



**Division 08**

**Health and Safety**

**Chapter 20– Substance Abuse Policy**

March 2009

**POLICY**

This General Order shall establish a comprehensive substance abuse policy for all personnel. This general policy is implemented to maintain the integrity of the Department, as well as the safety of the public and members of the Department.

The Fire/Emergency Medical Services (EMS) Department is concerned with the overall health and physical and emotional well-being of all personnel, both career and volunteer. The following policy will describe the prohibited conduct, diagnostic procedures, disciplinary actions, and counseling/rehabilitative services that are available.

**DEFINITIONS**

N/A

**PROCEDURES**

**1. Prohibited Conduct**

Personnel shall be made aware that the use, possession, or distribution of controlled dangerous substance, whether on or off duty, will not be tolerated by the Department. A controlled dangerous substance shall be any substance so defined in the Annotated Code of Maryland, Article 271, Section 279. The use, possession, or distribution of controlled dangerous substances may result in disciplinary action up to and including dismissal from employment/membership. Personnel are hereby advised that abuse of prescription drugs or over-the-counter drugs which lead to significant on-duty impairment

is strictly forbidden. It shall be the responsibility of the individual to consult a physician concerning the possibility of on-duty impairment and report possible impairment to their career supervisor or volunteer chief officer. The significant impairment of on-duty personnel from prescription drug use may result in disciplinary action up to and including dismissal from employment/membership.

Personnel shall be made aware that the consumption of alcohol while on duty is strictly prohibited. In addition, the use or abuse of alcohol which lead to on-duty impairment and/or blood alcohol levels elevated beyond .05 is also prohibited. On-duty use or impairment from alcohol may result in disciplinary action up to and including dismissal from employment/membership.

**2. Routine Diagnostic Procedures**

All initial applicants for either career or volunteer positions within the fire service will be required to undergo a urinalysis for the detection of controlled dangerous substances. Positive, confirmed results for controlled dangerous substances will result in the disqualification of that individual. Attempting to circumvent the entry or in-service screening process via deception or fraud will disqualify an applicant and may result in disciplinary action up to and including dismissal for current employees/members.

In-service physical examinations will include testing mechanisms for controlled dangerous substances. Any individual attempting to



circumvent the in-service screening process via deception or fraud may be subject to disciplinary action up to and including dismissal.

All personnel (career and volunteer) shall report an arrest for any type of criminal offense (including substance abuse violations) to the Office of the Fire Chief within 24 hours of occurrence. If the Office of The Fire Chief is closed, the Duty Chief (Duty Chief 800) shall be notified.

At the discretion of the Fire Chief or his designee, an arrest for alcohol, or drug related offenses will result in urinalysis, disciplinary action, and/or referral to a Fire/EMS Department assistance program. An arrest for Driving while Intoxicated (DWI) or Driving Under the Influence (DUI) shall automatically result in referral to the Employee Assistance Program (EAP) or the Volunteer Assistance Program (VAP) by the individual's supervisor. Any conviction for DWI, or other offenses which result in incarceration or loss of driving permit, may result in disciplinary action up to and including dismissal.

All career employees and volunteer members are required to report sentencing results, via chain-of-command, to the Office of the Fire Chief within 48 hours of adjudication by the court.

**3. Diagnostic Procedures in the Case of Reasonable Suspicion**

Any fire services employee/member for which reasonable suspicion exists that indicates the abuse of alcohol or use of controlled dangerous substances is subject to undergo an immediate screening process to determine their fitness for duty. Failure to comply with the order for such screening may result in discharge from the service. All

diagnostic screening in this category **must have the prior approval of the Fire Chief or designee.**

“Reasonable Suspicion” means that a command officer, investigator, official designated by the Fire Chief, supervisor, or other person has a belief, which the person can articulate, that an employee/member is impaired by a controlled dangerous substance or alcohol, drawn from specific facts and reasonable inferences from those facts.

“Reasonable Suspicion” that an employee/member is using a substance that impairs his/her ability to perform his/her job duties may be based upon, but not limited to, the following:

- Observable phenomena, such as direct observation of drug use and/or the physical symptoms of being impaired by alcohol or a controlled dangerous substance, i.e., slurred speech, staggered gait, lack of coordination, etc.
- A pattern of abnormal conduct or erratic behavior
- Arrest or conviction for an alcohol or drug related offense
- Information provided by reliable and credible sources and independently corroborated by other observations;
- Evidence that the employee/member has tampered with a previous drug test.

The County reserves the right to conduct searches or inspections of property assigned to an employee/member and his/her personal belongings whenever a supervisor has reasonable grounds for suspecting that the search will result in evidence of a violation of this policy. Such searches or inspections may include, for example, an employee/member's locker, desk, and County assigned vehicles. All searches must have prior approval from the Fire Chief. Property owners or leasers



shall be notified prior to the search if at all possible.

All personnel shall be made aware that a vehicular accident involving injury, death, damage amounting to \$2,000 or greater, or other significant factors may provide reasonable suspicion of alcohol and/or substance abuse by the driver/operator. The driver/operator will be required to submit to tests for alcohol and substance use within six hours of the accident.

Whenever an employee/member appears to be impaired because of substance abuse, the employee/member's supervisor is responsible for immediately investigating the matter and initiating action consistent with this policy and the Personnel Law.

When a supervisor has a reasonable suspicion that an employee/member is under the influence of substances and, therefore, unfit for duty due to substance use or abuse, the supervisor should arrange, if possible, for another supervisor or manager to verify his/her reasonable suspicion.

“Unfit for Duty” means that a command officer, investigator, representative designated by the Fire Chief, or supervisor has an articulated, reasonable belief that an employee/member is under the influence, of a substance(s) and would be incapable of safely performing his/her assigned duties and responsibilities. The supervisor should request the employee/member to come to a confidential area, away from the work station and other employees/members and to ask the employee/member to explain his/her behavior. Nothing in this procedure should be interpreted to prevent a supervisor from taking any immediate action necessary to ensure the safety of the employee/member, his/her fellow workers, or the public, such as preventing the employee/member from

continuing to operate tools or equipment in an unsafe manner.

Attachment I outlines a list of characteristics often associated with impaired and/or substance abuse behavior. The supervisor can reference this list when determining whether an employee/member is “fit for duty.” In determining fitness for duty, a supervisor will be responsible for specifically documenting the reasons for confronting the employee/member about his/her behavior.

From this point in the process, until the employee/member is safely removed from the work place or the situation is otherwise resolved, it is important that the supervisor ensures that the employee/member is not left unattended by supervisory personnel, if at all possible.

If the supervisor considers the employee/member's condition as one which is disruptive or may present a danger, the supervisor may consider requiring the employee/member to submit to a drug/alcohol test to assess fitness for duty.

The supervisor will immediately request permission, via the chain-of command to the Fire Chief, to arrange for, or to send the employee/member for urinalysis testing. Officers within the chain-of-command will make every attempt to prioritize such information so that it reaches the Fire Chief or his designee within one hour.

Upon approval by the Fire Chief, the employee/member will be informed, verbally and in writing (see Attachment II), that a fitness for duty examination is permitted by the Personnel Law (Section 16-189) and this General Order, and refusal to fitness for duty examination is grounds for dismissal.



At this time, the supervisor will issue the employee/member the attached form (Attachment II) and request that the employee/member read and sign the form. If the testing is the result of a vehicular accident, Attachment II shall be used.

If the employee/member refuses to consent to a fitness for duty examination, the employee/member will be advised that he/she is suspended from work and will be notified whether or not and under what circumstances he/she will be permitted to return work.

Arrangements will be made to have the employee/member taken home. The employee/member will not be allowed to drive. If the employee/member insists on driving, the County police will be immediately informed, and attempts will be made to delay the employee/member until the police arrive. (For authority to suspend employee/member, see Personnel Law, Section 16-193 ( c ) ( 2 ) ( iv ) .)

Upon approval from the Fire Chief and written notification to the employee/member, an officer of the Prince George's County Fire/EMS Department designated by the Fire Chief will retrieve and transport the sample to the testing laboratory. All tests will be conducted at a facility approved by the Fire Chief.

The sample bottle will be initialed by the employee/member, and appropriate documentation will be completed by all Fire/EMS Department and laboratory personnel who handle the sample to ensure chain-of-custody of the sample.

After the alcohol/drug screening procedure is completed, the supervisor will arrange to have the employee/member taken home unless the employee/member is admitted to a hospital. The supervisor will not request the

test results. Test results will be forwarded to the appropriate County authority. All test results will be handled in a confidential manner and will only be released to Fire/EMS Department officers who re in a "need to know" situation. The employee/member will be informed that he/she is suspended from work and will be notified whether or not and under what circumstances he/she will be permitted to return to work. (Personnel Law Section 16-193 ( c ) ( 2 ) ( i ) .)

The supervisor must complete the detailed report concerning the incident noting all actions, observations, statements, and other pertinent facts (i.e., date, time of day, location, any witness to the incident). (See enclosed form, Attachment III.) This completed report will be forwarded no later than the close of business on the date of occurrence via chain-of-command to the Fire Chief.

#### **4. Counseling/Rehabilitative Services**

Counseling/rehabilitative services are available to assist on-board personnel who may develop alcoholism, drug dependency, or personal problems and to assist them with treatment programs before their problems render them unacceptable for fire service membership. The Department recognizes alcoholism and drug abuse as problems that can often be effectively treated in the early stages.

The individual's right to confidentiality and privacy are also recognized. The pertinent information and records of personnel who seek and receive assessment, counseling, and treatment will be preserved in the strictest confidence in accordance with Volume 42 of the Code of Federal Regulations.

The Department has two programs available to assist personnel. The Employee Assistance



Program (EAP) is designed for all career personnel, and the Volunteer Assistance Program (VAP) is available to all volunteer members of the Department. Both are to assist individuals with receiving appropriate rehabilitative treatment.

Assessment and referral counseling services are available for the following problem areas:

- Substance Abuse/Alcoholism & Alcohol Abuse DWI
- Co-Dependency and Adult children of Alcoholics
- Issues
- Martial Problems
- Family Problems
- Emotional and/or Psychological Problems
- Weight Control
- Work Stress and Other Stress Issues
- Critical Incident Stress
- Legal Problems
- Financial Difficulties
- Sleep Disorders

Service of the EAP and VAP also include educational programming on addiction and mental health issues, as well as on-going support groups. Critical Incident Debriefings are also available through the EAP and VAP. The programs can be contacted at the following numbers:

- Employee Assistance Program (EAP)  
301 883-6270
- Volunteer Assistance Program (VAP)  
301-883-6270

**FORMS/ATTACHMENTS**

Attachment I – Behavior and Job Performance “Warning Signs”

Attachment II – Prince George’s County Fire Department Employee/Member Consent for Drug and Alcohol Screening Test

Attachment III – Prince George’s County, Maryland Substance Abuse Incident Report

**REFERENCES**

N/A



## BEHAVIOR AND JOB PERFORMANCE "WARNING SIGNS"

Job behavior and work performance should be the concern of every supervisor. Expert knowledge about abuse of controlled substances or abused drugs is not necessary, but supervisors should remain alert to changes from the normal work pattern and/or behavior of an employee.

Listed below are various "symptoms" that usually appear on the job, indicating some consequences of substance abuse. These warning signs can appear singularly or in combination, and may signify problems other than substance abuse. For example, alcoholism, diabetes, high blood pressure, thyroid disease, psychiatric disorders, emotional problems and certain heart conditions all share some of the same signs. Therefore, it's important to remember that unusual or odd behavior may not be connected in any way with alcohol or drug abuse. The role of the supervisor is to recognize and document changes without making any moral judgment or taking the position of counsellor or diagnostician.

### Signs of Deteriorating Job Performance

<p>Weariness. Exhaustion Unusual untidiness Yawning excessively Blank stare Slurred speech Unsteady walk Sunglasses worn at inappropriate times Unusual effort to cover arms Changes in appearance after lunch or break</p> <p>Appears to be depressed all the time or extremely anxious all the time Irritable Suspicious Emotional unsteadiness (e.g., outbursts of crying) Mood changes after lunch break Withdrawn or improperly talkative Spends excessive amount of time on the telephone</p>	<p>Argumentative Exaggerated sense of self-importance Displays violent behavior Avoids talking with supervisor regarding work issues</p> <p>Absenteeism Acceleration of absenteeism and tardiness, especially Mondays, Fridays, before and after holidays Frequent unreported absences, later explained as "emergencies" Unusually high incidence of colds, flu, upset stomach, headaches Frequent use of unscheduled vacation time Leaving work area more than necessary (e.g., frequent trips to water fountain and bathroom) Requesting to leave work early for various reasons Accidents Taking of needless risks Disregard for safety of others</p>	<p>Higher than average accident rate on the job</p> <p>Inconsistency in quality of work High/low periods of productivity Poor judgment/more mistakes than usual and general carelessness Lapses in concentration Difficulty in recalling instructions Difficulty in remembering own mistakes Using more time to complete work/missing deadlines Increased difficulty in handling complex situations</p> <p>Overreaction to real or imagined criticism Avoiding and withdrawing from peers Complaints from co-workers Borrowing money from fellow employees Complaints of problems at home, such as separation, divorce and child discipline problems Persistent job transfer requests</p>
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PRINCE GEORGE'S COUNTY FIRE DEPARTMENT  
EMPLOYEE/MEMBER CONSENT FOR DRUG AND ALCOHOL SCREENING TEST

TO: \_\_\_\_\_  
(Employee's/Member's Name)

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_  
(Supervisor)

You are hereby notified that you have been involved in a motor vehicle accident, and that said accident meets the criteria for a drug and alcohol screen as established in General Order 5-7.

You are also notified that:

1. On behalf of the County Fire Chief, I am ordering that you submit to a urine test and/or breathalyzer test to determine the presence of alcohol and/or a controlled dangerous substance in your blood system; and,
2. Failure to sign this document and/or failure to obey this order will result in disciplinary action against you, including the possibility of the termination of your employment/membership with the Prince George's County Fire Department for insubordination; and,
3. If you submit to the test for alcohol and/or drugs, the test will be conducted by a certified laboratory. All positive samples will be subjected to a second confirmatory test. A split sample of any specimen you give will be maintained by the laboratory and may be transported, utilizing appropriate chain-of-custody procedures, by the Department to a laboratory of your choosing as long as the laboratory meets the approval of the Fire Chief.
4. The results of the test may be used against you in any disciplinary action taken as a result of violation of Personnel Law Section 16-193 or General Order 5-7.

EMPLOYEE/MEMBER CONSENT

I, \_\_\_\_\_, have read and understand this order for alcohol/drug testing and hereby grant my permission for the Prince George's County Fire Department to arrange to collect a urine specimen from me and to have the specimen(s) tested to determine the use or presence of alcohol and/or drugs. I also consent to breathalyzer testing. Further, I consent to the release of any test results to the Fire Chief of the Prince George's County Fire Department for his/her use in reviewing any proposed disciplinary action against me.

\_\_\_\_\_  
Employee's/Member's Signature

\_\_\_\_\_  
(Date & Time)

Witnessed By: \_\_\_\_\_  
Supervisor



**PRINCE GEORGE'S COUNTY, MARYLAND  
SUBSTANCE ABUSE INCIDENT REPORT**

(See Administrative Procedure 22A)

**CONFIDENT**

1. DATE OF REPORT			
2. NAME OF REPORTING PERSON		11. NAME OF EMPLOYEE INVOLVED	
3. REPORTING PERSON'S DEPARTMENT		12. SOCIAL SECURITY NUMBER	
4. REPORTING PERSON'S DIVISION/ASSIGNMENT		13. EMPLOYEE'S HOME ADDRESS	
5. REPORTING PERSON'S TITLE/GRADE		CITY, STATE, ZIP	
6. REPORTING PERSON'S SUPERVISOR		14. EMPLOYEE'S HOME PHONE	15. EMPLOYEE'S WORK PHONE
7. DATE OF OCCURRENCE	8. TIME OF OCCURRENCE	16. EMPLOYEE'S POSITION/GRADE	
9. ADDRESS OF OCCURRENCE		17. EMPLOYEE'S DEPARTMENT	
CITY, STATE, ZIP		18. EMPLOYEE'S DIVISION/ASSIGNMENT	
10. DESCRIBE LOCATION		19. EMPLOYEE'S IMMEDIATE SUPERVISOR	
20. OTHER EMPLOYEE(S) INVOLVED IN INCIDENT. INCLUDE FULL NAME AND DEPARTMENT.			
21. WITNESS #1: NAME, POSITION, DEPARTMENT OR ADDRESS IF NOT AN EMPLOYEE		22. HOMEWORK PHONE	
23. WITNESS #2: NAME, POSITION, DEPARTMENT OR ADDRESS IF NOT AN EMPLOYEE		24. HOMEWORK PHONE	
25. WITNESS #3: NAME, POSITION, DEPARTMENT OR ADDRESS IF NOT AN EMPLOYEE		25. HOMEWORK PHONE	
27. DESCRIBE HOW INCIDENT BECAME KNOWN TO YOU			
28. DESCRIBE WHAT WORK, IF ANY, EMPLOYEE WAS DOING WHEN INCIDENT OCCURRED.			
29. CONCISE STATE OF FACTS LEADING REPORTING PERSON TO SUSPECT EMPLOYEE.			
30. INCIDENT INVOLVES:		31. WAS EMPLOYEE IMPAIRED?	
<input type="checkbox"/> SALE <input type="checkbox"/> USE <input type="checkbox"/> POSSESSION OF <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> OTHER SUBSTANCE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
32. WAS EMPLOYEE GIVEN ORDER FOR ALCOHOL/DRUG TEST (P.G. Form # _____)?		33. DRUG/ALCOHOL TEST GIVEN?	
<input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN IN DETAILS		<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED	
34. NAME OF PERSON TRANSPORTING EMPLOYEE TO TEST LOCATION		35. NAME OF PERSON TRANSPORTING EMPLOYEE HOME	
36. NAME AND ADDRESS OF LABORATORY ADMINISTERING ALCOHOL/DRUG TEST			
37. NAME OF PERSON WITNESSING SPECIMEN, IF ANY		38. NAME OF LAB TECHNICIAN RECEIVING SPECIMEN (According custody)	
		TIME	
39. WAS APPOINTING AUTHORITY NOTIFIED?			
<input type="checkbox"/> YES <input type="checkbox"/> NO    DATE: _____		TIME: _____ BY WHOM: _____	
40. WAS EMPLOYEE SUSPENDED FROM WORK?			
<input type="checkbox"/> YES <input type="checkbox"/> NO    DATE: _____		TIME: _____ BY WHOM: _____	
41. DID EMPLOYEE REQUEST REFERRAL TO EAP?		42. EMPLOYEE ASSISTANCE COUNSELOR NOTIFIED?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO    BY WHOM: _____	

SEE REVERSE FOR MORE