title 13, Chapter 20 of the NC Administrative Code).

- You may refuse this test; however, your job or employment opportunity may be in jeopardy. Carolinas Healthcare System requires a negative drug screen for employment. Employees will be subject to additional random and periodic unannounced testing for the presence of drugs or alcohol in your system.
- Although applicants may be screened by means of a "Rapid Test," any positive results must be confirmed by an approved lab using gas chromatography with mass spectrometry (GS/MS) or equivalent scientifically accepted method before hiring decisions are made.
- Current employees cannot be screened by means of a "Rapid Test."
- An approved laboratory must perform testing of random or reasonable suspicion samples and positive "Rapid Test" screens.
- You can request a "re-test" of any positive sample. Retests must be of the same sample. The retest must be paid for by the employee, and will be re-tested at an approved laboratory.
- You can file a complaint with the NC Department of Labor—Wage and Hour Bureau at (919) 807-2796 or 1-800-NC-LABOR if you believe procedural requirements of the *CSERA* were violated. The Department has no jurisdiction regarding an employer's requirement for controlled substance testing or its decisions regarding results of controlled substance testing.

By signing, I indicate understanding that I have up to three hours to provide an adequate urine specimen (1½ oz.) for testing. **Employee/Applicant's Photo ID** (list type, state if driver's license, number and expiration date when shown):

Employee/Applicant	Date	Specimen Collection Time: _____
		Result: _____
Employer Representative/Witness	Title	