



**BOARD ADMINISTRATION AND OPERATIONS COMMITTEE MEETING  
WEDNESDAY, FEBRUARY 4, 2015, 1:00 P.M.  
RIVERSIDE TRANSIT AGENCY BOARD ROOM  
1825 THIRD STREET  
RIVERSIDE, CA 92507**

<u>ITEM</u>	<u>RECOMMENDATION</u>
1. <u>CALL TO ORDER</u>	
2. <u>SELF-INTRODUCTIONS</u>	
3. <u>PUBLIC COMMENTS – NON-AGENDA ITEMS</u> Members of the public may address the Board regarding any item within the subject matter jurisdiction of the Board; however, no action may be taken on off-agenda items unless authorized by law. Comments shall be limited to matters not listed on the agenda. Members of the public may comment on any matter listed on the agenda at the time that the Board considers that matter. Each person’s presentation is limited to a maximum of three (3) minutes.	RECEIVE COMMENTS
4. <u>APPROVAL OF MINUTES – JANUARY 14, 2015 COMMITTEE MEETING (P.3)</u>	APPROVE
5. <u>CONSENT CALENDAR</u> All items on the Consent Calendar will be approved by one motion and there will be no discussion on individual items unless a Board member or member of the public requests a specific item to be pulled from the calendar for separate discussion.	
A. <u>PERSONNEL REPORT – DECEMBER 2014 (P.6)</u>	RECEIVE AND FILE
B. <u>TRANSPORTATION CENTER MONTHLY REPORT – DECEMBER 2014 (P.13)</u>	RECEIVE AND FILE

*Any person with a disability who requires a modification or accommodation in order to participate in this meeting or any person with limited English proficiency (LEP) who requires language assistance to communicate with the RTA Board during the meeting should contact the RTA Clerk of the Board, telephone number (951) 565-5044, no fewer than two business days prior to this meeting to enable RTA to make reasonable arrangements to assure accessibility or language assistance for this meeting.*

*Agenda related writings or documents provided to the Board of Directors are available for public inspection in the office of the Clerk of the Board and at the reception desk while the meeting is in session.*

**ITEM**

**RECOMMENDATION**

6. AUTHORIZATION TO ENTER INTO MEMORANDUM OF UNDERSTANDING (MOU) NO. M-015-15-00 WITH THE SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS (SCAG) FOR FUNDING TO CONDUCT A FIRST AND LAST MILE STRATEGIC MOBILITY ASSESSMENT WITH FEDERAL TRANSIT ADMINISTRATION (FTA) SECTION 5304 FUNDS (P.17)

APPROVE

7. ADOPT UPDATED DRUG AND ALCOHOL POLICY (P.20)

APPROVE

8. BOARD MEMBER COMMENTS AND REMARKS

9. ANNOUNCEMENTS

10. NEXT MEETING  
BOARD ADMINISTRATION AND OPERATIONS COMMITTEE  
WEDNESDAY, MARCH 4, 2015  
1:00 P.M.  
RTA HEADQUARTERS  
1825 THIRD STREET  
RIVERSIDE, CA 92507

11. ADJOURN

RTA BOARD ADMINISTRATION AND OPERATIONS COMMITTEE MEETING  
Minutes  
January 14, 2015

1. CALL TO ORDER

Committee Chair Edgerton called the Board Administration and Operations Committee meeting to order at 1:00 p.m., on January 14, 2015, in the RTA Board Room.

2. SELF-INTRODUCTIONS

Self-introductions of those in attendance took place.

Committee Members Attending

1. Committee Chair Wallace Edgerton, City of Menifee, Council Member
2. First Vice-Chairwoman Ella Zanowic, City of Calimesa, Mayor Pro Tem
3. Director Art Welch, City of Banning, Mayor Pro Tem
4. Director Ike Bootsma, City of Eastvale, Mayor
5. Alternate Rita Rogers, City of Perris, Mayor Pro Tem
6. Director Daryl Hickman, City of Lake Elsinore, Council Member
7. Director Andy Melendrez, City of Riverside, Council Member
8. Director Bridgette Moore, City of Wildomar, Council Member
9. Alternate Jerry Sincich, County of Riverside, District I, Alternate-at-Large
10. Alternate Donna Johnston, County of Riverside, District II, Alternate-at-Large

Committee Members Absent

1. Director Jesse Molina, City of Moreno Valley, Mayor

RTA Staff

1. Larry Rubio, Chief Executive Officer
2. Tammi Ford, Clerk of the Board
3. Tom Franklin, Chief Operating Officer
4. Craig Fajnor, Chief Financial Officer
5. Vince Rouzaud, Chief Procurement and Logistics Officer
6. Laura Camacho, Chief Administrative Services Officer
7. Rohan Kuruppu, Director of Planning
8. Jim Kneepkens, Director of Marketing
9. Bob Bach, Director of Maintenance
10. Rick Kaczerowski, Director of Information Technologies
11. Virginia Werly, Director of Contract Operations
12. Brad Weaver, Marketing Manager
13. Natalie Zaragoza, Contracts Manager
14. Lisa Almilli, Travel Training Supervisor
15. Lynn Robertson, Transit Clerk

Other Attendees:

1. Frank Johnston, City of Jurupa Valley, Council Member
2. Berwin Hanna, City of Norco, Council Member
3. Judy Edgerton, City of Menifee Resident

3. PUBLIC COMMENTS – NON-AGENDA ITEMS

None.

4. APPROVAL OF MINUTES – DECEMBER 3, 2014 COMMITTEE MEETING

M/S/C (HICKMAN/ZANOWIC) approving the minutes of the December 3, 2014 Committee meeting.

The motion carried unanimously.

5. CONSENT CALENDAR

M/S/C (WELCH/BOOTSMA) approving the receipt and file of Item A – Personnel Report – November 2014.

The motion carried unanimously.

M/S/C (WELCH/BOOTSMA) approving the receipt and file of Item B – Transportation Center Monthly Report – November 2014.

The motion carried unanimously.

6. APPROVE AMENDMENTS TO THE AGENCY'S CONFLICT OF INTEREST CODE

M/S/C (ZANOWIC/WELCH) approving and recommending this item to the full Board of Directors for their consideration as follows:

- Approve the RTA Conflict of Interest Code and direct staff to submit it to the Riverside County Board of Supervisors for their consideration.

The motion carried unanimously.

7. BOARD MEMBER COMMENTS AND REMARKS

Alternate Rogers remarked that she was glad to be back representing the City of Perris.

Director Melendrez spoke about the University of California Riverside (UCR) and their athletic program. He announced that the UCR basketball team would be playing Hawaii in a nationally televised game. Tickets are \$10 and he invited everyone out to support the team.

Director Edgerton announced that he was undergoing treatment related to his lunch transplant and he feels positive about the outcome. He also praised Mr. Rubio and RTA.

8. ANNOUNCEMENTS

Mr. Rubio announced that the City of Riverside has unanimously adopted a resolution in support of the Agency's Comprehensive Operational Analysis and relocation and revision of the multi-modal system.

9. NEXT MEETING

Board Administration and Operations Committee Meeting  
Wednesday, February 4, 2015  
1:00 p.m.  
RTA Headquarters  
1825 Third Street  
Riverside, CA 92507

10. MEETING ADJOURNMENT

The meeting was adjourned at 1:10 p.m.

DRAFT

RIVERSIDE TRANSIT AGENCY  
1825 Third Street  
Riverside, CA 92507

February 4, 2015

TO: BOARD ADMINISTRATION AND OPERATIONS COMMITTEE

THRU: Larry Rubio, Chief Executive Officer

FROM: Laura Camacho, Chief Administrative Services Officer

SUBJECT: Personnel Report – December 2014

Summary: The attached report summarizes personnel activity that occurred in December 2014. The following information is outlined in the report:

- Number of budgeted positions versus number of filled positions by department and position.
- Percentage of minority and female employees by position classification.
- Number of disciplinary actions by gender.
- Percentage of minority and female applicants by position.
- Number of minority and female employees by personnel actions.

Recommendation:

Receive and file.

**SUMMARY OF BUDGETED POSITIONS  
December 2014**

<b>DEPARTMENT AND TITLE</b>	<b>BUDGETED POSITIONS</b>	<b>FILLED POSITIONS</b>
<b><u>ADMINISTRATION</u></b>		
Chief Executive Officer	1	1
Executive Assistant/Clerk of the Board	<u>1</u>	<u>1</u>
Department Subtotal	2	2
<b><u>ACCOUNTING</u></b>		
Chief Financial Officer	1	1
Performance Reporting & Analysis Manager	1	1
Controller	1	1
Grants Financial Administrator	1	1
Accounting Supervisor	1	1
Grants Financial Analyst	1	0
Payroll Coordinator	1	1
Revenue Account Coordinator	1	1
Accounts Payable Clerk	1	1
Accounts Receivable Clerk	1	1
Currency Processor	<u>2</u>	<u>2</u>
Department Subtotal	12	11
<b><u>HUMAN RESOURCES</u></b>		
Chief Administrative Services Officer	1	1
Human Resources Manager	1	0
Labor Relations Officer	1	1
Training Manager	1	1
Training Instructor	3	1
Benefits Administrator	1	1
Human Resources Specialist	1	1
Human Resources Clerk	2	1
Receptionist	<u>1</u>	<u>1</u>
Department Subtotal	12	8
<b><u>RISK MANAGEMENT</u></b>		
Risk Manager	1	1
Safety & Security Officer	1	0
Risk Management Specialist	1	1
Risk Management Clerk	<u>1</u>	<u>0</u>
Department Subtotal	4	2
<b><u>INFORMATION TECHNOLOGY</u></b>		
Director of Information Technology	1	1
ITS Administrator	1	1
Systems Administrator	1	1
IT Technician	<u>1</u>	<u>0</u>
Department Subtotal	4	3
<b><u>MAINTENANCE</u></b>		
Director of Maintenance	1	1
Maintenance Manager	1	1
Facilities Manager	1	1
Maintenance Quality Control	1	1
Contract Operations Maintenance Supervisor	1	1
Maintenance Supervisor	6	6
Electronic Technician	2	1
Groundskeeper	1	1
Mechanic	28	27
Property Maintainer	1	1
Tire Servicer	1	1
Servicer	<u>14</u>	<u>12</u>
Department Subtotal	58	54

<b>DEPARTMENT AND TITLE</b>	<b>BUDGETED POSITIONS</b>	<b>FILLED POSITIONS</b>
<b>MARKETING</b>		
Director of Marketing	1	1
Marketing Manager	1	1
Government Affairs Representative	1	1
Customer Information Supervisor	1	1
Customer Information Clerk, Senior Lead	1	1
Customer Information Clerk, On-Call	<u>19</u>	<u>21</u>
Department Subtotal	24	26
<b>OPERATIONS</b>		
Chief Operating Officer	1	1
Operations Manager	1	1
Executive Assistant/Deputy Clerk of the Board	1	1
Operations Supervisor	15	15
Operations Analyst	1	1
Stops/Zones Supervisor	1	1
Stops/Zones Groundskeeper	9	10
Surveyor	2	2
Transit Clerk	2	1
Coach Operator		
Full-Time <sup>1</sup>	217	251
Part-Time	<u>30</u>	<u>1</u>
Department Subtotal	280	285
<b>CONTRACT OPERATIONS</b>		
Director of Contract Operations	1	1
Contract Operations Manager	1	1
Contract Operations Specialist	2	2
ADA Certification Specialist	2	2
Travel Training Supervisor	1	1
Travel Training Specialist	4	3
Medi-Cal Administrative Activity (MAA) Coordinator	1	1
Contract Operations Administrative Clerk	<u>1</u>	<u>1</u>
Department Subtotal	13	12
<b>PLANNING</b>		
Director of Planning	1	1
Grants Manager	1	1
Planning & Scheduling Manager	1	1
Project Manager	1	1
Scheduling Analyst	1	0
Planning Analyst	1	1
Planning & Programming Specialist	2	1
Scheduling Specialist	1	0
Planning Technician	<u>1</u>	<u>0</u>
Department Subtotal	10	6
<b>PURCHASING</b>		
Chief Procurement & Logistics Officer	1	1
Contracts Manager	1	1
Contracts Administrator	2	2
Storeroom Supervisor	1	1
Buyer	1	1
Parts Clerk	<u>4</u>	<u>4</u>
Department Subtotal	10	10
<b>Totals</b>	<b>429</b>	<b>419</b>

<sup>1</sup>The Agency experienced the following extended leaves of absences: 9 Coach Operators on workers' compensation, and 6 Coach Operators on disability leave. In addition, Agency is temporarily hiring full-time operators to meet service demands.



## TOTAL WORKFORCE AND UTILIZATION ANALYSIS

POSITION CLASSIFICATION	TOTAL EMPLOYEES	% OF MINORITY EMPLOYEES	% OF FEMALE EMPLOYEES	CENSUS AVAILABILITY		UNDERUTILIZED	
				%MIN	%FEM	MIN	FEM
Executive/First/Mid Level Officials & Managers	49	55.1%	28.6%	38.2%	39.9%	No	Yes
Professionals	14	28.6%	28.6%	34.6%	49.8%	Yes	Yes
Administrative Support Workers	51	70.6%	74.5%	48.6%	72.8%	No	No
Operatives	252	72.2%	44.4%	69.9%	70.8%	No	Yes
Craft Workers	28	64.3%	0.0%	48.2%	5.6%	No	Yes
Laborers	12	58.3%	0.0%	73.7%	15.3%	Yes	Yes
Service Workers	13	92.3%	0.0%	59.2%	56.2%	No	Yes
<b>Total</b>	<b>419</b>						

## DISCIPLINARY ACTIONS

DEPARTMENT	WARNINGS, COUNSELINGS & WRITTEN REPRIMANDS								SUSPENSIONS							
	Male				Female				Male				Female			
	(C	AA	H	O)	(C	AA	H	O)	(C	AA	H	O)	(C	AA	H	O)
Maintenance	1	3	5	0	0	0	0	0	0	0	0	0	0	0	0	0
Operations	7	6	4	1	4	11	3	0	1	0	0	0	0	0	0	0
	(27)				(18)				(1)				(0)			

C=Caucasian, AA=African American, H=Hispanic, O=Other

### APPLICATION ANALYSIS

<u>POSITION TITLE</u>	<u>TOTAL APPLICANTS</u>	<u>% OF MINORITY APPLICANTS</u>	<u>% OF FEMALE APPLICANTS</u>
Servicer	22	91%	14%

**PERSONNEL ACTIVITY**

**Full-Time and Part-Time:**

Personnel Activity	All Employees			Minority Employees Male						Minority Employees Female						Total Minorities
	Total	Male	Female	AA	HISP	API	AIAN	NHOPI	MULTI	AA	HISP	API	AIAN	NHOPI	MULTI	Total
Activity																
New Hires	12	3	9	1						5	1	1				8
Promotions	0															0
Transfers	0															0
Demotions	0															0
Terminations	2	1	1							1						1
Resignations	1	1														0
Retirements	5	4	1	2	1											3
Other	0															0

FOR FISCAL YEAR 07/01/14 THROUGH 06/30/15  
FULL-TIME SEPARATIONS

	<u>Administration</u>	<u>Other</u>
Terminations	3	9
Resignations	1	3
Retirements	0	8
Other	0	0

FOR FISCAL YEAR 07/01/13 THROUGH 06/30/14  
FULL-TIME SEPARATIONS

	<u>Administration</u>	<u>Other</u>
Terminations	1	6
Resignations	5	9
Retirements	1	13
Other	0	0

AA = African American

AIAN = American Indian or Alaskan Native

HISP = Hispanic

NHOPI = Native Hawaiian or Other Pacific Islander

API = Asian/Pacific Islander

MULTI = Two or More Races

RIVERSIDE TRANSIT AGENCY  
1825 Third Street  
Riverside, CA 92507

February 4, 2015

TO: BOARD ADMINISTRATION AND OPERATIONS COMMITTEE

THRU: Larry Rubio, Chief Executive Officer

FROM: Jim Kneepkens, Director of Marketing

SUBJECT: Transportation Center Monthly Report – December 2014

Summary: In December 2014, the Customer Information Center answered 36,776 calls, a 9.7% increase compared to December 2013. Calls included 126 commendations, general comments and valid complaints. The number of calls to Dial-A-Ride was 11,762, a 1.2% decrease compared to December 2013. A total of 48,538 calls were received between the two call centers, which reflects a 6.8% increase compared to the same period last year.

The attached report presents call volume history and details commendations, general comments and complaints by type.

Recommendation:

Receive and file.

# Riverside Transit Agency

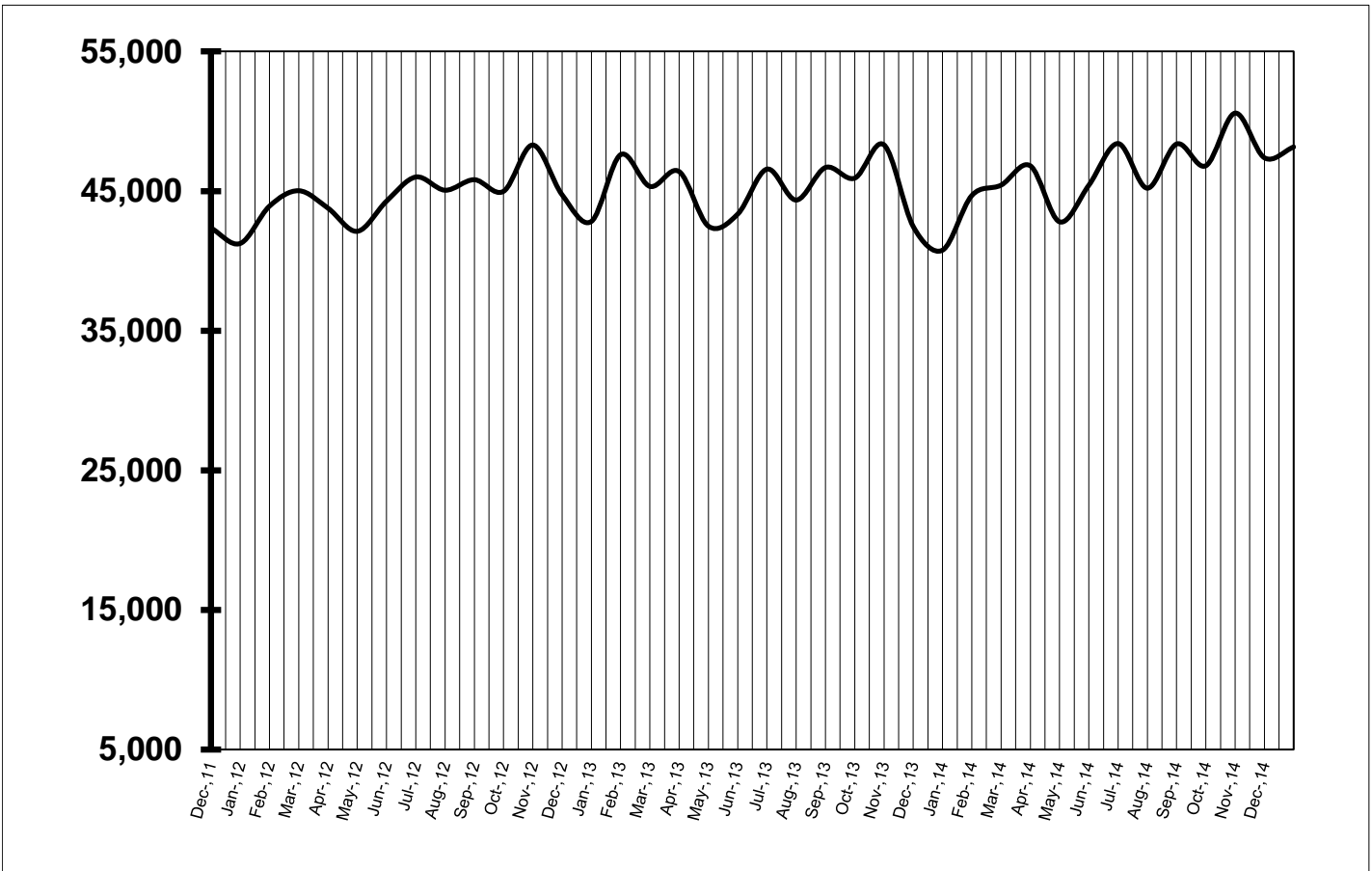
## December 2014 Transportation Center Call Totals

Customer Information Center (CIC)	December 2014	December 2013	Percent Change
Information Calls	36,650	33,371	9.8%
Complaints	83	112	-25.9%
Comments	19	24	-20.8%
Commendations	24	24	0.0%
<b>Total CIC Calls</b>	<b>36,776</b>	<b>33,531</b>	<b>9.7%</b>

### Dial-A-Ride (DAR)

<b>Total DAR Calls</b>	<b>11,762</b>	<b>11,903</b>	<b>-1.2%</b>
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<b>Total Calls</b>	<b>48,538</b>	<b>45,434</b>	<b>6.8%</b>
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# Complaints, Comments & Commendations

## Valid Complaints

Category	December 2014	December 2013	12 Month Average per Month	Complaints per 10,000 Passengers
Bus Stop	4	6	6	0.06
Careless Driving	6	14	12	0.08
Conduct	5	10	12	0.00
Crowded	0	0	1	0.00
Customer Service	14	12	12	0.07
Early Bus	4	3	2	0.01
Fare Dispute	2	3	16	0.19
Late Bus	24	12	6	0.06
Missed Transfer	1	11	3	0.03
No Show	2	2	25	0.33
Passed By	6	18	6	0.01
Passenger Conduct	6	1	4	0.03
Other	9	20	9	0.03
<b>Total</b>	<b>83</b>	<b>112</b>	<b>113</b>	<b>0.90</b>

## Ridership

	December 2014	December 2013	12 Month Average per Month
All services	722,924	724,778	808,117

## Comments

	December 2014	December 2013	12 Month Average per Month	Comments per 10,000 Passengers
General Comments	19	24	47	0.26

## Commendations

	December 2014	December 2013	12 Month Average per Month	Commendations per 10,000 Passengers
General Commendations	24	24	24	0.33

## **Complaints, Comments and Commendations**

### Category Descriptions

#### **Complaints**

**Bus Stops:** Stop needs cleaning, nearby landscape needs cleaning, stop equipment broken or not working properly.

**Driving Concerns:** Driver makes inappropriate lane change, brakes too hard, drives too slow, accelerates too fast, stops too far from stop or curb, blocks traffic, bus temperature too hot.

**Driver Conduct:** Driver provided poor customer service, does not assist customers needing help, rushes customer.

**Crowded:** Customer is uncomfortable due to bus being too full, customer unable to find a seat.

**Customer Service:** Customer provided with wrong information, employee provided poor customer service.

**Early Bus:** Bus arrives or departs bus stop ahead of schedule.

**Fare Dispute:** Pass stuck in farebox, college ID card not working, customer overpaid and requests a refund, customer not provided appropriate discount.

**Late Bus:** Bus arrives or departs bus stop behind schedule.

**Missed Transfer:** Early or late bus causes customer to miss transfer with another bus.

**No Show:** Bus does not arrive as scheduled.

**Passed By:** Bus passes stop without picking up customer

**Passenger Conduct:** Fellow customer plays music too loud, talks too loud, uses profanity, uses extra seat for personal belongings.

**Other:** Bike rack full, pass outlet out of passes, bus displays the wrong headsign.

#### **Comments**

Request for new, later or more frequent bus service; request for restroom at transfer facility; request for new fare category; request for bus stop amenities; request for new bus stop.

#### **Commendations**

Customer appreciates new buses, commends driver for courtesy, assisting customer with special needs, providing great customer service or returning lost item.



RIVERSIDE TRANSIT AGENCY  
1825 Third Street  
Riverside, CA 92507

February 4, 2015

TO: Board Budget and Finance Committee

THRU: Larry Rubio, Chief Executive Officer

FROM: Vince Rouzaud, Chief Procurement and Logistics Officer  
Rohan Kuruppu, Director of Planning

SUBJECT: Authorization to Enter into Memorandum of Understanding (MOU) No. M-015-15-00 with the Southern California Association of Governments (SCAG) for Funding to Conduct a First and Last Mile Strategic Mobility Assessment with Federal Transit Administration (FTA) Section 5304 Funds

Summary: Each year, the California Department of Transportation (Caltrans), Division of Transportation Planning, administers statewide transportation planning grant programs utilizing State and Federal funds. Under the *Transit Planning for Sustainable Communities* section of the Statewide Planning Program, the Riverside Transit Agency successfully applied for a grant to fund a study to further improve connectivity with transit services. The grant submission was ratified by the Agency's Board of Directors at its February 27, 2014 Board of Directors meeting.

The purpose of this grant is to address the first and last mile dilemma faced by many commuters when traveling from home to a transit facility and then from a transit facility to reach their final destination. A study of motorized and non-motorized travel alternatives will pave the way for the implementation of enhancements to the transit network with the expectation that more commuters will be encouraged to use public transit as a mode of travel. Although the recommended strategies may vary by sub-region and community, this effort would help satisfy goals and objectives under Assembly Bill 32 and Senate Bill 375. These bills set regional goals for reducing greenhouse gas emissions and require the development of *Sustainable Communities Strategies* to best integrate land use, housing, and transportation activities.

The study deliverable will be a *First and Last Mile Strategic Mobility Assessment*, providing alternatives and mobility options for the first

and last mile travel segments at major transit facilities such as Park and Rides, transit centers and rail stations. Since the grant is administered through SCAG, the Agency is required to enter into an MOU in order to receive funding for this project.

This study will complement the Agency's existing Comprehensive Operational Analysis (COA) study. Staff intends to utilize the grant funding to accomplish the following:

- Develop an assessment to evaluate first and last mile transit connectivity at facilities with existing or forecasted high ridership concentrations throughout western Riverside County;
- Identify strategic sustainable improvements needed to maximize connectivity options to and from transit facilities; and
- Ensure all alternative modes of first and last mile motorized and non-motorized travel are well integrated to encourage regional transit use.

Key elements of this planning effort include the following:

- Extensive analysis and site evaluation of key transfer points, and highly utilized origins and destinations including park and ride locations, transit centers, and rail stations;
- Development of service alternatives with recommendations; and
- Stakeholder outreach activities to identify site specific solutions with the best potential to increase ridership and intermodal connectivity by addressing one of the largest barriers to transit use, the first-and last-mile leg of the door-to-door commute.

The Riverside County Transportation Commission fully supports this activity.

#### Fiscal Impact:

This study is fully funded with Federal 5304 funds (\$171,600) and Local Transportation Funds (\$23,400) for a total project budget of \$195,000. This project will be programmed in the FY16-18 Short Range Transit Plan.

#### Recommendation:

Approve and recommend this item to the full Board of Directors for their consideration as follows:

- Authorize staff to enter into Memorandum of Understanding No. M-015-15-00 with the Southern California Association of

Governments for funding to conduct a First and Last Mile Strategic Mobility Assessment.

RIVERSIDE TRANSIT AGENCY  
1825 Third Street  
Riverside, CA 92507

February 4, 2015

TO: BOARD ADMINISTRATION AND OPERATIONS COMMITTEE

THRU: Larry Rubio, Chief Executive Officer

FROM: Laura Camacho, Chief Administrative Services Officer

SUBJECT: Adopt Updated Drug and Alcohol Policy

Summary: The RTA Board of Directors approved the current Drug and Alcohol Policy (Policy) on October 28, 2010. The Policy must comply with Department of Transportation (DOT)/Federal Transportation Administration (FTA) 49 Code Federal Regulations (CFR) Part 40 and Part 655. Part 40 describes the requirements for performing drug and alcohol tests by all DOT regulated employers and the responsibilities of service agents (i.e., collection sites, laboratories). Part 655 describes the drug and alcohol testing regulations which must be adhered to by direct and indirect (contractors, subcontractors) grant recipients.

Recently Federal Transit Administration auditors reviewed the Agency's Drug and Alcohol Policy and made the following recommendations to update our policy to better reflect the requirements under the DOT regulations.

- Modify the definition for Accident by clarifying that operation of a vehicle includes operation of the vehicle's lift. (pg. 3)
- Distinguish safety sensitive positions from non-safety sensitive positions. (pgs. 5, 10, 16, 17, 20, 21 & 24)
- Remove reference to "blood" when referring to alcohol concentration. (pg. 7)
- Document Substance Abuse Professional directed Return-to-Duty and Follow-up testing will be conducted as directly observed tests. (pg. 14)
- Document within the policy that alcohol use after a post-accident test is prohibited up to 8 hours following the accident or until the alcohol test is performed, whichever is occurs first. (pg. 17)

Staff also took this opportunity to update contact information on pages 1 and 27.

Changes were incorporated into the attached Policy and page numbers have been included above to assist with identifying the specific changes within the Policy. Changes are in bold, italicized and underlined, and deletions are stricken out.

The updated Policy was preliminarily reviewed by the FTA on January 19, 2015 and indicated informally that our policy meets requirements. Formal approval will occur once Board approved Policy is submitted to FTA. The updated policy was also reviewed and approved by the Agency's General Counsel.

The updated Policy was provided to the Amalgamated Transit Union (ATU), Local 1277, however staff is awaiting their acknowledgement of the changes. Staff expects the updated Policy will be formally acknowledged by the time it is presented to the full Board of Directors.

The final requirement is to have the policy reviewed and adopted by the Agency Board of Directors.

Fiscal Impact:

None

Recommendation:

Approve and recommend to the full Board of Directors for their consideration the adoption of the updated Drug and Alcohol Policy.



## DRUG AND ALCOHOL POLICY

The Riverside Transit Agency (Agency) acknowledges a strong commitment to the health and well-being of its employees. Any employee or eligible dependents that may be experiencing the pressures and problems of substance abuse and/or related problems are urged to seek help through the Employee Assistance Program (EAP). Professional Resources provides confidential counseling and may be called directly at (951) 781-0510 or (800) 266-0510. Questions concerning the Drug and Alcohol Policy should be directed to the Drug and Alcohol Program Manager (DAPM) or the Designated Employer Representative (DER). Their contact information is listed below:

DAPM – Laura Murillo **Camacho**, ~~Director of Human Resources~~ **Chief Administrative Services Officer**, Riverside Transit Agency, 1825 Third St., Riverside, CA 92507 at (951) 565-5000 x 5080.

DER – Valerie Warhop, Labor Relations Officer, Riverside Transit Agency, 1825 Third St., Riverside, CA 92507 at (951) 565-5000 x 5092.

Dates of Board Approval and  
Adoption of Policy and Policy Revisions  
April 27, 1995  
October 25, 2001  
June 22, 2006  
May 27, 2010  
October 28, 2010  
**February 26, 2015**

## DRUG AND ALCOHOL POLICY

The Agency has a vital interest in providing its employees with safe and healthful working conditions and providing its riders and the public with high quality public transportation that is effective, safe and efficient. The Agency will not tolerate any drug or alcohol use which may affect the job performance or pose a hazard to the safety and welfare of the employee, the public, and other employees of the Agency. Illegal drug and alcohol use (whether on-duty or off-duty), which affects the employee's job performance, or jeopardizes Agency and public safety is, ***under RTA policy***, proper cause for disciplinary action up to and including dismissal.

Employees have the right to work in an alcohol and drug-free environment and to work with persons free from the effects of alcohol and drugs. Employees who abuse alcohol and drugs are a danger to themselves and to other employees. In addition, drug and alcohol abuse inflicts a terrible toll on the nation's productive resources and the health and well being of American workers and their families.

The Agency is, therefore, committed to establishing and maintaining a safe and healthy work environment free from the influence of alcohol and drugs. With this objective in mind, the Agency has established the following Drug and Alcohol Policy (Policy) with regard to the use, possession, sale, manufacture, and distribution of alcohol or drugs.

This Policy is adopted pursuant to the Federal Transit Administration (FTA) regulation, 49 Code of Federal Regulation (CFR) Part 655, that mandates, under certain circumstances, urine drug testing and breath alcohol testing and the U.S. Department of Transportation (DOT) standards for the collection and testing of urine and breath specimens, 49 CFR Part 40, as amended. In addition, the United States Congress enacted The Drug-Free Workplace Act of 1988 (DFWA), which required the establishment of drug-free workplace policies, and the reporting of certain drug related offenses to the appropriate federal agency (in this case, to the FTA). This policy incorporates those Federal requirements and State requirements.

### I. RESPONSIBILITIES

**Employees** at all levels (administrative and bargaining unit) are responsible for reading, understanding and adhering to this Policy. Each employee shall receive and sign for a copy of this Policy.

**Managers and Supervisors** will be held strictly accountable for the consistent application and enforcement of the Policy. Any Manager/Supervisor who knowingly disregards the requirements of this Policy, or who is found to deliberately misuse the Policy in regard to subordinates, shall be subject to discipline up to and including termination, ***in accordance with RTA disciplinary policy***.

**Contractors** may be subject to the requirements of DOT regulations if they provide services for the RTA consistent with a specific understanding or arrangement, which can be evidenced by a written agreement or an informal arrangement that reflects an ongoing relationship between the parties. As a result, the RTA will ensure that any contractors who perform safety sensitive functions within the scope of this policy and the regulations certify their compliance with the requirements of 49 CFR Part 655.

## II. DEFINITIONS USED IN THE POLICY

The following phrases have specific meanings when used in the Policy:

**Accident:** Per 49 CFR Part 655.4 an occurrence associated with the operation of a vehicle. An “occurrence associated with the operation of a vehicle” means that the accident or incident must be directly related to the manner in which the driver applies the brake, accelerates, or steers the vehicle. Operation of a vehicle does not include operation of the lift. An accident could be the result of a collision with another vehicle or pedestrian, or it could be associated with an incident that occurs on the vehicle without any contact with another vehicle (e.g., a passenger on the bus falls due to the manner in which the vehicle was operated).

**ATF:** Alcohol Test Form.

**BAT:** Breath Alcohol Technician.

**Covered Employee:** An employee who is in a safety sensitive position or non-safety sensitive position (See Attachment A for a list of ~~safety sensitive positions~~) including an applicant or transferee who is being considered for hire into a safety sensitive position or non-safety sensitive position and ~~other employees, applicants, or transferees who will not be in a safety sensitive position but falls under the policy of the Agency’s own authority.~~ “Covered Employee” will be referred to as “Employee” throughout this policy.

**CCF:** Custody and Control Form.

**DHHS:** Department of Health and Human Services.

**DOT:** Department of Transportation.

**Evidential Breath Testing (EBT) Device:** Device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA's Conforming Products List (CPL) of Evidential Breath Measurements Devices and identified on the CPL as conforming with the



model specifications available from the NHTSA, Office of Alcohol and State Programs.

**FTA:** Federal Transit Administration.

**Illegal Drug:** Marijuana, cocaine, opiates, amphetamines or phencyclidine; a prescription drug that is not used for its prescribed purpose; or a prescription drug that is illegally obtained.

**Legal Drug:** Any drug prescribed by a physician for the employee or any over-the-counter drug that is being used for the purpose for which it has been prescribed or manufactured.

**Medical Review Officer (MRO):** A licensed physician appointed by the Agency responsible for receiving laboratory results generated by the Agency's drug and alcohol testing program who has knowledge of substance abuse disorders and appropriate medical training to interpret and evaluate an employee's confirmed positive alcohol and/or drug test result and together with his or her medical history and any other relevant biomedical information and who shall verify the test result prior to transmission thereof to the Agency and determine whether the employee has failed the test. The MRO will also determine (when the Agency requests such a determination) whether an employee who is taking a legal drug(s) may work while under the influence of such drug(s).

**Positive Alcohol Test:** In accordance with DOT and FTA standards the presence of alcohol in a body at a concentration higher than that allowed by this policy as measured by an Evidential Breath Testing (EBT) Device.

**Positive Drug Test:** In accordance with DOT and FTA standards any urine that is chemically tested (screened and confirmed) which shows the presence at or above the cut off levels set forth in Attachment B of marijuana, cocaine, opiates, amphetamines or phencyclidine and is verified by the MRO.

**Safety Sensitive Position:** Per 49 CFR Part 655, any position which entails any of the following duties related to the safe operation of the Agency's mass transportation service including: (a) operation of a revenue service vehicle, whether or not such vehicle is in revenue service; (b) operation of a nonrevenue service vehicle, when required to be operated by a holder of a Commercial Driver's License; (c) controlling dispatch or movement of a revenue service vehicle or equipment used in revenue service; (d) maintaining revenue service vehicles or equipment used in revenue service; or (e) carrying a firearm for security purposes. The positions currently classified as Safety Sensitive Positions are listed in Attachment A, which is subject to revision as needed. A safety sensitive employee shall mean an employee in a safety sensitive position. ***Under RTA policy,*** a Safety Sensitive Position also includes any position where

duties include the regular use or operation of heavy equipment, to include but not limited to Agency vehicles.

**Non-Safety Sensitive Position: A Non-Safety Sensitive Position is subject to drug and alcohol testing under RTA policy. These bargaining unit positions include those that do not meet the definition of Safety Sensitive Position, however where duties include the regular use or operation of heavy equipment, to include but not limited to Agency vehicles. They also include all non-bargaining unit employees whose main duties consist of office work. The positions currently classified as Non-Safety Sensitive are listed in Attachment A, which is subject to revision as needed. A non-safety sensitive employee shall mean an employee in a non-safety sensitive position.**

**Substance Abuse Professional (SAP):** Unless otherwise noted, an RTA authorized licensed physician or a licensed or certified psychologist, social worker, employee assistance professional, or a certified addiction counselor, (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission), with knowledge of and clinical experience in the diagnosis and treatment of alcohol and drug related disorders.

**Impaired:** The employee is affected to an extent by alcohol or a drug or metabolites of such, or the combination of alcohol and a drug, or has alcohol or a drug or metabolites of such in the employee's body in any amount in accordance with the DOT and FTA standards.

### III. EMPLOYEE ASSISTANCE PROGRAM

The Agency maintains an Employee Assistance Program (EAP), which offers confidential, professional counseling to employees and family members. It provides a constructive way by which employees can deal with alcohol and/or drug-related problems before such problems impact job performance, family relations, and other areas of one's life. Employees experiencing personal or work performance problems associated with alcohol or drug use are urged to utilize the EAP. The EAP contact information can be found in Attachment D of this policy.

It is the responsibility of employees to seek assistance from the EAP before alcohol and/or drug problems lead to conduct which violates this policy and disciplinary action, which can include discharge for a first offense. Enrollment and participation in the EAP will not be used as the basis for disciplinary action and will not be used against the employee in any disciplinary proceeding. However, enrollment and participation in the EAP will not exempt an employee from discipline if that employee is found to have violated this Policy.

Provisions for leaves of absence for employees with alcohol and/or drug related problems that have not been found in violation of the Policy and who voluntarily have sought assistance through the EAP will be granted in accordance with Agency policy.

Any employee who tests positive for the presence of illegal drugs or alcohol at or above the cut off levels established by the DOT must be referred to a SAP to determine what assistance the employee needs in resolving problems associated with drug or alcohol misuse and will receive educational materials on the consequences of the use of drugs and/or the misuse of alcohol.

The cost of any treatment or rehabilitation services may be covered by the medical insurance policy provided by the Agency, which may require a co-payment by the employee, paid directly by the employee or his/her insurance provider.

#### **IV. DRUG FREE AWARENESS PROGRAM**

To assist employees and their families to understand and to avoid the perils of drug and alcohol abuse, the Agency has developed a comprehensive Drug-Free Awareness Program. The Agency will use that program in an ongoing educational and training effort to prevent and eliminate drug and alcohol abuse that may affect the workplace.

The Drug-Free Awareness Program will include the display and distribution of informational material and will inform employees and their families about: (1) the dangers of alcohol and drug abuse in the workplace; (2) the consequences of drug and/or alcohol use on personal health, safety, and the work environment; (3) the manifestation and behavioral cues that may indicate drug and/or alcohol use and abuse; (4) the Agency's Drug and Alcohol Policy; (5) the availability of treatment and counseling service hotline telephone number for employee assistance; and (6) the sanctions the Agency will impose for violations of its Drug and Alcohol Policy.

All employees, supervisors and management personnel will be required to attend the minimum one-hour training program. Additionally, the families of all employees may attend and are encouraged to do so. Supervisors and management personnel will also receive at least one (1) hour of additional training on the physical, behavioral and performance indicators of probable drug use in conjunction with the program.

In addition to the training provided under the Drug Free Awareness Program, safety-sensitive employees and supervisors of safety-sensitive employees who are responsible for making reasonable suspicion determinations will complete training under the FTA regulations. Safety-sensitive employees will complete

one hour of training on drug use only. Supervisors of safety-sensitive employees will complete a two-hour reasonable suspicion referral training session that provides one hour of training on drugs and one hour on alcohol. This training will include the physical, behavioral and performance indicators of drug use and alcohol misuse.

**V. ON-THE-JOB USE, POSSESSION, SALE OR IMPAIRED BY ALCOHOL OR DRUGS**

In compliance with FTA rules, the ingestion of prohibited drugs and alcohol is prohibited at all times.

A. Alcohol

Under **RTA policy**, the possession, use, consumption, sale, purchase, offer to sell, transfer, manufacture or distribution of any amount of alcoholic beverage by an employee while in an Agency facility, or in an Agency vehicle, or on Agency property, or while in an Agency uniform or while performing Agency business on duty, is strictly prohibited for all employees. No employee may report for duty or remain on duty when he or she is impaired by alcohol. Employees must refrain from alcohol consumption within four (4) hours of reporting to work or during the hours that he/she is subject to duty. They must also refrain from alcohol use for eight (8) hours following an accident for which they will be required to test, unless the employee has undergone the post-accident testing. Under FTA rules, **RTA shall prohibit a covered employee, while having an alcohol concentration of 0.04 or greater, from performing or continuing to perform a safety-sensitive function.** ~~a blood alcohol concentration of 0.04 or greater, when performing a safety-sensitive function, is also prohibited.~~

B. Illegal Drugs

Under **RTA policy**, the possession, use, consumption, sale, purchase, offer to sell, transfer, manufacture, or distribution of an illegal drug by any employee while in an Agency facility or in an Agency vehicle, or on Agency property or while in Agency uniform or while performing Agency business on duty, is strictly prohibited for all employees. The presence of any amount determined to be a positive test result per DOT/FTA regulations of any illegal drug or its metabolites in any employee while performing Agency business or in an Agency facility, or in an Agency vehicle, or on Agency property, or while in Agency uniform or while on duty, is strictly prohibited.

The five prohibited substances required to be tested by the DOT under 49 CFR Part 655 are:

1. Marijuana
2. Amphetamines
3. Opiates
4. Cocaine
5. Phencyclidine (PCP)

See Attachment E fact sheet for these drugs developed by the Federal Motor Carrier Safety Administration (FMCSA) which provides signs and symptoms information related to drug and alcohol use.

It is prohibited for an employee to bring drug paraphernalia that is used in the storage, concealment, injection, ingestion or consumption of illegal drugs onto Agency premises or property or into Agency vehicles.

C. RTA Prescription Drug Policy and Procedures

1. Policy

No employee may work while taking prescription drugs that impair the employee's ability to perform their job duties in a safe manner.

2. Procedures

a. Covered Employees

Each employee must notify Human Resources of any prescription drug that contains a label, or otherwise indicates that the medication may impair the employee's ability to perform their regular duties in a safe manner, or has been notified by a medical practitioner that the medication may impair the employee's ability to perform their regular duties.

b. Safety Sensitive Employees

In the event a safety sensitive employee may be impaired by a prescription drug, the employee and their prescribing physician must complete and sign the RTA's Prescription Drug Notification Form and must submit the form to Human Resources prior to the employee working in a safety sensitive position. Written notification from the prescribing physician on the physician's letterhead and signed by the physician that provides the information required in the Prescription Drug Notification Form may be acceptable in lieu of the Prescription Notification Form. Failure to comply

with this provision will result in loss of wages and/or charge of counted absence(s) as the employee will be placed off work until required documentation is received. In addition, the employee will be subject to discipline outlined in Section X.

The employee's doctor, after consultation with the DAPM, may authorize the employee to work while taking a legal drug upon receipt of a fully completed and signed authorization form which states to the Agency's satisfaction that the employee will not be impaired in the performance of his/her duties.

3. Non-Prescription Medication

Employees are to use good judgment in the use of over-the-counter (non-prescription) drugs with respect to their work assignment. Employees should review potential physical effects of the over-the-counter drugs prior to reporting for duty. Employees are encouraged to consult with their physician to ensure they can perform their safety sensitive job duties while taking the drug(s). Employees taking non-prescription drugs which impairs the employee's ability to do his or her job safely will be subject to discipline outlined in Section X.

## VI. ALCOHOL AND DRUG TESTING

The Agency will conduct alcohol and drug testing under the circumstances set forth in this Section VI when circumstances warrant or when required by applicable law or regulations or as required by RTA. Any test conducted under RTA policy will be conducted under the authority of RTA and not of the FTA. A positive result of a drug or alcohol test or a refusal to submit to a drug or alcohol test administered under the Policy is a violation of this Policy and will result in a disciplinary action, up to and including termination. ***Any disciplinary action resulting from tests conducted under any authority are solely part of RTA's policy and not that of the FTA.*** Drug testing conducted under RTA's authority will be documented on non-federal Custody and Control Forms.

A. Testing Procedures

Testing will be performed in strict compliance with DOT regulations for alcohol and drug testing (49 CFR Part 40, as amended) by professionals under contract with the Agency. Under no circumstance will a supervisor of the employee conduct testing. The Agency will take every possible step to ensure that testing can be completed and the employee can return to

work prior to the end of the employee's shift, in order to accommodate the employee (off-duty schedules, including carpooling and other transportation concerns.)

The alcohol test may only be conducted just before, during or just after an employee performs a safety-sensitive function. The drug test can be conducted anytime while the safety-sensitive employee is on duty. **Under RTA policy, the alcohol and drug test can be conducted anytime while non-safety sensitive employee is on duty.**

1. Alcohol Testing

a. Screening and Confirmation Testing

Tests for alcohol concentration will be conducted at the Agency's expense utilizing an NHTSA-approved EBT device operated by a qualified BAT. If the initial test (the "screening test") indicates an alcohol concentration of 0.02 or greater, a second test will be performed (the "confirmation test"), no earlier than fifteen (15) minutes and no later than thirty (30) minutes after the screening test, to confirm the results of the screening test. In the event that the screening test and confirmation test results are not identical, the confirmation test result shall be deemed to be the final result upon which any action pursuant to this Policy shall be based. A confirmed alcohol concentration of 0.04 or greater will be considered a positive test and a violation of this Policy. If test is positive or if the confirmed alcohol concentration is 0.02 or greater but less than 0.04, employee will be removed from duty immediately, placed on paid relief status and, ***under RTA policy***, will be subject to discipline specified in Section X.

b. Inability to Provide Sample

If an employee is unable, after two attempts, to provide an amount of breath sufficient to permit a valid breath test, the Agency shall direct the employee to obtain, at the Agency's expense, an evaluation from a licensed physician satisfactory to the Agency and the Union concerning the employee's medical ability to provide an adequate amount of breath. If the physician determines that a medical condition has, or with a high degree of probability could have, precluded the employee from providing an adequate amount of breath, the employee's failure to do so shall not be deemed a refusal to test. If the physician is not able to make such a determination, then the employee's failure to provide an adequate amount of breath shall be regarded as a failure of the test. In this

case, the employee will be removed from duty immediately, and ***under RTA policy***, placed on paid relief status and will be subject to discipline specified in Section X.

c. Refusals

The following behaviors constitute a refusal to submit to a test: Any employee who:

- i. fails to appear for any test (except a pre-employment test) within a reasonable time,
- ii. fails to remain at the testing site until the testing process is complete,
- iii. fails to provide an adequate amount of saliva or breath for any alcohol test,
- iv. fails to provide sufficient breath specimen and the physician has determined, through a required medical evaluation, that there was no adequate medical explanation for the failure,
- v. fails to undergo a medical examination or evaluation as directed by the employer as part of the insufficient breath procedures outlined at §40.265(c),
- vi. fails to sign the certification statement at Step 2 of the Alcohol Test Form (ATF), or
- vii. fails to cooperate with any part of the testing process.

Employees who refuse to submit to a test as outlined herein, are in violation of this policy and will be removed from duty immediately, and ***under RTA policy***, placed on paid relief status and will be subject to discipline specified in Section X.

2. Drug Testing Procedures

a. Screening and Confirmation Testing

Drug testing is a two-stage process utilizing a urine specimen. First a screening test is performed. If it is positive for one or more drugs, a confirmation test is performed for each identified drug.

Pursuant to the DOT and FTA regulations the drugs or classes of drugs to be tested are listed in Attachment B. Attachment - B lists initial and confirmatory cutoff levels for these drugs.

The trained health care worker will collect a split urine sample at a designated collection site approved by the Agency. A strict chain of custody will be followed from the point of collection to the Department of Health and Human Services (DHHS) certified testing



laboratory approved by the Agency. The primary sample is screen tested by the laboratory using an immunoassay technique. If the sample is positive for one or more drugs covered by this Policy, a confirmatory test is performed for each identified drug using gas chromatography/mass spectrometry.

The laboratory will release test results only to the Medical Review Officer (MRO). The Agency-approved MRO will review all test results, at the Agency's expense. If test results are positive, the MRO contacts the employee to determine if there is an alternate medical explanation for the drugs found. If the employee provides appropriate documentation, or if the MRO determines based upon all available information that there is a legitimate medical use, or other valid explanation, the test result is reported as negative. All test results, whether positive or negative, are reported only to the DER, or in the DER's absence, to a specified designee.

The employee may request the MRO to have the split specimen sent to another DHHS-certified laboratory for analysis at the employee's expense through payroll deduction. This request must be made directly to the MRO no later than seventy-two (72) hours after the MRO has notified the employee of a positive test result, which has been confirmed by the MRO. The split specimen will be tested according to the same screening and confirmatory procedures for those drug(s) or drug metabolite(s) found in the primary specimen.

If test is positive the employee will be removed from duty immediately, and ***under RTA policy***, placed on paid relief status and will be subject to discipline specified in Section X.

The privacy of the employee shall be protected at all times. RTA will adhere to all standards of confidentiality regarding employee testing.

The specimen collection site follows 49 CFR Part 40 guidelines, as amended, by providing a secure and private area for specimen collection for which access to water has been cut off and bluing agent has been added to the water in the toilet. In addition, the collection site also has a secure location for specimens and specimen collection materials. The supplies used to collect specimens conform to 49 CFR Part 40 guidelines, as amended.

b. Dilute Specimen

If the MRO informs the Agency that a negative drug test was dilute, the employee will be required to submit to another test immediately. Such recollection must not be collected under direct observation, unless there is another basis for use of direct observation. The second test shall become the test of record.

c. Inability to Provide Sample

The employee shall provide a minimum of 45 milliliters of urine for the split specimen collection. If the employee is unable to provide such a quantity of urine, the employee shall drink not more than 40 ounces of fluids and, after a period of up to three hours, again attempt to provide a complete sample. If the employee is unable to provide an adequate specimen, the specimen shall be discarded and testing discontinued. The MRO shall refer the employee, at the Agency's expense, for a medical evaluation from a licensed physician satisfactory to the Agency concerning whether the inability to provide a specimen is genuine. If the physician determines that a medical condition has, or with a high degree of probability could have, precluded the employee from providing an adequate urine sample, the employee's failure to do so shall not be deemed a refusal to test. If the physician is not able to make such a determination, then the employee's failure to provide an adequate urine sample shall be regarded as a refusal to test. In this case, employee will be removed from duty immediately, and ***under RTA policy***, placed on paid relief status and will be subject to discipline specified in Section X.

d. Directly Observed Collections

Directly observed collections will be conducted when any of the following occur:

- i. The employee attempts to tamper with his or her specimen at the collection site. For example:
  - The specimen temperature is outside the acceptable range,
  - The specimen shows signs of tampering, such as unusual color, odor, characteristic, or
  - The collector finds an item on the employee's person which appears to be brought into the site to contaminate a specimen; or the collector notes conduct suggesting tampering.

- **Return to Duty and all Follow-up tests required by a SAP as part of the DOT-defined SAP process in section 40 subpart O.**

- ii. The MRO orders the direct observation because:
  - The employee has no legitimate medical reason for certain atypical laboratory results; or
  - The employee's positive or refusal (adulterated/substituted) test result had to be cancelled because the split specimen test could not be performed (for example, the split was not collected).

The observer must be the same gender as the employee.

e. Refusals

The following behaviors constitute a refusal to submit to a test: Any employee who:

- i. fails to appear for any test (except a pre-employment test) within a reasonable time,
- ii. fails to remain at the testing site until the testing process is complete,
- iii. attempts to falsify test results through tampering, contamination, adulteration, or substitution,
- iv. fails to provide a urine specimen for any drug test required by this part or DOT agency regulations,
- v. fails to permit the observation or monitoring of the employee's provision of a specimen, in the case of a directly observed or monitored collection in a drug test,
- vi. for an observed collection, fails to follow the instructions to raise and lower clothing and turn around,
- vii. possesses or wears a prosthetic or other device that is used to interfere with the collection process,
- viii. adulterated or substituted specimen,
- ix. admitted to or confirmed by the collector and/or MRO to having adulterated or substituted the specimen,
- x. fails to provide specimen,
- xi. fails to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure,
- xii. fails or declines to take a second test the employer or collector has directed the employee to take,

- xiii. fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER under §40.193(d), or
- xiv. fails to cooperate with any part of the testing process.

Applicants who fail to appear for a pre-employment test or who fail to remain at the collection site prior to commencement of a pre-employment test are not considered to have refused a test.

Employees who refuse to submit to a test as outlined herein, are in violation of this policy and will be removed from duty immediately, and ***under RTA policy***, placed on paid relief status and will be subject to discipline specified in Section X.

B. Grounds for Drug and Alcohol Testing

1. Pre-Employment and Transfer to a Safety Sensitive Position Testing

The Agency will conduct pre-employment physical examinations and testing practices designed to prevent hiring persons who use illegal drugs and/or persons whose use of legal drugs indicates a potential for impaired or unsafe job performance. An individual who has applied for a safety sensitive position will not be hired unless the individual passes a drug test administered in accordance with this Policy. The test will be conducted within two (2) weeks of the employee's date of hire. ***Per RTA policy***, if an applicant does not pass a drug test, he or she must wait twelve (12) months before reapplying and then must present evidence of completion of a drug rehabilitation program that is acceptable to the Agency before he/she is eligible to apply.

An employee who will be transferred to a Safety Sensitive Position must first pass a drug test administered in accordance with this Policy. If the test results are positive for an illegal drug, then the actions specified in Section X. B. will apply.

When an employee has not performed a safety-sensitive function for 90 consecutive calendar days or more regardless of the reason, and the employee has not been in the employer's random selection pool during that time, the employer shall ensure that the employee takes a pre-employment drug test with a verified negative result before returning to safety-sensitive duties. If the test results are positive for an illegal drug, then the actions specified in Section X. B. will apply.

Anytime a test is canceled, in any of the above circumstances, the applicant or employee must retake and pass drug test before being hired or performing safety sensitive functions.

2. Reasonable Suspicion Testing

The Agency will require a drug and/or alcohol test of **any safety sensitive, and under RTA policy, any non-safety sensitive** employee who is reasonably suspected of using or being impaired by an illegal drug, or alcohol while on duty, in Agency vehicles, or on Agency property, or in Agency uniform. Reasonable suspicion shall be based upon the specific, contemporaneous and articulable observations concerning the appearance, behavior, speech, or body odors of the employee by a supervisor trained in detecting signs and symptoms of drug use and alcohol misuse.

The alcohol test may only be conducted just before, during or just after an employee performs a safety-sensitive function. The drug test can be conducted anytime while the safety-sensitive employee is on duty. **Under RTA policy, the alcohol and drug test can be conducted anytime while non-safety sensitive employee is on duty.**

3. Post-Accident Testing

An accident associated with the operation of an agency vehicle will result in an alcohol and drug test as set forth in this section:

- a. In the event of a fatality;
- b. Any time an individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident; or
- c. One or more road vehicles incur disabling damage as a result of the occurrence and is transported away from the scene by a tow truck or other vehicle.

Following a fatal accident under part (a) above, drug and alcohol testing will be required of any safety-sensitive employees, **and under RTA policy, non-safety sensitive employees** operating the vehicle at the time of the accident. The Agency will also test any other safety-sensitive employees, and under **RTA policy, non-safety sensitive employees** whose performance could have contributed to the accident, as determined by the Agency, using the best information available at the time the decision to test is made.

Following a non-fatal accident under parts (b) and (c) above, drug and alcohol testing will be required of any safety-sensitive, **and under RTA policy, non-safety sensitive** employees on duty, operating the vehicle at the time of the accident whose performance could have contributed to the accident, as determined by the Agency, using the best information available at the time the decision to test is made. The Agency will also test any other safety-sensitive employees, **and under RTA policy, non-safety sensitive employees** whose performance could have contributed to the accident, as determined by the Agency, using the best information available at the time the decision to test is made.

A decision as to whether to administer a drug and alcohol test is unnecessary after a fatal accident under part (a) above as it is understood that testing is a requirement and therefore automatic. A decision as to whether to administer a drug and alcohol test after a non-fatal accident will be made by a supervisor who was not involved in the accident and based on the best information available at the time. If the supervisor determines that testing is appropriate, because the employee's actions may have been a contributing factor to the accident, the employee(s) shall be tested immediately, but not to exceed eight (8) hours for alcohol testing and thirty-two (32) hours for drug testing. If testing is not completed within these time frames, then the Agency shall cease its attempts to test and will prepare a record stating the reasons the test was not performed. If the alcohol test is not administered within two hours following the accident, the supervisor shall prepare a record stating the reasons the alcohol test was not promptly administered. **Covered employees are prohibited from using alcohol for eight (8) hours following an accident or until the post-accident testing is complete whichever occurs first.**

Any employee(s) subject to post-accident testing who fails to remain readily available for such testing, including notifying the Agency of his or her location if he or she leaves the scene of the accident prior to the submission to such test, will be considered to have refused the test and will be subject to discipline in accordance with Section X of this Policy. Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident or to prohibit an employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care. Employee will be placed on paid leave until results are received by the Agency.

4. Return-to-Duty and Follow-up Testing

***Under RTA's policy,*** return-to-duty and follow-up testing would apply under circumstances where an employee has voluntarily entered into a substance abuse treatment program as specified in Section VII.

***Under RTA's policy,*** an employee who is placed on a leave of absence following his/her entry into the Employee Assistance Program for substance abuse problems must pass a drug and alcohol test and must execute the Rehab Agreement (Attachment C) before he/she may return to duty. This contract allows Management the option to administer up to six (6) unannounced drug and/or alcohol tests per year for up to five (5) years after the employee returns to duty. This follow-up testing is separate from and in addition to the regular random testing of Safety Sensitive employees.

5. Random Testing

Only those employees who perform or whose job description includes the performance of safety-sensitive functions, as defined by 49 CFR Part 655, will be subject to random, unannounced and immediate testing using a computer-based random-number selection method in accordance with FTA regulations. Random testing may include an alcohol test, a drug screen or both so long as at least 10% of all safety-sensitive employees are tested for alcohol and at least 25% of all safety-sensitive employees are tested for drugs each year (or as otherwise required in order to meet the minimum annual percentage rates set by the FTA). Each such employee shall have an equal chance at selection and shall remain in the pool even after being tested. Random testing will be administered at random times during all days and hours throughout the year to avoid predictability.

Random testing for alcohol may only be conducted while the employee is performing safety-sensitive functions, just before the employee is to perform safety-sensitive functions, or just after the employee has ceased to perform such functions.

## VII. CONVICTION OF A DRUG-RELATED OFFENSE

***Under RTA policy,*** conviction of a felony for use, offer to sell, purchase or obtain possession, sale, manufacture, distribution or dispensation of illegal

drugs, or for abuse of legal drugs, is grounds for immediate termination. Employees arrested on such charges will be suspended without pay pending resolution of the criminal charges.

***Under RTA policy***, employees must notify their immediate supervisor within five days of any arrest or conviction of a criminal drug statute and any arrest or conviction of a criminal statute relating to alcohol, including but not limited to driving while impaired. Failure to do so is grounds for immediate termination.

## VIII. VOLUNTARY TREATMENT REQUIREMENTS

All employees are encouraged to make use of the available resources for treatment for alcohol misuse and illegal drug use problems. ***Under RTA's policy***, any employee who voluntarily discloses a substance abuse problem before a disciplinary matter develops and/or before notification for a required test, will be subject to return-to-duty and follow-up testing under RTA's policy (using non-federal Custody and Control Forms) as specified in Section VI, B, 4. The purpose of the return-to-duty testing is to provide a degree of assurance that the employee is drug and alcohol free, i.e., the employee is able to return to work without undue concern of continued drug abuse or alcohol misuse.

***Under RTA's policy***, the employee must be referred to EAP and evaluated by a qualified drug and/or alcohol professional and pass a return-to-duty test. A return-to-duty test will include both drug and alcohol testing as well as meet other return-to-duty requirements. The employee must have a verified negative drug test result and a breath alcohol test result of less than 0.02 before returning to his/her job. Once returned and as a condition of ongoing employment, the employee must follow the recommended frequency and duration of follow-up testing from the qualified professional. Any employee who refuses or fails to comply with requirements for treatment, after care, or return-to-duty/follow-up testing shall be subject to disciplinary action up to and including termination.

***Under RTA's policy*** any recommended follow-up testing will be apart and in addition to participation in the random testing program.

***Under RTA's policy***, employees must successfully complete any education and treatment program recommended by the qualified professional, and will be subject to follow-up testing if/when they return to duty.

***Under RTA's policy***, the cost of any treatment or rehabilitation services will be paid for directly by the employee or their insurance provider.



Employees will be allowed to take accumulated sick, vacation and floating holiday pay during leave to participate in the prescribed rehabilitation program.

## IX. INSPECTIONS

***Under RTA policy***, the Department Director/Manager or higher-level management personnel must authorize an inspection. Whenever possible, the searches should also be approved by the Director of Human Resources. Management personnel will conduct all Agency-owned property inspections with the employee and union representative present. All personal property will be inspected with law enforcement personnel present.

## X. DISCIPLINARY ACTION FOR VIOLATIONS OF POLICY

Under FTA regulations, the employer shall determine discipline for Policy violations. ***Under RTA's policy***, violation of any portion of this Policy may result in termination of employment, even for the first offense.

### A. Refusal or Failure to Pass Pre-Employment Drug Test

An applicant whose pre-employment test results are positive or who refuses to submit to drug testing will not be hired.

An employee who has been off work 90 consecutive days or more and whose pre-employment test results are positive for an illegal drug or who refuses to submit to testing will be subject to disciplinary action up to and including termination.

### B. Refusal or Failure to Pass Transfer, Reasonable Suspicion, Post-Accident, Return-to-Duty, Follow-Up or Random Alcohol and/or Drug Test

1. Alcohol - FTA regulations state a Breath Alcohol Content (BAC) of 0.04 constitutes a positive alcohol test.

a. A safety sensitive employee ***or non-safety sensitive employee*** whose test results are positive for alcohol will be removed from ~~safety sensitive~~ duty immediately and ***under RTA policy*** will be subject to disciplinary action up to and including termination. Employee shall also be referred to a SAP

for evaluation. The SAP shall make a determination as to whether the employee requires rehabilitation.

b. A safety sensitive employee whose final test result as determined in accordance with DOT/FTA regulations and shows a BAC of .02 or greater but less than .04 shall be removed from duty immediately and shall not return to a safety-sensitive position for eight (8) hours or until a test result below .02 is obtained, whichever comes first. **Under RTA policy, the same applies to non-safety sensitive employees.** **Under RTA policy,** an employee who's BAC remains between .02 or greater but less than 0.04 is placed on non-paid relief status. If BAT is .02 or greater at any time, employee will be subject to disciplinary action up to and including termination.

c. Any employee whose test results are positive for alcohol (BAC of .04 or greater) or whose BAC is .02 or greater but less than .04 **under RTA policy** will be removed from duty immediately and will be subject to disciplinary action up to and including termination.

d. **Under RTA policy** any employee who refuses to submit to test, as outlined in Section VI, will be subject to disciplinary action up to and including termination.

## 2. Drugs

a. A safety sensitive employee who receives a verified positive drug test result as determined in accordance with DOT/FTA regulations will be removed from safety sensitive duty immediately and **under RTA policy** will be subject to disciplinary action up to and including termination. Employee must be referred to a SAP for evaluation. The SAP shall make a determination as to whether the employee requires rehabilitation. **Under RTA policy, the same applies to non-safety sensitive employees.**

b. Any employee, including safety sensitive employee whose test results are positive for a legal drug, which has not been approved by the

employee's physician for use by that employee at work (or such authorization has been revoked), may be suspended without pay pending the employee obtaining such approval. If such approval is not obtained, ***under RTA policy*** the employee will be subject to disciplinary action up to and including termination.

c. Any employee whose test results are positive for any illegal drug will ***under RTA policy*** be subject to disciplinary action up to and including termination.

d. ***Under RTA policy*** an employee who refuses to submit to test as outlined in Section V will be subject to disciplinary action up to and including termination.

C. Failure to Comply with the Prescription and Non-Prescription Drug Reporting Requirements.

An employee who fails to comply with the provisions outlined in Section V, C, will be subject to discipline up to and including termination.

## XI. CONDITIONS OF EMPLOYMENT

Compliance with the Agency's Drug and Alcohol Policy is a condition of employment. Failure or refusal of an employee to cooperate fully, sign any required document, submit to any inspection or test, or follow any prescribed course of substance abuse treatment will be considered just cause for termination.

## XII. CONFIDENTIALITY

The employer shall make every effort to assure confidentiality throughout the testing process and to protect the individual dignity and right to privacy of all employees. Personal data regarding the drug and alcohol testing results and EAP evaluations will be forwarded only to the MRO or the SAP and are confidential. Test results are received by the DER and are kept separately from other files in a locked cabinet. Except as required by law, or expressly authorized or required by the regulations, the employer shall not release any information from the records it is required to maintain under the regulations. The employee, and the union if so authorized by

the employee, upon written request, is entitled to obtain copies of any records pertaining to the employee's drug and alcohol testing.

## ATTACHMENT A

### **\*SAFETY SENSITIVE POSITIONS**

(Satisfies 49 CFR Part 655 definition of safety sensitive positions)

#### **Bargaining Unit Employees:**

"A" Mechanic

"B" Mechanic

"C" Mechanic

Body Mechanic "A"

Body Mechanic "B"

Coach Operator

Electronic Technician

Servicer

Tire Servicer

#### **Non-Bargaining Unit Employees:**

##### **Facilities Manager**

Operations Supervisor

Maintenance Supervisor

##### **Training Instructor**

##### **Training Manager**

### **\*NON-SAFETY SENSITIVE POSITIONS**

(Non-Safety sensitive positions *under RTA policy*)

#### **Bargaining Unit Employees:**

Groundskeeper

Parts Clerk

Property Maintainer

Stops/Zones Groundskeeper

#### **Non-Bargaining Unit Employee:**

**All administrative employees not previously listed above**

\*Positions are subject to revision as needed.

Item 7

**ATTACHMENT B**

**RIVERSIDE TRANSIT AGENCY**

**PROHIBITED DRUGS LIST & CUT OFF LEVEL INFORMATION**

<b><u>Drug</u></b>	<b><u>Initial cut off levels</u></b>
Marijuana Metabolites	50ng/ml
Cocaine Metabolites	150ng/ml
Opiate Metabolites	2,000ng/ml
Phencyclidine	25ng/ml
Amphetamines	500ng/ml
Methylenedioxyamphetamine (MDMA) – Ecstasy	500ng/ml

<b><u>Drug</u></b>	<b><u>Confirmatory cut off levels</u></b>
Marijuana Metabolites	15ng/ml
Cocaine Metabolite	100ng/ml
Opiates	
Morphine	2,000ng/ml
Codeine	2,000ng/ml
6-Acetylmorphines (6-AM) - Heroin	10ng/ml
Phencyclidine	25ng/ml
Amphetamines	
Amphetamine	250ng/ml
Methamphetamine	250ng/ml
Methylenedioxyamphetamine (MDA)	250ng/ml
Methylenedioxyethylamphetamine (MDEA)	250ng/ml
Methylenedioxyamphetamine (MDMA) – Ecstasy	250ng/ml

**ATTACHMENT C**  
**RIVERSIDE TRANSIT AGENCY**  
**REHAB AGREEMENT**

I understand that I will be allowed to continue my employment with the Riverside Transit Agency. I will participate and submit continuing documentation on a monthly basis of my participation in an Agency-approved substance abuse treatment program. Additionally, upon successful completion of said program, I will provide the necessary documentation of such.

I agree not to use prohibited drugs, including but not limited to drugs listed in Attachment B.

I agree not to use alcohol at prescribed times.

I understand that in order to return to my employment I must submit to additional alcohol/drug test(s).

I also understand that during the sixty (60) months following my return to work, I may be tested without prior notice and if there is any violation of this Policy, my employment with Riverside Transit Agency will be terminated. I also understand that refusal to submit to such a test will result in the termination of my employment.

I understand and agree to all the above conditions. I also understand and agree that failure to meet all terms and conditions of this commitment will result in the termination of my employment, with no hearing before discharge and no right of appeal through the grievance procedure unless a chain of custody issue is raised.

Date: \_\_\_\_\_

\_\_\_\_\_  
Employee (signature)

Date: \_\_\_\_\_

\_\_\_\_\_  
Union Business Agent (signature)

Date: \_\_\_\_\_

\_\_\_\_\_  
Director of Human Resources (signature)

Date: \_\_\_\_\_

\_\_\_\_\_  
Chief Executive Officer (signature)

ATTACHMENT D

COLLECTION SITES, LABORATORY & SUBSTANCE ABUSE PROFESSIONAL

**\*COLLECTION SITES:**

**KAISER PERMANENTE**  
**10800 Magnolia Ave., Medical Office**  
**Building 1, 4<sup>th</sup> Floor, Room 408**  
**Riverside, CA 92505**  
**(951) 353-4213**

**US HEALTHWORKS**  
1760 Chicago Ave., Ste. J3  
Riverside, CA 92507  
(951) 781-2200

16420 Perris Blvd.  
Moreno Valley, CA 92355  
(951) 571-2450

599 Inland Center Drive  
San Bernardino, CA 92408  
(909) 889-2665

**PARKVIEW OCCUPATIONAL**  
**MEDICINE**  
9041 Magnolia Ave., Ste. 107

**CENTRAL OCCUPATIONAL**  
**MEDICINE PROVIDERS (COMP)**  
4300 Central Ave.  
Riverside, CA 92506  
(951) 222-2206

13800 Heacock Ave., C134  
Moreno Valley, CA 92553  
(951) 656-6009

1690 W. 6<sup>th</sup> St., Ste. K  
Corona, CA 92882  
(951) 735-9500

**\*MEDICAL REVIEW OFFICER (MRO):**

**D.R.S MEDICAL REVIEW SERVICES**  
**546 Franklin Ave. Massapequa, NY**  
**11758**  
**Phone: (800) 526-9341**

**MEDOX**  
402 W. County Rd. D  
St Paul, MN 55112  
(800) 832-3244

**CENTRAL DRUG SYSTEM**  
16560 Harbor Blvd., #A  
Fountain Valley, CA 92708  
(714) 418-0130

**\*EMPLOYEE ASSISTANCE PROGRAM**  
**(EAP) &**  
**SUBSTANCE ABUSE PROFESSIONAL**  
**(SAP):**

**\*LABORATORY:**

**PACIFIC TOXICOLOGY**  
**LABORATORIES (PACTOX)**  
**9348 De Soto Ave.**  
**Chatsworth, CA 91311**  
**(800) 328-6942**

**PROFESSIONAL RESOURCES**  
**Sam Vickery**  
5015 Canyon Crest, Suite 112  
Riverside, CA 92507  
(800) 266-0510

\*Vendors are subject to change without notice.



## ATTACHMENT E

### Alcohol Fact Sheet

Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

#### Signs and Symptoms of Use

- Dulled mental processes
- Lack of coordination
- Odor of alcohol on breath
- Possible constricted pupils
- Sleepy or stuporous condition
- Slowed reaction rate
- Slurred speech

(Note: Except for the odor, these are general signs and symptoms of any depressant substance.)

#### Health Effects

The chronic consumption of alcohol (average of three servings per day of beer [12 ounces], whiskey [1 ounce], or wine [6 ounce glass]) over time may result in the following health hazards:

- Decreased sexual functioning
- Dependency (up to 10 percent of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed “alcoholic”)
- Fatal liver diseases
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma
- Kidney disease
- Pancreatitis
- Spontaneous abortion and neonatal mortality
- Ulcers
- Birth defects (up to 54 percent of all birth defects are alcohol related)

#### Social Issues

- Two-thirds of all homicides are committed by people who drink prior to the crime.
- Two to three percent of the driving population is legally drunk at any one time. This rate is doubled at night and on weekends.

- Two-thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetimes.
- The rate of separation and divorce in families with alcohol dependency problems is 7 times the average.
- Forty percent of family court cases are alcohol problem related.
- Alcoholics are 15 times more likely to commit suicide than are other segments of the population.
- More than 60 percent of burns, 40 percent of falls, 69 percent of boating accidents, and 76 percent of private aircraft accidents are alcohol related.

#### The Annual Toll

- 24,000 people will die on the nation's highways due to the legally impaired driver.
- 12,000 more will die on the nation's highways due to the alcohol-affected driver.
- 15,800 will die in non-highway accidents.
- 30,000 will die due to alcohol-caused liver disease.
- 10,000 will die due to alcohol-induced brain disease or suicide.
- Up to another 125,000 will die due to alcohol-related conditions or accidents.

#### Workplace Issues

- It takes one hour for the average person (150 pounds) to process one serving of an alcoholic beverage from the body.
- Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body.
- A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

## Amphetamine Fact Sheet

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the U.S. or clandestinely manufactured in crude laboratories.

### Description

- Amphetamine is sold in counterfeit capsules or as white, flat, double-scored “minibennies.” It is usually taken by mouth.
- Methamphetamine is often sold as a creamy white and granular powder or in lumps, and is packaged in aluminum foil wraps or sealable plastic bags. Methamphetamine may be taken orally, injected, or snorted into the nose.
- Trade/street names include Biphphetamine, Delcobese, Desotyn, Detedrine, Chetrol, Ritalin, Speed, Meth, Crank, Crystal, Monster, Black Beauties, and Rits.

### Signs and Symptoms of Use

- Hyperexcitability, restlessness
- Dilated pupils
- Increased heart rate and blood pressure
- Heart palpitations and irregular beats
- Profuse sweating
- Rapid respiration
- Confusion
- Panic
- Talkativeness
- Inability to concentrate
- Heightened aggressive behavior

### Health Effects

- Regular use produces strong psychological dependence and increasing tolerance to the drug.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to spiking of blood pressure.
- Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels

- The euphoric stimulation increases impulsive and risk-taking behaviors, including bizarre and violent acts.
- Withdrawal from the drug may result in severe physical and mental depression.

#### Workplace Issues

- Since amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness because of unusual overtime demands or failure to get rest.
- Low-dose amphetamine use will cause a short-term improvement in mental and physical functioning. With greater use or increasing fatigue, the effect reverses and has an impairing effect. Hangover effect is characterized by physical fatigue and depression, which may make operation of equipment or vehicles dangerous.

## Cocaine Fact Sheet

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

### Description

The source of cocaine is the coca bush, grown almost exclusively in the mountainous regions of northern South America.

- Cocaine Hydrochloride – “snorting coke” is a white to creamy granular or lumpy powder that is chopped into a fine powder before use. It is snorted into the nose, rubbed on the gums, or injected in veins. The effect is felt within minutes and lasts 40 to 50 minutes per “line” (about 60 to 90 milligrams). Common paraphernalia include a single-edged razor blade and a small mirror or piece of smooth metal, a half straw or metal tube, and a small screw cap vial or folded paper packet containing the cocaine.
- Cocaine Base – a small crystalline rock about the size of a small pebble. It boils at a low temperature, is not soluble in water, and is up to 90 percent pure. It is heated in a glass pipe and the vapor is inhaled. The effect is felt within 7 seconds. Common paraphernalia includes a “crack pipe” (a small glass smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp, or small butane torch for heating.
- Trade/street names include Coke, Rock, Crack, Free Base, Flake, Snow, Smoke, and Blow.

### Signs and Symptoms of Use

- Financial problems
- Frequent and extended absences from meetings or work assignment
- Increased physical activity and fatigue
- Isolation and withdrawal from friends and normal activities
- Secretive behaviors, frequent nonbusiness visitors, delivered packages, phone calls
- Unusual defensiveness, anxiety, agitation
- Wide mood swings
- Runny or irritated nose
- Difficulty in concentration
- Dilated pupils and visual impairment
- Restlessness
- Formication (sensation of bugs crawling on skin)
- High blood pressure, heart palpitations, and irregular rhythm
- Hallucinations
- Hyperexcitability and overreaction to stimulus

- Insomnia
- Paranoia
- Profuse sweating and dry mouth
- Talkativeness

### Health Effects

- Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson's disease could also occur.
- Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes or heart attacks.
- Strong psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days (crack) or within several months (snorting coke). Cocaine causes the strongest mental dependency of any known drug.
- Treatment success rates are lower than for other chemical dependencies.
- Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are not usually reversible by medical intervention. The number of cocaine overdose deaths has tripled in the last 4 years.

### Workplace Issues

- Extreme mood and energy swings create instability. Sudden noises can cause a violent reaction.
- Lapses in attention and ignoring warning signals greatly increase the potential for accidents.
- The high cost of cocaine frequently leads to workplace theft and/or dealing.
- A developing paranoia and withdrawal create unpredictable and sometimes violent behavior.
- Work performance is characterized by forgetfulness, absenteeism, tardiness, and missed assignments.

## Cannabinoids (Marijuana) Fact Sheet

Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood- and perception-altering effects it produces.

### Description

- Usually sold in plastic sandwich bags, leaf marijuana will range in color from green to light tan. The leaves are usually dry and broken into small pieces. The seeds are oval with one slightly pointed end. Less prevalent, hashish is a compressed, sometimes tarlike substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil. It may also be sold in any oily liquid.
- Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense.
- Cigarette papers, roach clip holders, and small pipes made of bone, brass, or glass are commonly used. Smoking “bongs” (large bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.
- Trade/street names include Marinol, THC, Pot, Grass, Joint, Reefer, Acapulco Gold, Sinsemilla, Thai Sticks, Hash, and Hash Oil.

### Signs and Symptoms of Use

- Reddened eyes (often masked by eyedrops)
- Slowed speech
- Distinctive odor on clothing
- Lackadaisical “I don’t care” attitude
- Chronic fatigue and lack of motivation
- Irritating cough, chronic sore throat

### Health Effects

#### General

- When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.
- One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk.
- Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.
- Marijuana smoking lowers the body’s immune system response, making users more susceptible to infection. The U.S. government is actively researching a

possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

### Pregnancy Problems and Birth Defects

- The active chemical, tetrahydrocannabinol (THC), and 60 other related chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in sex hormone, testosterone, and an increase in estrogen, the female sex hormone. The result is a decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics including breast development occurs in heavy users.
- Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.
- Pregnant women who are chronic marijuana smokers have a higher than normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life.
- In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimbs, and liver and water on the brain and spine.
- Offspring of test animals who were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are concluding that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the infant's feet and hands.
- One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies.
- Fetal exposure may decrease visual functioning and causes other ophthalmic problems.

### Mental Function

- Regular use can cause the following effects:
- Delayed decision-making
- Diminished concentration
- Impaired short-term memory, interfering with learning
- Impaired signal detection (ability to detect a brief flash of light), a risk for users who are operating machinery
- Impaired tracking (the ability to follow a moving object with the eyes) and visual distance measurements



- Erratic cognitive function
- Distortions in time estimation
- Long-term negative effects on mental function known as “acute brain syndrome,” which is characterized by disorders in memory, cognitive function, sleep patterns, and physical conditions

#### Acute Effects

- Aggressive urges
- Anxiety
- Confusion
- Fearfulness
- Hallucinations
- Heavy sedation
- Immobility
- Mental dependency
- Panic
- Paranoid reaction
- Unpleasant distortions in body image

#### Workplace Issues

- The active chemical, THC stores in body fat and slowly releases over time. Marijuana smoking has a long-term effect on performance.
- A 500 to 800 percent increase in THC concentration in the past several years makes smoking three to five joints a week today equivalent to 15 to 40 joints a week in 1978.
- Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effect of both the depressant and marijuana.

## Opiates (Narcotics) Fact Sheet

Opiates (also called narcotics) are drugs that alleviate pain, depress body functions and reactions, and when taken in large doses, cause a strong euphoric feeling.

### Description

- Natural and natural derivatives – opium, morphine, codeine, and heroin.
- Synthetics – meperidine (Demerol), oxymorphone (Numorphan), and oxycodone (Percodan)
- May be taken in pill form, smoked, or injected, depending upon the type of narcotic used.
- Trade/street names include Smack, Horse, Emma, Big D, Dollies, Juice, Syrup, and China White.

### Signs and Symptoms of Use

- Mood changes
- Impaired mental functioning and alertness
- Constricted pupils
- Depression and apathy
- Impaired coordination
- Physical fatigue and drowsiness
- Nausea, vomiting, and constipation
- Impaired respiration

### Health Effects

- IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles.
- Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity.
- Narcotics' effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

### Social Issues

- There are over 500,000 heroin addicts in the United States most of whom are IV needle users.
- An even greater number of medicinal narcotic-dependent persons obtain their narcotics through prescriptions.

- Because of tolerance, there is an ever-increasing need for more narcotics to produce the same effect.
- Strong mental and physical dependency occurs.
- The combination of tolerance and dependency creates an increasing financial burden for the user. Costs for heroin can reach hundreds of dollars a day.

#### Workplace Issues

- Unwanted side effects such as nausea, vomiting, dizziness, mental clouding, and drowsiness place the legitimate user and abuser at higher risk for an accident.
- Narcotics have a legitimate medical use in alleviating pain. Workplace use may cause impairment of physical and mental functions.

## Phencyclidine (PCP) Fact Sheet

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood-altering effects. Low doses produce sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare with the eyelids half closed. Sudden noises or physical shocks may cause a “freak out” in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication.

### Description

- PCP is sold as a creamy, granular powder and is often packaged in one-inch square aluminum foil or folded paper “packets.”
- It may be mixed with marijuana or tobacco and smoked. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.
- Trade/street names include Angel Dust, Dust, and Hog.

### Signs and Symptoms of Use

- Impaired coordination
- Severe confusion and agitation
- Extreme mood shifts
- Muscle rigidity
- Nystagmus (jerky eye movements)
- Dilated pupils
- Profuse sweating
- Rapid heartbeat
- Dizziness

### Health Effects

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.
- Misdiagnosing the hallucinations as LSD induced, and then treating with Thorazine, can cause a fatal reaction.
- Use can cause irreversible memory loss, personality changes, and thought disorders.

- There are four phases to PCP abuse. The first phase is acute toxicity. It can last up to 3 days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perception are common. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia, and agitation. The third phase is a drug-induced schizophrenia that may last a month or longer. The fourth phase is PCP-induced depression. Suicidal tendencies and mental dysfunction can last for months.

#### Workplace Issues

- PCP abuse is less common today than in recent years. It is also not generally used a workplace setting because of the severe disorientation that occurs.