

**CITY OF MIAMI SPRINGS, FLORIDA**  
**DRUG FREE WORKPLACE POLICY 94-7**

This is your official notification that this City is implementing a "Drug-Free Workplace" authorized by F.S. 440.102 and Chapter 38F-9 of the Florida Administrative Code. All employees are absolutely prohibited from unlawfully manufacturing, distributing, dispensing, possessing or using controlled substances in the workplace. It is a condition of employment to refrain from taking drugs on or off the job.

**Drug Tests:** You will be subjected to the following drug tests:

**Job applicant testing:** An applicant for a position must be tested and a refusal to submit or a positive confirmed test result may be used as a basis to reject the applicant for employment.

**Reasonable suspicion testing:** An employee may be required to submit for testing when the employer has a reasonable suspicion, as defined in the Act, that an employee is using or has used drugs in violation of the employer's policy. The City has a reason to suspect an employee when it has an articulated belief that the employee:

- \* Possesses or uses drugs or alcohol at the workplace
- \* Is observed intoxicated or impaired by drugs or alcohol
- \* Has been reported by a reliable and credible source as using drugs
- \* Has tampered with a drug test
- \* Has caused or contributed to an accident while at work
- \* Is engaged in abnormal conduct or erratic behavior while at work
- \* Shows a significant deterioration in work performance.

The reason to suspect shall be based on specific and particular facts and the reasonable inferences drawn from those facts in light of experience.

**Routine fitness for duty testing:** An employee must submit to a drug test conducted as a part of a routinely scheduled fitness for duty medical examination that is either part of the employer's established policy or that is scheduled routinely for all members of an employment classification or group.

**Follow up testing:** An employee who in the course of employment enters an employee assistance program (E.A.P.) for drug related problems, or an alcohol and drug rehabilitation program, may be tested as a follow-up measure and thereafter on a quarterly, semi-annually or annual basis for two (2) years thereafter.

**Confidentiality:** Employers and their agents and laboratories must keep drug test results and other information confidential. If information is released, it shall be done solely under a written consent form signed voluntarily by the person tested unless release is compelled by a hearing officer or a court or unless deemed appropriate by a professional occupational licensing board in a related disciplinary proceeding. The consent form must meet the criteria set by the State.

**Reporting use of prescription or non prescription medications:** An employee or job applicant will confidentially report the use of prescription or non prescription medications, both before and after being tested as presence of those medications in the body may affect the outcome of the test. A list of the most common medications by brand name, common name and by chemical name, which may alter or effect a drug test is as follows:

**Alcohol:** All liquid medication containing ethyl alcohol (ethanol). Please read the label for alcohol content. As an example, Vick's Nyquil is 25% (50 proof) ethyl alcohol, Comtrex is 20% (40 proof), Contact Severe Cold Formula Night Strength is 25% (50 proof) and Listerine is 26.9~(54 proof).

**Amphetamines:** (Speed) Obetrol, Biphetamine, Desoxyn, Dexedrine, Didrex

**Cannabinoid's:** (Marijuana) Marinol (Dronabinol, THC)

**Cocaine:** (Crack) Cocaine HCL topical solution (Roxanne)

**Phencyclidine:** (PCP) Not legal by prescription

**Methaqualone:** Not legal by prescription

**Opiates:** Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, 222's Empirin with codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guaituss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin and Roxanol (Morphine sulfate), Percodan, Vicodin, etc.

**Barbiturates:** Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebaral, Butabarbital, Butalbital, Phrenilin, Triad, etc.

**Benzodiazepines:** Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax.

**Methadone:** Dolophinee, Methadose

**Propoxyphene:** Darvocet, Darvon N., Dolene, etc.

**Explanation of employee/job applicant's testing positive:** Within five (5) working days after receipt of notice of a positive confirmed test result, the employee/job applicant may submit information to the employer explaining or contesting the test results and stating why the test results do not constitute a violation of the employer's policy. If this explanation is unsatisfactory, the employer must, within fifteen (15) days of receipt of the explanation or challenge, provide the employee/job applicant with a written explanation as to why the employee's explanation is unsatisfactory along with the report of the positive confirmed test results. The documentation of the above shall be kept confidential by the employer and shall be retained by the employer for at least one year. If the employee wishes to challenge the confirmed drug test result and is involved in a work place injury, the employee may file an administrative challenge by filing a claim for benefits with a Judge of Compensation Claims. If no work place injury occurred, the confirmed positive test result of the employee/job applicant may be challenged in a court of competent jurisdiction.

**Notice to laboratory:** The employee/job applicant who wishes to challenge the test result, must notify the laboratory of the challenge to the test and the laboratory shall retain the sample until the case is settled. Otherwise, the laboratory is required to preserve the specimen that produces a positive confirmed test result for a period of at least 210 days after the results of the positive confirmation are mailed or otherwise delivered to the employer. Within 180 days after written notification of a positive test result, the employee or applicant may have a portion of the specimen retested at the employee's or applicant's expense at another laboratory. The second laboratory test must be of equal or greater sensitivity as the first laboratory test. The first laboratory shall be responsible for the transfer of a portion of the specimen to be tested to the second laboratory and for the integrity of the chain of custody doing the transfer.

## EMPLOYEE ASSISTANCE PROGRAMS

**Workers' Compensation Medical Centers**  
6504 N.W. 77 Court  
Miami, FL 33166  
Employee Assistance Program  
Ft. Lauderdale (305) 522-6009  
Pompano (305) 941-6301  
Miami (305) 593-2174

**Biodyne**  
8211 W. Broward Blvd.  
Plantation, FL 33324  
Broward: (305)424- 3993  
  
EmploAssist 800-221-5487

## DRUG AND ALCOHOL REHABILITATION PROGRAMS

**Spectrum Programs**  
11033 N.E. 6th Ave.  
Miami, FL 33161  
Outpatient Treatment-Sliding Scale Fees  
Dade: (305) 754-1683

**Outpatient Target: Recovery**  
N.E. 191st St. Suite 703  
Aventura, FL 33180  
Outpatient Treatment  
(305) 933-0002

**The Treatment Company**  
725 N.E. 125th St. Suite 100  
North Miami, FL 33161  
Outpatient Treatment  
(305) 893-7640

**Somerset**  
67 N.E. 168th St.  
North Miami Beach, FL 33162  
In and Outpatient Treatment  
1-800-673-2966

**Spectrum Program**  
2455 E. Sunrise Blvd.  
Ft. Lauderdale, FL  
In and Outpatient Treatment/  
Detoxification  
(305) 564-2266

**High Point**  
5960 S.W. 106th Ave.  
Cooper City, FL 33328  
In Patient  
1-800-523-7773

**South Miami Hospital**  
7400 S.W. 62 Avenue  
South Miami, FL 33143  
In/Outpatient Treatment  
(305) 662-8118

**Economic Opportunity/  
Family Health CenterInc.**  
1175 N.W. 60 St.  
Miami, FL 33142  
Outpatient Treatment  
(305) 836-0080

**Central Detox**  
2500 N.W. 22 Ave.  
Miami, FL 33161  
Detoxification Only -  
County Run  
(305) 638-6540

**Broward Addiction/  
Recovery Center**  
1000 S.W. 2 Street  
Ft. Lauderdale, FL 33312  
In/Outpatient Treatment/  
Detoxification  
(305) 831-1580

**The Retreat**  
555 S.W. 148 Ave  
Sunrise, FL  
In/Outpatient Treatment  
(305) 370-0200

**Hanley-Hazelden Center**  
5200 East Ave.  
W. Palm Beach, FL 33407  
In/Out Patient Treatment  
(407) 848-1666

**THE FOLLOWING IS A LIST OF DRUGS FOR WHICH THE EMPLOYER WILL TEST:**

<u>Chemical name</u>	<u>Brand name</u>	<u>Street name</u>
Alcohol (ETOH)		Beer, Distilled spirits, booze
Amphetamines	Obetrol, Desoxyn Dexedrine, Didrex Biphetamine	Uppers, Speed, Bennies, Crystal, Black Beauties
Barbiturates	Phenobarbital, Tuinal Nembutal, Seconal, Fiorinal Amytal, Lotusate, Fioricet Esgic, Butisol, Mebaral, Butabarbital, Butalbital, etc.	Downers, Red Devil Yellow Jackets
Benzodiazepines	Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium Xanax, Serax, Tranxene, Valium, Halcion, Restoril, etc.	Downers
Cocaine (Benzoylcegonine)		Freebase, Crack
Cannabinoid's (THC) (Tetrahydrocannabinol)		Pot, Marijuana Weed, Grass, Joints
Opiates	Paregoric, Parepectolin, Dilaudid, Percodan, Codeine, Morphine, Vicodin, Aspirin with Codeine, Tylenol with Codeine, Novahistine DHG, etc.	Downers, Smack, Heroin
Methadone	Dolophine	
Methaqualone	Quaaludes	Ludes
Phencyclidine		PCP, Angel Dust, THC
Propoxyphene	Darvocet, Dolene, Darvon, Darvon-N	

Pursuant to the provisions of FS 440.102(4)(C), City Code Chapter 34.17(E)(3)(n), City of Miami Springs Police Department, Rule 2.240.25(2), and the City of Miami Springs and Police Benevolent Association Agreement, Article 24(A), the City has the right to require its employees to submit to drug and alcohol testing; that if the employee refuses to submit to such test, the City may take appropriate disciplinary action; that the affected employee has the right to appeal the disciplinary action to the City's Civil Service Board or as provided in the contractual provisions for handling grievances in the applicable union contract, as applicable.

**Consequences of refusal to allow test:** If a worker refuses to allow a test, they lose their workers' compensation medical and indemnity benefits and may be discharged or disciplined pursuant to city policy. An applicant who refuses a drug test will not be hired.

**Right to consult with laboratory:** Employees and applicants have the right to consult with the testing laboratory and the Medical Review Officer for technical information regarding prescription and non prescription medication.

**Unemployment Compensation:** Any employee who is terminated on the basis of a positive confirmed drug screen will be *ineligible* to collect unemployment compensation.

**Post accident testing:** Any employee injured in the scope of his or her employment, who is tested and has a positive confirmed drug screen, forfeits their eligibility for medical and indemnity benefits under the Workers' Compensation Act upon exhaustion of the procedures provided in s.440.102 Florida Statutes.

**Consequences for a positive confirmed drug screen:** The City hereby states its policy relating to those employees who test positive on their drug screen to be as follows:

They will be sent to the Employee Assistance Program Counselor for an assessment and referral for appropriate treatment. They will be extended a temporary leave of absence, if necessary, to complete their treatment. Following this they will return to their job and have frequent follow up drug screens for a 2 year period. If they refuse to have an assessment, refuse to follow the recommendation for treatment, or fail to complete treatment successfully they will be terminated from their employment. If they test positive on any of their follow up drug screens they will be terminated from their employment.

If an employee refuses to take a periodic or reasonable suspicion drug screen he/she will be terminated from employment.

**ADMINISTRATIVE ORDER NO. 94-7**

**POLICY ADDENDUM**

**THE CITY OF MIAMI SPRINGS HEREBY STATES ITS POLICY RELATING TO THOSE EMPLOYEES WHO TEST POSITIVE ON THEIR DRUG SCREEN TO BE AS FOLLOWS:**

They will be sent to the Employee Assistance Program Counselor for an assessment and referral for appropriate treatment. They will be extended a temporary leave of absence, if necessary, to complete their treatment. Following this they will return to their job and have frequent follow up drug screens for a 2 year period. If they refuse to have an assessment, refuse to follow the recommendation for treatment, or fail to complete treatment successfully they will be terminated from their employment. If they test positive on any of their follow up drug screens they will be terminated from their employment.

If an employee refuses to take a periodic or reasonable suspicion drug screen he/she will be terminated from employment.

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**I have read the above Drug Policy Addendum and received a copy of the Drug Free Workplace Policy 94-7.**

**EMPLOYEE'S SIGNATURE:** \_\_\_\_\_

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

**OVER THE COUNTER AND PRESCRIPTION DRUGS  
WHICH COULD ALTER OR AFFECT THE OUTCOME OF A DRUG TEST**

**ALCOHOL**

All liquid medication containing ethyl alcohol (ethanol). Please read the label for alcohol content. As an example, Vick's Nyquil is 25% (50 proof) ethyl alcohol, Comtrex is 20% (40 proof), Contact Severe Cold Formula Night Strength is 25% (50 proof) and Listerine is 26.9% (54 proof).

**AMPHETAMINES**

Obetrol, Biphedamine, Desoxyn, Dexedrine, Didrex

**CANNABINOIDS**

Marinol, (Dronabinol, THC)

**COCAINE**

Cocaine HCL topical solution (Roxanne)

**PHENCYCLIDINE**

Not legal by prescription

**METHAQUALONE**

Not legal by prescription

**OPIATES**

Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, 222's Empirin with codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guaituss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin and Roxanol (Morphine sulfate), Percodan, Vicodin, etc.

**BARBITURATES**

Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebaral, Butabarbital, Butalbital, Phrenilin, Triad, etc.

**BENZODIAZAPINES**

Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax.

**METHADONE**

Dolophine, Methadose

**PROPOXYPHENE**

Darvocet, Darvon N, Dolens, etc.

Please list any over the counter as well as prescription medications you have taken in the past month. If it is prescription medication please list the name, address and phone number of the prescribing physician. Also please list any other medical information which may be relevant to the drug testing:

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NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ DATE: \_\_\_\_\_



**CITY OF MIAMI SPRINGS, FLORIDA**

**DRUG FREE WORKPLACE POLICY**

**EMPLOYEE/APPLICANT ACKNOWLEDGMENT FORM**

I hereby acknowledge that I have received and read a summary of the Company's Drug Free Workplace policy, a summary of the drugs which may alter or affect a drug test and a list of local Employee Assistance Programs and drug and alcohol treatment programs. I have had an opportunity to have all aspects of this material fully explained. I understand that the full text of the Drug Free Workplace policy is available upon request. I also understand that I must abide by the policy as a condition of employment, and any violation may result in disciplinary action up to and including discharge.

Further, I understand that during my employment I may be required to submit to testing for the presence of drugs or alcohol. I understand that submission to such testing is a condition of employment with the City and disciplinary action up to and including discharge may result if:

1. I refuse to consent to such testing,
2. I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations,
3. I refuse to authorize release of the test results to the City,
4. The tests establish a violation of the City's Drug-Free Workplace policy,
5. I otherwise violate the policy.

**If I am injured in the course and scope of my employment and test positive, I forfeit my eligibility for medical and indemnity benefits under the Workers' Compensation Act upon exhaustion of the remedies provided in Florida Statute 440.102(5).**

I ALSO UNDERSTAND THAT THE DRUG FREE WORKPLACE POLICY AND RELATED DOCUMENTS ARE NOT INTENDED TO CONSTITUTE A CONTRACT BETWEEN THE CITY AND ME.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Drug Free Workplace  
Substance Abuse Testing and Screening  
Employee/Job Applicant Release Form**

NAME \_\_\_\_\_ SS# \_\_\_\_\_

I \_\_\_\_\_, authorize Workers' Compensation Medical Centers Inc., to obtain a urine/blood specimen for the purpose of testing for drugs and/or alcohol. I authorize them to release the results to the Human Resources Director of the City of Miami Springs.

The results of this drug and/or alcohol test need to be received by my employer in order to comply with the Drug Free Workplace policies. Only the actual test results will be disclosed.

This consent form will be viable for a period of one year from the date listed next to the signature.

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

**AFFIDAVIT**

**STATE OF FLORIDA  
COUNTY OF MIAMI-DADE**

Before me personally appeared the said \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

## **SAMPLE FORM LETTER FOR POSITIVE TEST RESULTS**

Dear Employee/Job Applicant:

The purpose of this letter is to inform you that you had a positive confirmed drug screen test result. A Medical Review Officer has contacted you to review the results. If you have any new information that might be pertinent to the results please call Physicians Health Center (the clinic that obtained your drug screen). They will assist you in reaching the Medical Review Officer.

If you wish to explain or contest the results of the positive confirmed drug screen result to your employer/prospective employer, you have five days to do so after receiving the results. You may request a copy of the results in writing.

You may have the same specimen retested, at your own expense at another equally licensed and approved laboratory. The first laboratory will be responsible for transfer and integrity of the specimen to the second laboratory. The second laboratory must test at equal or greater sensitivity for the drug in question as the first laboratory.

The employee/job applicant must notify the laboratory of their intent to bring civil or administrative action so as to insure that the laboratory will preserve that specimen until the case or appeal is settled.

Please read our Drug Free Workplace policy to understand the appropriate protocol to follow if your explanation is not accepted by your employer/prospective employer, and you wish to proceed with your challenge of the drug screen results.

Consequences for positive confirmed drug screen test results for job applicants will not be hired.

Consequences for positive confirmed drug screen test results for employees are defined in the City=s Drug Free Workplace Policy.

Sincerely,

  

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

Employee/Job Applicant Name: \_\_\_\_\_

Dear Employee/Job Applicant:

This letter is to inform you that your explanation or challenge to the positive confirmed test result is unsatisfactory for the following reasons:

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Enclosed is a copy of the report of the positive test results. You may contest the test results pursuant to Rules adopted by the Department of Labor and Employment Security, in an administrative challenge by filing a claim for benefits with a Judge of Compensation Claims pursuant to Chapter 440 FS, if there was a workplace injury, or if no workplace injury occurred, with a court of competent jurisdiction. If you decide to institute action as set forth above, you must notify the laboratory so that the specimen is preserved until resolution of the case.

This documentation will be kept confidential and retained for a minimum of one year from the above date.

Sincerely,



**CITY OF MIAMI SPRINGS**

**ADMINISTRATIVE ORDER NO. 94-7**

**TO:** ALL EMPLOYEES  
**FROM:** FRANK R. SPENCE, CITY MANAGER  
**SUBJECT: DRUG FREE WORKPLACE POLICY  
DRUG SCREEN POLICY STATEMENT**  
**DATE:** May 17, 1994

**This is notice to all employees that the City of Miami Springs is implementing a Drug Free Workplace. It is a condition of employment to refrain from using drugs on or off the job.**

Our drug testing program is already in place and will continue as a component of the Drug Free Workplace.

You will receive full information concerning all aspects of the Drug Free Workplace in writing as well as a verbal explanation.

This policy and program is being implemented under the provisions of Chapter 440.102 Florida Statutes and Chapter 38 F-9 of the Florida Administrative Code.

**ADMINISTRATIVE ORDER NO. 94-7**

**POLICY ADDENDUM**

**THE CITY OF MIAMI SPRINGS HEREBY STATES ITS POLICY RELATING TO THOSE EMPLOYEES WHO TEST POSITIVE ON THEIR DRUG SCREEN TO BE AS FOLLOWS:**

They will be sent to the Employee Assistance Program Counselor for an assessment and referral for appropriate treatment. They will be extended a temporary leave of absence, if necessary, to complete their treatment. Following this they will return to their job and have frequent follow up drug screens for a 2 year period. If they refuse to have an assessment, refuse to follow the recommendation for treatment, or fail to complete treatment successfully they will be terminated from their employment. If they test positive on any of their follow up drug screens they will be terminated from their employment.

If an employee refuses to take a periodic or reasonable suspicion drug screen he/she will be terminated from employment.

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**I have read the above Drug Policy Addendum and received a copy of the Drug Free Workplace Policy 94-7.**

**EMPLOYEE'S SIGNATURE:** \_\_\_\_\_

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

**CITY OF MIAMI SPRINGS, FLORIDA**

**DRUG FREE WORKPLACE POLICY**

**EMPLOYEE/APPLICANT ACKNOWLEDGMENT FORM**

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Further, I understand that during my employment I may be required to submit to testing for the presence of drugs or alcohol. I understand that submission to such testing is a condition of employment with the City and disciplinary action up to and including discharge may result if:

1. I refuse to consent to such testing,
2. I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations,
3. I refuse to authorize release of the test results to the City,
4. The tests establish a violation of the City's Drug-Free Workplace policy,
5. I otherwise violate the policy.

**If I am injured in the course and scope of my employment and test positive, I forfeit my eligibility for medical and indemnity benefits under the Workers' Compensation Act upon exhaustion of the remedies provided in Florida Statute 440.102(5).**

I ALSO UNDERSTAND THAT THE DRUG FREE WORKPLACE POLICY AND RELATED DOCUMENTS ARE NOT INTENDED TO CONSTITUTE A CONTRACT BETWEEN THE CITY AND ME.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_