
I.M.P.A.C.T.
DRUG AND ALCOHOL SCREENING
POLICY

Effective: January 1, 2005



Acknowledgements

The Ironworker-Management Progressive Action Cooperative Trust acknowledges the efforts of the IMPACT Substance Abuse Task Force and the IMPACT Trustees. Those involved in the development of the National Substance Abuse Program devoted time and effort to ensure that it would create a safer workplace for all while promoting union ironworkers and their signatory contractors nationwide.

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Statement of Policy

The signatory parties recognize that substance abuse is an illness that creates serious problems for workers, their families, the workplace and the community; that this illness acknowledges no boundaries of age, race or socioeconomic status; that punishing the victim will not eradicate the problem. When dealing with substance abuse, efforts must be made to focus on substance abuse education and behavior modifications as well as reasonable sanctions in order to assist the individual to become a more productive person. Therefore, efforts must focus on treatment of the illness and restoration of the victim to a meaningful productive life.

The signatory parties recognize that a cooperative and constructive effort is needed to overcome the impact of substance abuse on safety, productivity, quality of work, and morale.

The signatory parties recognize that Federal law requires that all contractors who receive Federal contracts or grants maintain a drug free workplace. The signatory parties service Federal and State Contractors and firmly believe that the work environment, at all times, should be healthy, safe and hazard free. We will enforce the requirements of the Federal and State Law in order to maintain a drug free workplace.

Also, the signatory parties recognize the keys to this effort will be the providing of education, assistance to the employees and families, encouraging the employees to receive treatment as needed, fostering and encouraging an environment which produces a high skill quality product that is “drug free”. Therefore, in implementing the principles stated above, the parties agree, as follows, to this program and will cooperate to accomplish a drug free environment and a safe work place.

Program Structure

The IMPACT Substance Abuse Program is a cooperative program intended to encompass both management and labor. The goal of the IMPACT Substance Abuse Program is to provide a "pre-qualified", drug-free workforce to our customers. The program creates a pool of eligible drug-free workers in order to eliminate repetitive testing and provide a safe work environment for all parties. The program recognizes an employee test performed within the last 12 months as a valid pre-employment test. Standardized procedures and a shared eligibility pool enable a member's current test to:

- **Serve as a valid pre-employment test for one or many contractors**
- **Satisfy a contractor's requirements for hiring a worker to a job site**
- **Prevent a worker who is not in the eligibility pool from working on drug-free projects until they obtain a proper program test**

Signatory Parties of the program have access to an online verification system to confirm that workers are in the eligibility pool. Workers not in the pool are not hired until they get a program test or complete the rehabilitation requirements. It is the contractor's responsibility to verify that a worker has a valid pre-employment test.

The program utilizes an independent third party to perform program testing, enforce the program requirements, and provide the 24-hour online database. The program is audited regularly through the comprehensive reporting capabilities of the third party administrator.

Online Verification System www.impact-net.org

IMPACT has provided a service that will enable all Ironworker Local Unions and Signatory Contractors to verify that an employee has a valid program test at any time, 24 hours a day, 7 days a week via the Internet. This service is an online verification system that is accessible through the IMPACT website at www.impact-net.org.

The verification system is firewall and pass code protected. Only a worker's eligibility is available through the system. All confidential participant information is contained within the database managed by the third party administrator and cannot be accessed by Ironworker Local Unions or Signatory Contractors for any purpose.

All Ironworker Local Unions and Contractors that are signatory to the IMPACT Substance Abuse Program shall be granted an access code to enter the verification system. After supplying a series of passcodes, worker eligibility can be validated.

In the instance that an Ironworker Local Union or a Signatory Contractor is unable to access the verification system via the IMPACT Webster, eligibility information may be requested directly from Mobile Medical Corporation, the Third Party Administrator, at 1-888-662-8358. The online verification system may also be accessed through Mobile Medical Corporation's website at www.mobmed.com.

Program Requirements

The Ironworker-Management Progressive Action Cooperative Trust Substance Abuse Program was adopted effective January 1, 2005. It may be implemented by any contributing Ironworker Local Union or Signatory Contractor.

The Program will be conducted in keeping with the established testing procedures developed by the Department of Health and Human Services Scientific and Technical Guidelines dated April 11, 1988, and any subsequent amendments thereto.

1. Laboratory Certifications

The Laboratory shall be licensed or certified, as the case may be, by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the College of American Pathologists and shall participate in the proficiency testing programs required by each of those respective organizations. The laboratory shall store frozen all samples reported as positive for 365 days and all samples reported as negative for 5 days.

2. Methods of Testing

All samples for testing will be taken by appropriately qualified personnel. The primary methods of testing are:

1. Drug Screens -

- a. Primary Method: Urine laboratory analysis split into two samples. The initial screening will be by immunoassay and require Gas Chromatography/Mass Spectrometry (GC/MS) for confirmation.
- b. Secondary Method (performed upon owner request): Saliva laboratory analysis. The initial screening will be by immunoassay and require Gas Chromatography/Mass Spectrometry (GC/MS) for confirmation.

2. **Alcohol Tests** - will be administered using blood, breath or saliva and confirmed using an approved breath testing device.

In the case of post-accident or for cause testing, an instant onsite screen or oral saliva test may be used with a standard confirmation test. (i.e. GC/MS or EBT)

All handling and transportation of each specimen will be properly documented through strict chain of custody protocol.

To the greatest extent possible, the privacy of the employee will be preserved.

3. Test Panel – Cut-Off Levels

Urine drug screening and Gas Chromatography/Mass Spectrometry (GC/MS) confirmation for ten (10) categories of drugs will be required with the following cut-off limits.

Drug Class	Screening Cut-Off Limit (ng/ml)	Confirmation Cut-Off Limit (ng/ml)
Amphetamines	1000*	500*
Barbiturates	300	300
Benzoyllecgonine (Cocaine)	300*	150*
Cannabinoids (THC)	50*	15*
Opiates	2000*	2000*
Phencyclidine	25*	25*
Benzodiazepines	300	300
Methadone	300	300
Propoxyphene	300	300
Oxycodon (Oxycotin, Percodan, Percocet)	300	300
Alcohol**	0.04% BAC	0.04% BAC

****The presence of alcohol equivalent to 0.02% to 0.039% BAC in any participant test regulated by the DOT will result in that individual being removed from duty for at least eight (8) hours or one work shift, whichever is longer.**

*Cut-off limits meet or exceed those established by the Department of Health and Human Services in their mandatory Guidelines for Federal Workplace Drug Testing Programs.

3.1 Alcohol Screening

Alcohol testing shall be included with for cause tests and post accident tests and shall be performed according to established federal guidelines. An alcohol test may also be included with a random test as required by contractors or owners.

4. Adulterated Specimens

An adulterated specimen will be considered a positive drug screen. Before consideration for testing again, IMPACT will require a donor with an adulterated specimen to comply with the rehabilitation requirements of the program.

5. Dilute Specimens

A dilute specimen is not accepted as a valid program test and the participant will have the option to retest within 72 hours. If the second specimen is also dilute, the participant may require a third test by another test method, blood or saliva. This will be at the participant's own expense unless a valid medical reason for the dilute specimen is provided.

6. Program Test Types

Testing may be initiated under the following circumstances. A refusal to test is considered a positive test and the individual will be subject to rehabilitation requirements and reinstatement procedures.

6.1 Initial Test – An initial/pre-employment test is required to participate in the program.

6.2 Annual Test - In order to remain eligible, the participant must resubmit before his test expires.

6.3 Random Testing – All participants will be subject to unannounced testing from a Random selection. The program will test a minimum of 25% of the total participants. A participant’s random test shall be his/her new annual test date. Participants are subject to Random testing through any of the following selection pools:

Comprehensive Pool A computer generated selection of members from the comprehensive eligibility pool. Members are notified by mail and must have collection within 72 hours.

Project Pool A contractor may request random testing on any job with a duration of two weeks or more. All Ironworker employees on that job are tested. Contractors on the job site must provide payroll records to the TPA at the time of the random request as verification of workers employed on the site.

Owner Request An Owner may request that Ironworkers on the job be randomly tested. Contractors on the job site must provide payroll records to the TPA at the time of the random request as verification of workers employed on the site.

6.4 Post Accident* - An employer may require a participant to submit to a test after the involvement in, or cause of an accident, which causes injury to the participant or another party. The employer may also require the same above testing of a participant who is involved in, or cause of an accident, which causes damage or destruction to property.

6.5 For Cause* - A participant could be subject to drug and alcohol testing “For Cause” based on observed and documented behavior which is unusual to the circumstances, or the individual’s normal behavior

6.6 Return to Duty – The return to duty test is required for a participant to reinstate into the program eligibility after a positive test. The cost of the return to duty test is the responsibility of the participant.

6.7 Accelerated Random Testing – The participant will be subject to a minimum of four (4) additional random tests, or greater, as prescribed by the Employee Assistance Program (EAP) for a period of one year as a condition of further employment.

The frequency of program testing may be increased or decreased based on requirements legitimately mandated by owners.

* In the case of accident or for cause testing, an instant on-site screen or oral saliva test may be used, but confirmation with a standard confirmation test is required (i.e. GC/MS or EBT). If the initial onsite screen is positive, the participant will be removed from the job site pending the GC/MS confirmation. In the case that on-site testing is unavailable, and laboratory analysis is performed, a participant shall be removed from the job site pending the laboratory result. If the confirmation of the on-site test or the laboratory test is negative the participant shall be reinstated and reimbursed by IMPACT for lost wages.

7. Medical Review Officer (MRO)

A Medical Review Officer (MRO) is a licensed physician who holds an MRO certification with knowledge of substance abuse disorders. The MRO shall:

- a. Review and verify a laboratory positive test result.
- b. Provide the tested individual with an opportunity to discuss the reasons why their test result might be positive.
- c. Review the individual's medical record as provided by or at the arrangement of the tested individual as appropriate.
- d. Confirm the laboratory result.
- e. Notify the Third Party Administrator (TPA) of all tests results, positive and negative.

All records of test reviewed by the MRO and supporting documentation will be forwarded to and maintained by the TPA.

8. Request for Re-analysis

In the case of "positive" results of any test, the participant, at his/her own expense and paid for in advance, shall have the right to have the original Split Specimen "B" sample independently reanalyzed by a laboratory of their choice within 72 hours. The laboratory must meet the qualifications as stated in the policy.

If the independent reanalysis is "negative", the participant will be reimbursed for the cost of the independent test and any lost wages by IMPACT.

If the independent reanalysis is "positive", the participant will be notified by the MRO, and will be required to comply with the rehabilitation requirements. All expenses related to the reanalysis of the original sample and any lost wages will be forfeited.

The participant shall have the right to secure a copy of all data relating to the test procedures and results, providing the costs of same are paid in advance to the initial testing laboratory by the participant.

9. Rehabilitation Requirements

A participant who has a confirmed positive test result or who does not comply with the program requirements will not be eligible to participate in the program until they are evaluated by the Employee Assistance Program (EAP) and complete the program rehabilitation requirements.

First Violation: The individual will be ineligible from working for any IMPACT Signatory Contractor for a minimum of 30 days. To be eligible to return to work, the participant must be evaluated by a substance abuse professional, provide written proof of successfully completing a medically recognized rehabilitation program and submit a negative return to duty drug screen. The participant will be subject to a minimum of four (4) accelerated random tests for a period of one year as a condition of further employment. Frequency of the accelerated random testing is to be determined by the EAP.

Second Violation - The individual will be ineligible from working for any IMPACT Signatory Contractor for a minimum of 90 days. To be eligible to return to work, the participant must be evaluated by a substance abuse professional, provide written proof of successfully completing a medically recognized rehabilitation program and submit a negative return to duty drug screen. The participant will be subject to a minimum of four (4) accelerated random tests for a period of one

year as a condition of further employment. Frequency of the accelerated random testing is to be determined by the EAP.

Third Violation - The individual will be ineligible from working for any IMPACT Signatory Contractor for a minimum of one year. To be eligible to return to work, the participant must be evaluated by a substance abuse professional, provide written proof of successfully completing a medically recognized rehabilitation program and submit a negative return to duty drug screen. The participant will be subject to a minimum of four (4) accelerated random tests for a period of one year as a condition of further employment. Frequency of the accelerated random testing is to be determined by the EAP.

For any occurrence greater than a third occurrence, there is an additional 1-year suspension per violation in addition to sanctions listed above.

The participant's violation status will revert back to first violation following 36 consecutive months with a negative drug screen, providing the employee is continually participating in the program.

Any sale and or distribution of a prohibited substance on company or job site premises or property is grounds for immediate termination.

10. Voluntary Rehabilitation

The Signatory Parties of IMPACT encourage participants with substance abuse problems to come forward and voluntarily accept assistance. The participant will be subject to the rehabilitation requirements of the program, however, it will not be considered a violation of the program requirements.

11. Confidentiality

All records and information on employees with confirmed positive test results shall be confidential and released only to designated representatives of the program.

12. Revisions or Amendments

The IMPACT Drug and Alcohol policy and procedures is a living document. The IMPACT Trustees shall meet periodically to review the program and shall have the authority to make changes in the program to improve and assure that it is up to date with new regulations and current practices.

**State Reference
for
Alternative Specimen and Onsite Collections**

States	Urine	Saliva	Sweat Patch	Hair	Onsite
Alabama	accepted	encourage	useful for follow-up	encourage	discourage
Alaska	accepted	discourage	monitoring	discourage	encourage
Arizona	accepted	encourage	especially in the	encourage	discourage
Arkansas	accepted	discourage	corrections arena		discourage
California	accepted		in most states		limits
Connecticut	accepted	encourage		encourage	
Florida	accepted			encourage	discourage
Georgia	accepted			discourage	encourage
Hawaii	accepted	banned		banned	pre-employ only
Idaho	accepted				encourage
Iowa	accepted			banned	
Kansas	accepted	discourage			discourage
Louisiana	accepted	banned		New Legislation HB 1701	
Maine	accepted	pre-employ only			pre-employ only
Maryland	accepted				pre-employ only
Minnesota	accepted				banned
Mississippi	accepted	discourage		discourage	encourage
Montana	accepted	banned		Non Safety sensitive emp.	banned
Nevada	accepted	banned			certified lab needed
New York	accepted				certified lab needed
North Carolina	accepted			discourage	discourage
North Dakota	accepted			discourage	discourage
Ohio	accepted			accepted	discourage
Oklahoma	accepted	banned		restrict use	jobsites only
Oregon	accepted	banned		restrict use	banned
Puerto Rico	accepted	banned		discourage	discourage
Tennessee	accepted	discourage		encourage	encourage
Utah	accepted	encourage		encourage	banned
Vermont	accepted	banned		restrict use	encourage
Virginia	accepted			discourage	pre-employ only
States that are not listed do not have any restrictions on alternative specimen collection at the present time.					

The above chart was obtained directly from the Drug and Alcohol Testing Industry Association (DATIA) Alternative Specimen and On-site Testing Guidelines as presented by DATIA on July 15, 2004.

PARTICIPANT CONSENT FOR TESTING AND RELEASE OF HEALTH INFORMATION

Participant Name: _____

Address: _____ P.O. Box # _____

City: _____ State: _____ Zip: _____

LOCAL UNION # _____

Social Security # _____ Date of Birth: _____

Home Phone: (_____) _____ County: _____

CRAFT/TRADE:		
<input type="checkbox"/> Asbestos Worker <input type="checkbox"/> Bricklayer <input type="checkbox"/> Carpenter <input type="checkbox"/> Cement Mason <input type="checkbox"/> Electrician <input type="checkbox"/> Boilermaker <input type="checkbox"/> Other	<input type="checkbox"/> Insulator <input type="checkbox"/> Iron Worker <input type="checkbox"/> Laborer <input type="checkbox"/> Millwright <input type="checkbox"/> Operating Engineer <input type="checkbox"/> Pipefitter	<input type="checkbox"/> Painter <input type="checkbox"/> Plumber <input type="checkbox"/> Sheet Metal Worker <input type="checkbox"/> Dry Wall Finisher <input type="checkbox"/> Plasterer <input type="checkbox"/> Steamfitter
Local Union # _____		Company _____
UNION STATUS: <input type="checkbox"/> Journeyman <input type="checkbox"/> Apprentice <input type="checkbox"/> Organizer		

Consent to Test

I hereby consent and agree to give specimens of my body fluid (*) at a medical facility designated by Mobile Medical Corporation for transmittal and testing by an approved testing laboratory. It is my understanding that body fluid (*) specimens will be tested to detect the presence of alcohol and/or other drugs in my body. I agree and consent to provide specimens of my body fluid (as listed below) for testing to discover the presence of alcohol and/or drugs.

- | | |
|--|---|
| <ul style="list-style-type: none"> • Annual Testing • Computer Generated Testing • Pre-Employment | <ul style="list-style-type: none"> • Reasonable Cause • Workplace Accident/Incident • Follow-up/Rehabilitation |
|--|---|

It is agreed that upon request, I will be furnished with results of tests performed on my body fluid (*). The testing laboratory is only authorized to confirm these results with Mobile Medical Corporation (third party administrator).

(*) Body fluid tests will normally utilize urine specimens, breath and blood specimens. Tests which entail the withdrawal of blood by a qualified medical person may be exercised in situations involving an injury or accident where I am rendered unconscious and unable to provide a urine specimen, and I agree and consent to such a test under those circumstances.

Release of Test Information

The test that you are taking is to establish Employment Eligibility. - I give authorization for the release of this test information and understand that the test information will be available **only** to the Signatory Parties of this Program, for establishing employment eligibility. I also understand that all Test information will be secured and treated as confidential with released only to Designated Representatives of this Program and that all Designated Representatives are federally mandated HIPAA compliant, who too must protect confidentiality of the test information.

Right to Inspect or Copy the Health Information to Be Used or Disclosed - I understand that I have the right to inspect or copy the health information I have authorized to be used or disclosed by this authorization form. I may arrange to inspect my health information or obtain copies of my health information by contacting the Mobile Medical Privacy Officer. **Right to Receive Copy of This Authorization** - I understand that if I agree to sign this authorization, which I am not required to do, I must be provided with a signed copy of the form. **Right to Refuse to Sign This Authorization** - I understand that I am under no obligation to sign this form and that the person(s) and/or organization(s) listed above who I am authorizing to use and/or disclose my information may not condition treatment, payment, enrollment in a health plan or eligibility for health care benefits on my decision to sign this authorization. **Right to Withdraw This Authorization** - I understand written notification is necessary to cancel this authorization. To obtain information on how to withdraw my authorization or to receive a copy of my withdrawal, I may contact the Mobile Medical Privacy Officer. I'm aware that my withdrawal will not be effective as to uses and/or disclosures of my health information that the person(s) and or organization(s) listed above have already made in reference to this authorization.

I have had an opportunity to review and understand the content of this consent and release form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Signature of Patient or Legal Representative: _____ Date: _____

Relationship if signing for a Minor: _____

Witness _____

