



CleanWorkForce.com

On-line Drug Testing Administration

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To: Participating Employers

We are pleased your firm has chosen to participate in the Washington Construction Industry Substance Abuse Program. This Employer Manual has been designed to be an easy reference guide when dealing with all aspects of the Program. As you review the contents of this Manual, please note that some policies and procedures may vary depending on the craft of an employee. The contents of this manual are also available on the Program's website at (www.wcisap.com).

Designated Employer Representative Responsibilities

The primary responsibilities for Designated Employer Representatives with full authority are:

- contact person for confidential and sensitive information;
- person who receives and is responsible for delivery of notices of random selection to your employees; and
- verifying employee compliance status via the WCISAP website or by phone.

Employers may also designate representatives and limit their authority to certain functions by checking the applicable box on the Participation Agreement. For example, some employers will authorize their field personal to only verify new employee compliance status.

Forms

Under Tab 1 of this Manual you will find a Test Authorization Form that can be used for all Drug and Alcohol tests, **except** for Random tests, which will be generated by our office and faxed to the appropriate DERs when employees have been selected for Random tests. Samples of the Random test forms can be found under Tab 5.

Also under Tab 1 is the Documentation Form, which should be completed whenever you send an employee for a Post-Accident or Reasonable Suspicion test. This form does not need to be presented to the collection site personnel, but should be kept in your files. Please duplicate these forms as necessary.

Collection Sites

The list of approved collection sites for this Program is under Tab 6. The sites are sorted by location for ease in locating one that is convenient for you and your employees.

Please pay particular attention to the last column, titled "BAT." The sites marked with an "Y" have breath alcohol testing equipment, which is required when employees are sent for Post-Accident, Reasonable Suspicion and a percentage of Random tests. (This requirement will be clearly indicated on the Random form when faxed to you.) Those sites marked with an "N" do not have this equipment at this time. The locations and hours of operation of collections sites may vary without notice. As soon as we hear of any changes, we will post the new information on our website and notify you either by e-mail or phone to download the revised list.

Accessing Employee Compliance Status

In the left pocket of this Manual, you will find the Employer Identification Number and Passcode that have been assigned to your company. These two numbers will be required to access employee compliance status either on the website or by phone. Please provide these numbers to your Designated Employer Representatives who you have authorized to access this information. Note: We must be provided the names of these DERs so they may be entered into our database. Otherwise, they will be denied access. Additionally, if a DER leaves your firm, please notify us so we may remove that individual's authorization.

After reviewing this Manual, please do not hesitate to contact us by phone or e-mail if you have any questions.

Please be advised that both your Bargaining and Non-Bargaining Unit employees may participate in the program. If you wish to include your Non-Bargaining employees, please provide us with their names and the last four numbers of their Social Security Number. They will be placed in the Non-Bargaining pool for random test selection. The fee for Non-Bargaining employees is \$3.80 per person per month for which you will be billed.

We look forward to working with you to ensure a safe workplace for everyone.

Sincerely,

Angie Havens
CleanWorkForce
Program Administrator

**WCISAP: WASHINGTON CONSTRUCTION INDUSTRY SUBSTANCE ABUSE PROGRAM
TEST AUTHORIZATION and FAX FORM**

Collectors - See Instructions Below in Section 2!

Attention: Participating Employers

Use this form only when testing the following employees for WCISAP: **Carpenters, Cement Masons, Laborers, Plumbers & Pipefitters, and Non-Bargaining Staff** of WCISAP Employers

Complete Section 1 below. Employees must report to a WCISAP authorized collection site and present this document upon arrival at the facility. Contact your WCISAP Designated Employer Representative for a list of approved collection sites or log on to www.wcisap.com.

SECTION 1: TEST INFORMATION (to be completed by Employer and Employee)

To receive WCISAP card and reimbursement check*, we must have employee address & Social Security Number

Employee Name (please print)

Employer Name (please print)

Employer Phone Number

Employee Social Security No. or last four digits

Supervisor's Name

Employee Address (Street)

(City)

(State)

(Zip)

Employee Type:

Bargaining Unit Employee (Acct. No. 76756)

Non-Bargaining Unit Employee (Acct. No. 76757)

Carpenter

Laborer

Cement Mason

Plumber/Pipefitter *Local 32 members test on company time-no reimbursement check issued.

Test Type:

Pre-Program (Post-Hire)

Post-Accident*

Reasonable Suspicion*

*** POST-ACCIDENT AND REASONABLE SUSPICION TESTS REQUIRE A BREATH ALCOHOL TEST.** The employee must report to a collection site that offers this type of test. Note: Necessary medical attention should always be provided before testing an employee for drugs or alcohol. If an employee is suspected to be under the influence of drugs or alcohol, the employer must accompany the employee to the collection site and arrange for transportation to their home. Complete the Post-Accident/Reasonable Suspicion Documentation Form (Tab 1) and retain a copy of it for your files. A copy of this form is not required by the collection site.

SECTION 2: COLLECTION SITE INSTRUCTIONS

IMPORTANT INFORMATION: 1. WRITE EMPLOYER NAME IN LOCATION FIELD ON CHAIN OF CUSTODY

2. WHEN COLLECTION IS COMPLETE, FAX THIS FORM, & EBT RESULTS (if applicable) TO (206) 441-3009

3. SEND INVOICE TO HEALTHFORCE PARTNERS, NOT TO EMPLOYER

Name of Laboratory: LabCorp

Account Name: WCISAP

Account Number: Bargaining Unit Employee: **76756** Non-Bargaining Unit Employee: **76757**

Test Profiles: Post-Offer:

Default

Post-Accident, Reasonable Suspicion: Default plus Breath Alcohol Test

Special Requirements: Split Specimen

Washington Construction Industry Substance Abuse Program

POST-ACCIDENT/REASONABLE SUSPICION DOCUMENTATION FORM

Employee's Name

Social Security No.

Date

Type of Test: Post-Accident
 Reasonable Suspicion

- | | |
|--|---|
| <input type="checkbox"/> Accident causing a fatality | <input type="checkbox"/> Observed drug/alcohol use |
| <input type="checkbox"/> Accident causing an injury requiring off-site medical attention
<i>(does not include sprains or strains)</i> | <input type="checkbox"/> Difficulty maintaining balance |
| <input type="checkbox"/> Accident causing significant property damage | <input type="checkbox"/> Slurred speech |
| | <input type="checkbox"/> Abnormal/erratic behavior |
| | <input type="checkbox"/> Apparent inability to safely perform assigned work |
| | <input type="checkbox"/> Additional observed behavior (Describe in detail) |

Comments *(Describe the rationale for requesting testing, including observed facts and circumstances, any sources of information, date and time of observation or accident, other witnesses, actions taken, etc.)*

Requester's Printed Name & Signature

Title

Date

Reviewer's Printed Name & Signature

Title

Date

I acknowledge that I have been informed of the company's reasons for requesting this drug and alcohol test and consent to the testing. Signing this form does not necessarily signify agreement with the above statements.

Employee's Signature _____

Date _____

PROGRAM ENTRY TESTING

Some of your employees may be eligible for compliant status under the Washington Construction Industry Substance Abuse Program and not required to take a Pre-Program Test if they meet the following criterion:

Any individual who was tested or subject to testing, under a certified random program in the last twelve months prior to WCISAP participation, and who has not had a break in employment since the last test, will be grand fathered into the WCISAP.

If the employee was tested, the test must meet the following standards:

- The employee's specimen was tested at a SAMSHA certified laboratory, accompanied by a Chain of Custody form.
- The specimen was tested for the following substances and the results were below both screening and confirmation thresholds:

<u>Tests</u>	<u>Screening Cutoff</u>	<u>Confirmation Cutoff</u>
Amphetamines	1000	500
Cocaine Metab.	300	150
Marijuana Metab.	50	15
Opiates	2000	2000
PCP	25	25

If you have any employees who qualify, please provide us with their names, Social Security numbers, home address and their craft (Carpenter, Cement Mason, Laborer or Plumber/Pipefitter). Please also provide a copy of your drug and alcohol test policy. WCISAP Program Participation Cards will be issued and mailed to these employees at their home address.

PRE-PROGRAM TESTING INSTRUCTIONS FOR BARGAINING UNIT EMPLOYEES

1. New employee reports to work.
 2. Ask the employee for his or her WCISAP Program Participation Card. If the employee has not taken a test for this program and has not been issued a card, a Pre-Program Test is required.
 3. Make a copy of the WCISAP Test Authorization and Fax Form (Tab 1) and complete the information requested in the Employer's section.
 4. Give a copy of the list of Collection Sites to the employee and direct them to test.
 5. Inform the employee that upon arrival at the collection site, he or she will be required to:
 - a. show photo and signature identification, e.g., State issued driver's license;
 - b. sign consent form; and
 - c. provide a urine specimen for laboratory analysis.
 6. If the employee refuses to be tested, he or she is "Not in Compliance" with the Program.
 7. When the employee returns from the collection site, ask the employee to produce a signed donor's copy of the Chain of Custody form as proof of testing.
 8. If the employee has negative test results, CleanWorkForce will issue the employee a Program Participation Card and a reimbursement check for \$40.00. The card and check will be mailed to the address currently on file with the employee's Health & Welfare Administrator.*
 9. If the employee becomes "Not in Compliance" due to test results, CleanWorkForce will notify you by phone immediately. The employee may contact CleanWorkForce for referral to the Employee Assistance Program (EAP) if he or she wishes to change their status.
 10. If the employee follows the recommendations of the EAP and passes a Return-to-Work test, they will be issued a Program Participation Card, if one has not been previously issued, or their status will be returned to "In Compliance" and the employee will be eligible for employment. No reimbursement check will be issued for passing a Return-to-Work test.
- * U.A. Local 32 Plumbers and Pipefitters test on company time per the Collective Bargaining Agreement and will not be issued a reimbursement check.

PRE-PROGRAM TESTING INSTRUCTIONS FOR NON-BARGAINING UNIT EMPLOYEES

1. New employee reports to work.
2. Make a copy of the WCISAP Test Authorization and Fax Form (Tab 1) and complete the information requested in the Employer's section.
3. Upon return from the collection site, ask the employee to produce a signed donor's copy of the Chain of Custody form as proof of testing.
4. A Non-Bargaining Unit employee who has negative test results will not be issued a Program Participation Card or a reimbursement check.
5. CleanWorkForce will notify you immediately if the employee's test results are "Not in Compliance." The Employee Assistance Program is available for initial assessment of an employee who has failed the test.

POST-ACCIDENT TESTING INSTRUCTIONS FOR BARGAINING AND NON-BARGAINING UNIT EMPLOYEES

Involvement in an on-the-job accident may require testing when an employee is judged to have caused or contributed to an accident requiring off-site medical attention or property damage. If an employee is sent for a Post-Accident Test:

1. A Post-Accident Documentation Form (Tab 1) is to be completed by the employer and signed by both employer representatives and the employee.
2. Contact CleanWorkForce and provide the names and Social Security numbers of the employee(s) to be tested.
3. Make a copy of the WCISAP Test Authorization and Fax Form (Tab 1) and complete the information requested in the Employer's section. The employee is to be transported to the hospital or laboratory by the employer. **Post-Accident Tests require a breath alcohol test. Be sure the employee is taken to a facility where this equipment is available.**

Note: No drug or breath alcohol tests are to be administered prior to necessary medical treatment.

4. The employee must report for testing as directed by the employer within two (2) hours after receiving medical treatment and if no medical treatment is required, the employee must report for testing within two (2) hours after being directed by the employer.
5. When the tests are completed, the employee is to be transported back to his/her residence, or the jobsite.
6. If the test results are negative, the employee will immediately be reinstated in his/her previous position, with back pay based on a project's regular schedule and no further action will be taken. Bargaining Unit employees will be issued a Program Participation Card if no card has been previously issued.
7. The Employee Assistance Program is available for initial assessment of an employee who has failed the test. Bargaining Unit employees who follow the recommendations of the EAP and pass a Return-to-Work test, will be issued a Program Participation Card, if one has not been previously issued, or their status will be returned to "In Compliance" and they will be eligible for employment. No reimbursement check will be issued for passing a Return-to-Work test.

REASONABLE SUSPICION TESTING INSTRUCTIONS FOR BARGAINING AND NON-BARGAINING UNIT EMPLOYEES

1. Reasonable Suspicion tests are required when:
 - an employee is exhibiting aberrant or unusual behavior; and
 - an employee is exhibiting the type of behavior which is a recognized and accepted symptom of intoxication or impairment caused by controlled substances or alcohol or addiction to or dependence upon said controlled substances; and
 - an employee's behavior is not reasonably explained as resulting from causes other than the use of controlled substances (such as, but not by way of limitations, fatigue, lack of sleep, side effects of prescriptions, or over-the-counter medications, reactions to noxious fumes or smoke, etc.).
2. This behavior must be observed by the employee's immediate supervisor or others and confirmed by the observation of a managerial employee or their trained designee, which observations shall be documented on the Post-Accident/Reasonable Suspicion Documentation Form (Tab 1) and signed by the employer and the employee.
3. Contact CleanWorkForce and provide the names and Social Security numbers of the employee(s) to be tested.
4. The employee is to be transported to the hospital or laboratory by the employer. **Post-Accident Tests require a breath alcohol test. Be sure the employee is taken to a facility where this equipment is available.**
5. After the test is completed, the Employee will be transported back to his/her residence and remain off the job for eight (8) hours.
6. If the test results are negative, the employee will immediately be reinstated in his/her previous position, with back pay based on a project's regular schedule and no further action will be taken. Bargaining Unit employees will be issued a Program Participation Card if no card has been previously issued.
7. The Employee Assistance Program is available for initial assessment of an employee who has failed the test. Bargaining Unit employees who follow the recommendations of the EAP and pass a Return-to-Work test, will be issued a Program Participation Card, if one has not been previously issued, or their status will be returned to "In Compliance" and they will be eligible for employment. No reimbursement check will be issued for passing a Return-to-Work test.

RANDOM TESTING INSTRUCTIONS

For Bargaining Unit Employees:

CleanWorkForce will select employees on a computer generated random basis for testing each month to an annual fifty percent (50%) testing level. Twenty percent (20%) of those selected for random drug tests will also be required to take a breath alcohol test.

1. When employees are selected for random testing, the Designated Employer Representatives(s) (DERs) will be sent an Employer's Notice of Random Selection via fax, listing the names of the Employees to be tested.
 2. A Notice of Random Selection will be included for each selected Employee and will provide testing requirements of the Program. The notifications will include the last four digits of the employee's Social Security Number and the month and day of the Employee's birth, if known, to assist in identification, particularly in the case of common names.
 3. The DER is to deliver the Notice of Random Selection, in a timely and confidential manner, to each Employee along with a copy of the Program's collection sites. A list of collection sites will be provided to all participating Employers and is available on the www.wcisap.com website.
 4. Have each Employee acknowledge they have read the Release language on their Notice by signing their name and date in the space provided on their form.
 5. Write the date and time you have provided each Employee with their Notice on ***both*** the Employer's and Employee's form.
 6. Emphasize to the employee that they must:
 - report to a collection site within twenty-four (24) hours of receipt of their notice*, **and if a breath alcohol test is required, they must report to a site where that equipment is available;**
 - present their Notice of Random Selection to the collection site personnel;
 - provide photo and signature identification; and
 - provide a urine specimen and submit to a breath alcohol test, if required.
- * **U.A. Local 32 Plumbers and Pipefitters test on company time** per the Collective Bargaining Agreement.
7. If an employee is not available for random testing, please clearly indicate the reason, e.g., no longer in your employ, sick, on vacation, working out of the jurisdiction, etc., and the anticipated date of their return, if applicable, on the Employer Notice of Random Selection form. Individuals (other than those no longer in your employ) are to be given their Notice of Random Selection upon their return to work. The Employee will be considered out of compliance until they have satisfied the Program's testing requirements.
 8. Once information regarding delivery of the Random Notices is entered on the Employer's Notice, sign, date and fax it to CleanWorkForce at (206) 441-3009. This step is ***essential***. Test results will provide the date and time an Employee reported to a collection site. This information is compared to the notification date and time provided by the Employer to ensure that the collection was made within the time frame allowed.

9. If only a portion of the Employees have been notified, please fax this information to CleanWorkForce. As other Employees are notified (or determined that they cannot be notified) please continue to fax the form to CleanWorkForce with updated information.
10. Bargaining Unit Employees who have negative test results will be issued a Program Participation Card, if one has not been previously issued, and a reimbursement check for \$40.00.* The card and check will be mailed to the address currently on file with the employee's Health & Welfare Administrator.

* U.A. Local 32 Plumbers and Pipefitters test on company time per the Collective Bargaining Agreement and will not be issued a reimbursement check.
11. If an Employee's test results are "Not in Compliance, you will be notified by CleanWorkForce immediately. The employee may contact CleanWorkForce for referral to the Employee Assistance Program (EAP) if they wish to change their status. If the employee follows the recommendations of the EAP and passes a Return-to-Work test, they will be issued a Program Participation Card, if applicable, and will be eligible for employment. No reimbursement check will be issued for passing a Return-to-Work test.

For Non-Bargaining Unit Employees:

The selection basis and procedures noted above for Bargaining Unit Employees also apply to Non-Bargaining Unit Employees; however, they will not be issued Program Participation Cards or a reimbursement check if they pass the test.

Note: Samples of the Employer and Employee Notices of Random Selection follow.

VERIFYING EMPLOYEE'S COMPLIANCE STATUS FOR BARGAINING UNIT EMPLOYEES ONLY

1. When a new employee arrives on the jobsite, ask them to present their Program Participation Card. If they have not been issued a card, the employee is required to take a Pre-Program Test. See Tab 2 of this manual.
2. If the employee has been issued a card, you may verify his or her compliance status on-line or by calling CleanWorkForce. (Note: If the employee has not yet received his or her card, neglected to bring it with them or has lost it, you may still verify compliance status by calling CleanWorkForce with the employee's Social Security number.)

Website address: www.wcisap.com

Phone numbers: Main: (206) 441-2990; Toll-Free: (866) 842-9223

2. You will need the following information to verify compliance status using either method.

- Employer's Identification Number
- Employer's Passcode; and
- Employee's Identification Number on their Program Participation Card.

3. If using the website:

- Type in the website address as shown above.
- Click on "Information for Employers."
- Enter Employer Identification Number, Passcode and Designated Employer Representative name. ***Please note:*** the Representative entering the site must type his or her name ***exactly*** as it was given to CleanWorkForce. The Identification Number, Passcode and Representative names are not case sensitive.
- Click "Enter."
- After reviewing the Authorization Language, click on the box titled, "I agree and wish to continue."
- Enter up to ten employee Identification Numbers at one time. Note: The identification number will never include an "O" or a zero. If a digit appears to be either of these, it is a "Q."
- Click on "Retrieve." Note: The employee's name and the last four digits of their Social Security Number will appear to ensure you have retrieved information on the correct individual.
- Each employee's compliance status will be indicated.
- Employees who are "In Compliance" may proceed with employment.

- If an employee's status is "Not in Compliance," call CleanWorkForce. The employee may only owe a random test.
 - Click on "Resubmit" to enter additional employee Identification Numbers.
 - When done with the session, click "Logout."
4. If using the phone:
- Provide CleanWorkForce with your name, Employer ID and Passcode and the Employee's Program Participation Card Number or Social Security Number to verify compliance status.

ROLES AND RESPONSIBILITIES

The **Washington Construction Industry Substance Abuse Program (WCISAP) Board of Trustees**, composed equally of representatives from Labor and Management, serve in a policy and advisory capacity to implement and oversee the operation of the Substance Abuse Program. The Trustees will never compromise the program or employee confidentiality. They have selected the following independent providers to administer the Program.

CleanWorkForce is the Third Party Administrator (TPA) for the WCISAP.

CleanWorkForce is responsible for the day-to-day operation of the program as directed by the Trustees. Primary responsibilities of the administrator include: maintenance of compliance status for Bargaining Unit Employees on its website; issuing Program Participation Cards and reimbursement checks to eligible employees; operation of the computer lottery selection process; employer and employee notification of random testing; advising employers when employees are not in compliance with the WCISAP; referring employees to the Employee Assistance Program when necessary; coordinating follow-up test programs and verifying education and/or treatment requirements; as well as providing employer information for Pre-Program, Post-Accident, and Reasonable Suspicion testing.

Collection Sites are program-approved facilities where urine specimens are collected and breath alcohol tests are administered by trained technicians. The specimens are then couriered to the testing laboratory.

LabCorp is the laboratory where urine specimens are tested and analyzed for the presence or absence of specific substances.

The **Medical Review Officer (MRO)** reviews unverified test results referred for evaluation by the testing laboratory. The MRO is a licensed physician trained in the field of drug testing. The physician's interview with an employee provides the opportunity to determine if an acceptable action on the employee's part (e.g., taking medication as prescribed by a physician) could have caused the test results in question. The MRO provides CleanWorkForce with confirmation of a negative or positive test result.

The **Employee Assistance Program (EAP)** is available for employees wishing assistance with substance abuse problems. This program includes initial assessment and referral to educational classes, counseling and/or treatment when necessary. The EAP will also provide training to assist supervisors in recognizing employees with alcohol or drug problems through the observation of specific performance or behavior criteria.