



December 6, 2017
1:00 p.m.

AGENDA

**Board Administration and Operations Committee Meeting
Riverside Transit Agency – Board Room
1825 Third Street
Riverside, CA 92507**

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 Riverside Transit Agency Board of Directors during the meeting, should contact the Riverside Transit Agency Clerk of the Board, telephone number (951) 565-5044, no fewer than two business days prior to this meeting to enable the Riverside Transit Agency to make reasonable arrangements to assure accessibility or language assistance for this meeting.

Agenda item descriptions are intended to provide members of the public a general summary of business to be conducted or discussed. Posting of any recommended action on an agenda item does not indicate what action will be taken. The Board of Directors may take any action it believes is appropriate on the agenda item and is not limited in any way by the notice of any recommendation.

All documents related to any agenda item are available for public inspection at www.riversidetransit.com or through the Clerk of the Board's office at the Riverside Transit Agency, 1825 Third Street, Riverside, CA 92507.

ITEM

RECOMMENDATION

- 1. CALL TO ORDER**
- 2. SELF-INTRODUCTIONS**

ITEM

RECOMMENDATION

3. PUBLIC COMMENTS – NON-AGENDA ITEMS

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. APPROVAL OF MINUTES – NOVEMBER 1, 2017 COMMITTEE MEETING (P.4)

APPROVE

5. CONSENT CALENDAR

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. PERSONNEL REPORT – OCTOBER 2017 (P.7)

RECEIVE AND FILE

B. TRANSPORTATION CENTER MONTHLY REPORT – OCTOBER 2017 (P.14)

RECEIVE AND FILE

6. ADOPT UPDATED DRUG AND ALCOHOL POLICY (P.18)

APPROVE

7. AUTHORIZE MOBILE TICKETING PILOT PROGRAM WITH TOKEN TRANSIT AND LA SIERRA UNIVERSITY (P.61)

APPROVE

8. BOARD MEMBER COMMENTS

9. ANNOUNCEMENTS

10. NEXT MEETING

Wednesday, January 10, 2017, 1:00 p.m.
Riverside Transit Agency
1825 Third Street
Riverside, CA 92507

ITEM

RECOMMENDATION

11. MEETING ADJOURNMENT

RTA BOARD ADMINISTRATION AND OPERATIONS COMMITTEE MEETING
Minutes
November 1, 2017

1. **CALL TO ORDER**

Committee Chair Tonya Burke called the Board Administration and Operations Committee meeting to order at 1:00 p.m., on November 1, 2017, in the RTA Board Room.

2. **SELF-INTRODUCTIONS**

Self-introductions of those in attendance took place.

Committee Members Attending

1. Committee Chair Tonya Burke, City of Perris
2. First Vice-Chairman Art Welch, City of Banning
3. Second Vice-Chairman Randon Lane, City of Murrieta
4. Director Daryl Hickman, City of Lake Elsinore
5. Director Greg August, City of Menifee
6. Director David Marquez, City of Moreno Valley
7. Director Andy Melendrez, City of Riverside
8. Director Alonso Ledezma, City of San Jacinto
9. Director Bridgette Moore, City of Wildomar
10. Alternate Director Jerry Sincich, County of Riverside, District I

RTA Staff

1. Larry Rubio, Chief Executive Officer
2. Tammi Ford, Clerk of the Board of Directors
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. Jim Kneepkens, Director of Marketing
8. Adam Chavez, Director of Maintenance
9. Rick Majors, Director of Risk Management
10. Natalie Zaragoza, Director of Contracts
11. Rick Kaczerowski, Director of Information Technologies
12. Eric Ustation, Government Affairs Manager
13. Brad Weaver, Media and Public Relations Manager
14. Luciano Rose, Operations Manager
15. Stephanie Macias, Contract Operations Manager
16. Joe Forgiarini, Planning & Scheduling Manager

Other Attendees:

1. Linda Krupa, City of Hemet
2. John Kerenyi, City of Moreno Valley
3. Terri McCoy, resident – City of Riverside

Director Alonso Ledezma arrived to the meeting at 1:02 p.m.

3. PUBLIC COMMENTS – NON-AGENDA ITEMS

A public comment was made by:

Terri McCoy, City of Riverside resident.

4. APPROVAL OF MINUTES – OCTOBER 4, 2017 COMMITTEE MEETING

M/S/C (HICKMAN/LEDEZMA) approving the minutes of the October 4, 2017 Committee meeting.

The motion carried with 8 affirmative votes and 1 abstention (MOORE).

5. CONSENT CALENDAR

M/S/C (MOORE/HICKMAN) approving the receipt and file of Item A – Personnel Reports – September 2017.

The motion carried unanimously.

M/S/C (MOORE/HICKMAN) approving the receipt and file of Item B – Transportation Center Monthly Reports – September 2017.

The motion carried unanimously.

Second Vice-Chairman Randon Lane arrived to the meeting at 1:07 p.m.

6. AUTHORIZE A YOUTH HOLIDAY FARE OF 25 CENTS PER BOARDING FROM DECEMBER 16, 2017 THROUGH JANUARY 7, 2018

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

- Authorize Agency staff to implement a youth holiday fare of 25 cents per boarding on all fixed-route buses from December 16, 2017 through January 7, 2018 or inclusion of the entire month of December based on further analysis to be completed by staff prior to the board meeting.

The motion carried unanimously.

7. **AGENCY RETIREE MEDICAL OTHER POST-EMPLOYMENT BENEFIT (OPEB) FUNDING STATUS**

Mr. Fajnor presented the status of the Agency retiree medical OPEB funding. This item was received and filed.

Director Moore left the meeting at 1:32 p.m.

8. **UPDATE ON HEMET, UNIVERSITY OF CALIFORNIA, RIVERSIDE (UCR) AND PROMENADE MALL MOBILITY HUBS**

Mr. Kuruppu presented an update on the Hemet, UCR and Promenade Mall Mobility Hubs.

9. **BOARD MEMBER COMMENTS**

None.

10. **ANNOUNCEMENTS**

Announcements were made by Mr. Larry Rubio and Committee Chair Tonya Burke.

11. **NEXT MEETING**

Wednesday, December 6, 2017, 1:00 p.m.
Riverside Transit Agency
Board Room
1825 Third Street
Riverside, CA 92507

12. **MEETING ADJOURNMENT**

The meeting was adjourned at 1:46 p.m.

RIVERSIDE TRANSIT AGENCY
1825 Third Street
Riverside, CA 92507

December 6, 2017

TO: BOARD ADMINISTRATION AND OPERATIONS COMMITTEE

THRU: Larry Rubio, Chief Executive Officer

FROM: Laura Camacho, Chief Administrative Services Officer

SUBJECT: Personnel Report - October 2017

Summary: The attached report summarizes personnel activity that occurred in October 2017. 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.

PERSONNEL ACTIVITY - OCTOBER 2017

DEPARTMENT AND TITLE	FY BUDGETED POSITIONS	FILLED POSITIONS
<u>ADMINISTRATION</u>		
Chief Executive Officer	1	1
Executive Assistant/Clerk of the Board	<u>1</u>	<u>1</u>
Department Subtotal	2	2
<u>ACCOUNTING</u>		
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	1
Payroll Administrator	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	12
<u>HUMAN RESOURCES</u>		
Chief Administrative Services Officer	1	1
Human Resources Manager	1	1
Benefits Administrator	1	1
Human Resources Specialist	1	1
Human Resources Clerk	1	1
Admin Clerk - Human Resources	1	1
Receptionist	<u>2</u>	<u>1</u>
Department Subtotal	8	7
<u>RISK MANAGEMENT</u>		
Director of Risk Management	1	1
Risk Manager	1	0
Transit Safety & Security Manager	1	1
Risk Management Specialist	<u>2</u>	<u>1</u>
Department Subtotal	4	3
<u>INFORMATION TECHNOLOGY</u>		
Director of Information Technology	1	1
ITS Administrator	1	1
Systems Administrator	1	1
IT Technician	<u>1</u>	<u>1</u>
Department Subtotal	4	4
<u>MAINTENANCE</u>		
Director of Maintenance	1	1
Deputy Director of Maintenance	1	0
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	2
Groundskeeper	1	1
Mechanic	34	28
Property Maintainer	1	1
Tire Servicer	1	1
Servicer	<u>16</u>	<u>16</u>
Department Subtotal	67	60

<u>DEPARTMENT AND TITLE</u>	<u>FY BUDGETED POSITIONS</u>	<u>FILLED POSITIONS</u>
<u>MARKETING</u>		
Director of Marketing	1	1
Media & Public Relations Manager	1	1
Government Affairs Manager	1	1
Community Engagement Coordinator	1	0
Marketing Coordinator	1	1
ADA Certification Specialist	2	2
Customer Information Supervisor	1	1
Customer Information Clerk, Senior Lead	1	1
Customer Information Clerk, Full-Time	2	2
Customer Information Clerk, On-Call	<u>18</u>	<u>14</u>
Department Subtotal	29	24
<u>OPERATIONS</u>		
Chief Operating Officer	1	1
Operations Manager	1	1
Assistant Operations Manager	1	1
Training Manager	1	1
Training Instructor	2	2
Executive Assistant/Deputy Clerk of the Board	1	1
Operations Supervisor	16	16
Operations Analyst	1	1
Stops/Zones Supervisor	1	1
Stops/Zones ¹ Groundskeeper	10	11
Surveillance Clerk	1	1
Transit Clerk	1	1
Full-Time Coach Operator	298	264
Part-Time Coach Operator	<u>0</u>	<u>31</u>
Department Subtotal	335	333
<u>CONTRACT OPERATIONS</u>		
Contract Operations Manager	1	1
Contract Operations Specialist	3	3
Mobility Manager	1	1
Travel Training Specialist	4	3
Medi-Cal Administrative Activity (MAA) Coordinator	<u>1</u>	<u>1</u>
Department Subtotal	10	9
<u>PLANNING</u>		
Director of Planning	1	1
Grants Manager	1	1
Planning & Scheduling Manager	1	1
Project Manager	1	1
Scheduling Analyst	1	1
Planning Analyst	1	1
Planning & Programming Specialist	1	1
Planning & Scheduling Technician	<u>1</u>	<u>1</u>
Department Subtotal	8	8
<u>PURCHASING</u>		
Chief Procurement & Logistics Officer	1	1
Director of Contracts	1	1
Contracts Administrator	3	3
Storeroom Supervisor	1	1
Buyer	1	1
Parts Clerk	<u>5</u>	<u>4</u>
Department Subtotal	12	11
Totals	491	473

¹There are currently two Stops/Zones Groundskeepers on extended leave.

WORKFORCE DATA - OCTOBER 2017

POSITION CLASSIFICATION	TOTAL EMPLOYEES	% OF MINORITY EMPLOYEES	% OF FEMALE EMPLOYEES	CENSUS AVAILABILITY		UNDERUTILIZED	
				%MIN	%FEM	MIN	FEM
Executive/First/Mid Level Officials & Managers	53	56.6%	26.4%	38.2%	38.2%	No	Yes
Professionals	17	41.2%	35.3%	42.0%	55.9%	No	Yes
Administrative Support Workers	48	72.9%	79.2%	54.9%	73.5%	No	No
Operatives	295	76.6%	46.4%	74.4%	26.1%	No	No
Craft Workers	28	75.0%	0.0%	61.7%	3.2%	No	Yes
Laborers	13	61.5%	0.0%	79.2%	13.6%	Yes	Yes
Service Workers	17	88.2%	0.0%	65.4%	57.7%	No	Yes
Technicians	2	50.0%	0.0%	50.3%	48.6%	No	Yes
Total	473						

APPLICATIONS - OCTOBER 2017

POSITION TITLE	TOTAL APPLICANTS	RESPONDENTS TO EEO QUESTIONNAIRE	% OF MINORITY APPLICANTS	% OF FEMALE APPLICANTS
A Mechanic	11	10	100%	0%
B Mechanic	4	4	75%	0%
Body Mechanic B	9	6	100%	11%
Coach Operator	93	92	86%	55%
Community Engagement Coordinator	72	68	81%	71%
Customer Information Clerk, On-Call - Bilingual	46	44	91%	89%
Deputy Director of Maintenance	15	14	71%	0%
Facilities Engineer Manager	3	2	50%	0%
Maintenance Supervisor	16	16	56%	6%
Parts Clerk	216	200	82%	31%
Receptionist	577	533	80%	89%
Risk Manager	24	19	68%	38%
Total Applications	1086			

DISCIPLINE - OCTOBER 2017

Gender EEO Categories**	COUNSELINGS, WARNINGS & WRITTEN REPRIMANDS								SUSPENSIONS & TERMINATIONS							
	MALE				FEMALE				MALE				FEMALE			
	C	AA	H	O	C	AA	H	O	C	AA	H	O	C	AA	H	O
Maintenance	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operations	8	17	12	3	6	30	8	2	1	0	0	0	0	3	2	1
TOTALS	88								7							

**EEO Category Codes: C = Caucasian, AA = African American, H = Hispanic, O = Other

PERSONNEL ACTIVITY - OCTOBER 2017

Full-Time and Part-Time Employees

Personnel Activity	All Employees			Minority Employees Male						Minority Employees Female						Total
	Total	Male	Female	AA	HISP	API	AIAN	NHOPI	MULTI	AA	HISP	API	AIAN	NHOPI	MULTI	
New Hires	13	4	9	0	1	0	0	0	0	7	0	0	0	0	0	8
Promotions	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Transfers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Demotions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Terminations	5	2	3	2	0	0	0	0	0	2	1	0	0	0	0	5
Resignations	3	2	1	0	1	0	0	0	0	1	0	0	0	0	0	2
Retirements	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

FOR FISCAL YEAR 07/01/17 THROUGH 06/30/18
FULL-TIME SEPARATIONS

FOR FISCAL YEAR 07/01/16 THROUGH 06/30/17
FULL-TIME SEPARATIONS

	Administration	Bargaining Unit		Administration	Bargaining Unit
Terminations	2	3	Terminations	5	19
Resignations	0	4	Resignations	2	13
Retirements	1	2	Retirements	2	8
Other	0	0	Other	0	0

AA = African American
HISP = Hispanic
API = Asian/Pacific Islander
AIAN = American Indian or Alaskan Native
NHOPI = Native Hawaiian or Other Pacific Islander
MULTI = Two or More Races

RIVERSIDE TRANSIT AGENCY
1825 Third Street
Riverside, CA 92507

December 6, 2017

TO: BOARD ADMINISTRATION AND OPERATIONS COMMITTEE

THRU: Larry Rubio, Chief Executive Officer

FROM: Jim Kneepkens, Director of Marketing

SUBJECT: Transportation Center Monthly Report – October 2017

Summary: In October 2017, the Customer Information Center answered 32,533 calls, a 7.8% decrease compared to October 2016. Calls included 133 commendations, general comments and valid complaints. The number of calls to Dial-A-Ride was 13,623, a 9.4% increase compared to October 2016. 46,156 calls were received between the two call centers, which reflects a 3.3% decrease compared to the same period last year.

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

Recommendation:

Receive and file.

Riverside Transit Agency

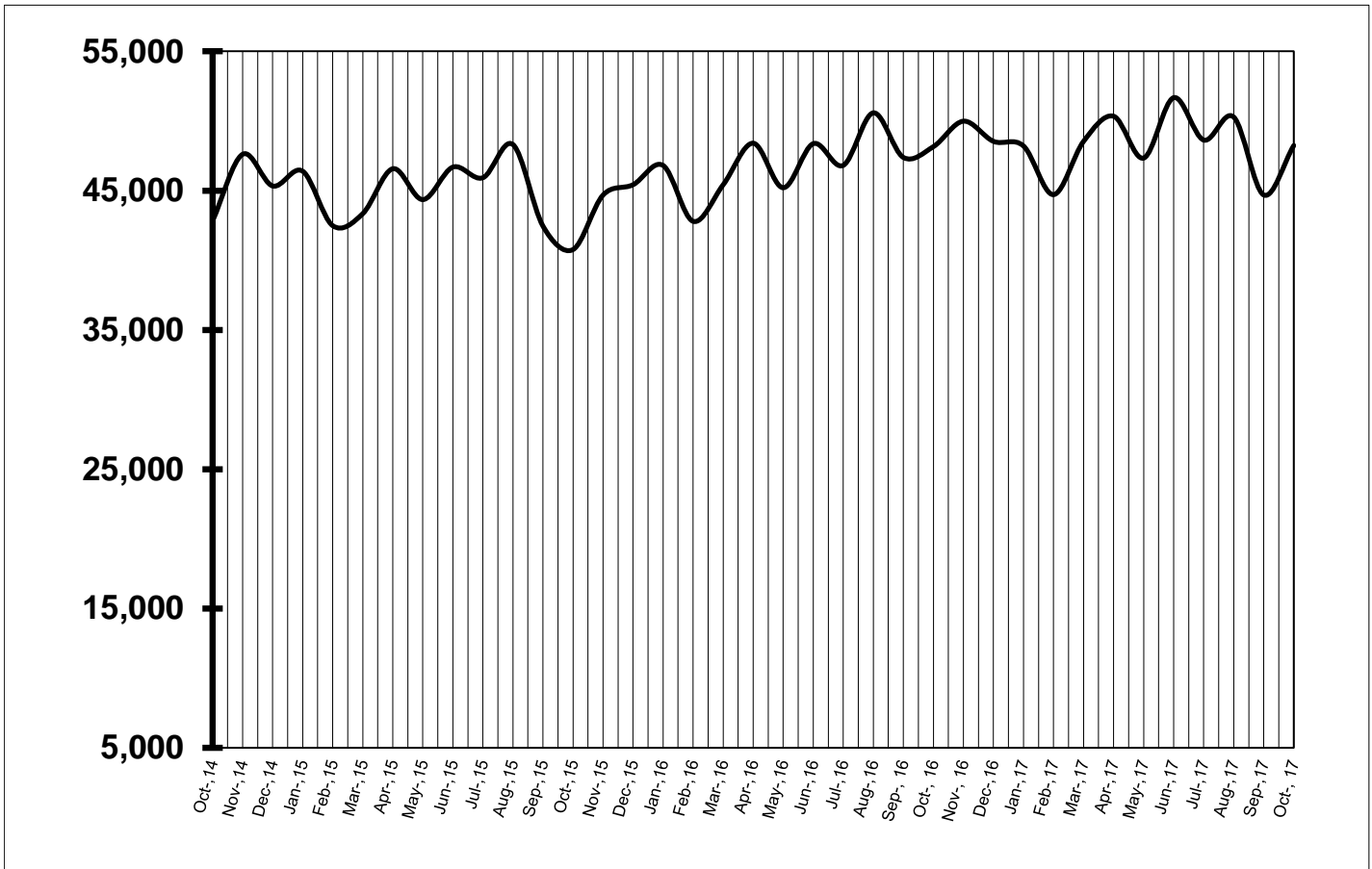
October 2017 Transportation Center Call Totals

Customer Information Center (CIC)	September 2017	September 2016	Percent Change
Information Calls	32,400	35,140	-7.8%
Complaints	82	84	-2.4%
Comments	33	34	-2.9%
Commendations	18	9	100.0%
Total CIC Calls	32,533	35,267	-7.8%

Dial-A-Ride (DAR)

Total DAR Calls	13,623	12,450	9.4%
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Total Calls	46,156	47,717	-3.3%
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Complaints, Comments & Commendations

Valid Complaints

Category	October 2017	October 2016	12 Month Average per Month	Complaints per 10,000 Passengers
Bus Stop	4	7	3	0.05
Careless Driving	15	9	8	0.18
Conduct	5	6	4	0.06
Crowded	0	0	0	0.00
Customer Service	6	4	10	0.07
Early Bus	6	9	6	0.07
Fare Dispute	0	1	1	0.00
Late Bus	14	17	11	0.17
Missed Transfer	0	4	3	0.00
No Show	2	3	4	0.02
Passed By	13	5	12	0.16
Passenger Conduct	0	1	1	0.00
Reasonable Modification	0	0	0	0.00
Other	17	18	17	0.21
Total	82	84	81	1.00

Ridership

	October 2017	October 2016	12 Month Average per Month
All services	820,812	820,006	717,435

Comments

	October 2017	October 2016	12 Month Average per Month	Comments per 10,000 Passengers
General Comments	33	34	34	0.40

Commendations

	October 2017	October 2016	12 Month Average per Month	Commendations per 10,000 Passengers
General Commendations	18	9	14	0.22

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.

Reasonable Modification: Request from person with disability for modification of Agency practice or policy.

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

December 6, 2017

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 February 25, 2016. The Policy must comply with Department of Transportation (DOT)/Federal Transportation Administration (FTA) 49 Code of Federal Regulations (CFR) Part 40 and Part 655. Part 40 describes the testing program regulations for performing drug and alcohol tests by all DOT regulated employers and the responsibilities of service agents (i.e., collection sites, laboratories). Part 655 establishes programs for the prevention of alcohol misuse and prohibited drug use in transit operations.

According to the Centers for Disease Control and Prevention, drug overdose deaths and opioid-involved deaths continue to increase in the United States. The epidemic has no less become a public safety concern for the DOT. Therefore, the DOT published a Final Rule in the Federal Register which amends Part 40 and will take effect on January 1, 2018. The Final Rule primarily expands the Department's current drug testing panel to include certain semi-synthetic opioids (i.e., hydrocodone, oxycodone, hydromorphone, oxymorphone).

As a result of the Final Rule, the Agency's drug and alcohol policy must be updated with the following changes (page numbers identify the page in policy where change can be found):

- Updated definition for Substance Abuse Professional – Page 5
- Updated prohibited drugs list and cutoff levels information – Page 25

Staff took this opportunity to make additional changes to the following areas:

- Updated contact information and effective date of policy revision – Page 1
- Added requirement for pre-employment drug testing to occur for the non-safety sensitive position classifications identified. While these position classifications are non-safety sensitive by DOT definitions, they do require operation of Agency equipment and therefore staff believes it is important to also insure they are drug free prior to commencing employment. – Page 24
- Updated additional collection site used by the Agency – Page 28

Changes were incorporated within the attached Policy. They are in bold and italicized, and deletions are stricken out.

As of the date of this staff report's publication, the FTA was still in the process of reviewing the updated Policy. In addition, 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 ATU and reviewed by the FTA by the time it is presented to the full Board of Directors. Should any further changes be recommended, staff will bring those recommendations to the full Board of Directors.

The updated policy was reviewed and approved by the Agency's General Counsel.

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 effective January 1, 2018.



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 Camacho, 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~~ **Jackie Bronson, Human Resources Manager**, Riverside Transit Agency, 1825 Third St., Riverside, CA 92507 at (951) 565-5000 x 509282.

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
February 25, 2016
January 1, 2018

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 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 including an applicant or transferee who is being considered for hire into a safety sensitive position or, *under RTA policy*, a non-safety sensitive position (See Attachment A for a list of positions). “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.

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): A licensed physician (medical doctor or doctor of osteopathy) or a licensed or certified psychologist, social worker, employee assistance professional, state-licensed marriage and family therapist, or drug and alcohol counselor (~~certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the National Board for Certified Counselors, Inc. and Affiliates/Master Addictions Counselor (NBCC)),~~ **certified by an organization listed at <https://www.transportation.gov/odapc/sap>, with knowledge of and clinical experience in the diagnosis and treatment of alcohol and drug related disorders, *knowledge about the SAP function as it relates to employer interests in safety-sensitive duties, and knowledge of the DOT agency regulations applicable to the employers for whom evaluations of employees are completed, and the DOT SAP Guidelines and who keeps current on any changes to these materials.***

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.

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 shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Service (HHS). All testing will be conducted consistent with the procedures set forth in 49 CFR Part 40, as amended. The procedures will be performed in a private, confidential manner and every effort will be made to protect the employee, the integrity of the drug testing procedure, and the validity of the test result. 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 reasonable suspicion or random 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 observer's instructions to raise clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if any type of prosthetic or other device that could be used to interfere with the collection process.
- vii. possesses or wears a prosthetic or other device that could be 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

Following a contingent offer of employment, 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. Pre-Employment physicals and drug testing will be conducted following a contingent offer of employment. 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 operating the vehicle at the time of the accident. The Agency will also test any other safety-sensitive employees, and under 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. In addition, under RTA Policy, following a fatal accident under part (a) above, drug and alcohol testing will be required of any non-safety sensitive employees operating a vehicle at the time of the accident.

Following a non-fatal accident under parts (b) and (c) above, drug and alcohol testing will be required of any 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, 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.

In addition, under RTA policy, following a non-fatal accident under parts (b) and (c) above, drug and alcohol testing will be required of any 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.

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 Chief Administrative Services Officer. 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 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)

	Subject to the following DOT Testing					
Bargaining Unit Employees:	Pre-Employment	Random	Post-Accident	Reasonable Suspicion	Return-to-Duty	Follow-up
A Mechanic	X	X	X	X	X	X
"B" Mechanic	X	X	X	X	X	X
"C" Mechanic	X	X	X	X	X	X
Body Mechanic "A"	X	X	X	X	X	X
Body Mechanic "B"	X	X	X	X	X	X
Coach Operator	X	X	X	X	X	X
Electronic Technician	X	X	X	X	X	X
Servicer	X	X	X	X	X	X
Tire Servicer	X	X	X	X	X	X
Non-Bargaining Unit Employees:						
Facilities Manager	X	X	X	X	X	X
Operations Supervisor	X	X	X	X	X	X
Maintenance Supervisor	X	X	X	X	X	X
Training Instructor	X	X	X	X	X	X
Training Manager	X	X	X	X	X	X

*NON-SAFETY SENSITIVE POSITIONS (Non-Safety sensitive positions *under RTA policy*)

	Subject to the following Non-DOT Testing					
Bargaining Unit Employee:	Pre-Employment	Random	Post-Accident	Reasonable Suspicion	Return-to-Duty	Follow-up
Groundskeeper	<u>X</u>		X	X	X	X
Parts Clerk	<u>X</u>		X	X	X	X
Property Maintainer	<u>X</u>		X	X	X	X
Stops/Zones Groundskeeper	<u>X</u>		X	X	X	X
Non-Bargaining Unit Employee:						
All administrative employees not listed above			X	X	X	X

*Positions are subject to revision as needed.

ATTACHMENT B

RIVERSIDE TRANSIT AGENCY

PROHIBITED DRUGS LIST & CUT OFF LEVEL INFORMATION

<u>Drug</u>	<u>Initial Test Cutoff</u>	<u>Drug</u>	<u>Confirmatory test Cutoff</u>
<u>Marijuana metabolites (THCA)</u>	<u>50 ng/mL</u>	<u>THCA</u>	<u>15 ng/mL.</u>
		<u>Delta-9-tetrahydrocannabinol-9-carboxylic acid</u>	
<u>Cocaine metabolite (Benzoylecgonine) ...</u>	<u>150 ng/mL</u>	<u>Benzoylecgonine</u>	<u>100 ng/mL.</u>
<u>Opiate Metabolites:</u>			
<u>Codeine/Morphine</u>	<u>2000 ng/mL</u>	<u>Codeine/Morphine</u>	<u>2000 ng/mL.</u>
<u>Hydrocodone/Hydromorphone</u>	<u>300 ng/mL</u>	<u>Hydrocodone/Hydromorphone</u>	<u>100 ng/mL.</u>
<u>Oxycodone/Oxymorphone</u>	<u>100 ng/mL</u>	<u>Oxycodone/Oxymorphone</u>	<u>100 ng/mL.</u>
<u>6-Acetylmorphine (6-AM) – Heroin</u>	<u>10 ng/mL</u>	<u>6-Acetylmorphine (6-AM) – Heroin</u>	<u>10 ng/mL.</u>
<u>Phencyclidine</u>	<u>25 ng/mL</u>	<u>Phencyclidine</u>	<u>25 ng/mL.</u>
<u>Amphetamines:</u>			
<u>Amphetamine/Methamphetamine</u>	<u>500 ng/mL</u>	<u>Amphetamine/Methamphetamine</u>	<u>250 ng/mL.</u>
<u>Methylenedioxymethamphetamine (MDMA)/</u>		<u>Methylenedioxymethamphetamine (MDMA)/</u>	
<u>Methylenedioxyamphetamine (MDA)</u>	<u>500 ng/mL</u>	<u>Methylenedioxyamphetamine (MDA)</u>	<u>250 ng/mL.</u>

<u>Drug</u>	<u>Initial cut off levels</u>
<u>Marijuana Metabolites</u>	<u>50ng/ml</u>
<u>Cocaine Metabolites</u>	
<u> Benzoylecgonine</u>	<u>150ng/ml</u>
<u>Opiate Metabolites</u>	
<u> Morphine</u>	<u>2,000ng/ml</u>
<u> Codeine</u>	<u>2,000ng/ml</u>
<u> 6-Acetylmorphines (6-AM) – Heroin</u>	<u>10ng/ml</u>
<u>Phencyclidine</u>	<u>25ng/ml</u>
<u>Amphetamines</u>	
<u> Amphetamine</u>	<u>500ng/ml</u>
<u> Methamphetamine</u>	<u>500ng/ml</u>
<u> Methylenedioxymethamphetamine (MDMA) –</u>	
<u> Ecstasy</u>	<u>500ng/ml</u>

Drug Confirmatory cut off levels

Marijuana Metabolites

~~Delta-9-tetrahydrocannabinol-9-carboxylic acid (THC) 15ng/ml~~

Cocaine Metabolite

~~Benzoylcegonine 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~~

~~Methylenedioxymethamphetamine (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: _____

Chief Admin. Services Officer (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, 4th Floor, Room 408
Riverside, CA 92505
(951) 353-4213

12815 Heacock St., Module 1B, 1st Floor
Moreno Valley, CA 92553
(951) 353-4322

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

*MEDICAL REVIEW OFFICER (MRO):

D.R.S Medical Review Services
546 Franklin Ave. Massapequa, NY 11758
Phone: (800) 526-9341

*LABORATORY:

Pacific Toxicology Laboratories (Pactox)
9348 De Soto Ave.
Chatsworth, CA 91311
(800) 328-6942

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

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

Professional Resources
Sam Vickery, SAP
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 eye drops)
- 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.

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.

RIVERSIDE TRANSIT AGENCY
1825 Third Street
Riverside, CA 92507

December 6, 2017

TO: BOARD ADMINISTRATION AND OPERATIONS COMMITTEE
THRU: Larry Rubio, Chief Executive Officer
FROM: Jim Kneepkens, Director of Marketing
SUBJECT: Authorize Mobile Ticketing Pilot Program with Token Transit and La Sierra University

Summary: Mobile ticketing is the newest and fastest-growing method for customers to pay fares on public transportation. Customers simply download an app to purchase prepaid fare media in the form of a digital ticket or pass. Mobile ticketing involves turning your mobile phone into both ticket machine and ticket. This removes the need for passengers to carry cash, purchase their ticket or pass online, or seek out a pass sales outlet and wait in line to buy a pass. Connecting transit partners that now offer mobile ticketing include Metrolink, Omnitrans and Orange County Transportation Authority.

Because smartphone usage has become so widespread and mobile Internet access so affordable, today's public transportation providers have seized the opportunity to help customers purchase and carry electronic tickets and passes on their mobile devices. From a customer perspective, mobile ticketing is designed to enable a vastly more convenient public transportation experience. In addition to being one less item to carry, mobile tickets on cell phones are much less likely than paper tickets to be damaged, lost or stolen.

Beyond improving the ease with which customers can pay their fares, mobile ticketing also simplifies and adds efficiency to transit operations. By eliminating the need for paper tickets and passes to be printed and distributed, the potential for cost savings is obvious. Mobile ticketing allows transit operators to avoid the costs of ticket printing and distribution, whether that distribution occurs via mail, customer service agents, or through ticket vending machines. Mobile ticketing can reduce infrastructure costs and the cost of sales by eliminating commissions paid to pass sales outlets.

Transit agencies also benefit from greater operational speed and efficiency. Mobile tickets and passes do not jam the farebox, increase boarding times by eliminating the need for customers to place coins and bills in the farebox, and eliminates the need to handle, count and process cash. Mobile tickets also minimize fraud because customers can't share the passes.

To test the mobile ticketing market and determine how it might work with the U-Pass and Go-Pass programs, RTA staff recommends a pilot program with Transit Token (TT) in San Francisco, CA and La Sierra University (LSU). The goal of the pilot program would be to issue all LSU students a mobile bus pass which they would use in lieu of their school ID cards. During the pilot period, RTA will evaluate the feasibility and popularity of the service for future use with all Go-Pass and U-Pass partners as well as the sale and purchase of tickets and passes to allow all of our bus riders to ride using pre-paid digital transit fares.

TT began marketing mobile ticketing solutions in 2015 and currently partners with 25 transit agencies nationwide, 12 of which are in California. TT also partners with the University of California, Los Angeles and the University of Nebraska, and wants to expand to other schools for programs next academic year.

TT will remain the owner of the app and software, currently available for Android and Apple smartphone devices allowing students to download a digital bus pass, and then activate the digital pass, which will be visually validated by coach operators at the time of use. The digital pass will be animated and include an activation date and time to eliminate fraudulent use. TT's application supports VoiceOver for iOS and the TalkBack for Android for visually impaired customers and supports language translation.

For its part, LSU will provide TT a list of email addresses and student ID numbers. LSU will then send an email to students announcing the program and provide them a link to sign-up and download their pass. Once signed up, students will receive a text message with a link to their bus pass which is now associated with that student's phone number. This prevents abuse with multiple passes on multiple phones. TT will then track when the pass is activated and then each time it is opened for use on a bus. TT can also track where it is opened and plot it on a map.

The pilot program would require all LSU students to participate and school ID cards would no longer be accepted. In the event a

student does not have a mobile phone, RTA will provide an alternative fare media, a 120-day pass like we do with UCR international students. This allows the student to continue participating in the program while allowing RTA to continue to capture ridership data.

Because of TT's streamlined business model, they can have the pilot program up and running in time for the spring 2018 term, January 1 through June 17, 2018.

Fiscal Impact:

Under the current U-Pass agreement with LSU, RTA charges LSU 90 cents per student boarding. Transit Token charges a 10 percent fee on the cost of each bus ride using the Transit Token app. Staff estimates 3,116 trips will be taken during the spring 2018 term resulting in total fees of approximately \$280.44.

Recommendation:

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

- Authorize the Agency to partner with Token Transit on a pilot program to offer mobile bus passes to students at La Sierra University from January 1 through June 17, 2018.