

White Birch Lakes Recreational Association

TITLE Workforce Drug-Free Policy & Procedure: Screening And Discipline	DATE January, 2013 Revised September 13, 2014
POLICY X	CATEGORY
PROCEDURE	ATTACHMENT yes WBLRA #003
APPROVED BY <i>Shaun Bridges</i>	POLICY PAGES 4 plus 2 report form

PURPOSE: This policy outlines White Birch Lakes Recreational Association’s drug-free policy and its intent is to provide a safe working environment for all employees.

POLICY: White Birch Lakes Recreational Association has a vital interest in maintaining a safe, healthy and efficient working environment. Being under the influence of a drug or alcohol on the job poses serious safety and health risks to the user and to all those who work with the user. The use, sale, purchase, transfer or possession of an illegal drug in the workplace and the use, possession or being under the influence of alcohol also poses unacceptable risks for safe, healthy and efficient operations.

White Birch Lakes Recreational Association has the right and obligation to maintain a safe, healthy and efficient workplace for all its employees and to protect the organization’s property, information, equipment, operations and reputation.

White Birch Lakes Recreational Association recognizes its obligation to its members for the provision of services that are free of the influence of illegal drugs and alcohol and will endeavor through this policy to provide drug and alcohol-free services.

White Birch Lakes Recreational Association further expresses its intent through this policy to comply with federal and state rules, regulations or laws that relate to the maintenance of a workplace free from illegal drugs and alcohol.

White Birch Lakes Recreational Association shall have the right to require an employee to submit to testing for drug and/or alcohol use as a continuing condition of employment as White Birch Lakes Recreational Association deems necessary for the safe and efficient operation of our Association.

White Birch Lakes Recreational Association is a drug-free workplace. The use of illegal drugs and alcohol is inconsistent with the behavior expected of employees. The use of illegal drugs and alcohol and the misuse of prescribed and over the counter drugs subjects employees, members and guests to unacceptable safety risks that undermine our Association’s ability to operate safely, effectively and efficiently.

As part of our Workforce Drug-Free Policy and Procedure, any and all employees may be selected at random for drug testing at any time.

As a condition of employment, all employees will receive a copy of this policy and will sign and acknowledge that the policy has been received, read and signed. A copy of the signed policy will be maintained in the employee file at all times.

PROCEDURE: If an employee is involved in an injury or accident while at work, an Injury/Accident Form must be completed immediately. The original report will be filed in the President's locked file cabinet and a copy placed in the employee file.

Circumstances under which testing may be required:

- Post work injury
- Post work accident
- Randomly selected for drug/alcohol testing

Drug tests performed on employees will test for these six classes of drugs:

- 1) marijuana
- 2) alcohol
- 3) cocaine
- 4) amphetamines
- 5) opiates
- 6) phencyclidine (PCP)

These drug tests will be performed at MidMichigan Medical Center Urgent Care – Clare.

If a Supervisor is informed that an employee has been directly or indirectly involved in a work injury or accident, the Supervisor will contact and inform no less than two board directors. Under their direction the Supervisor may be instructed to escort the employee to MidMichigan Medical Center Urgent Care – Clare. Involved directors may accompany them. The employee will be tested for six classes of drugs, as listed above. If the employee refuses to be tested, becomes belligerent and/or exhibits hostile behavior, or **fails to report for the test**, they are subject to immediate dismissal. 1

If the employee submits to testing, they will be suspended with pay until the results of the tests are received. If any test comes back positive, the employee is subject to immediate discharge.

All lab results will be given directly to the President of the Board in a sealed envelope.

The President will notify the Supervisor of test results if the employee fills either a position of Maintenance, Safety, Campground Attendant or Pool Attendant. The original medical report will be kept in the President's locked cabinet.

Employees reporting to the President of the Board (Secretary/Treasurer and Supervisor) will be notified by the President of the test results. The original medical report will be kept in the President's locked file.

DISCIPLINE: Any employee who possesses, distributes, sells, attempts to sell or transfer illegal drugs on White Birch Lakes Recreational Association premises or while on White Birch Lakes Recreational Association business will be immediately discharged.

Any employee who is found to be in possession of or under the influence of alcohol in violation of this policy will be subject to discipline up to and including discharge.

Any employee who is found to be in possession of contraband in violation of this policy will be subject to discipline up to and including discharge.

Any employee who is found through drug or alcohol testing to have in his or her body a detectable amount of an illegal drug or of alcohol will be subject to discipline up to and including discharge.

DRUG AND ALCOHOL TESTING OF EMPLOYEES: White Birch Lakes Recreational Association may perform drug or alcohol testing:

- Of any employee who is involved in an injury or accident, while at work, which results or could result in the filing of a Workers' Compensation claim.
- Of any employee involved in an injury or accident that results in property or equipment damage, gross negligence or injury to self or others while on the job.
- Of any employee randomly selected for drug and alcohol testing.

1 An employee involved in an injury or accident during scheduled worktime must agree to consent to submit to drug or alcohol testing as a condition of employment and the employee's refusal to consent may result in disciplinary action, including discharge, for a first refusal or any subsequent refusal.

Legal Drugs

The undisclosed use of any legal drug by any employee while performing White Birch Lakes Recreational Association business or while on White Birch Lakes Recreational Association premises is prohibited. However, an employee may continue to work even though using a legal drug if White Birch Lakes Recreational Association management has determined, after consulting with a licensed medical professional that such use does not pose a threat to safety and that the using employee’s job performance is not significantly affected. Otherwise, the employee may be required to take leave of absence or comply with other appropriate action as determined by White Birch Lakes Recreational Association Board of Directors.

An employee whose medical therapy requires the use of a legal drug must report such use to his or her supervisor prior to the performance of White Birch Lakes Recreational Association business. The supervisor who is so informed will contact the Board of Directors President for guidance.

Illegal Drugs and Alcohol

The use, sale, purchase, transfer, or possession of an illegal drug or of alcohol by any employee while performing White Birch Lakes Recreational Association business is strictly prohibited.

I, _____ have read and understand White Birch Lakes Recreational Association Workforce Drug-Free Policy & Procedure: Screening and Discipline, #003. I understand and agree that violation of this policy while performing my White Birch Lakes Recreational Association job duties may result in immediate discharge from employment. I also understand and agree that I will submit for drug and alcohol testing if I meet any of the requirements listed in this policy. I understand and agree that refusal to be tested may result in immediate discharge from employment.

EMPLOYEE SIGNATURE_____

DATE_____

SUPERVISOR SIGNATURE_____

DATE_____

White Birch Lakes Recreational Association

Employee Injury/Accident Form

Date of Incident _____ Time of Incident _____

Location of Incident _____

Was employee injured? Yes No

Did the employee receive medical treatment? Yes No

Where? _____

Employee's Scheduled Time to Work the day of the incident _____

Was employee punched in on White Birch Lakes Recreational Association time? Yes No

Person Reporting or Completing This Report _____

Did any employee/member witness this incident?

Yes No

Name of Witness(es) _____/_____

Witness(es) phone number _____/_____

Employee Name _____

Employee Job Title _____

Witness - Please describe the work injury or accident

Employee - Please describe the work injury or accident

Final Resolution – to be completed by investigating board members

Signature of Involved Board Member _____

Signature of Involved Board Member _____

Did employee consent to drug/alcohol screening? Yes No

Date of screening _____

Copy of this Report has been filed in the employee file. Yes No

Copy of medical lab report has been filed with:
 Supervisor
 President

Does this incident require any further action? Yes No

If yes, please explain

How could this work injury/accident have been avoided?

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Board Member Signature _____ Date _____

Board Member Signature _____ Date _____