POLICY TITLE: Drug-Free Workplace

DEPARTMENT: Human Resources

ORIGINATION DATE: 05/01/1997

CATEGORY: Associate Policies

EFFECTIVE DATE: 04/18/2012

SCOPE
This policy applies to all Centura Health facilities, practices, entities, and services (“Centura”) and all Centura associates, employed physicians, potential associates applying for a position, and interns; and applies during all working hours, whenever conducting business on behalf of Centura, while representing Centura, and/or while on Centura property.

PURPOSE
To ensure that a safe environment exists on Centura premises and in Centura facilities.

STATEMENT OF POLICY
Centura complies with the federal Drug-Free Workplace Act and seeks to establish a work environment that is free from the negative effects of drug and/or alcohol abuse. Centura prohibits all drug use and/or possession that violate state and/or federal law.

To ensure the continued dedication to the activities and services promoting health and wellness and a safe working environment, associates must abide by applicable drug and alcohol related laws. Further, Centura strictly prohibits the improper possession, diversion of controlled substances, use, sale, adulteration, attempted sale, purchase, attempted purchase, conveyance, distribution, transfer, cultivation and/or manufacture of illicit/illegal drugs or other intoxicants at any time, and in any amount or manner, as well as the abuse/misuse of prescription drugs.

Prescribed drugs are not prohibited when used in the manner, combination, and quantity intended as prescribed by a health care provider unless they would affect the associate’s ability to perform the essential functions of the position or would cause the associate to be a direct threat to himself/herself or others.

Illegal use, possession, theft, purchase or sale of illicit drugs or substances while on or off duty and while on or off Centura property, which results in a criminal conviction, must be reported to Human Resources or the employee’s supervisor within five (5) calendar days of the conviction. Additionally, for those positions where driving is an essential function of the job, the associate must report under this provision the conviction of any driving while intoxicated (DWI) and/or driving while under the influence (DWUI) convictions.

Centura further prohibits the use, abuse, misuse, or possession of alcohol while working, operating any Centura vehicle, present on Centura premises, or conducting business for or representing Centura in any way. On occasion, Centura may authorize the serving of alcoholic beverages at a company function. While associates are permitted to consume alcohol at such authorized work-related functions, those associates who choose to consume alcohol at such functions are expected to drink responsibly, act professionally, exercise good judgment, and refrain from becoming intoxicated or impaired.
Centura also prohibits the use of alcohol, or the possession of opened containers of alcohol, by associates operating any vehicle while on Centura business. Moreover, the use or abuse of alcohol off the job which could impair, to any extent, performance on-the-job, is a violation of this policy. Associates are prohibited from reporting to work with alcohol in their systems that may affect the associate’s ability to perform. A confirmed positive test pursuant to Centura’s testing policy showing the presence of 0.02 percent or more alcohol in an associate’s system will be considered proof that this policy has been violated.

Any Centura associate who holds a position that requires a Commercial Drivers License and falls under the parameters of the Department of Transportation’s (DOT) alcohol and drug testing requirements will be held to those requirements.

It is a bona fide occupational requirement that each associate report to work and remain while at work unimpaired by drugs and/or alcohol consistent with this policy. This requirement to report to work and remain at work unimpaired is necessary and reasonably related to the associate’s job responsibilities.

The use of medical marijuana is not deemed in and of itself a valid reason for a resulting positive test result.

**PROCEDURE**

**Post-Offer, Pre-Placement and Facility Transfer Drug Screening**

1. The Occupational Health department or designee will be responsible for conducting or coordinating a post-offer, pre-placement drug screening test on all candidates that receive a job offer or transfer from another Centura facility. Collection of the sample will be made by Centura’s Occupational Health department or contracted service.
   
   a. A post-offer, pre-placement drug screen must be taken by a candidate within forty-eight (48) hours of the date of an offer.

2. A 7-panel plus synthetics screen will be conducted on all new hires/transfers. Transfer candidates shall remain employed until results are received. Procedures regarding the collection process shall be determined by Occupational Health.

3. The sample will be collected from the candidate, labeled, and sent to a Substance Abuse and Mental Health Services Administration (SAMHSA) Certified Lab for testing. The associate collecting the sample cannot have any reporting relationship (direct or indirect) to the candidate being tested. The associate collecting the sample cannot be an immediate family member of the candidate who is being tested. If a candidate presents for a drug screen and any of the above restrictions are at risk of being violated, the facility will refer the candidate to an alternate medical facility for this procedure.
   
   a. Any confirmation of prescription drug use will require further evaluation which may take up to fourteen (14) days. Human Resources will be notified when results are received.
   b. **Negative Results:** Once the results have been received, Occupational Health will notify the Human Resources department.
   c. **Positive Results:** The Human Resources department is notified that the Medical Review Officer’s (MRO) review is pending.
      
      i. The MRO shall follow all legal and appropriate processes in their review of the situation and interaction with the candidate who has been tested. As part of this process, the MRO may contact candidate for more information. If the candidate has been notified by
the MRO or his/her office that legitimate medical information is needed to verify a confirmed positive laboratory result for a prescription medication, the candidate will be advised that they have five (5) business days to provide the information and that failure to do so can result in their test being reported as a verified positive and withdrawal of the job offer, if one is pending.

ii. For results confirmed for substances in violation of this policy, Occupational Health notifies Human Resources.

iii. For non-contact positive (MRO has tried to contact the candidate three (3) times without a response back), Human Resources will be notified.

iv. It shall be deemed a positive result if it is found that the sample given by the candidate for testing has been adulterated.

v. If it is deemed that the specimen was diluted, the candidate will be notified and will be required to immediately (within 2 hours of the time of the notification) report to the test site for a follow-up test. If the candidate fails to report within the required time, this shall be deemed grounds for candidate’s offer to be rescinded or employment terminated.

vi. Failure to provide requested specimen within a reasonable time frame (3 hours) will be treated as a positive test. If a candidate claims that a medical condition exists that prevents them from voiding, they must within twenty-four (24) hours of the request for the test provide medical documentation supporting their physical inability to void.

vii. Any confirmed positive result shall result in the candidate not being eligible for reapplication for six (6) months from the date that the positive test was confirmed.

Reasonable Suspicion
1. The screening process may be initiated when management determines that a reasonable suspicion exists to suggest that an associate’s faculties are currently impaired on the job as a result of the suspected use of a drug, narcotic, controlled substance or alcohol or other reasons as outlined in Attachment A (Grounds for Reasonable Suspicion) and/or Attachment B (Behaviors/Odors/Actions/Speech) that may indicate the necessity for testing. Management needs to notify Human Resources as early and as soon as possible in the process.

2. Determinations of reasonable suspicion should be based on thorough consideration of all pertinent information. Once made aware, the supervisor/manager should immediately assess the situation and consider the overall behavior pattern of the associate, not just isolated variances. To assist in determining behaviors that may lead to reasonable suspicion, a supervisory/management level associate should complete the Reasonable Suspicion Worksheet (Attachment B). All managers shall be trained on how to identify the behaviors, observations and actions in an associate that could lead to a reasonable suspicion test. To assist management in the interpretation of these as well as other issues related to this practice, Risk Management, Occupational Health, Human Resources, and/or Employee Assistance Program (719-634-1825 or 1-800-645-6571) may be contacted, but there is no requirement that they will be consulted before proceeding with use of drug screening procedures.

3. If reasonable suspicion exists according to the above criteria, Centura may choose to search the personal belongings, work area, locker, desk, or other articles of an associate under suspicion. If a search is conducted, managers/supervisors shall, when possible, consult with security to assist and further will use reasonable care in conducting the search. In cases where there is suspected drug theft, it is advisable to have pharmacy management available to identify drugs.

All official Centura Health policies are maintained electronically and are subject to change. No printed policy should be taken as the official policy except to the extent it is consistent with the current policy that is electronically maintained.
a. If contraband is found during the search as described above, the appropriate authorities may be contacted.

4. Absent special circumstances, as described in paragraph 4.a. below, the associate will not resume work responsibilities until the testing process is complete and pending the results of the testing. When the associate is being tested for a reasonable suspicion of drug and/or alcohol use, the manager will explain to the associate that this is a mandatory suspension without pay.

a. If two (2) or more associates are being tested as a result of a reasonable suspicion of an incorrect drug count and/or drug diversion, then the manager, in consultation with Human Resources, may allow any or all of the associates who have been tested to return to work prior to the results of the tests being received by Occupational Health. If any associate exhibits the behaviors, observations, or actions that show signs of impairment, then that associate shall not be allowed to return to work.

Post-Accident
1. Any Centura associate who drives a vehicle owned by Centura on behalf of Centura or drives his or her own vehicle in performance of work duties for Centura is subject to immediate post-accident drug and/or alcohol testing under the following circumstances:
   a. Any accident in which a fatality occurs;
   b. Any driver who is involved in an accident during working hours where:
      • The accident results in a fatality or bodily injury to a person who must immediately receive medical treatment away from the scene; or
      • One or more of the vehicles involved is towed from the scene; or
      • A traffic citation is issued to the associate; or
      • There is personal property damage in excess of $1,000.

2. After being tested, depending on the accident, the associate may immediately return to work. This shall be determined by management in consultation with Human Resources. If the associate is not allowed to return to work, they shall be placed on suspension without pay pending the receipt of the results of the drug/alcohol screen. The results of the post-accident drug test will be sent to EAP (defined hereafter) or Occupational Health who will then contact Human Resources.

Screening Process for Reasonable Suspicion of Post-Accident Testing
1. Occupational Health department, Human Resources, and if after hours the RN Administrative Manager should be contacted immediately when a reasonable suspicion or post-accident testing situation arises.

2. A drug and/or alcohol test will be ordered at this time by Occupational Health department, the manager of the associate, Human Resources or Administrator on Call. A comprehensive urine drug panel per Occupational Health guidelines will be conducted on all reasonable suspicion/post-accident situations. If an alcohol test/assessment must be conducted, a breathalyzer will be required, and if directed by an Occupational Health physician and/or the designated employee representative, a blood sample may be obtained.

3. Centura respects the privacy of its associates and is sensitive to the position of an associate who may be asked to submit to screening; therefore, reasonable precaution will be exercised to ensure that the process is accomplished with dignity and that confidentiality is maintained. A Centura management representative must remain with the associate until completion of the process.
4. The manager/supervisor will speak to the associate in private and the associate shall be informed of the cause for reasonable suspicion. The manager/supervisor explains the process to the associate and the associate receives a consent form (Attachment C) to proceed with the screening process and gives consent by the associate’s signature.
   a. The associate will be given an opportunity to provide a physician’s statement regarding prescription or over-the-counter drugs after the test is completed and if/when they are contacted by the MRO.

5. The associate will bring his/her personal belongings and be escorted to the Occupational Health office, the Administrative Supervisors’ office, or a designated area where the facility or third-party vendor will perform the test. The associate will then be escorted to the area where screening is conducted. Consent to proceed with the screening process will be requested of the associate and authorized by the associate’s signature. The associate will be accompanied throughout the process to ensure that drug and alcohol specimens are obtained according to the established procedure at the applicable facility. Occupational Health (or third-party designee) or an Administrative Supervisor maintains custody of the specimens, labels and dates them, and is responsible for them until they are sealed and sent to the laboratory for testing.
   a. Refusal to be tested for alcohol and drugs, or failure to provide requested specimen within a reasonable time frame (3 hours), will be treated as a positive test. If associate claims that a medical condition exists that prevents them from voiding, they must within twenty-four (24) hours of the request for the test provide medical documentation supporting their physical inability to void.

6. Management may find it necessary to transport the associate to the testing facility. If this is necessary, the manager/supervisor must not use his/her personal vehicle or the associate’s personal vehicle. The manager/supervisor should contact the facility’s security or transportation service to see if they can transport them. If this is not possible, the manager should use a taxi for transportation to the test site. Unless as described below for a post-accident situation, under no circumstances should an associate be allowed to drive themselves to the test site. Once the testing is complete, management will require that the associate make transportation arrangements that do not including driving themselves. If these arrangements are not in place within thirty (30) minutes of arrival at the testing facility, a taxi shall be called and a voucher used. If the associate refuses to comply, the police may be notified with a license number of the vehicle the associate drives away in.
   a. If a post-accident situation results in the inability for a manager to accompany the associate to a test facility, the associate will be notified of the location he/she is to report to immediately after the accident (and after discussions with law enforcement personnel).

7. No further action is taken until a qualified, professional report is received based on adequate, reliable tests. After all tests have been completed, the MRO shall follow all legal and appropriate processes in their review of the situation and interaction with the associate who has been tested. Results will be reported to the MRO who will communicate results to Occupational Health. Managers will be informed of the positive or negative nature of the test on a “need to know” basis through Human Resources. Results are maintained in Occupational Health.

8. Law enforcement officials and/or licensing boards will be notified by administration of violations when appropriate.

9. If the results of the test are negative and if the associate has been placed on a suspension without pay pending the results of the test, the associate shall be returned to work and shall further be compensated for the time that he/she has been suspended without pay.
10. Depending on the circumstances under which a test was required and the associate’s overall record and work performance, a positive result to a drug or alcohol test will result in either the associate being required to seek counseling/rehabilitation and/or corrective action, up to and including termination. In the situation where an associate tests positive as a result of a drug diversion situation, the associate will not be offered counseling/rehabilitation. If the option of a rehabilitation program is offered, the associate must be evaluated by EAP to determine the severity of the problem and for EAP to determine treatment recommendations/requirements. Successful completion of the treatment program, which will include a reasonable period of follow-up testing to ensure that the associate remains drug and/or alcohol free, shall be required as a condition of continued employment as case managed by EAP. A “return-to-work agreement” will be entered into by the associate.

a. If a back-to-work conference is deemed appropriate by the facility, it will be scheduled with EAP, Human Resources, the associate, a designated employee representative if required by union contract, Occupational Health and/or the associate’s manager. The associate’s work status and treatment recommendation will be discussed. Centura reserves the right to exercise the best judgment of management in determining whether an associate returns to work, based upon the safety and welfare of patients, co-workers, and other factors.

b. As with all situations requiring possible corrective action, management is to consult with Human Resources prior to and during this process, to ensure that procedures are administered fairly, consistently, and in accordance with this practice.

Self-Reported Drug and/or Alcohol Use

1. Associates who feel they may have issues with drug and/or alcohol use are strongly encouraged to obtain counseling through the EAP (1-800-645-6571). Any associate may use the program with complete confidentiality when the associate accesses EAP voluntarily. Information about the EAP and how to make contact is available in Occupational Health and Human Resources or through department directors. In addition, medical insurance coverage for drug and alcohol treatment may be available under the medical plans. Further information on rehabilitation and counseling resources are also available through the EAP.

2. Associates who self report a drug or alcohol problem to their manager/supervisor or Human Resources must undergo an evaluation with EAP to determine the severity of the problem and provide treatment recommendations. After completion of an evaluation, the associate will be placed under a “return-to-work agreement.” Mandatory attendance and successful completion of recommended drug rehabilitation or similar programs will be a condition of continued employment. The associate will also be subject to follow-up drug/alcohol testing for an appropriate amount of time as determined by EAP. Failure to notify the manager or attend a drug abuse assistance program will result in corrective action, which may include termination.

3. If an associate has any questions or concerns (including those arising from drug notifications about drowsiness or driving) as to whether the use of an over-the-counter or prescription drug would affect the associate’s ability to perform the essential functions of the position or would cause the associate to be a direct threat to himself/herself or others, he/she should notify Occupational Health prior to working under treatment of such drug. A release/note from the associate’s physician may be required to show that the associate is able to perform the essential functions of his/her job and does not cause a direct threat to himself/herself or others while taking the medication. A decision will then be made whether or not the associate can remain at work. Any associate found in violation of this practice will be subject to corrective actions, up to and including termination. All official Centura Health policies are maintained electronically and are subject to change. No printed policy should be taken as the official policy except to the extent it is consistent with the current policy that is electronically maintained.
employees must discuss with their physician whether any prescribed medication will impair their ability to safely and properly fulfill their job duties and must avoid working while impaired.

a. The associate may also be required to sign a Prescription Medication Agreement (Attachments D and E) which outlines an associate’s requirements while taking a lawfully prescribed medication. Occupational Health will determine the most appropriate agreement, if any, for the situation.

4. In those circumstances where the use of a prescribed or over-the-counter medication would affect the associate’s ability to perform the essential functions of the position or would cause the associate to be a direct threat to himself/herself or others, an associate may be required to take PTO or, if eligible, medical leave of absence.

Record Keeping
All alcohol and drug testing information, procedures, and results provided under this policy shall be kept private, confidential, and separate from the associate’s personnel file. When possible, these records will be maintained by Occupational Health. If the facility does not have a dedicated Occupational Health department, these records will be kept in a separate sealed medical file. Authorized access to the results will be based on a legitimate need-to-know basis only and in compliance with relevant laws.

DEFINITIONS
Immediate family member: A spouse, child, grandchild, parent, grandparent, sibling and/or in-laws.

REFERENCES AND SOURCES OF EVIDENCE
Refer to the Family or Medical Leave policy.

POLICY VIOLATION
Any Centura associate who fails to abide by this policy may be subject to disciplinary action, up to and including termination and/or loss of medical staff privileges, as applicable.

REVIEW/APPROVAL SUMMARY

<table>
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<tr>
<th>REVIEW/REVISION DATES:</th>
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<td>(Dates in parentheses include review but no revision)</td>
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<tr>
<td>APPROVAL BODY(IES):</td>
<td>Senior Executive Council</td>
</tr>
<tr>
<td>APPROVAL DATE:</td>
<td>04/18/2012</td>
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</tbody>
</table>
ATTACHMENT A
GROUND FOR REASONABLE SUSPICION

Circumstances which may indicate a reasonable suspicion include, but are not limited to, the following:

- A confidential report of drug use or alcohol use on the job
- An associate's own admission of drug use or alcohol use on the job
- Involvement in a work-related accident or incident which may have endangered the associate or others, or which results in damage to property
- Any drug error, procedure, erroneous test result leading to an error intervention, or display of poor clinical judgment which causes harm or is likely to cause harm to a patient which might reasonably be suspected to relate to drug or alcohol use
- An intentional act which causes harm to a patient, associate or other individual or is likely to cause harm
- An unresolved incorrect controlled drug count
- Investigation of possible drug diversion as identified through monitoring of pharmaceutical supplies
- The discovery of an associate in an area in proximity to narcotics where he/she is unauthorized to be
- Any associate injury which occurs where behavior is demonstrated suggesting drug or alcohol use
- A safety violation while operating equipment which might reasonably be suspected to relate to drug or alcohol use
- Careless disposal of infection/hazardous waste
- Odor of alcohol, marijuana or any other prohibited substance
- Unusual aggressive, erratic or unusual behavior
- Unexplained changes in mood
- Lack of coordination in walking, sitting or standing
- Disorientation, confusion, or easily distracted

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ATTACHMENT B
SAMPLE REASONABLE SUSPICION WORKSHEET—OBSERVATION CHECKLIST AND INTERVIEW REPORT

This worksheet provides a template for supervisors or other appropriate personnel to objectively observe and interview associates, employed physicians, interns, and contract health care workers, as applicable, of the hospital/facility who are suspected to be affected by a drug or alcohol. It may also be used as a training tool for managers regarding which behaviors or actions to look for in the above individuals believed to be affected by a drug or alcohol. Once completed by the individual's supervisor or other appropriate personnel, this information should be forwarded to the appropriate Human Resources or entity contact person.

How to complete the Checklist and Interview Report
1. This report should be completed by a supervisor or other appropriate personnel at the time unusual behaviors/actions are observed in an associate that is suspected to be affected by a drug or alcohol.
2. If an associate reports to a manager/supervisor that he/she has observed actions or behaviors indicating that another associate, employed physician, intern, or contract health care worker is affected by a drug or alcohol, it is the responsibility of that supervisor or other appropriate personnel to follow up with the suspected associate as soon as possible.
3. The suspected individual’s name and department should be filled in at the top of the report.

Section A – OBSERVATION CHECKLIST
Items 1-9 contain lists of potential observable actions/behaviors exhibited by persons affected by a drug or alcohol and is intended to be a guide for the supervisor or other appropriate personnel conducting the interview. Each observed action/behavior should be checked during the observations and interview process. There is also room under items #10 and #11 to add any additional observed actions, behaviors or statements.

Section B – ASSOCIATE INPUT
It is important during the interview process to ask the associate if he/she has an explanation for the observed actions/behaviors that have been documented and record this under section B. Examples of explanations may include: 1) I didn’t get much sleep last night because of a sick child, spouse, etc.; 2) I started a new medication for headaches that makes me sleepy, spacey, I have a hard time concentrating, etc.; 3) I haven’t been feeling well and I have an appointment to see a doctor.

Section C – SUMMARY
This section should be used to document any additional comments, documents or other physical evidence that is obtained during the observation and interview process. NOTE: It is important that you follow any entity policy regarding searching and obtaining physical evidence from an associate. It is also necessary to have a witness in the room during any retrieval of physical evidence.

Section D – INTERVIEW LOCATION/DATE/TIME
The interview location, date and time should be recorded in this section of the report.

Section E – INTERVIEWER
This section should be signed by the supervisor or other appropriate personnel conducting the observation and interview.

Section F – OTHERS PRESENT DURING THE INTERVIEW
Self explanatory
A. **Observation Checklist and Interview Report**

This worksheet provides a template for supervisors or other appropriate personnel to objectively observe and interview associates who are suspected to be affected by a drug and/or alcohol. It may also be used as a training tool for managers regarding which behaviors or actions to look for in associates believed to be under the influence of alcohol and/or a controlled substance. Once completed by the associate’s supervisor or other appropriate personnel, it should be forwarded to the Human Resources contact person.

Associate name: ________________________________________ Date: _____________________

(Please Print)

Time of incident: _____________________ Place: ____________________________________

Incident description:

_____________________________________________________________________________________
_____________________________________________________________________________________

Observation:

_____________________________________________________________________________________
_____________________________________________________________________________________

_____________________________________________________________________________________
_____________________________________________________________________________________
**B O A S** (Circle all that apply)

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Odor</th>
<th>Appearance</th>
<th>Speech</th>
<th>Job Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staggering</td>
<td>Alcohol</td>
<td>Red/bloodshot eyes</td>
<td>Slurred</td>
<td>Frequently ill</td>
</tr>
<tr>
<td>Unsteady gait</td>
<td>Marijuana</td>
<td>Glassy eyes</td>
<td>Incoherent/nonsensical</td>
<td>Absent/late</td>
</tr>
<tr>
<td>Stumbling</td>
<td>Chemical mouthwash</td>
<td>Dilated pupils</td>
<td></td>
<td>Patterned absences (M-F)</td>
</tr>
<tr>
<td>Holding onto objects</td>
<td></td>
<td>Constricted pupils</td>
<td>Fragmented rambling</td>
<td></td>
</tr>
<tr>
<td>Frequently injured</td>
<td></td>
<td>Watery eyes</td>
<td>Excessive talking</td>
<td></td>
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<tr>
<td>Slow/rigid</td>
<td></td>
<td>Blurred/double vision</td>
<td>Repetitive</td>
<td></td>
</tr>
<tr>
<td>Profanity</td>
<td></td>
<td>Droopy eyes</td>
<td>Confused</td>
<td></td>
</tr>
<tr>
<td>Falling down</td>
<td></td>
<td>Closed eyes</td>
<td>Delayed</td>
<td>Easily confused</td>
</tr>
<tr>
<td>Pacing</td>
<td></td>
<td>Blank stare</td>
<td>Loud shouting</td>
<td>Increased write-ups</td>
</tr>
<tr>
<td>Paranoid</td>
<td></td>
<td>Shaking/tremors</td>
<td>Whispering</td>
<td></td>
</tr>
<tr>
<td>Talking to self</td>
<td></td>
<td>Sweating profusely</td>
<td>Soft spoken</td>
<td></td>
</tr>
<tr>
<td>Anxiousness</td>
<td></td>
<td>Sores on face/arms</td>
<td>Profanity</td>
<td></td>
</tr>
<tr>
<td>Scratching</td>
<td></td>
<td>Bruises/cuts</td>
<td>Hoarse</td>
<td></td>
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<tr>
<td>Picking at sores</td>
<td></td>
<td>Inappropriate wearing of</td>
<td>Silent</td>
<td></td>
</tr>
<tr>
<td>Hallucinations</td>
<td></td>
<td>sunglasses</td>
<td>Lying/deception</td>
<td></td>
</tr>
<tr>
<td>Sarcastic/hostile</td>
<td></td>
<td>Needle tracks</td>
<td>Valuable/supplies missing</td>
<td></td>
</tr>
<tr>
<td>Threatening/agitated</td>
<td></td>
<td>Red/flushed face/neck</td>
<td></td>
<td></td>
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<tr>
<td>Uncooperative</td>
<td></td>
<td>Powder residue in nose</td>
<td>Excessive energy</td>
<td></td>
</tr>
<tr>
<td>Over cooperative</td>
<td></td>
<td>Dry mouth symptoms</td>
<td>Reckless behavior</td>
<td></td>
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<tr>
<td>Abrupt/excessive laughter</td>
<td></td>
<td>Pale/ashen skin color</td>
<td>Coordination problems</td>
<td></td>
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<tr>
<td>Daydreaming/spaced out</td>
<td></td>
<td>Facial grimacing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drowsy/sleepy/nodding off</td>
<td></td>
<td>Soiled/dirty/stained/bloody clothes</td>
<td>Disregard of authority or consequences</td>
<td></td>
</tr>
<tr>
<td>Crying</td>
<td></td>
<td>Disarray/messy/unkempt/unusual attire</td>
<td>Impaired thinking</td>
<td></td>
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<tr>
<td>Disoriented</td>
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</tbody>
</table>
For associates working in patient care areas or involved in patient care

_____ Pattern of obtaining the wrong controlled substance(s) and then needing to return it (i.e., order is for morphine but gets Demerol)

_____ Pattern of obtaining a controlled substance(s) for the wrong patient and needing to return it

_____ Pattern of obtaining a higher or wrong strength of controlled substance(s) and reports wasting the remainder (i.e., morphine dose is for 2mg, but gets a 4 or 10mg syringe for the dose)

_____ Pattern of exposure or injury

_____ Received multiple patient complaints about inadequate pain relief from assigned patients

_____ Other: ____________________________________________________

1. Other observed actions or behavior (specify):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

2. Significant or unusual statements made by the associate:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

B. SUSPECTED ASSOCIATE’S INPUT

During the interview process, ask the associate: Do you have any explanation for the behavior(s) we have been discussing? ☐ Yes ☐ No

Comments: ___________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

C. SUMMARY

Other comments, results of interview/search/physical evidence obtained/supervisor action or follow-up required:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
D. INTERVIEW LOCATION/DATE/TIME

Location: _____________________________________________________________________________

Date: ________________________________  Time: ________________________________

E. INTERVIEWER/SUPERVISOR COMPLETING REPORT

Print Name: ___________________________________________________________________________

Signature: ___________________________________________________________________________

F. OTHERS PRESENT DURING THE INTERVIEW

_____________________________________________________________________________________

_____________________________________________________________________________________

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ATTACHMENT C
MEDICAL EXAMINATION AND TESTING CONSENT
DRUG AND ALCOHOL SCREENING CONSENT

I, (please print name) ____________________________, do hereby give my consent for such procedures as necessary for an occupational health screening at or directed by any Centura Health facility. These may include a complete blood count, urinalysis, rubella titer, rubeola titer, tuberculosis screening, chest-x-ray, hearing evaluation, vision evaluation, physical examination, and other procedures and follow-up tests that may be needed in order to evaluate my physical condition and ability to perform the essential functions of my job and/or whether I pose a direct threat to myself or others.

In addition to my initial occupational health screening, I consent to further medical examinations or other testing at any time during my employment consistent with Centura’s policies and/or applicable law.

I also voluntarily consent for Centura Health to collect from me appropriate specimens of body substances (blood and/or urine specimens are the most common) and to test such specimen(s) for the presence of drugs and/or alcohol at time of my pre-placement health screening. In addition, I consent to drug and/or alcohol testing for the duration of my employment when there exists reasonable suspicion that I am under the influence of any drug and/or alcohol as outlined in Centura’s Drug-Free Workplace policy. I agree to provide specimens upon request by Centura Health. I also understand that if I should be required to take a drug and/or alcohol test as previously outlined, and I refuse the same, that I may face corrective action, up to and including termination.

I understand that any positive results from such tests, like any other pre-placement investigation that indicates my inability to satisfactorily perform the job I have been offered may preclude my employment. Further, I understand that a positive result or my failure to execute this voluntary consent will result in my not being further considered for employment in any Centura facility for a period of six (6) months.

I consent to the release of the results obtained from any of the above examinations, tests and procedures to the Centura Health management, Human Resources, first-aid and/or safety personnel, and/or others who are legally permitted to receive such information.

In administering any examination, test and/or procedure, and/or requesting or receiving any medical information, Centura Health will comply with the requirements of applicable law including the Genetic Information Nondiscrimination Act of 2008 (GINA).

________________________________________  __________________________  __________________________
Associate/Applicant Signature          Social Security #          Date

________________________________________  __________________________  __________________________
Parent/Guardian Signature          Parent/Guardian Print Name          Date

________________________________________  __________________________  __________________________
Witness Signature          Witness Print Name          Date

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ATTACHMENT D
PRESCRIPTION MEDICATION AGREEMENT
(To be filled out by Occupational Health Representative)

I, ____________________________, have a medical condition which requires me to use a prescribed medication(s) on a regular basis that may affect my ability to perform the essential functions of the position or cause me to be a direct threat to myself or others. My condition can be controlled adequately even if I do not take the medication for eight (8) hours prior to work or during work hours.

As a condition of my employment and to ensure that Centura maintains a safe place for both patients and employees, I agree I will not take the medication if it may affect my ability to perform the essential functions of the position or cause me to be a direct threat to myself or others: a) for at least eight (8) hours prior to my work shift and b) while on duty. I have spoken with my health care provider and we both agree that this arrangement is acceptable.

I further agree to immediately report any change of prescribed medication, including changes of dosage and frequency intervals to the Occupational Health nurse, if that change may result in my inability to perform the essential functions of the position or cause me to be a direct threat to myself or others.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Prescribing Physician</th>
<th>Reason for Taking</th>
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Please list additional medications on the back of this document.

I agree to take the medication identified in the table above only as prescribed by my physician consistent with the prescribed dosage and frequency intervals. I also understand that I may be subjected to a drug and/or alcohol test in accordance with Centura’s drug and alcohol screening policy and applicable law. I further acknowledge and understand that I may be subjected to disciplinary action, up to and including termination, for violating Centura’s policies.

Furthermore, I understand that Centura seeks to enforce this policy consistent with applicable law including the Genetic Information Nondiscrimination Act of 2008 (GINA). GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information” as defined by GINA includes an individual’s family medical history, the results of an individual’s or family’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

(Signatures on following page)

All official Centura Health policies are maintained electronically and are subject to change. No printed policy should be taken as the official policy except to the extent it is consistent with the current policy that is electronically maintained.
I have signed this agreement to acknowledge my receipt and understanding of the conditions and information contained herein.

__________________________________________________  ____________________________________
Signature       Date

__________________________________________________  ____________________________________
Witness        Date

All official Centura Health policies are maintained electronically and are subject to change. No printed policy should be taken as the official policy except to the extent it is consistent with the current policy that is electronically maintained.
ATTACHMENT E
PRESCRIBED MEDICATION ACKNOWLEDGEMENT
(To be filled out by Occupational Health Representative)

I, ______________________, have a medical condition which requires me to use a prescribed medication(s). I have spoken with my health care provider and we both agree that my use of the prescribed controlled substance(s) or prescribed medication(s) (identified in the table below) when used as prescribed will not affect my ability to perform the essential functions of the position nor cause me to be a direct threat to myself or others. Furthermore, my health care provider has provided adequate documentation to my facility’s Occupational Health nurse and/or physician indicating that my usage does not affect my ability to perform the essential functions of the position nor cause me to be a direct threat to myself or others.

I further agree to report any change of prescribed medication, including changes of dosage and frequency intervals, to the Occupational Health nurse, if that change may result in my inability to perform the essential functions of the position or cause me to be a direct threat to myself or others.

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<tr>
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<th>Dosage</th>
<th>Frequency</th>
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Please list additional medications on the back of this document.

I agree to take the medication, identified in the table above, only as prescribed by my physician consistent with the prescribed dosage and frequency intervals. I also understand that I may be subjected to a drug and/or alcohol test in accordance with Centura’s drug and alcohol screening policy and applicable law. I further acknowledge and understand that I may be subjected to disciplinary action, up to and including termination, for violating Centura’s policies.

Furthermore, I understand that Centura seeks to enforce this policy consistent with applicable law including the Genetic Information Nondiscrimination Act of 2008 (GINA). GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information” as defined by GINA includes an individual’s family medical history, the results of an individual’s or family’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.
I have signed this acknowledgement to acknowledge my receipt and understanding of the conditions and information contained herein.

______________________________  ______________________________
Signature                      Date

______________________________  ______________________________
Witness                        Date