

DRUG FREE WORKPLACE POLICY

Tama County has a vital interest in maintaining safe, healthful, and efficient working conditions for its employees. Being under the influence of a drug or alcohol on the job may pose serious safety and health risks not only for the user but to all of those who work with the user, and the public in general.

Tama County requires a DRUG-FREE WORKPLACE. For that purpose, Tama County has adopted these policies:

- 1) The use, sale, possession, distribution or manufacture of illegal drugs or controlled substances on employer premises, while in employer supplied vehicles, or while engaged in employer business, is prohibited.
- 2) Any employee using or being under the influence of drugs or alcohol while in employer supplied vehicles, or while engaged in employer business, will be subject to discipline up to and including termination.
- 3) The use of drugs prescribed by a licensed physician is permitted. However, it is the responsibility of each employee to ask the prescribing physician if the legally prescribed drug would adversely affect the employee’s performance or would endanger the safety and health of the employee, fellow employees or the general public. If the physician determines that the drug may cause any of the above, the employee must immediately notify the appropriate employer representative and the employer then has the right to restrict work assignments or place the employee on an appropriate form of approved leave.
- 4) The employee must notify Tama County of any drug or alcohol conviction within 5 days if the violation occurred in the workplace or while performing county business.
- 5) Tama County will notify U.S. Department of Justice –Office of Justice Programs-Office of the Comptroller within 10 days if the person is employed by the Tama County Sheriff’s Office.
- 6) The employee must notify Tama County within 10 days of any conviction related to alcohol and drugs when this violation occurred outside of the employee’s normal working hours.
- 7) Violation of the above policy is prohibited, and the department head can discipline, suspend or dismiss an employee or refer to a rehabilitation program as appropriate under the circumstances.
- 8) Tama County shall require an employee to submit to a chemical test to determine if the employee is in violation of this policy if all of the following conditions apply.

- a. Tama County has probable cause to believe that an employee’s faculties are impaired on the job.
- b. The employee is in a position where such impairment presents a danger to the safety of the employee, another employee, a member of the public or the property of the employer or when impairment due to the effects of a controlled substance is a violation of a known rule of the employer.

TEST PROCEDURE: The test sample withdrawn from the employee will be analyzed by a lab which has been approved under rules adopted by the department of public health. If a test is conducted and the test detects alcohol or a controlled substance, a second test by an outside lab may be conducted. When possible and practical the second test shall use a portion of the same sample withdrawn from the employee for use on the first test.

The employee shall be accorded a reasonable opportunity to rebut or explain the results of a drug test.

- c. Test Refusal. An employee who refuses to take a chemical test upon request by the employer when it is determined that the above probable cause exists shall be subject to disciplinary action as determined by the employer, up to and including discharge.

Tama County shall provide substance abuse evaluation and treatment if recommended by the evaluation. Tama County will assume only the expense of the program covered by the employee’s insurance.

However, if the employee fails to undergo evaluation when required or fails to successfully complete substance abuse treatment when recommended by the evaluation the employee will be disciplined up to and including discharge.

- 9) Employees are hereby notified that you will be asked to certify in writing that you are aware of this Policy and that you agree you will not violate any of the provisions and that failure to comply with this policy may be cause for immediate termination.

I, _____ an employee of Tama County Iowa have read the Drug Free Work Place policy and agree that I will not violate any of the provisions and that I understand that failure to comply with this policy could result in termination of my employment.

SIGNED THIS _____ DAY OF _____ 20____

EMPLOYEE SIGNATURE

PRINTED NAME

WITNESS