

University of Dubuque Drug Testing Policy for the Aviation Department

Goal

The goal of the University of Dubuque (UD) Drug Testing Policy for the Aviation Department is to ensure safety throughout the flight operations program.

Four objectives accompany this goal:

- 1) Contribute to the education of the aviation Faculty/Staff regarding drug abuse by encouraging their participation in campus-wide substance abuse prevention programs.
- 2) Aid the aviation Faculty/Staff Member in finding medical assistance and counseling for drug abuse related violations.
- 3) Facilitate compliance with FAA regulations concerning drug abuse.
- 4) Protect the health and safety of all Students and Faculty/Staff.

Any use of drugs contrary to FAA regulations may be cause for loss of flight privileges and other sanctions as set forth in this policy. For further information regarding campus-wide substance abuse prevention programs, substance abuse counseling, or other questions related to this policy, please contact the Aviation Department Chair, Chief Flight Instructor, or Aviation Safety Manager. For general questions regarding the medical aspects of this policy contact the Medical Coordinator, or your Aviation Medical Examiner.

Consent

Each aviation Faculty/Staff Member must sign a University of Dubuque drug-testing consent form stating they are aware they may be drug tested, both randomly and based upon reasonable suspicion.

Test Circumstances

The UD Aviation Department reserves the right to conduct the following types of tests:

- Drug testing of aviation Faculty/Staff Member based on the ‘reasonable suspicion’ they are using or under the influence of drugs.
- The UD Aviation Department also reserves the right to conduct drug testing after the occurrence of any accident, injury or other incident involving an aircraft.

Reasonable Suspicion

A UD faculty or staff member may form a “reasonable suspicion” that an Aviation Faculty/Staff Member is using or under the influence of drugs sufficient to subject an aviation Faculty/Staff Member to drug testing based on contemporaneous, objective and articulable observation of the Aviation Faculty/Staff Member’s appearance, behavior, speech, or performance that would allow the UD faculty or staff member to reasonably infer that the Aviation Faculty/Staff Member’s faculties are impaired or altered.

Violations

An aviation Faculty/Staff Member shall be considered to be in violation of this policy if a test reveals the presence of marijuana, opiates, phencyclidine (PCP), and amphetamines or a metabolite of these drugs in the Faculty/Staff Member's system. All aviation Faculty/Staff should be aware that there are many over-the-counter and prescription drugs that can trigger positive test results even if used correctly. Aviation Faculty/Staff will be subject to sanctions upon the occurrence of a positive test unless the positive test result was due to the aviation Faculty/Staff Member's use of lawfully prescribed medication as determined by the Aviation Medical Examiner. Faculty/Staff are encouraged to disclose prescription medications to the Aviation Medical Examiner at the beginning of their program and as prescribed. Refusal to participate in a drug test or breathalyzer will be considered a positive test result. Failure to appear for drug testing as directed by the Director of Human Resources will, at the discretion of the Aviation Department Chair, be considered a positive test result subjecting the Faculty/Staff Member to sanction in accordance with this policy.

Sanctions

The following sanctions are proposed to ensure consistency and fairness. The primary principle is that any aviation Faculty/Staff Member with a substance abuse problem needs to receive appropriate treatment and counseling. The sanctions imposed on the aviation Faculty/Staff Member with regard to participation in flight activities should be consistent with the goals of the individualized counseling program. This protocol attempts to balance treatment and sanctions, recognizing that the medical fitness of an aviation Faculty/Staff Member and the safety of others are of paramount concern.

Violation

If an employee violates the drug free workplace policy or violates and drug statutes while in the workplace or aircraft, the employee will be subject to discipline up to and including termination.

Review/Notice/Confirmation

Aviation Faculty/Staff will be notified of positive test results in writing by the Aviation Department Chair and will be notified of their right to request a confirmation of the review by a certified testing facility within ten days. Requests for confirmatory tests of their specimens must be made in writing to the Director of Human Resources. The Director of Human Resources will have the right to approve the testing facility requested by the Faculty/Staff Member, the approval of which shall not be unreasonably withheld. The costs associated with all confirmatory testing requested by an aviation Faculty/Staff Member, including delivery and handling charges, must be paid by the aviation Faculty/Staff Member in advance as directed by the Director of Human Resources. Aviation Faculty/Staff are permitted only one confirmatory test request per specimen.

University of Dubuque **Substance Abuse Protocol for the Aviation Department**

A qualified testing laboratory will be utilized for drug testing and a proper and effective chain of custody of collection specimens will be observed.

Protocol: The following procedures will be adhered to as part of the chain of custody for the collection of urine samples for testing.

Step 1) – The aviation Faculty/Staff Member will be notified by the University of Dubuque Director of Human Resources and/or the Aviation Department Chair to report to the drug testing site at a specific date and time. (Site: Finley Occupational Health)

Step 2) – The aviation Faculty/Staff Member will sign the University of Dubuque Substance Abuse Testing Notification Form and proceed directly to Finley Occupational Health at the designated date and time with form and picture identification.

Step 3) – The aviation Faculty/Staff Member will complete the Finley Occupational Health Drug Testing Guidelines for Urine Drug Screen Collection for University of Dubuque.

- 1) Collector checks valid photo ID
- 2) Collector explains the collection procedure
- 3) Collector directs the aviation Faculty/Staff Member to remove outer clothing and to leave these items and other personal items (except his/her wallet) with the collector or in a mutually acceptable location that is locked and/or secured. Collector advises participant that failure to comply with any step of the collection process constitutes a refusal to test.
- 4) Collector completes step 1 of Chain of Custody form (COC)
- 5) Collector instructs aviation Faculty/Staff Member to wash and dry, his/her hands, and not to wash his/her hands again until after delivery of the specimen to the collector.
- 6) Collector restricts further access to water by the aviation Faculty/Staff Member and instructs him or her not to flush the toilet.
- 7) Collector unwraps and opens collection kit under view of the aviation Faculty/Staff Member.
- 8) Collector instructs aviation Faculty/Staff Member to provide at least 75ml of urine and instructs the same gender observer to ascertain that urine comes directly from the aviation Faculty/Staff Member's body. Collector may also serve as the observer if of the same gender as the aviation Faculty/Staff Member.
- 9) The aviation Faculty/Staff Member and observer leave the restroom and the aviation Faculty/Staff Member hands the collection container directly to the collector.
- 10) Collector immediately checks the temperature of the specimen and under view of the aviation Faculty/Staff Member pours the urine into the specimen bottles.
- 11) Collector places tamper evident seals on the specimen bottles and dates each. The aviation Faculty/Staff Member will initial each specimen bottle.
- 12) Collector, aviation Faculty/Staff Member and observer complete the COC and aviation Faculty/Staff Member signs certification statement on step 5 of the COC providing printed name, signature, date of birth and contact telephone number.
- 13) Collector places specimen bottles and COC in a sealed plastic bag and prepares it for shipment.
- 14) Copies of the COC are distributed as appropriate.

Screening results will be reported by Finley Occupational Health and/or web based reporting to the University of Dubuque Director of Human Resources within twenty-four to twenty-eight (24-28) hours of obtaining the test results.

The University of Dubuque Director of Human Resources will immediately report the results to the University of Dubuque Aviation Department Chair. The University of Dubuque Aviation Department Chair will inform the Chief Flight Instructor and Aviation Safety Manager of the test results.

The University of Dubuque Aviation Department Chair will deliver a written notification to the aviation Faculty/Staff Member of the test results. If no notification is provided within 10 days, the aviation Faculty/Staff Member may assume the test results were negative. The Medical Review Officer at Finley Occupational Health will conduct an interview with the aviation Faculty/Staff Member if there is a positive lab result.

University of Dubuque
Informed Consent/Release Form for the Aviation Department

I, _____, acknowledge that I have received a copy of the Drug Testing Policy for the Aviation Department. I have read the policy statements in their entirety, have been give the chance to ask questions about them, and fully understand their provisions.

I understand that the use of marijuana, opiates, phencyclidine (PCP), and amphetamines as described in the Drug Testing Policy is a violation of University of Dubuque Aviation Department rules for all Faculty/Staff. I hereby consent to have samples of my urine collected for random testing as directed or when informed by the University of Dubuque Aviation Department Chair that he or she has determined directly or through UD faculty or staff that there is a sufficient basis for reasonable suspicion that I have used or that I am under the influence of prohibited drugs. I understand that my urine samples may be submitted for testing for prohibited substances and that this analysis will be conducted by qualified laboratory personnel. The purpose of this analysis will be to determine the presence or absence of prohibited substances in my urine.

I authorize the individual or organization designated by the University of Dubuque, as well as appropriate University of Dubuque personnel, to collect urine samples, determine test results and to make a confidential release of the results to the Medical Coordinator appointed by the University, to other University of Dubuque personnel referred to in the Drug Testing Policy for the Aviation Department for the purpose of administering the policy, and to any individual, entity or agency to whom or which disclosure is required by Federal, state, or local law.

I understand that I must sign the Informed Consent/Release Form to be employed in the Aviation Flight Program at the University of Dubuque.

I understand and agree that the results of my drug tests will only be disclosed in accordance with the University of Dubuque Drug Testing Policy or as authorized in this form.

I hereby release the University of Dubuque and its Board of Trustees, officers, employees and agents from all liability and legal responsibility for any action related to the implementation of the Drug Testing Policy for the Aviation Department or the release of information and records in accordance with the terms of the Drug Testing Policy for the Aviation Department and as authorized in this form.

Aviation Faculty/Staff:

Last Name _____ First Name _____ MI _____ Date of Birth _____

Signature of Aviation Faculty/Staff _____

Date _____

University of Dubuque Aviation Department
Drug Testing Notification Form

Faculty/Staff: Last Name _____ First Name _____
MI _____

DOB: _____

Date of Notification: _____ Time of Notification _____ am/pm

Notified by: _____

I, the Undersigned:

Hereby acknowledge that I have been notified to appear for substance abuse testing, consistent with the policies and procedures established by the University of Dubuque.

I have been notified to report, with picture identification, to:

_____, on _____ at _____ am/pm
(location) (date) (time)

I understand that I will be expected to provide an adequate urine specimen, and that I am not to over hydrate prior to testing. I further understand that providing numerous diluted specimens will be cause for follow-up testing.

I understand that I will be tested for substances in accordance with the University of Dubuque Drug Testing Policy for the Aviation Department.

I understand that failure to appear at the site at the designated time will, at the discretion of the Aviation Department Chair, be considered a positive test.

By signing below, I acknowledge that I have read and understand the University of Dubuque Drug Testing Policy for the Aviation Department and am aware of what is expected of me in preparation for drug-testing.

I can be reached at the following telephone number: _____

Faculty/Staff's Signature Date

UD Aviation Department Representative's Signature Date