



<b>POLICY NUMBER</b>		Human Resources A-052
<b>ORIGINAL DATE:</b>		February 1, 2023
<b>TITLE:</b>		Drug and Alcohol Use and Testing
<b>KEYWORDS:</b>		Drug, Testing, Reasonable Suspicion

**ACCOUNTABILITY:**

VP Human Resources

**OBJECTIVES:**

The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social communities as we create healthier communities.

**PURPOSE**

CommonSpirit prohibits the use of illegal drugs and the abuse of alcohol during working times or on its premises. Further, where suspected use of illegal drugs or the abuse of legal drugs or alcohol occurs during working times or on its premises, CommonSpirit reserves the right to take appropriate action in accordance with this Policy and the corresponding Procedure.

**POLICY**

CommonSpirit explicitly prohibits:

- The use, possession, solicitation for, or sale of narcotics or other illegal drugs on CommonSpirit premises and worksites, during any CommonSpirit activity(ies), or in any CommonSpirit vehicle or other vehicle used or authorized for business purposes.
  - The purchase and possession of valid prescription(s) for legal drugs at a CommonSpirit pharmacy or facility is permissible only when employees are off duty or on breaks, however, employees must safely and securely store any legally purchased prescription drugs upon return to work or duty.
- Being impaired or under the influence of legal or illegal drugs or alcohol while at work and on duty, or while at any CommonSpirit facility, whether working or not, if such impairment or influence adversely affects the safety of the employee or of others, or puts at risk the organization's reputation.
- The presence of any detectable amount of prohibited substances in the employee's system while at work, or while on duty. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a valid prescription.

The organization will conduct drug or<sup>[1]</sup> alcohol testing under any of the following circumstances:

- **REASONABLE SUSPICION TESTING:** CommonSpirit may ask an employee to submit to a drug or alcohol test at any time it suspects that the employee may be

under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on or about the employee's person or in the employee's vicinity; conduct on the employee's part that suggests impairment or influence of drugs or alcohol; or suspected diversion.

- **POST-ACCIDENT TESTING:** Any employee, who is involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in the accident or injury event may be asked to submit to a drug or alcohol test. "Involved in an on-the-job accident or injury" means not only the one who was or could have been injured, but also any employee who potentially contributed to the accident or injury event in any way.
- **POST OFFER PRE PLACEMENT:** As may be required as part of post-offer, pre-employment screening. (See CommonSpirit Administrative Policy Human Resources A-036, *Pre-Placement Drug Screen*).

If an employee is tested for drugs or alcohol and the results indicate a violation of this Policy, or if an employee refuses a request to submit to testing under this Policy, the employee may be subject to appropriate disciplinary action, up to and including termination of from employment.

Employees are expected to report to their manager or Human Resources known or suspected alcohol or drug use or abuse prohibited by this Policy occurring while on company premises or during regular work hours, including known or suspected drug diversion. Failure to do so may result in disciplinary action.

## **APPLICABILITY**

This Policy applies to employees of CommonSpirit facilities utilizing the CommonSpirit Human Resource Management platforms and System Office administrative services. Employees of other facilities should refer to their facility policy or consult with their local Human Resources representative.

## **COLLECTIVE BARGAINING AGREEMENT APPLICABILITY**

The Collective Bargaining Agreement shall govern where there is a conflict between this Policy and an applicable Collective Bargaining Agreement.

This Policy is intended to comply with all applicable laws, including the Drug Free Workplace Act where applicable.

## **ASSOCIATED PROCEDURE**

CommonSpirit Administrative Procedure Human Resources A-052P, *Drug and Alcohol Use and Testing*

---

<sup>[1]</sup> Use of "or" is inclusive of the term "and," meaning the organization may conduct drug testing, alcohol testing or both.

## COMMONSPIRIT HEALTH ADMINISTRATIVE PROCEDURE

**SUBJECT:** Drug and Alcohol Use and Testing

**PROCEDURE NUMBER:** Human  
Resources A-052

**EFFECTIVE DATE:** February 1, 2023

☒ National/System Offices

☒ Acute Care Facilities

☒ Non-Acute Care Facilities

### ASSOCIATED POLICY:

CommonSpirit Administrative Policy Human Resources A-052, *Drug and Alcohol Use and Testing*

### APPLICABILITY

This Procedure applies to employees of CommonSpirit Health facilities utilizing the CommonSpirit Human Resource Management platforms and System Office administrative services. Employees of other facilities should refer to their facility policy or consult with their local Human Resources representative.

### COLLECTIVE BARGAINING AGREEMENT APPLICABILITY

The Collective Bargaining Agreement shall govern where there is a conflict between this Procedure and an applicable Collective Bargaining Agreement.

### PROCEDURE OR PROCESS:

The following procedure and process will be followed when CommonSpirit has a basis to believe conduct requiring reasonable suspicion or other drug testing in violation of CommonSpirit Administrative Policy Human Resources A-052, *Drug and Alcohol Use and Testing*, has occurred.

### Manager/Supervisor Responsibilities

During normal business hours, manager/supervisor must report any reasonable suspicion situation to Human Resources. After normal business hours, manager/supervisor must first alert the on call Administrator or appropriate party, followed by notice to Human Resources.

Once manager/supervisor concludes that reasonable suspicion exists, advise the employee that the organization is requesting a drug/alcohol test and ask for consent in writing using the *Employee Consent to Alcohol or<sup>[1]</sup> Drug Testing form*. Remote status has no impact and does not alter the reasonable suspicion testing requirement.

Manager/supervisor must document all observed behavior(s) and any required data on the *Supervisor's Reasonable Suspicion Report*.

Where witnesses are available and willing, managers/supervisors should conduct all interviews, including of the employee suspected of violating CommonSpirit Administrative Policy Human Resources A-052, *Drug and Alcohol Use and Testing*, in private and in the presence of another manager/supervisor from another department. If applicable, and where so elected, union representation may be present; however, the evaluation process shall not be postponed in excess of 30 minutes to accommodate union representative attendance.

Documentation from interviews under this Procedure and attendant Policy must be documented on the *Supervisor's Reasonable Suspicion Report*, and include:

1. Observations of the behavior;
2. The at-issue employee's response; and
3. All other relevant factual details.

### **Option for Second Test at the Employee's Request and Cost**

The employee may ask for the sample to be split for a second test. When sought, one half of the sample ("primary sample") is sent to the CommonSpirit designated lab. The second half ("second sample") is sent to a laboratory selected by the employee from a CommonSpirit pre-approved laboratory list. Second sample designations must be made by the employee in writing and within 72 hours. Employees are solely responsible for all fees and costs associated with a second sample.

### **Refusal to Test**

Employee refusals to test must be documented on the *Employee Does Not Consent to Alcohol or Drug Testing form*.

The following behaviors constitute a refusal to test:

1. refusing to sign the required consent and release form;
2. refusing to answer questions;
3. not being readily available for testing;
4. failing to provide an adequate sample without a valid reason, as determined by the laboratory;
5. providing a sample that is deemed to have been altered, substituted, or fails to meet testable standards as determined by the laboratory;
6. delaying testing without a valid reason as determined by CommonSpirit in its sole discretion, or
7. Engaging in conduct that otherwise obstructs or interferes with testing.

Refusals to test will result in a determination based on available evidence only.

Individuals asked to submit to reasonable suspicion testing will be placed on unpaid administrative leave until otherwise notified. An *Unpaid Administrative Leave* letter should be sent to the employee.

### **Transportation**

After testing or upon refusal, manager/supervisor will arrange transportation for the employee to their residence. Reasonable efforts should be used to determine if the employee has an alternative ride when employees refuse CommonSpirit transportation offers. Under no circumstances, however, should a manager/supervisor detain an employee against their will. CommonSpirit may notify appropriate law enforcement agencies if it witnesses an employee attempting to drive under circumstances where sobriety is at-issue. Transportation arrangements are expected to be documented on the *Transportation Observation and Confirmation* form.

## **Reasonable Suspicion Testing Requirements**

1. Employees testing must voluntarily consent in writing using CommonSpirit consent forms.
2. Only the approved specimen collector(s) are to administer testing.
3. Testing results will be released only to the Employee Health Nurse or their duly authorized representative.
4. Except as provided in this Procedure, testing results are confidential, except:
  - a. To the Human Resources Director, to resolve questions concerning the implementation of the testing procedure.
  - b. To the Human Resources Director and department manager, where the ingestion of alcohol, any specific drugs or combination(s) of drugs listed by the Employee Health Nurse, restricts the employee's ability to safely perform their essential job duties, as determined by CommonSpirit.
  - c. In response to the requests by governmental agencies or a subpoena.
  - d. For consultation with Legal Counsel on any matter.
5. Positive test results, or employee admissions of use of illegal drugs or abuse of legal drugs or alcohol will result in appropriate corrective action, up to and including termination of employment.
6. Negative tests may result in corrective action when deemed appropriate by Human Resources and Management.
7. An employee's return to work status is determined by Human Resources and manager/supervisor only after all evidence and facts are discovered and considered, including testing results (when available).

#### **Documentation**

Manager/supervisor must complete, retain and forward all documentation to Human Resources in a confidential manner.

#### **Referral to Board / Licensing Board / Law Enforcement**

When required, CommonSpirit will report to appropriate board or licensing agencies, all workplace conduct requiring the same, whether deemed a violation of CommonSpirit Administrative Policy Human Resources A-052, *Drug and Alcohol Use and Testing*, and this Procedure or otherwise and irrespective of whether or not the individual has a self-reporting obligation. Law enforcement reporting will occur when CommonSpirit deems the same appropriate in its sole discretion.

## SUPERVISOR'S REASONABLE SUSPICION REPORT

Date\_\_\_\_\_ Time\_\_\_\_\_ Department\_\_\_\_\_

Employee's Name\_\_\_\_\_

**Interview:** Inform the employee that you have observed behaviors, signs, and symptoms that indicate they may be under the influence of alcohol or <sup>[2]</sup> drugs or may have otherwise violated the facility's rules against alcohol and drug use.

**Explain**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Circle words describing observed conditions. Add words as appropriate. Observations**

<b>Breath Alcohol Odor</b>	None	Faint	Moderate	Strong			
<b>Face Color</b>	Normal	Flushed	Pale				
<b>Attitude</b>	Cooperative	Sleepy	Combative	Excited	Talkative	Laughing	Crying
<b>Eyes &amp; Pupils</b>	Normal	Bloodshot	Watery	Constricted Pupils	Dilated Pupils		
<b>Balance</b>	Normal	Swaying	Failing				
<b>Walking</b>	Normal	Stumbling	Staggering	Unable to ascertain			
<b>Speech</b>	Normal	Slurred	Confused	Incoherent	Studied		
<b>Other</b>							

**Basis for suspicion of impairment by alcohol or drugs:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Manager / Supervisor Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Date

**Action Taken**\_\_\_\_\_

## EMPLOYEE CONSENT AND AUTHORIZATION TO SUBMIT TO REASONABLE SUSPICION ALCOHOL AND / OR DRUG TESTING

I agree to submit to reasonable suspicion alcohol or <sup>[3]</sup> drug testing, and will provide a sample for analysis.

I understand and agree that, if I refuse to submit to reasonable suspicion alcohol or drug testing, or if I otherwise fail to cooperate with the reasonable suspicion testing procedures, I may be subject to immediate termination of employment.

I authorize and voluntarily consent to have CommonSpirit Health or its organization physician send the specimen or specimens collected to a laboratory for a screening test(s) for the presence of any prohibited substances under the Drug and Alcohol Use and Testing Policy and associated Procedure, and for the laboratory or other testing facility to release any and all documentation relating to the test(s) to CommonSpirit.

I understand that CommonSpirit maintains information furnished or obtained in connection with a reasonable suspicion test as confidential. CommonSpirit will share this information only to the extent necessary to make employment decisions or respond to inquiries from government or other appropriate regulatory entities.

The Drug and Alcohol Use and Testing Policy and associated Procedure and this Consent and Authorization have been explained to me in a language I understand, and I have been afforded the ability to ask questions and receive answers to any questions that I posed.

☐

By initialing this box, I consent for a second specimen to be collected and sent to the NIDA-approved laboratory of my choice for analysis. Within 72-hours, I will advise the CommonSpirit laboratory in writing, of the pre-approved independent laboratory I have selected. I understand that I am solely responsible for all costs and expenses associated with the testing of the second specimen.

---

Signature of Employee

---

Date

---

Employee's Name - Printed

---

Date

---

Manager/Supervisor Name

---

Date

---

Witness Name

---

Date

## EMPLOYEE REFUSAL TO SUBMIT TO REASONABLE SUSPICION ALCOHOL OR DRUG TESTING

I refuse to submit to reasonable suspicion alcohol or<sup>[4]</sup> drug testing under the CommonSpirit Health Drug and Alcohol Use and Testing Policy and associated Procedure.

I understand the consequences of refusal to submit to reasonable suspicion testing may result in immediate termination of employment.

The Drug and Alcohol Use and Testing Policy and associated Procedure and this Refusal to Submit have been explained to me in a language I understand, and I have been afforded the ability to ask questions and have received answers to any questions that I posed.

---

Signature of Employee

---

Date

---

Employee's Name - Printed

---

Date

---

Manager/Supervisor Name

---

Date

---

Witness Name

---

Date



**TO:** \_\_\_\_\_, Employee No.: \_\_\_\_\_

**CC:** \_\_\_\_\_, Director of Human Resources  
\_\_\_\_\_, Director of Employee and Labor Relations  
\_\_\_\_\_, Union (if applicable)

**FROM:** \_\_\_\_\_, Human Resources Business Partner

**SUBJECT:** Unpaid Administrative Leave

**DATE:**

Effective immediately, you are being placed on unpaid administrative leave due to an allegation that, if true, could impact employee and patient care and safety. Your unpaid administrative leave does not imply any assumption that you are guilty of any misconduct. We will keep the matter under review and will strive to make the period of unpaid administrative leave no longer than is necessary.

Before your departure, please return all badges, keys, and other organization property and equipment. During this investigative period, you may not enter the premises of any organization facility, nor access any internal or external information, network, or other communications systems except for a medical emergency when care services are needed.

As part of being on administrative leave, you are required to be available during the normal business hours of Human Resources which are Monday through Friday, 8:00 AM to 5:00 PM, local time, for interviewing. Human Resources or your manager will contact you directly with a date and time for an interview regarding the allegations.

Your signature below merely acknowledges your receipt of this document, and will not be used as evidence that you agree with the information it contains.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name - Printed

This form shall be completed by a member of security or <sup>[5]</sup> management as part of the Reasonable Suspicion Process. Security or management are expected to directly observe the means and manner in which an employee leaves campus after being tested.

Type of Transportation: \_\_\_\_\_ License Number: \_\_\_\_\_

Controlled when pl

Date \_\_\_\_\_

Name of Security/Manager

UNCONTROLLED WHEN PRINTED

Document Metadata

Document Name:	Drug and Alcohol Use and Testing.docx
Policy Number:	Human Resources A-052
Original Location:	/CHI St. Vincent Hospitals/Human Resources
Created on:	03/05/2024
Published on:	03/20/2024
Last Review on:	03/05/2024
Next Review on:	03/05/2025
Effective on:	03/20/2024
Creator:	Henson, Dalindra <i>Coordinator</i>
Committee / Policy Team:	Policy Management
Owner/SME:	Henson, Dalindra <i>Coordinator</i>
Manager:	Alexander, Sunetta <i>Director</i>
Author(s):	Henson, Dalindra <i>Coordinator</i>
Approver(s):	Alexander, Sunetta <i>Director</i>
Publisher:	Stricklin, Samuel <i>Regulatory</i>

UNCONTROLLED WHEN PRINTED

<b>POLICY NUMBER:</b>		<b>101</b>
<b>ORIGINAL DATE:</b>		<b>April 4, 2014</b>
<b>TITLE:</b>	<b>DRUG AND ALCOHOL SCREEN</b>	
<b>KEYWORDS:</b>		

**ACCOUNTABILITY:**

VP of Human Resources

**OBJECTIVES:**

The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social communities as we create healthier communities.

**POLICY:**

CHI St. Vincent has a vital interest in maintaining a safe and healthy work environment and in protecting the safety and well-being of its patients, visitors, employees and other personnel by providing a workplace free from drug and alcohol-related misconduct.

**SCOPE:**

This policy applies to all personnel. Personnel are defined as all workforce members including employees, contracted employees, volunteers, physicians, residents, temporary workers and students, including those with and without direct patient care or contact.

**DEFINITIONS:**

For the purpose of this policy:

1. A drug is defined as any of the following: prescribed medications, illegal or un-prescribed controlled chemical substances, alcoholic beverages, or other substances causing adverse psychological behavior or limiting physical or cognitive ability.
2. Drug or alcohol misconduct includes but is not limited to:
  - a. Possession and/or distribution of alcohol or illegal/unauthorized drug(s) on CHI St. Vincent premises.
  - b. Use of alcohol or illegal/unauthorized drug(s) while on duty.
  - c. Reporting to work under the influence of alcohol or a drug which alters the sensorium or interferes with job performance. Employees must notify the supervisor if the physician or pharmacist informs them that a prescribed drug could cause impairment.
  - d. Use of any drug or controlled substance, which has not been specifically prescribed by a licensed physician for treatment purposes or is not being used for prescribe purposes.

**DRUG AND ALCOHOL SCREEN**

1

ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR MOST CURRENT POLICY.

USE OF THIS DOCUMENT IS LIMITED TO CHI ST VINCENT STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.

January 11, 2020

## PROCEDURE:

### 1. Pre-placement Drug Testing Procedure

- a. Drug testing is completed on all applicants selected for employment prior to being placed on the payroll. Drug screen will be completed no earlier than 45 days prior to employment.
- b. The candidate completes the drug screening process through proper and prescribed chain-of-custody procedures.
- c. If the test comes back positive for illegal drugs, the candidate will not be cleared for employment.
- d. If the test comes back positive for controlled substances the candidate will be asked to provide an authorized prescription, that was already filled before the test was completed, showing that the candidate was taking a controlled substance prescribed to him/her by a physician. If the candidate cannot provide the prescription and/or fails the Medical Review Officer review, he/she will not be employed.
- e. A candidate refusing the drug test, failing to appear for a test when requested or attempting to falsify or otherwise tamper with a specimen, will not be employed.
- f. Candidates with a failed drug screen will not be eligible for employment consideration for one year after a positive drug screen. Proof of successful completion of drug/alcohol rehabilitation is required. The Sr. Vice President of Human Resources may consider exceptions in individual circumstances.

### 2. For Cause/Reasonable Suspicion Drug Testing Procedure

- a. In the opinion of management, if an employee appears to have impaired judgment, or if any reasonable suspicion exists that an employee is under the influence of drugs or alcohol at work, or diversion is suspected, the process for a For Cause Drug Screen will be initiated immediately.
- b. Process for a Reasonable Suspicion Drug Screen: Fill out the Observation Checklist (Appendix A), and contact the House Supervisor, as well as HR on-call at 501.680.6394, to obtain approval to administer the Reasonable Suspicion Drug Screen and BAT.
- c. For Cause Drug Screens (Injury) or Reasonable Suspicion Drug Screens are completed in Employee Health during normal business hours, Monday - Friday 0700 – 1530. After-hours for Cause (Injury) Drug Screens are scheduled through the House Supervisor by Calling 501.804.2049. The House Supervisor will contact Guardian at 1.888.576.7171 to schedule the test. Prior to completing the drug screen, the House Supervisor must complete the Drug Screen Authorization Form (Appendix B) and have employee sign the Drug Screen Consent (Appendix B) and send to HR- Employee Relations. The House Supervisor or EH Representative must sign as a witness to the employee's signature.
- d. In some cases, the employee may be placed on administrative leave pending the results of the BAT and drug screen. It is the responsibility of the HR Leader On-Call to determine if Administrative Leave is appropriate.
- e. If the BAT and/or urine drug screen is positive, the employee will be terminated.

## DRUG AND ALCOHOL SCREEN

2

ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR MOST CURRENT POLICY.

USE OF THIS DOCUMENT IS LIMITED TO CHI ST VINCENT STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.

January 11, 2020

An employee who refuses to submit a BAT/Drug Screen within two hours of notification of the test will be terminated. If an employee is unable to provide sufficient volume of air to perform a BAT, a blood test will be administered in the Emergency Department to determine blood alcohol level. If an employee is unable to provide a urine specimen due to a medical condition, the employee will be taken to the Emergency Department for catheterization in order to obtain a urine sample.



#### DRUG AND ALCOHOL SCREEN

3

*ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR MOST CURRENT POLICY.*

*USE OF THIS DOCUMENT IS LIMITED TO CHI ST VINCENT STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.*

*January 11, 2020*

UNCONTROLLED WHEN PRINTED

Document Metadata

Document Name:	Drug and Alcohol Screen.docx
Policy Number:	HR Policy 101
Original Location:	/CHI St. Vincent Hospitals/Human Resources
Created on:	04/04/2014
Published on:	04/13/2023
Last Review on:	04/01/2023
Next Review on:	04/01/2024
Effective on:	02/13/2018
Creator:	Henson, Dalindra <i>Coordinator</i>
Committee / Policy Team:	Policy Management
Owner/SME:	Henson, Dalindra <i>Coordinator</i>
Manager:	Alexander, Sunetta <i>Director</i>
Author(s):	Henson, Dalindra <i>Coordinator</i>
Reviewer(s):	Alexander, Sunetta <i>Director</i>
Approver(s):	Alexander, Sunetta <i>Director</i>
Publisher:	Stricklin, Samuel <i>Regulatory</i>

UNCONTROLLED WHEN PRINTED

<b>POLICY NUMBER</b>		
<b>ORIGINAL DATE:</b>		<b>11/20/17</b>
<b>TITLE:</b>	<b>DRUG DIVERSION PROGRAM</b>	
<b>KEYWORDS:</b>	<b>impaired, suspected, illegal, controlled substances, RxAuditor</b>	

**ACCOUNTABILITY:**

SVP & Chief Nursing Officer  
 Regional Senior Director of Pharmacy  
 VP Human Resources

**OBJECTIVES:**

The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities. To fulfill this mission, CHI St. Vincent will provide an active and robust surveillance program, as outlined in this policy, with the intention to deter/prevent drug diversion.

**SCOPE:**

The scope of this policy applies to all CHI St. Vincent employees, potential employees applying for a position, volunteers, and any individual conducting business or representing CHI St. Vincent, including but not limited to management, full- and part- time employees, off-site employees, interns, residents, students, contract staff, and medical staff, whether employed by CHI St. Vincent or not.

**POLICY:**

CHI St. Vincent is required by statute, regulation, and accreditation standards to actively monitor, detect, and respond to instances of actual or suspected drug diversion. CMS defines drug diversion as the, "illegal distribution or abuse of prescription drugs or their use for unintended purposes". Diversion of prescription drugs can occur at any point in the distribution system, from procurement through administration. When such diversion is detected or suspected, it is our policy to quickly investigate and respond to such incidents.

The following policies and tools are complementary to this policy:

Arkansas Prescription Drug Monitoring Program ([www.arkansaspmp.com](http://www.arkansaspmp.com); Insider Pharmacy Page)

Controlled Substances Policy (Pharmacy)

Drug and Alcohol Screen Policy and Observation Check List (Human Resources)

Automated Dispensing System and Narcotic Inventory Process Policy (Patient Care Services)

Other Risk Management, Employee Health, and HR policies as applicable

**DRUG DIVERSION PROGRAM POLICY**

1

ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR MOST CURRENT POLICY.

USE OF THIS DOCUMENT IS LIMITED TO CHI ST VINCENT STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.



Drug Diversion Investigation Tools:

Diversion Audit Tool (Appendix A)

Diversion Audit Validation Form (Appendix B)

Observation Check List and Interview Report (see HR Drug and Alcohol Screen policy)

**I. GENERAL PROVISIONS**

- A. CHI SVHS and CHI SVI/SVM/SVN will maintain separate Controlled Substance Diversion Prevention Committees to provide oversight of the drug diversion program for the corresponding facilities.

Each Controlled Substance Diversion Prevention Committee shall consist of the following:

Director of Pharmacy  
Anesthesia  
Human Resources  
Risk Management  
Physician Champion

Chief Nursing Officer  
Corporate Compliance  
Employee Health  
Security

Such committee shall meet quarterly or more frequently as needed. Findings will be reported to senior leadership. Meeting topics will include policy/procedure development and review, review of diversion activity within the corresponding facilities, review of controlled substance purchasing and usage activity, and development and update of drug diversion and substance abuse education programs.

- B. CHI SVHS and CHI SVI/SVM/SVN will each maintain Diversion Response Teams to immediately respond to suspected incidents. Suggested membership includes:

Pharmacy / Nurse Manager / Human Resources / Employee Health / Nurse Executive

- C. In the event of suspected diversion, notification will be transmitted to the Diversion Response Team. The team will collaborate in its investigation of the incident and document on the Drug Diversion Investigation Tools. If theft and/or diversion activity is confirmed or highly probable, the team shall notify law enforcement and regulatory authorities immediately. In cases where law enforcement authorities are notified, the team shall transmit a bulletin to senior leadership notifying them of the incident and actions taken to date.

- D. The Diversion Response Team may order drug/alcohol testing on any coworker suspected of diversion if two members agree that reasonable suspicion exists including but not limited to behavioral deviations or negligence. Refer to Drug and Alcohol Screen Policy for detailed procedure.

DRUG DIVERSION PROGRAM POLICY

2

ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR MOST CURRENT POLICY.

USE OF THIS DOCUMENT IS LIMITED TO CHI ST VINCENT STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.

## II. DIVERSION MONITORING AND SURVEILLANCE: AUDITS

At least once monthly, the Controlled Substance Diversion Prevention Committee will order an audit of Controlled Substance activity within the organization. The Director of Pharmacy will be notified by the Diversion Specialist that all audits were completed on time.

A. Audits for diversion should include the following:

- Assessment of documentation via chart audit
- Appropriate administration with regard to patient pain scales
- Per comparison of practice with the same patient
- Automated Dispensing Machine (ADM) system removals, returns, wastes, and discrepancies.
- Behavior/Performance Assessment upon suspicious behavior (refer to Drug and Alcohol Screen policy and Observation Check List)

B. Pharmacy Audit Responsibilities

1. Purchasing Record Audit: Performed monthly

The monthly “Controlled Substance Purchasing Report” received from all drug vendors will be reconciled with the Pharmacy Perpetual Inventory System (e.g. Narcotic Vault/CII Safe) to ensure all medications ordered have been received electronically. This audit should be conducted by a registered pharmacist who does not have ordering privileges.

2. Review of **PERPETUAL Inventory** Discrepancies (medications stored in Pharmacy):  
Review immediately upon identification

The review of all discrepancies and inventory should include an evaluation of the resolution/justification for the inventory adjustment.

3. Perpetual Inventory **PHYSICAL Inventory** (medications stored in Pharmacy):  
Performed quarterly

A complete physical count of all controlled substances stored in the Pharmacy will be performed quarterly.

4. Review of Floor stock/Non-ADM Controlled Substance Audit: Performed monthly

This audit is to ensure all non-ADM units have submitted their Controlled Substance Inventory and that the inventory is complete for every shift, with double signatures. Also, the auditor should review all outstanding sheets to each floor stock area to ensure there is no deviation from standard PAR levels.

#### 5. ADM-EHR Reconciliation Audit:

Controlled Substance removals from the ADM will be reviewed by Pharmacy to ensure all doses have been documented as administered.

- a. CHI SVHS will utilize the Unreconciled Dispense Report generated from Epic; CHI SVI/SVM/SVN will do random spot checks.
- b. Doses that are not documented as administered and have not been returned or wasted in the ADM system will be investigated and findings will be sent to the nurse manager.
- c. Users involved in undocumented doses will be subject to drug screening and corrective action at the discretion of the nurse manager and/or Director of Pharmacy.

#### 6. ADM Discrepancy/Undocumented Waste Audit:

ADM discrepancy documentation will be reviewed for proper justification. Partial doses administered without documentation of waste will be forwarded to the coworker's clinical manager for follow-up.

- a. CHI SVHS will utilize the Unreconciled Waste Report generated from Omnicell; CHI SVI/SVM/SVN will utilize the Undocumented Waste Report generated from Pyxis.
- b. Wastage that is not documented in the ADM system will be investigated and findings will be sent to the nurse manager.
- c. Users involved in undocumented waste will be subject to drug screening and corrective action at the discretion of the nurse manager and/or Director of Pharmacy.

#### 7. OR Narcotic Reconciliation: Performed daily

Controlled substances obtained from pharmacy by anesthesia personnel will be reconciled for proper documentation of administration and waste.

### C. Nursing Audit Responsibilities

#### 1. ADM Controlled Substance Physical Inventory: Performed beginning/end of each shift

A "guided count" of all controlled substances accessed in the ADM during the off going shift will be completed at the end of every shift. The inventory will be conducted by a nurse from the off going shift and from the oncoming shift.

A complete physical count of ALL controlled substances stocked in the ADM will be completed every 6 months (April and September)

DRUG DIVERSION PROGRAM POLICY

4

ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR MOST CURRENT POLICY.

USE OF THIS DOCUMENT IS LIMITED TO CHI ST VINCENT STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.

2. Daily Shift Counts/Controlled Substance Inventory for NON-ADM areas will be performed on each shift.

D. Diversion Specialist Responsibilities

1. RxAuditor Report Review: Performed monthly using the Diversion Audit Tool (Appendix A) to document relevant findings.

Pharmacy will provide the diversion specialist with a packet of audit materials generated from RxAuditor by no later than the fifteenth of each month.

- a. Each RxAuditor packet will contain the following reports:

Hot List Audit: Total Count Report and Daily Average Report  
Rx Diversion Index: Total Count Report and Daily Average Report  
Drug Audit  
Daily Average Drug Audit  
Waste Audit  
Transaction Audit  
Daily Average Transaction Audit  
Peer Removal Detail Report  
Detailed ADM Report  
(Other reports as determined by local facility)

- b. Review of Rx Diversion Index Total Count Report and Daily Average Report will determine users to be audited.

1. **Audit within 72 hours of receipt of RxAuditor packet:**

- All personnel listed with 5.0 units or greater Standard Deviation Above Mean
- All personnel listed with 4.0 units or greater Standard Deviation Above Mean with TriageRx RED triangles

2. **Audit within 10 days of receipt of RxAuditor packet:**

- All personnel with TriageRx RED triangles
- All personnel with 4.0 to 4.9 units Standard Deviation Above Mean

3. All other reports: Review should be guided by the RxAuditor Drug Diversion Detection Process (reference linked to policy). Abnormalities that are deemed to be significant should be audited within 10 days.

4. Individuals that routinely flag due to practice role or practice setting should be audited at a minimum of quarterly. Example: LPN/RN whose only role is "med passing".

DRUG DIVERSION PROGRAM POLICY

ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR MOST CURRENT POLICY.

USE OF THIS DOCUMENT IS LIMITED TO CHI ST VINCENT STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.

5

## 2. Suspicious Activity Audit - Performed by ALL (as needed)

For any sign of suspicious behavior suggestive of drug diversion, an audit should be conducted by the diversion specialist. Additionally, the Director of Pharmacy may order an audit of any individual at his/her discretion. These audits should be completed within 24 hours when possible.

### E. Criteria for Automatic Drug Screening

1. All personnel listed with 5.0 units or greater Standard Deviation Above Mean in any month
2. All personnel listed with TriageRx RED triangles any three months within a six month time period
3. Random selection once per year of personnel that routinely flag due to practice role or working in a high risk practice setting such as pharmacy, anesthesia, or procedural areas.

Drug screening will be initiated using the Human Resources "Drug and Alcohol Screen Policy"

### III. CRITERIA FOR AUTOMATIC DRUG SCREENING

Drug screening will be initiated using the Human Resources "Drug and Alcohol Screen Policy"

- A. All personnel listed with 5.0 units or greater Standard Deviation above Mean in any month.
- B. All personnel listed with TriageRx RED triangles any three months within a six month time period.
- C. Random selection once per year of personnel that routinely flag due to practice role or working in a high risk practice setting such as pharmacy, anesthesia, or procedural areas.
- D. Following investigation, coworkers may be subject to disciplinary action for documentation, performance, and/or behavior issues.

Drug screening will be initiated using the Human Resources "Drug and Alcohol Screen Policy"

### IV. DIVERSION MONITORING AND SURVEILLANCE: DOCUMENTATION

#### DRUG DIVERSION PROGRAM POLICY

ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR MOST CURRENT POLICY.

USE OF THIS DOCUMENT IS LIMITED TO CHI ST VINCENT STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.

- A. During the course of audits, the Diversion Audit Tool (Appendix A) will be used to document relevant findings. All fields should be completed. The Diversion Audit Form should be completed (Appendix B).
- B. Completed documentation should be returned to the Director of Pharmacy or designee in the time limits outlined above. The reports may be submitted electronically to a predetermined location.

## **V. DIVERSION MONITORING AND SURVEILLANCE: ANALYSIS AND REPORTING**

- A. Monthly, the Director of Pharmacy or designee will review the audit files and follow-up as needed. Outcomes are as follows:
  - 1. Narcotic administration appropriate; diversion not suspected: Close file.
  - 2. Results are indeterminate: Continue ongoing surveillance.
  - 3. Diversion suspected: Contact Diversion Response Team (refer to Investigation Phase below).
- B. All findings will be reported to the Controlled Substance Diversion Prevention Committee on a quarterly basis.

## **VI. INTERNAL INVESTIGATION PROCEDURE FOR SUSPECTED THEFT OR DIVERSION**

- A. All instances of suspected theft or diversion of a controlled substance must be reported to the Director of Pharmacy immediately. The Director of Pharmacy or designee will then perform a detailed internal investigation in collaboration with the Diversion Response Team. Witnesses may be asked to provide a written statement (refer to Human Resources "Drug and Alcohol Screen" policy).
  - 1. All relevant transactions shall be analyzed from the time period in question. The Diversion Audit Tool (Appendix B) shall be used in the course of this audit. An analysis of these transactions should include the following:
    - a. A "targeted audit" of the coworker's ADM transactions. The targeted audit should focus on the patients with the highest and lowest narcotic usage. Items audited may include documentation of pain assessments, timing of administration vs removal, frequency of administration, correlation of the coworker's documentation with other staff caring for the same patient, waste documentation, etc.
    - b. ADM transactions will be reviewed to determine appropriateness, with consideration of the following: utilization of the ADM during scheduled hours only, removals for assigned vs unassigned patients, removals from ADMs outside of assigned work areas, high number of ADM removals at

DRUG DIVERSION PROGRAM POLICY

ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR MOST CURRENT POLICY.

USE OF THIS DOCUMENT IS LIMITED TO CHI ST VINCENT STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.

7

the beginning or end of the shift, pattern of removals at certain time periods (such as before a scheduled lunch break), etc.

- c. Nurse staffing schedules and bed assignments may be requested to cross-check against ADM transactions.
  - d. Any other parameters, as deemed appropriate during the course of the investigation.
- B. The coworker's manager or immediate supervisor(s) will be asked to complete the Observation Check List and Interview Report (if not completed earlier) to initiate the drug screen process (refer to Human Resources "Drug and Alcohol Screen" policy).
- C. Where the above steps have uncovered a high probability of diversionary behavior, real-time monitoring of the coworker may be warranted.
- 1. The coworker may be monitored in real-time via ADM and EHR records. A patient for whom the coworker is removing a high number of narcotics and whose pain scales and other coworker's assessments do not match should be selected for discreet, blinded questioning. Shortly after the coworker documents a dose of medication for this patient, a member of the Diversion Response Team shall question the patient regarding the last dose received. The patient should be questioned in a blinded manner. For example, if the coworker has documented administering oxycodone PRN to the patient, the patient should be asked, in general, how their pain is being controlled and when the last time they received a pain medication. Note any discrepancies with the medical record.
- D. Any additional steps, as warranted, should be completed at this time. At this point, the internal investigation phase is complete.
- 1. If there is evidence of diversion, or a high index of suspicion exists (as based on concrete evidence), refer to Human Resources "Drug and Alcohol Screen" policy to initiate the drug screen process if not already done.
  - 2. If the investigation is INDETERMINATE, focused auditing of the coworker should continue.
  - 3. If diversion/theft can be ruled out, the investigation should cease.

## VII. CONCLUSION PHASE

- A. All confirmed theft/diversion of a controlled substance by a coworker shall result in disciplinary action involving HR/organizational leadership and will be reported to the following when warranted:
- 1. The Board of Pharmacy, Health Department, and Drug Enforcement Administration will be notified within 24 hours if a controlled substance is involved.

DRUG DIVERSION PROGRAM POLICY

8

ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR MOST CURRENT POLICY.

USE OF THIS DOCUMENT IS LIMITED TO CHI ST VINCENT STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.

2. The coworker's professional licensing board (Performed by organizational liaison for the professional board, e.g. Director of Nursing).
  3. Local law enforcement (if applicable).
- B. Immediately upon discovery/confirmation of diversion, the coworker's access to medication shall be revoked. This includes access to automated dispensing cabinets, "floor stock" drug areas, and medication storage areas. Keys shall be repossessed and combination locks shall be re-coded as applicable.
- C. The organization should consult legal counsel regarding billing inaccuracies due to diversionary incidents, as well as the possibility of civil action against the coworker. In specific instances where diversion was admitted, a reversal of patient charges should occur.

## **VIII. POLICY VIOLATION**

Any coworker or other personnel who fails to abide by this policy may be subject to disciplinary action, up to and including termination.

Approved by Market Policy Review- October 2022.



DRUG DIVERSION PROGRAM POLICY

9

*ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR MOST CURRENT POLICY.*

*USE OF THIS DOCUMENT IS LIMITED TO CHI ST VINCENT STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.*



UNCONTROLLED WHEN PRINTED

Document Metadata

**In Project Mode**

Document Name:	Drug Diversion Program.docx
Original Location:	/CHI St. Vincent Hospitals/Patient Care Services/Medication Management
Created on:	02/12/2019
Published on:	09/14/2023
Last Review on:	10/20/2023
Next Review on:	10/20/2024
Effective on:	02/12/2019
Creator:	Hopkins, Brandy <i>Pharmacist</i>
Committee / Policy Team:	Policy Management
Owner/SME:	May, Kim <i>Other Title (Not on List)</i>
Manager:	Ferguson, Kim <i>Director</i>
Author(s):	Amerson, Christi <i>Manager</i> Krebs, Chad <i>Manager</i>
Approver(s):	Longing, Angie <i>Chief Nursing Officer</i> Ferguson, Kim <i>Director</i>
Publisher:	Stricklin, Samuel <i>Regulatory</i>

UNCONTROLLED WHEN PRINTED

January 2021

 >  > Knowledge Base > Policies, Standards & Resources >

CSH Administrative Policy Manuals &gt; Human Resources (Administrative) &gt;

HR A-018/A-018P Employee Assistance Program Policy and Procedure

# HR A-018/A-018P Employee Assistance Program Policy and Procedure

 Favorite

KB0010167

## COMMONSPIRIT HEALTH ADMINISTRATIVE POLICY

**SUBJECT:** Employee Assistance Program      **POLICY NUMBER:** Human Resources A-018

**EFFECTIVE DATE:** January 19, 2021      **ORIGINAL EFFECTIVE DATE:** January 19, 2021

☒ **National/System Offices**      ☒ **Acute Care Facilities**      ☒ **Non-Acute Care Facilities**

Share Feedback

### POLICY

The Employee Assistance Program (EAP) is a no cost work-based intervention program designed to identify and assist employees in resolving personal problems that may be adversely affecting their personal life or performance at work. CommonSpirit Health offers EAP to eligible employees and family members as defined in the applicable EAP plan.

### APPLICABILITY

This Policy applies to CommonSpirit, its Direct Affiliates<sup>1</sup> employees, as well as employees of its Subsidiaries<sup>2</sup> who are considered CommonSpirit employees.

<sup>1</sup> A Direct Affiliate is any corporation of which CommonSpirit Health is the sole corporate member or sole shareholder, as well as Dignity Community Care, a Colorado nonprofit corporation.

LM

Laura  
McAn

**2** A Subsidiary refers to *either* an organization, whether nonprofit or for-profit, in which a Direct Affiliate holds the power to appoint fifty percent (50%) or more of the voting members of the governing body of such organization or holds fifty percent (50%) or more of the voting rights in such organization (as evidenced by membership powers or securities conferring certain decision-making authority on the Direct Affiliate) or any organization in which a Subsidiary holds such power or voting rights.

## GUIDELINES

1. The EAP is available as of the employee's hire date.
2. Eligible employees include actively employed employees and those on an approved leave of absence (LOA) status.
3. Voluntary use of the EAP by employees and family members is confidential and information about participation in the EAP will not be released to CommonSpirit unless the employee or family member authorizes the release of specific information.
  - a. CommonSpirit shall be notified in accordance with applicable law where an employee or family member commits or shows an intent to commit an illegal act(s) against CommonSpirit.

## COLLECTIVE BARGAINING AGREEMENT APPLICABILITY

Applicable Collective Bargaining Agreements (CBAs) shall govern in the event of a conflict between this Policy or its Procedure and applicable CBAs.

## REFERENCES

For more information about EAP or other employee benefits visit MyBenefits at [home.commonspirit.org/employeecentral/mybenefits](https://home.commonspirit.org/employeecentral/mybenefits). If you have questions and would like to speak with a live representative call the CommonSpirit Health Benefits Contact Center using the following number:

- 1-855-475-4747 and select Option 1.

## ASSOCIATED DOCUMENTS:

CommonSpirit Administrative Procedure Human Resources A-018P, Employee Assistance Program Procedure

---

## COMMONSPIRIT HEALTH ADMINISTRATIVE PROCEDURE

**SUBJECT:** Employee Assistance Program Procedure

LM

Laura  
McAn

☒ **National/System Offices**      ☒ **Acute Care Facilities**      ☒ **Non-Acute Care Facilities**

## ASSOCIATED DOCUMENTS:

CommonSpirit Administrative Policy Human Resources A-018, *Employee Assistance Policy*



## AFFECTED AREAS OR DEPARTMENTS

This Procedure applies to CommonSpirit Health, its Direct Affiliates<sup>1</sup> employees, as well as employees of its Subsidiaries<sup>2</sup> who are considered CommonSpirit Health employees.



<sup>1</sup> A Direct Affiliate is any corporation of which CommonSpirit Health is the sole corporate member or sole shareholder, as well as Dignity Community Care, a Colorado nonprofit corporation.

<sup>2</sup> A Subsidiary refers to *either* an organization, whether nonprofit or for-profit, in which a Direct Affiliate holds the power to appoint fifty percent (50%) or more of the voting members of the governing body of such organization or holds fifty percent (50%) or more of the voting rights in such organization (as evidenced by membership powers or securities conferring certain decision-making authority on the Direct Affiliate) or any organization in which a Subsidiary holds such power or voting rights.



## PROCEDURE OR PROCESS:

CommonSpirit encourages employees experiencing personal problems that may be adversely affecting their personal life or performance at work, to seek appropriate assistance at their earliest opportunity.



### 1. Self-Referral:

- Employees may self-refer to the EAP and Human Resources should direct any inquiring employee to available internal resources for information on how to initiate EAP services.



### 2. Company Referral:

- CommonSpirit may require an employee to utilize EAP or equivalent counseling services in instances where performance in the workplace is at issue due to substance abuse for which the employee has received a written corrective action.



LM

Laura  
McAn

- i. In a company referral scenario, all EAP information shall remain confidential and will not be disclosed to the employer, with the exception of confirmation of attendance with the employee's consent to the disclosure.
- ii. CommonSpirit may also be notified in accordance with applicable law where an employee or immediate family member commits or shows an intent to commit an illegal act(s) against CommonSpirit.

3. Where appropriate, as determined by Human Resources in consultation with Legal, Human Resources will engage in the American's Disability Act (ADA) Interactive Process with the employee for which the company EAP referral is made.

4. Where appropriate, a company referral may include the implementation of a Last Chance Agreement the same of which must be coordinated with Legal.

5. Last Chance Agreements may not be used where the same will conflict with the disciplinary process set forth in any applicable collective bargaining agreement (CBA). In such cases, the disciplinary process outlined in the applicable CBA must be followed.

[Copy Permalink](#)

Was this helpful? If not

[Submit a Request](#)

KB0010167

7mo ago

127 Views

Helpful?

☒ Yes

☐ No