CITY OF SAN ANTONIO

Administrative Directive	**AD 4.79A Post-Accident Alcohol and Drug Testing**
Procedural Guidelines	Policy and procedures applicable to alcohol and drug testing after a motor vehicle accident involving City-owned vehicles
Department/Division	Human Resources
Effective Date	April 8, 2010
Project Manager	Charles Kesl, Sr. HR Analyst

Purpose

The City of San Antonio (City) is committed to protecting the safety, health and well being of its employees, citizens, and customers, and recognizes that abuse of alcohol and other drugs compromises this commitment. This administrative directive outlines policy and procedures regarding alcohol and drug testing after an employee has been involved in a motor vehicle accident while driving a City-owned vehicle.

Policy

The City has a zero-tolerance policy for which termination of employment will result for positive test results following an accident involving a City-owned motor vehicle. The Employee will be tested for controlled substance, illegal drug, or alcohol concentration of 0.04% or greater. Declining a test, results in the same consequence (termination) as positive alcohol and drug test results.

Policy Applies To

☐ External & Internal Applicants	☒ Current Temporary Employees
☒ Current Full-Time Employees	☒ Current Volunteers
☒ Current Part-Time Employees	☒ Current Grant-Funded Employees
☒ Current Paid and Unpaid Interns	☒ Police and Fire Academy Trainees
☒ Uniformed Employees Under Collective Bargaining Agreements	

Definitions

Alcohol:	Any beverage that contains ethyl alcohol including but not limited to beer, wine, and distilled spirits.
Controlled Substance:	Includes all illegal drugs plus any other substance covered by Schedules I through V of the Federal Controlled Substances Act (21 U.S.C. 801 et. seq.) or the Texas Controlled Substances Act (Chapter 481, Texas Health and Safety Code). Controlled substances include amphetamines, barbiturates, methadone, benzodiazepines, methaqualone, marijuana, cocaine, opiates, phencyclidine, morphine, codeine, and anabolic steroids. A controlled substance is "unauthorized" if the employee does not have a valid prescription for that substance at the time of its use or possession.
Illegal Drugs:	Any drug or substance which is illegal to possess or consume. Including any drug which is obtained illegally; any prescribed drug not being used for the prescribed purpose (drug abuse or misuse); any over-the-counter drug being used at a dosage level different than recommended by the manufacturer or being used for a purpose other than intended by the manufacturer; and any drug being used for a purpose not in accordance with bona fide medical therapy.

Drug Test:	A scientific laboratory analysis of a biological (i.e. breath, urine, or blood) sample obtained from an applicant or employee to detect the presence or absence of alcohol, drugs, and controlled substances.

Policy Guidelines

It is strictly prohibited to operate a City vehicle while under the influence of controlled substance, illegal drug, or alcohol.

Compliance with this administrative directive is a condition of employment for all employees. Employees will be requested to sign an acknowledgement of receiving and understanding this administrative directive by completing Attachment B, Acknowledgement Form.

Testing:

Alcohol and drug testing will occur when an accident involving a City-owned motor vehicle results in a fatality, injury requiring medical treatment, significant property damage (as determined by the supervisor), or a citation issued to the City employee.

Any City employees who is involved in a motor vehicle accident in a City-owned vehicle, regardless if the employee is on City paid time or not, must notify their supervisor of the accident and remain at the scene of the accident until the supervisor arrives or provides other instructions.

The supervisor's instructions should include direction on how the employee is to proceed with the testing process within two hours after the accident being reported. If a test is not administered within two hours, the supervisor must prepare a statement as to why the test was not promptly administered.

Employees will be required to authorize the release of testing results to the City contracted medical center and the City.

Refusal to Submit: Refusal to submit to an alcohol or drug test constitutes a positive test result.

Refuse to submit (to an alcohol or controlled substances test) means that a driver:

Fails to appear for any test within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer;

Fails to remain at the testing site until the testing process is complete;

Fails to provide a urine specimen for any drug test required by regulations;

In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the driver's provision of a specimen;

Fails to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process);

Is reported by the medical professional as having a verified adulterated or substituted test result

Disciplinary Actions:	A positive test result for a controlled substance, illegal drug or any alcohol concentration level of 0.04% or greater will result in termination of the employee. The employee will be sent home on administrative leave with pay pending preparation of termination paperwork. A positive alcohol concentration below 0.04% will result in the employee being sent home on administrative leave with pay and not being allowed to work for a 24 hour period (satisfying CDL regulations). Disciplinary actions may be initiated in consultation with the Human Resources Department and reviewed at the Director level. Declining a test, results in the same consequence (termination) as a positive drug test result.
Roles & Responsibilities	
Employees:	It is the employee's responsibility to never perform his/her job while under the influence of alcohol, drugs, or a controlled substance. Employees using medication (i.e. prescribed and/or over-the-counter) which may impair job performance shall report this information to their supervisors in writing prior to performing any duties. Such documentation should be filed in the employee's medical file. Employees involved in an accident involving a City-owned motor vehicle must notify their supervisor of the accident and remain at the scene of the accident until the supervisor arrives or provides other instructions.
Human Resources:	The Human Resources Department will disseminate this AD with the attached Acknowledgment Form at the time of In-Processing. The Human Resources Department will provide consultation and interpretation of this administrative directive. The Human Resources Department will provide assistance with the documentation and disciplinary action of employees who violate this administrative directive.
Departments:	The Department Director will ensure that all department employees adhere to and follow this administrative directive. Each manager/supervisor is required to follow and enforce this policy. Failure to do so may result in disciplinary action. Departments will instruct employees to maintain the confidentiality of all information disclosed by the employee and the Human Resources Department with regards to employee testing.

This directive supersedes all previous correspondence on this subject. Information and/or clarification may be obtained by contacting the Human Resources Department.

Elizabeth Braune
Human Resources Director

4/8/10
Date

Approved by:

A. J. Rodriguez
Deputy City Manager

4/8/10
Date

Approved by:

Sheryl Sculley
City Manager

4-8-10
Date

CITY OF SAN ANTONIO

EMPLOYEE ACKNOWLEDGMENT FORM
FOR

ADMINISTRATIVE DIRECTIVE 4.79A
Post-Accident Alcohol and Drug Testing

Employee:

I acknowledge that on _____, 20____, I received a copy of Administrative Directive 4.79A, Post-Accident Alcohol and Drug Testing. I understand if I should have any questions I should contact my Human Resources Generalist.

_____	_____
Employee Name (Print)	Department
_____	_____
Employee Signature	SAP ID #