

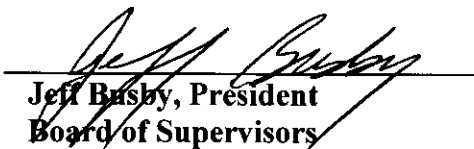
ORDER: APPROVE SUBSTANCE ABUSE POLICY

Motion was made by Mike Pickens, duly seconded by Mike Roberts, to approve substance abuse policy.

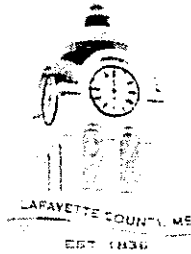
The vote on the motion was as follows:

Supervisor Mike Pickens, voted yes
Supervisor Jeff Busby, voted yes
Supervisor Robert Blackmon, voted yes
Supervisor Chad McLarty, voted yes
Supervisor Mike Roberts, voted yes

After the vote, President Busby, declared the motion carried, this the 18th day of February, 2014.


Jeff Busby, President
Board of Supervisors


Sherry Wall, Chancery Clerk



LAFAYETTE COUNTY SUBSTANCE ABUSE POLICY

Purpose: Lafayette County has a vital interest in maintaining a safe, healthful and productive working environment for all employees. There is no intent on the part of the County to impose judgment or unnecessary hardship on anyone; however, drug and alcohol abuse pose serious safety and health risks for employees, customers and the general public.

Policy: Lafayette County has implemented a program, which follows the guidelines prescribed by the Drug-Free Workplace Act of 1988 and is administered in accordance with the Mississippi Employee Drug and Alcohol Testing Act, Miss. Code Ann. §71-7-1, et seq. The purpose of this policy is to state the position of the County and provide details of the program to covered employees. This written policy on substance abuse supersedes all such policies, written, or otherwise previously stated by the County.

Prohibited Conduct: The policy prohibits employees from manufacturing, possessing, distributing or being under the influence of drugs or alcohol while on the job, on county property, in county vehicles or personal vehicles while conducting county business. Alcoholic beverages may not be served or consumed at a county event. Any employee convicted of illegal activities involving drugs is in violation of this policy. An employee having a positive drug test or an alcohol test with a concentration of 0.02 or greater is in violation of this policy.

Effect of Refusal/Violations: Test refusal, including any behavior that interferes with the testing process, or any attempt to alter the specimen, such as adulteration, dilution or substitution is a violation of the policy. Policy violations may result in disciplinary action up to and including termination of employment.

Confidentiality: Test records and other personal information related to the administration of this policy will be kept confidential.

Prescriptions/Over-The-Counter Medications: Employees who are taking prescription or over-the-counter medications that may cause adverse side effects that might impair their ability to safely perform their job must inform their supervisor that they are taking that medication. (If the medication does not have a safety-related side effect, no supervisor notification is necessary.) All information provided pursuant to this policy will be kept confidential.

February 18, 2014

Testing Programs:

Pre-employment: All applicants are subject to drug testing when a conditional offer of employment has been made. The offer of employment is conditional on the drug test being negative.

Reasonable Suspicion: All current employees are subject to testing for drugs and alcohol when a trained supervisor has documented reasonable suspicion that the employee is impaired while on duty or other information raises a reasonable suspicion of drug/alcohol use. Possible grounds for such testing may include, but are not limited to : abnormal conduct while at work, deterioration of work performance to include absenteeism, tardiness, frequent on-the-job injuries/accidents, or based upon the employee's speech, statements, behavior, conduct, or appearance.

Post-accident: Any employee involved in or responsible for a vehicle accident, or an on-the-job injury requiring medical treatment may be required to submit to drug and/or alcohol testing.

Random: The County reserves the right to conduct random testing on a regular basis. The County will designate an independent contractor to make random selections, using a scientific procedure, and conduct testing as prescribed by federal and state guidelines. Random testing gives the County the opportunity to subject all employees to testing without cause or discrimination.

Return-to-duty: This test is a requirement for any employee who is allowed to return to work following treatment by a Substance Abuse Professional. A test with a negative result is required before being allowed to return to work.

Follow-up: This testing is to be completed as prescribed by the Substance Abuse Professional, with a minimum of six (6) tests in the 12-month period following return-to-duty. These tests will be unscheduled and without prior notice to the employee.

Testing Process: Qualified personnel will conduct all testing pursuant to this policy with testing being performed on-site. The sample and results will be kept confidential. At the time a sample is provided, employees should notify the personnel conducting the test of any medication they are taking that might affect the test. Such information will be kept confidential. An employee who receives a positive confirmed drug or alcohol test may contest the accuracy or explain the result by doing so in writing within 10 days of notification of the positive confirmed result. A NIDA laboratory will confirm any contested positive results.

Testing will be conducted for the following controlled substances:

- Amphetamines
- Cannabinoids
- Cocaine
- Methamphetamines
- Opiates

Alcohol is unlike illicit drugs in that it is a legal substance. Urinalysis typically is not the method used for workplace alcohol testing. If an alcohol test is to be completed the employee will be notified and a breath test will be administered. Breath testing indicates a blood alcohol level at the time of the test. Moderate amounts of alcohol consumed the night before a test generally are not detectable.

February 18, 2014

Employee Assistance Program: The County encourages the earliest possible diagnosis and treatment of alcohol and drug abuse. An employee who voluntarily notifies the company that he has a problem with drugs or alcohol may be allowed to take an unpaid leave of absence for treatment and rehabilitation. Volunteering for treatment and rehabilitation after being notified to submit to a test will not excuse the employee from testing. Once the employee has received such notice, the test must be completed as scheduled.

Effect of Positive Test Result: Employees who have been employed with the County for 6 months or less and test positive for illegal drugs or alcohol will be subject to termination of employment. Employees who have been employed with the County for more than 6 months and test positive for illegal drugs or alcohol will be put on an unpaid leave of absence or be subject to termination of employment, at the discretion of the County. Those employees put on unpaid leave of absence will be allowed to submit to professional evaluation and treatment (see Attachment A). An employee who refuses to participate in rehabilitation or fails to complete treatment will be subject to termination of employment. The County is not required to participate in the cost of such treatment; however, the employee group health plan currently includes some benefits for this treatment. Coverage of this type is somewhat uncommon, and may not always be available due to changes in plans and providers.

February 18, 2014

ATTACHMENT A

SUBSTANCE ABUSE EVALUATION AND TREATMENT AGREEMENT

As a result of my positive drug screen or voluntary self-disclosure of drug use, I have been put on unpaid leave of absence and I agree to submit to a professional evaluation and participate in the substance abuse treatment program prescribed by the Substance Abuse Professional approved by the County. (Of eligible, this unpaid leave of absence could be designated as Family and Medical Leave and counted against your annual FMLA entitlement.) The County has provided to me the name and telephone number of the Substance Abuse Professional and I understand it is my responsibility to contact this individual within seven days for an evaluation. I understand and agree to participate in and complete the evaluation and treatment plan as prescribed by the Substance Abuse Professional. I understand that I am financially responsible for all costs associated with the evaluation, counseling, and treatment for this program. I understand that after completing the treatment plan that I must submit to and test negative on a return-to-duty drug test before being allowed to return to work. I understand that once I return to work that I will be subject to a minimum of six (6) follow-up drug tests in the twelve month period following return-to-duty. I understand that testing positive on a follow-up drug screen will result in termination of my employment.

I understand that if I refuse to participate in this program or if I fail to complete the treatment, my employment with Lafayette County will be subject to termination.

_____ I agree to participate in this program and I have been given a copy of this agreement.

_____ I refuse to participate in this program.

Employee's Signature

Date

Signature of Authorized Lafayette County Official

Date

February 18, 2014

ATTACHMENT B

LAFAYETTE COUNTY
SUBSTANCE ABUSE POLICY

AGREEMENT

I hereby acknowledge receiving a copy of the Lafayette County Substance Abuse Policy. Further, I acknowledge that it is my responsibility to read this policy which outlines the expectations and procedures of Lafayette County, as it relates to prohibiting employees from manufacturing, possessing, distributing or being under the influence of alcohol and drugs while on the job, on company property, in company vehicles or personal vehicles while conducting company business. A reproduction of this acknowledgement appears at the back of this booklet for your records.

I understand that the information contained in the Lafayette County Substance Abuse Policy represents guidelines only and that the County reserves the right to modify or terminate this Policy at anytime.

I understand that this Policy is not a contract of employment between me and the County and that I do not view it as such. Furthermore, this Policy is merely a guide to County policies and does not constitute an express or implied guarantee or contract of employment or benefits. It is expressly understood that I am an employee-at-will, and either the County or myself may terminate the relationship at any time, for any reason, with or without cause or notice.

(Print Name of Employee)

(Employee's Signature)

DATE:

WITNESS

[Employee's Copy]

February 18, 2014

ATTACHMENT C

LAFAYETTE COUNTY
SUBSTANCE ABUSE POLICY

AGREEMENT

I hereby acknowledge receiving a copy of the Lafayette County Substance Abuse Policy. Further, I acknowledge that it is my responsibility to read this policy which outlines the expectations and procedures of Lafayette County, as it relates to prohibiting employees from manufacturing, possessing, distributing or being under the influence of alcohol and drugs while on the job, on company property, in company vehicles or personal vehicles while conducting company business. A reproduction of this acknowledgement appears at the back of this booklet for your records.

I understand that the information contained in the Lafayette County Substance Abuse Policy represents guidelines only and that the County reserves the right to modify or terminate this Policy at anytime.

I understand that this Policy is not a contract of employment between me and the County and that I do not view it as such. Furthermore, this Policy is merely a guide to County policies and does not constitute an express or implied guarantee or contract of employment or benefits. It is expressly understood that I am an employee-at-will, and either the County or myself may terminate the relationship at any time, for any reason, with or without cause or notice.

(Print Name of Employee)

(Employee's Signature)

DATE:

WITNESS

[Detach and Insert in Employee's Personnel File]

February 18, 2014