



Finance & Administration Committee

Action Item III-B

February 11, 2016

**Approval of Revisions to Drug and Alcohol
Policy and Update on Procedures Manual**

Washington Metropolitan Area Transit Authority
Board Action/Information Summary

Action Information

MEAD Number:
201707

Resolution:
 Yes No

TITLE:

Drug & Alcohol Policy and Procedures

PRESENTATION SUMMARY:

This presentation summarizes revisions to Policy/Instruction 7.7.3/4, Drug and Alcohol Policy and Testing Program (D&A Policy) and requests that Metro's Board of Directors (Board) adopt the revised policy. This presentation also provides a brief overview of the accompanying Drug and Alcohol Procedures Manual (Manual) created in response to the Board's directive in Resolution #2015-31 that staff create a procedures document to ensure proper implementation of the D&A Policy.

PURPOSE:

To request that the Board approve the revised *D&A Policy* in order to satisfy the 2015 Federal Transit Administration (FTA) drug and alcohol policy audit findings.

DESCRIPTION:

Key Highlights:

- In January 2016, FTA confirmed that the revised *D&A Policy*, as drafted and recommended for approval by the Board, successfully addresses the policy audit findings.
- The new *Manual* satisfies the Board's directive to memorialize Metro's drug and alcohol procedures to ensure that the *D&A Policy* is properly implemented.

Background and History:

In 1994, Metro adopted a drug and alcohol testing program policy to meet its obligations under the new DOT/FTA drug and alcohol testing regulations. Since 1994 that policy has undergone six revisions (1999, 2001, 2002, 2013, 2014, and 2015) to correspond with regulatory changes.

In 2014, FTA conducted a Triennial Review of Metro. In its Triennial Review report, FTA issued a corrective action requiring Metro to make several changes to its *D&A Policy*. In May 2015, the Board approved the revised *D&A Policy* in Resolution #2015-31. The revised policy successfully addressed FTA's Triennial Review findings.

In response to the 2014 Triennial Review, staff conducted a broad review of its drug and alcohol procedures and determined that Metro would benefit from the documentation of additional procedures. In response, the Board directed staff in Resolution #2015-31 to create a procedures document to ensure the effective implementation of the revised *D&A Policy*.

As discussed below, in November 2015, FTA conducted a more comprehensive audit of Metro's drug and alcohol program. The FTA audit had nine new policy findings that required staff to revise the most recent *D&A Policy*.

Discussion:

D&A Policy

The nine November 2015 FTA policy findings generally fall into one of two categories. They either require Metro to revise its policy by: 1) providing additional details for certain testing requirements; or 2) clearly noting which testing requirements are mandated by FTA and which requirements are mandated under Metro authority. A majority of these policy revisions were already well-established Metro practices, but had not previously been incorporated into the *D&A Policy*. Staff revised the policy to address these findings.

Staff also made additional revisions to improve the *D&A policy* that were unrelated to the FTA findings. These revisions clarify drug and alcohol standards, such as further detailing Metro's prescription and over-the-counter medication procedures and providing more discretion to the applicable on-site investigator regarding whether an employee must undergo a Metro post-incident drug or alcohol test.

In January 2016, staff sent the revised policy to FTA for its review. FTA determined that these proposed revisions successfully address the audit findings and that the *D&A Policy* complies with the DOT drug and alcohol regulations. Board approval of the revised *D&A Policy* will close out the FTA policy findings.

D&A Procedures Manual

Staff also recently completed the *Manual*. The 113-page document (including appendices) that ensures successful implementation of the *D&A Policy* by consolidating and memorializing Metro's drug and alcohol procedures. To ensure that the drafted procedures were practical and effective, many departments provided input on the *Manual*. These departments include: Human Resources, including Medical Services, Talent Acquisition, Talent Management, and Human Resources Information Management; Deputy General Manager, Operations; Department of Bus Services; Office of Labor Relations, Office of Procurement and Materials; and the Office of General Counsel. The *Manual* includes procedures for, among other things:

- The 11 categories of drug and alcohol testing (e.g., pre-employment, post-accident, post-incident, random, reasonable suspicion, etc.);
- Reporting prescription medication;
- Drug and alcohol specimen collection, recordkeeping, confidentiality requirements,

- and reporting results to FTA;
- Education and training programs;
- Contractor oversight;
- Maintaining and updating safety-sensitive job codes; and
- Employee discipline for non-compliance with drug and alcohol requirements.

FUNDING IMPACT:

Define current or potential funding impact, including source of reimbursable funds.	
Project Manager:	Michael Duncan
Project Department/Office:	Department of Human Resources

TIMELINE:

Previous Actions	1994 – Initial adoption of Metro’s drug and alcohol testing program Subsequent revisions: 1999, 2001, 2002, 2013, 2014, 2015
Anticipated actions after presentation	Distributing revised <i>D&A Policy</i> to all safety-sensitive employees

RECOMMENDATION:

Approve the revised *D&A Policy* to close out the 2015 FTA drug and alcohol policy audit findings.



Washington Metropolitan Area Transit Authority

Drug and Alcohol Policy Revisions

Finance and Administration Committee

February 11, 2016



Purpose

To request:

- Board adoption of Metro's revised Drug & Alcohol Policy and Testing Program

To present:

- New Drug and Alcohol Procedures Manual



Drug and Alcohol Policy

- DOT/FTA requires grantees to establish a D&A program policy
- Originally adopted by the Board in 1994
- Periodically revise to comply with changing regulations



Drug and Alcohol Policy

- FY14 Triennial Review – Required changes
 - Incorporated changes and obtained FTA approval of draft
 - Board adopted revised policy
 - Board directed development of procedures
- FTA Audit November 2015 – Required further revisions
- In January 2016, FTA determined the revised policy, as drafted, to be compliant



Drug and Alcohol Policy

- Revised policy addresses FTA's nine corrective actions by:
 - Providing additional details for testing requirements; and
 - Clearly delineating FTA-mandated requirements and WMATA-mandated requirements.
- Includes additional revisions, unrelated to the FTA audit, that clarify WMATA drug and alcohol standards.



D&A Procedures Manual

- Board directed development of procedures manual:
 - Document end-to-end testing processes
 - Determine safety-sensitive positions and contractors
 - Provide contractor oversight process
- For consistent application and documentation



D&A Procedures Manual

- COUN, HR, PRMT, DGMO, BUS, and LABR collaborated to create detailed manual with steps for:
 - Maintaining safety-sensitive job codes
 - Conducting testing
 - Following up on test results
 - Reporting Prescription Drugs
 - Contractor Oversight
 - Training



Next Steps

Request board adoption
of Drug and Alcohol
Policy and Testing
Program policy

SUBJECT: REVISIONS TO DRUG AND ALCOHOL POLICY

RESOLUTION
OF THE
BOARD OF DIRECTORS
OF THE
WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY

WHEREAS, The Washington Metropolitan Area Transit Authority's (WMATA) current *Drug and Alcohol Policy and Testing Program* policy, P/I 7.7.3/4 (D&A Policy), fulfills WMATA's obligation to comply with the United States Department of Transportation (DOT) and the Federal Transit Administration (FTA) requirement that grant recipients, such as WMATA, have an anti-drug and alcohol policy and testing program to deter and detect the use of prohibited drugs and to prohibit alcohol misuse by safety-sensitive employees; and

WHEREAS, WMATA's D&A Policy supplements DOT and FTA requirements with additional requirements solely under its own authority; and

WHEREAS, FTA conducted an audit of WMATA's anti-drug and alcohol policy and testing program and issued nine corrective actions that generally require WMATA to revise its D&A Policy by providing additional details for certain testing requirements and clearly note which testing requirements are mandated by FTA and which requirements are mandated under WMATA authority; and

WHEREAS, The attached revised D&A Policy fulfills FTA's corrective actions by providing the testing details from established WMATA practices into the D&A Policy and clearly delineating FTA-mandated requirements and WMATA-mandated requirements; and

WHEREAS, The attached revised D&A Policy includes several additional revisions that, while not required by the FTA audit, clarify drug and alcohol process and standards, such as further detailing WMATA's prescription and over-the-counter medication procedures and providing more discretion to WMATA departments regarding when an employee must undergo a WMATA post-incident drug or alcohol test; and

WHEREAS, The FTA requires that the Board of Directors promptly adopt changes to the D&A Policy; now, therefore be it

RESOLVED, That the Board of Directors approves the attached revised P/I 7.7.3/5, *Drug and Alcohol Policy and Testing Program* policy; and be it finally

RESOLVED, That to comply with the FTA requirement, this Resolution shall be effective immediately.

Reviewed as to form and legal sufficiency,



Mark R. Pohl
Acting General Counsel

WMATA File Structure Nos.:
16.1.2 Drug & Alcohol Tests
22.6.1 Federal Transit Administration (FTA) Safety Oversight

PROPOSED



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

A portion of Metro’s drug and alcohol testing requirements exceed the DOT/FTA requirements set forth in 49 Code of Federal Regulations Parts 40 and 655. Provisions set forth under this policy that exceed the DOT/FTA regulations appear in **bold print**.

1.00 PURPOSE

- 1.01 This Policy/Instruction (P/I) establishes Washington Metropolitan Area Transit Authority’s (Metro) drug and alcohol policy and testing program and incorporates the U.S. Department of Transportation and Federal Transit Administration (DOT/FTA) guidelines on drug and alcohol misuse, prevention and testing. Compliance with this P/I is a requirement of Metro employees and applicants and is therefore a condition of employment. Covered employees, applicants and contractor employees are required to submit to drug and alcohol testing as specified in this P/I.
- 1.02 Locations and contacts for Metro’s Drug and Alcohol Policy and Testing Program are in Section 6.11 of this P/I.

2.00 POLICY

- 2.01 Metro is committed to maintaining an operation free of prohibited drugs and alcohol to protect the health and safety of employees, patrons, and the general public. To accomplish this, it is Metro’s policy to maintain a workplace free from the misuse or influence of alcohol and drugs.
- 2.02 Drug and alcohol testing is mandated for covered employees and contractors by the FTA in 49 CFR Part 655, *Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations*, as amended. The DOT has rules on how the testing must take place, set forth in 49 CFR Part 40, *Procedures for Transportation Workplace Drug and Alcohol Testing Programs*, as amended.

3.00 SCOPE

This policy applies to all Metro employees, applicants for employment and employees of Metro contractors and subcontractors (collectively “contractors”).

4.00 DEFINITIONS

- 4.01 Accident is an occurrence associated with the operation of a vehicle by a DOT/FTA safety-sensitive employee or contractor if as a result:
 - (a) An individual dies (fatal); or
 - (b) An individual suffers bodily injury and immediately receives medical treatment away from the scene of the accident (non-fatal); or
 - (c) With respect to an occurrence in which the public transit vehicle involved is a bus, electric bus, van, or automobile, one or more vehicles (including non-FTA funded vehicles) incurs

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		1 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

disabling damage as the result of the occurrence and such vehicle or vehicles are transported away from the scene by a tow truck or other vehicle; or

(d) With respect to an occurrence in which the public transportation vehicle involved is a rail car, trolley car, trolley bus, or vessel, the public transportation vehicle is removed from operation.

- 4.02 Alcohol is the intoxicating agent in beverage alcohol, ethyl alcohol, methyl, isopropyl, and other low molecular weight alcohols.
- 4.03 Alcohol Confirmation Test is a test using an evidential breath testing device, following a screening test with a result of 0.02 or greater, that provides quantitative alcohol concentration data.
- 4.04 Anti-Drug/Alcohol Program is a program to detect and deter the misuse of alcohol and prohibited drugs.
- 4.05 Breath Alcohol Technician (BAT) is a trained individual who instructs donors during the alcohol testing process and operates an evidential breath testing device (EBT).
- 4.06 Cancelled Test is a drug or alcohol test that has a problem that cannot be or has not been corrected, or a drug or alcohol test which DOT/FTA and Metro otherwise requires to be cancelled. A cancelled test is neither a positive nor negative test result.
- 4.07 Chain of Custody refers to the procedures used to document the handling of the urine specimen from the time the employee or contractor gives the specimen to the collector until the specimen is destroyed.
- 4.08 Collection Site is a designated location selected by Metro where donors present themselves for the purpose of providing a specimen of urine and/or breath to be analyzed for the presence of drugs and/or alcohol.
- 4.09 Confidentiality is the required non-disclosure of test results except to the donor, the Medical Review Officer (MRO), management, DOT/FTA, and as otherwise required by law.
- 4.10 Covered Applicant is an individual, under consideration for employment, including former employees, in a position that is classified as safety-sensitive as defined by DOT/FTA regulations **or Metro policy**.
- 4.11 Covered Contractor refers to an individual who is the employee of a Metro contractor or subcontractor and who performs safety-sensitive functions as defined by DOT/FTA regulations **or Metro policy**.
- 4.12 Covered Employee is a person, including an applicant or transferee, who performs a safety-sensitive function as defined by DOT/FTA regulations **or Metro policy**.

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		2 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

- 4.13 Cut-off level for Alcohol is the minimum alcohol level determined by blood alcohol concentration level as identified by the evidential breath testing device process facilitated by a breath alcohol technician.
- 4.14 Cut-off level for Drugs is the current, standard minimum amount of drug or its metabolite presence in a urine sample (as detected by immunoassay and gas chromatography/mass spectrometry techniques) used by the Substance Abuse & Mental Health Services Administration (SAMHSA) to determine whether a urine sample is positive for drugs or classes of drugs which include marijuana, cocaine, opiates, PCP, and amphetamines.
- 4.15 Designated Employer Representative (DER) is a Metro-appointed employee authorized to remove an employee or contractor from performing safety-sensitive functions.
- 4.16 DHHS-Certified Laboratory is a chemical testing laboratory that meets Department of Health & Human Services (DHHS) requirements to perform chemical analyses.
- 4.17 Dilute Urine Drug Specimen is a urine specimen with creatinine and specific gravity values that are not within the expected concentrations for human urine.
- 4.18 Disabling Damage is damage that precludes the departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs, including damage to motor vehicles that could have been driven, but would have been further damaged if so driven. Disabling damage does not include:
 - (a) Damage that can be remedied temporarily at the scene of the accident without special tools or parts;
 - (b) Tire disablement without other damage even if no spare tire is available;
 - (c) Headlamp or taillight damage; and/or
 - (d) Damage to turn signals, horn, or windshield wipers rendering them inoperable.
- 4.19 Donor is an individual from whom a specimen is being collected for drug and alcohol testing purposes.
- 4.20 Drug and Alcohol Testing Program is a program to detect and deter the misuse of alcohol and prohibited drugs.
- 4.21 Employee Assistance Program (EAP) is a confidential program offering counseling and referral for employees who have substance abuse problems, marital, emotional, family, or financial concerns which may cause poor attendance, unsatisfactory job performance, or create safety hazards for the employee, co-workers, and/or the public.
- 4.22 Evidential Breath Testing (EBT) is a device utilized to detect the presence and measure breath alcohol concentration.

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		3 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

- 4.23 Medical Provider is a licensed healthcare professional, practicing within the scope of that licensure and is authorized to prescribe medications, i.e., medical doctors, dentists, nurse practitioners, and podiatrists.
- 4.24 Medical Review Officer is a licensed physician (Medical Doctor or Doctor of Osteopathy) responsible for receiving and reviewing laboratory results generated by an employer's drug and alcohol testing program and evaluating medical explanations for drug test results.
- 4.25 Monitored Urine Collection is a collection that is conducted using a multi-stall restroom. The site provides substantial visual privacy and the monitor secures all sources of water and other substances that could be used for adulteration and substitution. Only the monitor and the donor may be present; the monitor prevents unauthorized entry to the restroom during the collection. The donor is not observed urinating during a monitored urine collection.
- 4.26 Negative-Dilute Urine Drug Test Result is a laboratory report indicating that there was no drug present at the screening cut-off level or higher and that the specimen was diluted based on the specific gravity and creatinine values.
- 4.27 Non-covered contractor is an employee of a Metro contractor or subcontractor who does not perform a safety-sensitive function as defined by DOT/FTA regulations **or Metro policy** and is not subject to random drug and alcohol testing. **However, all Metro contractors are subject to Metro post-incident testing when circumstances require such testing.**
- 4.28 Non-covered employee is an employee who does not perform a safety-sensitive function as defined by DOT/FTA regulations **or Metro policy** and is not subject to random drug and alcohol testing. **However, all Metro employees are subject to Metro post-incident and follow-up drug and alcohol testing when circumstances require such testing.**
- 4.29 Non-Negative Drug Test Result is a report, after review by the MRO, with one or more of the following:
 - (a) Positive, with drug(s)/metabolite(s) noted;
 - (b) Positive-dilute, with drug(s)/metabolite(s) noted, with numerical values for creatinine and specific gravity;
 - (c) Adulterated, with adulterant(s) noted, with confirmatory test values (when applicable), and with remarks(s);
 - (d) Substituted, with confirmatory test values for creatinine and specific gravity; and/or
 - (e) Invalid result, with remark(s) - laboratories will report actual pH values.
- 4.30 Occupational Medicine Physician is a doctor who reviews Metro employees' prescription and over-the-counter medication. Specifically, the Occupational Medicine Physician reviews employees' prescription reporting forms and the medication that an employee or applicant reports

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		4 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

during a physical exam. The Occupational Medicine Physician also reviews non-negative drug test results that may have resulted from an employee's use of medication and verifies whether the medication was legal and used as prescribed. The Occupational Medicine Physician works to ensure that the highest standards of occupational health and safety can be achieved and maintained.

- 4.31 Public Transportation Vehicle is a bus, electric bus, van, automobile, rail car or trolley car that is DOT-funded or unfunded, whether in or out of revenue service, used for public transportation or ancillary services.
- 4.32 Refusal to Test constitutes a verified positive test result and occurs when a selected or required employee or contractor:
- (a) Fails to appear at the designated collection site within the specified timeframes for random and follow-up testing as specified in *Appendix C* of this policy;
 - (b) Fails to remain until the testing process is complete;
 - (c) Possesses/wears a prosthetic or other device used to tamper with the testing process;
 - (d) Fails or attempts to fail to provide the required urine or breath specimen for any drug or alcohol test;
 - (e) Fails to remain readily available for a post-accident or **Metro post-incident test** as determined by the DER;
 - (f) Provides an MRO-verified adulterated or substitute specimen;
 - (g) Refuses to comply with direct observation urine collection test procedures, including failing 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 there is any type of prosthetic or other device that could be used to interfere with the collection process;
 - (h) Refuses to comply with monitored urine collection test procedures;
 - (i) Fails to provide a sufficient amount of urine or breath when directed and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
 - (j) Fails to undergo a medical examination, as directed by the MRO, as part of the verification process for "Shy Bladder" or "Shy Lung";
 - (k) Fails to take a directed second test;
 - (l) Admits to the adulteration or substitution of a specimen to the compliance collector or MRO;

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		5 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

- (m) Refuses to sign Step 2 of the alcohol test form; and/or
- (n) Refuses to cooperate with any part of the testing process, e.g., refusal to empty pockets when directed by the collector or displays behavior in a confrontational way that disrupts the collection process.

4.33 **Substance Abuse Counselor (SAC) is a person who evaluates Metro employees who have violated a Metro (non-DOT) drug and alcohol policy and makes recommendations concerning education, treatment, follow-up testing, and aftercare.**

4.34 Substance Abuse and Mental Health Services Administration (SAMHSA) Drug refers to the required substances for which testing is conducted, which includes cocaine, marijuana, amphetamines, opiates, and phencyclidine.

4.35 Safety-Sensitive Function (DOT/FTA) is any of the following duties, when performed by employees or contractors:

- (a) Operating a revenue service vehicle, including when not in revenue service;
- (b) Operating a non-revenue service vehicle, when required to be operated by a holder of a Commercial Driver's License;
- (c) Maintaining (including repairs, overhaul, and rebuilding) a revenue service vehicle or equipment used in revenue;
- (d) Controlling dispatch or movement of a revenue service vehicle; and
- (e) Carrying a firearm for security purposes.

4.36 **Safety-Sensitive Function (Metro) is any of the following duties, when performed by employees or contractors:**

- (a) **Maintaining (including repairs, overhauls, and rebuilding) all equipment used to transport people (escalators/elevators); and**
- (b) **Monitoring and performing station services, such as assisting passengers in the use of station services and equipment (station managers).**

4.37 Substance Abuse Professional (SAP) is a person who evaluates Metro employees who have violated a federal DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.

4.38 Split Specimen is a urine specimen that is divided and sent to separate testing laboratories in the event that the donor requests a secondary test following a verified positive test of the primary specimen or a verified adulterated or substitute test result.

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		6 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

- 4.39 Substitute Urine Drug Specimen is urine that has been submitted in place of the donor's urine as evidenced by creatinine and specific gravity values. A substituted specimen is a refusal to test.
- 4.40 Transferee is an employee currently in a non-safety-sensitive function position who has applied for or is being considered for a safety-sensitive function position.
- 4.41 Verified Test is a drug test resulting in the detection of drugs or alcohol by a DHHS-certified laboratory that has undergone review and final determination by the MRO.
- 4.42 **Workplace is any location, either permanent or temporary, where employees or contractors perform any act in connection with their Metro employment or contractual relationship. These locations can include, but are not limited to, all Metro owned or leased transit facilities, equipment locations, garages, depots, terminals, rail stations, offices, vehicles, buses, trains, or non-revenue vehicles whether owned or not owned, leased, or operated by Metro.**

5.00 RESPONSIBILITY AND AUTHORITY

- 5.01 Board of Directors. The WMATA Board of Directors shall adopt the provisions of this policy as required by 49 CFR Part 655. The Board is responsible to ensure that Metro is complying with all applicable federal laws, rules, or regulations relating to federal drug and alcohol testing.
- 5.02 General Manager/Chief Executive Officer. The Board delegates to the GM/CEO full authority to implement a drug and alcohol testing program consistent with this policy. The GM/CEO shall not modify this Drug and Alcohol P/I without authorization by the Board, except that the GM/CEO may update Medical Services employee contact information in Section 6.11 without Board authorization. The GM/CEO is responsible for establishing employee standards of conduct and a system of accountability for performance; establishing a system for the timely review of drug and alcohol program elements; and establishing a system for reporting information regarding drug and alcohol testing activities to the Board. More specifically, the GM/CEO is responsible for ensuring proper drug and alcohol collection and testing procedures; maintaining an updated and accurate list of safety-sensitive job codes and safety-sensitive employees to ensure that all employees are captured in Metro's drug and alcohol testing program; maintaining accurate and timely drug and alcohol recordkeeping and reporting to FTA; establishing a contractor oversight program, including establishing an updated and accurate list of contracting entities and contractor employees who perform safety-sensitive job functions for Metro and ensuring that all applicable Metro contracts include a DOT drug and alcohol testing program clause; ensuring timely and comprehensive safety-sensitive employee and supervisor drug and alcohol training; enforcing consequences for employees who fail to comply with drug and alcohol policies, procedures, and DOT drug and alcohol regulations; distributing this P/I to all employees; ensuring proper oversight and administration of related policies, such as P/I 7.7.1/1, *Drug-Free Workplace*; and complying with all other drug and alcohol requirements provided for in 49 CFR Parts 655 and 40 and Metro policy. The GM/CEO shall report information on the following activities to the Board at least twice annually in March and September for the prior 6-month period: a) report of drug and alcohol testing activity including trends and outcomes; b) report of drug and alcohol training activity of safety-sensitive employees and supervisors; c) report on regulatory proceedings or litigation

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		7 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

which relate or refer to any portion of the Drug and Alcohol Policy; and d) report of the drug and alcohol program oversight conducted on contractors.

5.03 Delegation Authority. The GM/CEO is authorized to delegate management authority to qualified program officers and may authorize the re-delegation of authority to other qualified employees of the Authority and for approving related implementing policies and procedures that augment this policy.

6.00 POLICY AND PROCEDURES

6.01 Overview of Drug and Alcohol Policy Requirements

(a) Drug testing

(1) Employees and contractors are prohibited from being under the influence of illegal drugs and, **under Metro policy, illegal prescription medication, the presence of which may be detected by urinalysis.** As required by DOT regulations, Metro tests safety-sensitive employees for cocaine, marijuana, amphetamines, opiates, and phencyclidine (PCP). All DOT and **non-DOT** safety-sensitive employees and contractors may be tested for these five drugs at any time while on duty. **Under Metro policy, all DOT and non-DOT safety-sensitive employees and contractors may also be tested for the other substances listed in Section 6.04 at any time while on duty.** Employees and contractors must remain available for drug testing for 32 hours after an accident.

(b) Alcohol testing

(1) Employees and contractors who perform safety-sensitive functions may not consume alcohol under the following circumstances:

- (i) Four hours before performing safety-sensitive functions;
- (ii) While performing any safety-sensitive function; and
- (iii) After an accident, until the employee/contractor has been tested or eight hours have elapsed, whichever occurs first.

(2) Alcohol Concentration Requirements

(i) For both DOT and **non-DOT tests**, Metro will remove any employee or contractor from performing safety-sensitive functions who is found to have an alcohol concentration of 0.02 or greater. **Non-represented employees who receive a non-negative test result will be subject to discipline under Metro’s Substance Abuse and Employee Assistant Program policy and any other applicable Metro policy. Represented employees who receive**

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		8 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

a non-negative test result are subject to discipline consistent with the applicable collective bargaining agreement.

- (ii) An alcohol concentration of 0.020 to 0.039 is not considered a DOT violation and therefore does not require employees or contractors to complete the DOT return to duty process. **Under Metro policy, however, an alcohol concentration of 0.020 to 0.039 for both DOT and non-DOT tests requires employees and contractors to complete Metro’s return to duty process as specified in Section 6.02(j) of this P/I.**
- (iii) An alcohol concentration of 0.040 or greater on a DOT test is a DOT violation that requires employees and contractors to complete the DOT return to duty test before performing safety-sensitive functions as specified in Section 6.02(j) of this P/I.

(3) On-Call Employees

- (i) Safety-sensitive employees and contractors shall not consume alcohol during their on-call hours. On-call employees and contractors can acknowledge their use of alcohol at the time they are called to duty.
- (ii) If an employee or contractor acknowledges using alcohol and being unable to perform safety-sensitive functions at the time he or she is called to duty, Metro will not allow that employee or contractor to perform safety-sensitive functions.
- (iii) If an employee or contractor acknowledges using alcohol, but claims that he or she can perform safety-sensitive functions, Metro will send the employee or contractor for an alcohol test to determine whether he or she can perform safety-sensitive functions. **Under Metro policy, an employee or contractor cannot return to work unless he or she has a confirmed alcohol concentration of 0.00. Concentrations at or above 0.020 will result in discipline consistent with Metro policy and/or the applicable collective bargaining agreement.**

(d) Prescription Medication Overview

- (1) **Safety-sensitive employees are not prohibited from taking legally prescribed or over-the-counter medication. Under Metro policy, however, safety-sensitive employees are required to report all prescription medication to Medical Services. Safety-sensitive employees are also required to report to Medical Services over-the-counter medications that may impair job performance, mental function or motor skills. Employees will be held off from performing safety-sensitive duties if Metro’s Occupational Medicine Physician determines that the prescription or over-the-counter medication may impair the employee’s job performance, mental function or motor skills. The Occupational Medicine Physician may refer an employee to a Substance Abuse Counselor (SAC) to determine when an employee may be cleared to**

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		9 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

perform safety-sensitive functions. Metro’s prescription and over-the-counter medication reporting procedures can be found in Section 6.08 of this P/I.

6.02 Categories of Testing

Covered employees and contractors are required to submit to drug and alcohol testing administered in accordance with FTA regulations **and Metro policy**.

Note: When both DOT/FTA and **Metro-designated** safety sensitive drug testing is required, Metro will collect separate specimens. Metro will first collect the DOT/FTA specimen using DOT forms and will then collect the **Metro specimen using non-DOT forms**.

Metro’s Medical Services is responsible for conducting all drug and alcohol tests listed below. The Compliance Collector will conduct the tests and adhere to the testing and collection procedures established in Sections 6.05, 6.06, and 6.07 of this P/I. Contractors must be enrolled and subject to the contracting entity’s drug and alcohol testing program. In addition, contractors must submit to Metro post-accident, reasonable suspicion, and post-incident testing.

- (a) **Attendance Reporting Procedure (ARP) Drug and Alcohol Testing is conducted in accordance with the applicable collective bargaining agreements for represented employees as a result of excessive unscheduled absences.**
- (b) **Follow-up Testing is conducted after any Metro employee has returned to duty following a mandatory EAP referral. The employee shall be subject to unannounced drug and alcohol testing for up to 60 months. The SAP shall determine the frequency and number of follow-up tests. A safety-sensitive employee shall undergo a minimum of six drug and six alcohol tests for the first 12 months after returning to duty. Follow-up testing reporting procedures and allocated time reporting limits are included with this policy in *Appendices B and C*, respectively.**
- (c) **Periodic Testing is conducted every two years on the following safety-sensitive employees:**
 - (1) **Employees required to maintain a commercial driver’s license;**
 - (2) **Train operators and interlocking operators as part of Metro’s fitness for duty certification; and**
 - (3) **Employees who are required to maintain police commission certification.**
- (d) **Pre-assignment Testing is performed on safety-sensitive employees who have neither performed safety-sensitive functions nor have been in random selection testing pools for 90 calendar days or longer. A verified negative drug and alcohol test is required prior to the employee resuming safety-sensitive functions.**

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		10 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

- (e) Pre-employment Testing is conducted on all safety-sensitive applicants, former employees under consideration for employment reinstatement, and transferees to safety-sensitive positions as follows:
 - (1) Metro must receive a verified negative drug and alcohol result before the applicant/employee may begin safety-sensitive duties. Cancelled tests are redone.
 - (2) Within 30 days of employment, applicants are required to cooperate with Metro’s efforts to obtain their drug and alcohol test history from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee’s application or transfer. Employees must provide written consent authorizing the release of information from the prior employer.

- (f) Post-Accident Testing is conducted for DOT safety-sensitive employees and contractors under the following circumstances:
 - (1) Fatal Accidents: When an accident results in the death of an individual, any surviving covered employee or contractor who operated the public transportation vehicle at the time of the accident must be tested even if the operator can be completely discounted as contributing to the accident. Medical Services will also test any other covered employee or contractor whose actions could have contributed to the accident.
 - (2) Non-Fatal Accidents: Any covered employee or contractor who operated the public transportation vehicle at the time of the accident must be tested unless the operator can be “completely discounted”, 49 CFR 655.44, as a contributing factor to the accident. Any other covered employee or contractor whose actions could have contributed to the accident will also be tested. Non-fatal accidents occur when:
 - (i) An accident results in an individual suffering bodily injury and immediately receives medical treatment away from the scene of the accident;
 - (ii) An accident involves disabling damage to a vehicle (e.g., a bus) and the vehicle is transported away from the scene by another vehicle; or
 - (iii) An accident results in the removal of a vehicle (e.g., a rail car) from operation.
 - (3) Drug and Alcohol Testing Protocols
 - (i) Alcohol tests should be administered as soon as practicable but within 2 hours following the accident. An alcohol test can be administered within 8 hours following an accident, but any test not administered within 2 hours must include a record stating the reason the alcohol test was not promptly administered.
 - (ii) Drug tests are administered as soon as practicable but within 32 hours of the accident. **Under Metro policy, the employee is required to be escorted to the collection site by a supervisor or manager.**

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		11 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

- (iii) Identified employees and contractors are required to abstain from consuming alcohol for 8 hours or until tested, whichever occurs first.
- (iv) Identified employees and contractors must remain available for urine drug testing for 32 hours.
- (v) All Metro employees and contractors are required to notify their supervisors of their location if they leave the scene of the accident prior to submission of a drug and alcohol test.

Note: Nothing in this P/I shall be construed to require the delay of necessary medical attention for the injured following an accident or to prohibit a covered 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.

- (g) **Post-Incident Testing** may be performed on employees and contractors whose performance cannot be “completely discounted,” (applying 49 CFR 655.44 post-accident standard to Metro’s post-incident policy), as the cause or a contributing factor to an incident. A post-incident test may be triggered when the employee or contractor is not designated as DOT/FTA safety-sensitive or where the incident failed to meet the criteria of a DOT/FTA post-accident test.
 - (1) An example of a circumstance that may require post-incident testing is as follows:
 - (i) Accidents where the mass transit vehicle is not disabled to the extent that it must be transported away from the scene by another vehicle.
 - (2) Post-Incident Testing is administered as soon as practicable but no later than 8 hours for alcohol or 32 hours for drugs from the time of the incident.
- (h) **Random Testing** is performed on safety-sensitive employees who are identified using software generating the random selection. Testing is conducted for DOT safety-sensitive employees and **separately for non-DOT safety-sensitive employees covered under Metro policy**. Random testing will be conducted at all days and hours during which safety-sensitive functions are performed. Testing is unannounced, unpredictable, and spread reasonably throughout the year. Metro can conduct drug testing on safety-sensitive employees any time those employees are on duty. Metro will only conduct random alcohol tests just before, during, or after a safety-sensitive employee performs safety-sensitive duties. Random testing reporting procedures and the associated allocated time reporting limits are included with this policy as *Appendices B and C*, respectively.
 - (i) **Reasonable Suspicion Testing** is a DOT test performed when a Metro supervisor with the appropriate training has reason to believe that any covered Metro employee or contractor has used a prohibited drug and/or engaged in alcohol misuse based on specific, contemporaneous articulable observations concerning appearance, behavior, speech, or

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		12 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

body odors. The employee's supervisor, a Street Operations Manager (SOM), or another member of management must escort the employee or contractor to the designated collection site when reasonable suspicion testing is requested. **Under Metro policy, employees and contractors who are not DOT safety-sensitive are also subject to a drug and alcohol test when reasonable suspicion exists that the employee or contractor may have used a prohibited drug and/or engaged in alcohol misuse. Medical Services will categorize the test as a post-incident for employees and contractors who are not DOT safety-sensitive.**

(j) **Return to Duty Testing**

- (1) Employees and contractors must complete a DOT return to duty test if the employee or contractor has:
 - (i) a verified DOT positive drug test result;
 - (ii) a DOT alcohol result of 0.04 or greater;
 - (iii) a refusal to submit to a DOT test; or
 - (iv) any other violation of the prohibition on the use of alcohol or drugs under a DOT regulation.
- (2) **An employee or contractor who does not need to complete the DOT return to duty process must still complete Metro's return to duty process if that employee or contractor has:**
 - (i) **a verified Metro positive drug test result;**
 - (ii) **a Metro alcohol result of 0.02 or greater;**
 - (iii) **a DOT alcohol result of 0.02 to 0.039;**
 - (iv) **a Metro refusal to submit to a test; or**
 - (v) **any other violation of the prohibition on the use of alcohol or drugs under Metro policy.**
- (3) The following return to duty procedures apply:
 - (i) Employees and contractors who must complete the DOT return to duty process must be evaluated by a Substance Abuse Professional (SAP). **Employees who must only complete the Metro return to duty process will be evaluated by a Substance Abuse Counselor (SAC).** The SAP/SAC will determine whether the employee has successfully completed the SAP/SAC's

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		13 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

treatment recommendation and can undergo a return to duty drug and alcohol test.

- (ii) For both the DOT and **non-DOT** return to duty process, employees and contractors will not be cleared to perform safety-sensitive functions until: 1) they have a return to duty drug test with verified negative results; and/or 2) **under Metro policy**, an alcohol test with a confirmed negative alcohol concentration of **0.00**.

- (a) **Surveillance Testing is performed on employees who are enrolled in Metro's Substance Abuse Program and are held off from returning to duty in accordance with the applicable collective bargaining agreement and/or Metro policy.**

6.03 Consequences of Verified Positive Drug Test or Confirmed Alcohol Test

- (a) Applicants for Employment (including former employees under consideration for reinstatement/rehire). Metro will reject any DOT or **Metro-designated** safety-sensitive applicant who receives a verified positive drug or alcohol (**with a concentration of 0.02 or greater**) pre-employment test.

- (1) **The applicant may re-apply for a safety-sensitive position after a one-year waiting period.**
- (2) The applicant must provide documented evidence of having successfully participated, completed, and complied with the requirements of an alcohol or drug treatment program. Applicants must provide proof of SAP referral and participation.

(b) Employees and Contractors

- (1) As set forth below, Compliance Collectors are responsible for informing the DER, Medical Compliance Supervisor and employee supervisor or Metro contract supervisor (supervisor) that the employee or contractor must be held off from performing safety-sensitive functions if the employee or contractor has refused to take a drug or alcohol test. If the employee or contractor receives a non-negative test result, the DER is responsible for informing the supervisor that the employee or contractor cannot perform safety-sensitive duties. The supervisor is then responsible for ensuring that the individual is removed from performing safety-sensitive duties. The DER or Medical Compliance Supervisor will refer an employee who receives a non-negative test result to the SAP (for DOT violations) **or SAC (for non-DOT violations)** for evaluation.

- (i) Transfer Employees under consideration for a DOT **or Metro-designated safety sensitive position** who receive a non-negative drug test result, an alcohol concentration of **0.02 or greater**, or refuse to test are immediately removed from performing safety-sensitive duties and will undergo evaluation by a SAP (for DOT violations) **or SAC (for non-DOT violations)**. **If the employee fails to successfully complete the substance abuse program,**

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		14 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

he or she will be subject to disciplinary action up to and including termination. The employee must successfully complete the recommended counseling and/or rehabilitation program and receive a return to duty drug test with verified negative results and/or return to duty alcohol test with an alcohol concentration of **0.00** before being cleared to perform safety-sensitive duties. The SAP (for DOT violations) or **SAC (for non-DOT violations)** has discretion on which tests the employee must complete.

- (ii) Safety-sensitive probationary employees who receive a non-negative drug test result, an alcohol concentration of **0.02 or greater**, or refuse to test are immediately removed from performing safety-sensitive duties **and their employment will be terminated.**
- (iii) Safety-sensitive non-probationary employees who receive a non-negative drug test result, an alcohol concentration of **0.02 or greater**, or refuse to test are immediately removed from performing safety-sensitive duties **and will be disciplined** and referred to the SAP (for DOT violations) or **SAC (for non-DOT violations)** as specified in the applicable CBA and/or Substance Abuse and Employee Assistance Program policy. **If the employee fails to successfully complete the substance abuse program, he or she will be subject to disciplinary action up to and including termination.** The employee must successfully complete the recommended counseling and/or rehabilitation program and receive a return to duty drug test with verified negative results and/or return to duty alcohol test with a confirmed alcohol concentration of **0.00**. The SAP (for DOT violations) or **SAC (for non-DOT violations)** has discretion on whether to require a drug test, an alcohol test, or both.
- (iv) Safety-sensitive contractors who receive a non-negative drug test result, an alcohol concentration of **0.02 or greater**, or refuse to test will be **removed from duty and escorted from the workplace.**

6.04 Confirmatory Levels for Drugs and Alcohol

WMATA screens employees and contractors to the confirmatory standards listed below. Employees and contractors who exceed the following confirmatory levels will be subject to disciplinary action.

DRUG CLASS & ALCOHOL	DOT/FTA		METRO	
	SCREEN	CONFIRM	SCREEN	CONFIRM
Cocaine	150 ng/mL	100 ng/mL	150 ng/mL	100 ng/mL
Opiates	2000 ng/mL	2000 ng/mL	300 ng/mL	300 ng/mL
Marijuana (THC)	50 ng/mL	15 ng/mL	20 mg/mL	10 ng/mL
Phencyclidine (PCP)	25 ng/mL	25 ng/mL	25 ng/mL	25 ng/mL
Amphetamines	500 ng/mL	250 ng/mL	500 ng/mL	250 ng/mL
MDMA (Ecstasy)	500 ng/mL	250 ng/mL	500 ng/mL	250 ng/mL
6-Acetylmorphine	10 ng/mL	10 ng/mL	10 ng/mL	10 ng/mL
Barbiturates			300 ng/mL	200 ng/mL

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		15 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

Benzodiazepines			300 ng/mL	300 ng/mL
Methadone			300 ng/mL	300 ng/mL
Alcohol	0.02%	0.02%	0.02%	0.02%

Note: When required by federal regulations or when advised by authoritative sources, Metro will amend screen/confirm drug and alcohol levels.

6.05 Drug and Alcohol Testing Collection Procedures

(a) Alcohol Testing

- (1) The collector will perform the breath alcohol testing in strict accordance with 49 CFR Part 40 Subparts J, K, L, M, and N. Outlined below is the general alcohol testing procedure, however, any technical interpretation will be based on the actual regulation.
 - (2) The collector shall begin the testing process when the donor enters the collection site without undue delay. When alcohol testing is required, the collector conducts and completes the alcohol test prior to drug testing. Collector instructs the donor to present photo identification and/or be identified by his/her supervisor.
 - (3) After the collector explains the testing procedures to the donor, the collector prepares and completes the alcohol testing form (ATF) with the donor's identifying information, requires the donor to certify and sign that he/she is submitting to an alcohol test confirming the information is true and correct. A donor's refusal to sign step 2 of the ATF is a refusal to test and carries up to the maximum consequences of a positive test.
 - (4) The donor or collector selects a wrapped mouth piece; the collector connects the mouth piece to the EBT and verbally instructs the donor in providing an adequate breath sample. The collector displays the result to the donor, records the result of the alcohol test on the ATF and provides a copy to the donor.
 - (5) Should the alcohol result be 0.020 or greater, the collector performs a confirmation breath analysis after a waiting period of 15 minutes but not more than 30 minutes after the completion of the initial test. The confirmation breath analysis serves as the final alcohol report. If the confirmation result is 0.020 or greater, the donor is instructed to certify by signature that he/she has submitted to the alcohol test, the results are accurately recorded on the ATF, and that he/she understands that they must immediately cease to perform safety-sensitive duties.
- (i) Should the donor refuse to sign this statement, the collector indicates this on the ATF with a copy provided to the donor. Refusal to sign the statement in Step 4 of the ATF is not a refusal to test.

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		16 of 23



POLICY/INSTRUCTION:
7.7.3/5

DRUG & ALCOHOL POLICY AND TESTING PROGRAM

SUPERSEDES:
7.7.3/4

APPLICABLE TO:
EMPLOYEES, CONTRACTORS & APPLICANTS

(6) Should the donor fail to provide an adequate amount of breath for the test (shy lung), the compliance collector will make a second attempt. If the second attempt fails to produce a sample, the collector indicates the failure in the remarks section of the ATF and the donor is then removed from all safety-sensitive duties. Within 5 business days of the test, the donor can provide the MRO with documented medical proof from an approved, licensed physician that justifies the insufficient breath sample. Failure to provide sufficient medical documentation is a refusal to test.

(b) Drug Testing

(1) The collector will perform urine specimen collections in strict accordance with 49 CFR Part 40 Subparts C, D, E, and I. Outlined below is the general collection procedure, however, any technical interpretation will be based on the actual regulation.

(2) The collector shall begin the testing process when the donor enters the collection site without undue delay. Collector instructs the donor to present photo identification and/or be identified by his/her supervisor. The collector will explain the collection process to the employee.

(3) The donor removes any unnecessary outer garments, displays the contents of his/her pockets, washes and dries hands and selects a sealed collection kit.

(4) Prior to the collection of the specimen, the collector will complete Step 1 of the Custody and Control form (CCF).

(5) Collector instructs the donor to provide a urine specimen in the privacy of a stall and immediately exits the stall after providing the specimen without flushing the toilet. The collector inspects the specimen to ensure there is no evidence of contamination; the temperature is within acceptable range; and there is sufficient specimen volume.

(6) If there is reason to believe that the donor altered or substituted the specimen, the collector will conduct an immediate direct observation specimen collection on the donor.

(7) The collector splits the urine specimen into two specimen bottles with the minimum volume required. The specimen bottles are sealed and dated by the collector. The donor verifies both seals' unique identification number with the CCF and initials both seals verifying that the bottles contain his/her urine specimen.

(8) The donor certifies and signs the CCF indicating that his/her urine specimen was provided to the collector, that the specimen container was sealed in the donor's presence and that the information on the form and on the seals affixed to the specimen container are correct. The collector completes the CCF, places the

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		17 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

sealed urine specimen bottles and the laboratory copy of the CCF in a shipping bag and seals the bag. The donor is provided with the donor copy of the CCF. MRO and Metro also retain copies of the CCF.

- (9) If the donor is unable to provide an adequate urine specimen (shy bladder) at the initial time of the collection, the collector will advise the donor to consume up to 40 ounces of water and to remain in the designated collection site waiting area. The donor has up to 3 hours to provide an adequate urine specimen. If the donor is unable to provide an adequate urine specimen at the end of the 3 hours, the donor can, within 5 business days of the test, provide the MRO with documented medical proof from an approved, licensed physician that justifies the insufficient urine sample. Failure to provide sufficient medical proof is a refusal to test.

6.06 Direct Observation Procedures

- (a) The collector shall perform the direct observation under DOT requirements when:
 - (1) The original specimen appears to have been tampered with;
 - (2) The collector identifies a donor's attempt to alter or tamper with the specimen;
 - (3) A specimen test result is reported as invalid because there is no adequate medical explanation for the result;
 - (4) A positive, adulterated or substituted test result is reported as a cancelled test because testing on the split specimen could not be performed;
 - (5) The temperature of the specimen falls outside of the acceptable range; and/or
 - (6) The test is a Return to Duty or a Follow-up.
- (b) The observer must be the same gender as the donor. If the collector is not the observer, the collector instructs the observer on the procedures for checking the donor for prosthetic or other devices capable of carrying "clean" urine and urine substitutes.
- (c) The observer will instruct the donor to raise his/her garments, as appropriate, above the waist just above the navel and lower clothing and underpants to mid-thigh and demonstrate by turning around, that the donor does not have such a device.
 - (1) If the donor does not have a device, the donor is permitted to return clothing to the proper position for the observed collection. The observer observes the urine specimen going from the donor's body into the collection container. The observer must watch the donor deliver the specimen to the collector.
 - (2) If the donor has a device, the observer must immediately notify the collector. The collector must stop the collection and thoroughly document the circumstances

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		18 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

surrounding the event in the remarks section of the CCF. The collector must notify the DER. This is a refusal to test.

- (d) When a donor fails or declines to permit any part of the direct observation procedure, the donor has refused to test.

6.07 Dilute Specimen Procedure

- (a) When a positive drug test is dilute, the test will be treated as a verified positive test. The collector shall not direct the donor to provide another test.
- (b) A donor will be retested if he or she receives a negative-dilute drug test result. Laboratory reports indicating a negative-dilute urine specimen will be first evaluated by the MRO to determine whether or not a retest should be conducted as follows:
 - (1) If a donor receives a negative-dilute test result with a creatinine concentration greater than or equal to 2mg/dL but less than or equal to 5mg/dL, the donor will be required to do a second collection immediately by direct observation. If the second collection is also negative-dilute, the test result will stand as negative-dilute.
 - (2) If a donor receives a negative-dilute with a creatinine concentration greater than 5mg/dL but less than 20 mg/dL, the donor will be required to do a second collection immediately not under direct observation. If the second collection is also negative-dilute, unless directed by the MRO to perform a direct observation in accordance with (b)(1) of this section, the test result will stand as negative-dilute.
 - (3) When a retest is required, Metro's DER or Compliance Supervisor requires that the donor be escorted immediately by a supervisor to the testing site; or, in the case of an applicant, instructed to report to Metro Medical Services immediately. The escort must not allow the donor to drink any fluids, eat or take anything by mouth. A donor's failure to cooperate with the immediate retest requirement or leaving the collection site after receiving notification to retest is a refusal to test.

6.08 Reporting Prescriptions and Over-the-Counter Medications (Metro Policy)

(a) When to Report Medication Usage

Metro does not prohibit the appropriate use of legally prescribed and over-the-counter (OTC) medication. Under Metro policy, however, due to potential impairment of job performance, safety-sensitive employees must:

- (1) **Report all prescribed medication to Medical Services prior to performing safety-sensitive functions or within 72 hours of starting the prescribed medication, whichever comes first. Within that same timeframe, safety-sensitive employees must report the use of OTC medication that may**

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		19 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

impair job performance, mental function, or motor skills. Safety-sensitive employees must also report all OTC medication acquired or brought in from outside the United States, as those medications may not contain a warning label. Safety-sensitive employees must report prescription and applicable OTC medication by completing, signing and submitting Metro’s “Prescription Reporting Form” to Medical Services;

- (2) Report prescriptions and applicable OTC medication to Medical Services every 30 days while using the medication. Prescription medications reported to Medical Services must be: 1) current; 2) prescribed to the employee; and 3) contain the medication name, dosage and duration;
- (3) Inform his/her medical provider of their job duties so the medical provider can determine whether the prescribed medication may impair job performance, mental function or motor skills and whether the employee should be restricted from performing certain job duties; and
- (4) Notify Medical Services when they are no longer taking medication that Metro’s Occupational Medicine Physician and/or SAC had determined restricts them from performing certain safety-sensitive job duties or prevents them from returning to work.

(b) **Utilizing Prescriptions and Over-the-Counter Medications– Hold-off of Safety-Sensitive Duties**

- (1) Employees may not perform safety-sensitive duties while taking medication with a warning label that states that an individual may not operate a vehicle or dangerous machinery when using such medication.
- (2) The Occupational Medicine Physician is responsible for determining whether the prescribed medication restricts the employee from performing certain job duties. The Occupational Medicine Physician may refer an employee to a SAC for evaluation. The SAC will then determine when that employee may be cleared to perform safety-sensitive functions.

(c) **Consequences for Failure to Report Prescriptions and OTC Medication**

- (1) Safety-sensitive employees failing to properly report prescription and applicable OTC medication will be removed from duty, referred for SAC evaluation, and may be subject to discipline consistent with the applicable collective bargaining agreement and/or Metro policy.
- (2) Prescription or OTC medication detected by a urine drug test constitutes a Metro non-negative test result. The MRO will verify the test as “MRO Negative” if there is sufficient evidence that the employee used such medication consistent with the procedures outlined in Section 6.08 of this

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		20 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

P/I. However, failure to report such medication may result in disciplinary action.

- (3) A safety-sensitive employee found to be using legal prescriptions or OTC medications at or above a level that can impair the performance of duties will be immediately removed from service and evaluated by the Occupational Medicine Physician and/or SAC.

6.09 Education and Training Program

- (a) Metro’s education and training program includes notices on official bulletin boards, informational brochures and educational material on the misuse of alcohol and the effects of prohibited drug use, coordination with community referral programs and hot-line telephone numbers.
- (b) All safety-sensitive employees shall attend at least one 60-minute training session on the effect and consequences of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use (Employee Drug and Alcohol Training). Safety-sensitive employees will receive Metro anti-drug and alcohol misuse policy materials.
- (c) In addition to completing the Employee Drug and Alcohol Training, Metro employees supervising safety-sensitive employees must also complete at least one training session that includes at least 60 minutes of training on making objective determinations about physical, behavioral, speech, and performance indicators of probable drug use and at least 60 minutes of training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse (Reasonable Suspicion Training).
- (d) The common effects of alcohol misuse, signs and symptoms, and methods of intervention are included in Appendix A of this P/I.

6.10 Reporting, Record Retention and Confidentiality

- (a) The DER is responsible for notifying the employee’s or contractor’s supervisor when an employee or contractor is removed from duty due to a non-negative drug and/or alcohol test.
- (b) The Medical Compliance Supervisor is required to submit annual reports to the FTA by March 15 for the previous calendar year (January 1 - December 31) summarizing the results of its anti-drug and alcohol misuse programs for safety-sensitive employees and Metro contractors.
- (c) Employees may obtain copies of their drug and alcohol records by submitting a request in writing to HR.
- (d) Except as required by law or authorized by **Metro’s Privacy Policy**, HR shall not disclose test results to a third party absent the employee’s written authorization.

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		21 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

- (e) Medical Services shall retain records of drug/alcohol test results as follows:
 - (1) Positive results and refusal to test - 5 years;
 - (2) Records of negative drug and/or alcohol (<0.02) tests - 1 year; and
 - (3) Training documentation records that include specimen collection, collector training, employee and supervisor training - 2 years
- (f) DOT drug and alcohol testing records are maintained separately from **non-DOT drug and alcohol testing records**. The Medical Compliance Supervisor is responsible for maintaining these records at Medical Services.

6.11 Locations and Contacts for Metro Drug and Alcohol Policy and Testing Program

Primary Collection Site: Jackson Graham Building, 600 5th Street, NW, Wash, DC 20001
Telephone: 202-962-1921

Additional Services and Staff: 616 H St NW, Lower Level, Washington, DC 20001

Additional Services/Programs	Point of Contact	Telephone	Email
Employee Assistance Program	Kimberly Gillespie	202-636-7181	kgillepsie@wmata.com
Compliance Monitor	Santos Garcia	202-636-7185	sgarcia@wmata.com
Compliance Supervisor	Pamela Mosby	202-636-7186	pmosby@wmata.com
Drug and Alcohol Program	Drug and Alcohol Compliance	202-636-7144	
Designated Employer Rep	Santos Garcia	202-636-7185	sgarcia@wmata.com
Medical Review Officer	Gina Pervall, MD	202-636-7141	gpervall@wmata.com
Substance Abuse Professional	Employee Assistance Program	202-636-7181	

7.00 ENFORCEMENT

Failure to comply with the provisions of this P/I will result in disciplinary action up to and including termination.

8.00 RELATED POLICIES, REGULATIONS AND RESOLUTIONS

- (a) Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations, 49 Code of Federal Regulations Part 655
- (b) Procedures for Transportation Workplace Drug and Alcohol Testing Programs, 49 Code of Federal Regulations Part 40
- (c) Metro Policy/Instruction 7.7.1/1, *Drug Free Workplace*
- (d) Metro Policy/Instruction 7.7.2, *Substance Abuse and Employee Assistance Program*
- (e) Negotiated substance abuse/employee assistance program agreements
- (f) Drug and Alcohol Procedures Manual

9.00 APPENDICES

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		22 of 23



POLICY/INSTRUCTION: 7.7.3/5	DRUG & ALCOHOL POLICY AND TESTING PROGRAM
SUPERSEDES: 7.7.3/4	APPLICABLE TO: EMPLOYEES, CONTRACTORS & APPLICANTS

APPENDIX A - *Effects, Signs, and Symptoms of Alcohol Misuse and Methods of Intervention*

APPENDIX B - *Reporting Procedures for Random and Follow-Up Testing*

APPENDIX C – *Allocated Reporting Time Limits for Random and Follow-Up Testing*

PROPOSED

APPROVED BY	DATE APPROVED	CLASS	LEAD	DATE OF LAST REVIEW	PAGE
WMATA BOARD OF DIRECTORS		HR	HR		23 of 23



**POLICY/INSTRUCTION:
7.7.3/5**

DRUG & ALCOHOL POLICY AND TESTING PROGRAM

APPENDIX A: EFFECTS OF ALCOHOL MISUSE ON INDIVIDUALS; SIGNS AND SYMPTOMS OF ALCOHOL MISUSE; AND METHODS OF INTERVENTION

EFFECTS OF ALCOHOL MISUSE ON INDIVIDUALS

Effects on Health	Effects on Work	Effects on Personal Life
<ol style="list-style-type: none"> 1. Alcohol tolerance 2. Alcohol-related illnesses: <ol style="list-style-type: none"> a. Hepatitis b. Cerebral degeneration 3. Psychological manifestations <ol style="list-style-type: none"> a. Anxiety b. Insomnia c. Depression d. Suicide Attempts 4. Physiologic Dependence (withdrawal signs/symptoms) <ol style="list-style-type: none"> a. Gross tremor b. Hallucinations c. Withdrawal seizures d. Delirium tremors 	<ol style="list-style-type: none"> 1. Tardiness 2. Absenteeism 3. Interpersonal problems with supervisor and colleagues 4. Decreased productivity 5. Deterioration in the amount of work accomplished and quality of work 6. Increase in incidents/accidents 	<ol style="list-style-type: none"> 1. Preoccupation with recreational drinking 2. Social isolation 3. Frequent job changes 4. Frequent moves to new areas 5. Complaints by family members about behavior related to alcohol 6. Marital difficulties - divorce or separation 7. Child or spouse abuse 8. Loss of interest in non-drinking activities 9. Drinking before a party (in case there is not enough to drink at the party) 10. Blackouts (not remembering what happened during a drinking spell) 11. Drinking-related arrests or citations for driving under the influence

SIGNS AND SYMPTOMS OF ALCOHOL MISUSE

<ul style="list-style-type: none"> - Alcohol breath - Ruddy face - Unsteady gait - Tremors - Poor psychomotor coordination 	<ul style="list-style-type: none"> - Blackout spells - Behavioral difficulties resulting in interpersonal problems with spouse, children and co-workers 	<ul style="list-style-type: none"> - Withdrawal signs such gross tremor (alcohol-related), hallucinations and seizures - Alcohol-related anxiety, insomnia, depression and suicide attempts
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METHODS OF INTERVENTION WHEN AN ALCOHOL PROBLEM IS SUSPECTED

When alcohol misuse is suspected, the employee is approached by his/her supervisor in private and is then immediately escorted to the Medical Office or designated Collection Facility for breath alcohol testing. In accordance with Metro policy, a breath alcohol concentration of **0.02 or greater** requires immediate removal from safety-sensitive duties and referral to a SAP (for DOT violations) **or SAC (for non-DOT violations)**. The SAP **or SAC** directs the employee to enroll in Metro's Employee Assistance Program (EAP) in accordance with Metro's Substance Abuse Policy. The basic principles of intervention include: (1) Assessment, (2) Referral, (3) Treatment, (4) Relapse Prevention, and (5) Education.

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WMATA BOARD OF DIRECTORS		



POLICY/INSTRUCTION: 7.7.3/5

DRUG & ALCOHOL POLICY AND TESTING PROGRAM

APPENDIX B: REPORTING PROCEDURES FOR RANDOM AND FOLLOW-UP TESTING

REPORTING PROCEDURES FOR RANDOM AND FOLLOW-UP TESTING

SUPERVISORS

Ensures selected employee:

- Ceases to perform duties immediately upon notification
- Possesses valid Metro identification (*Employees without Metro identification must be escorted to the collection site by a supervisor*)
- Is escorted to the designated MetroRail station, or, if it is not feasible for the employee to use the MetroRail system, the supervisor may direct the employee to use a Metro vehicle to drive to the collection site
- Is issued the Referral Form indicating the designated MetroRail Station, zone and the time dispatched or the location and time dispatched for an employee driving to the test site
- Is informed to report immediately to the MetroRail Station or immediately drive to the testing site indicated on the Referral Form

Supervisors are responsible for:

- Directing employees to proceed directly to the collection site when MetroRail is not in operation or if it is not otherwise feasible for the employee to use the MetroRail system
 - Determining and denoting the reasonable allotted travel time on the Referral Form
 - Notifying the testing facility of the allotted travel time and the time the employee was dispatched

EMPLOYEES

Employees are responsible for:

- Proceeding directly to the MetroRail Station indicated on the Referral Form, or, if it is not feasible to use the MetroRail system, to drive directly to the collection site.
- Scanning Metro identification to register the official times at the MetroRail system fare gates
 - Reporting times are measured from the time the employee accesses the fare gates at the originating station to when the employee arrives at the collection site. If the employee drives to the collection site, the reporting time is measured from the time the employee accesses his or her Metro vehicle to when the employee arrives at the collection site. **Should an employee exceed the maximum allocated reporting time limit, the Compliance Collector will contact RAIL to determine if headways or system delays caused the employee's late arrival. The Compliance Collector shall also determine whether traffic caused the late arrival for employees who drive to the test site.**
 - Contacting the Compliance Collector on duty using the station manager's kiosk at both originating and terminating stations should his/her identification badge fail to register at the fare gate; calls will be documented as the official time in/out of the MetroRail system
- Ensuring referral form is stamped when arriving at the collection site, remaining there until testing is complete and released by the Compliance Collector

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DATE OF LAST REVIEW

WMATA BOARD OF DIRECTORS



POLICY/INSTRUCTION: 7.7.3/5

DRUG & ALCOHOL POLICY AND TESTING PROGRAM

APPENDIX C: ALLOCATED REPORTING TIME LIMITS FOR RANDOM AND FOLLOW-UP TESTS

STATION	M-F 5 am – 7:30 pm	M-F after 7:30 pm & WEEKENDS	STATION	M-F 5 am – 7:30 pm	M-F after 7:30 pm & WEEKENDS
Addison Rd	60	65	Landover	60	65
Anacostia	45	50	Largo Town Center	75	80
Archives	30	30	McLean	45	50
Arlington Cemetery	45	50	McPherson Square	45	50
Ballston-MU	60	65	Medical Center	60	65
Benning Rd	60	65	Metro Center	30	30
Bethesda	45	50	Minnesota Avenue	60	65
Braddock Rd	60	65	Morgan Blvd	60	65
Branch Ave	60	65	Mt Vernon Square	30	30
Brentwood*	45	50	Navy Yard – Ballpark	45	45
Brookland – CUA	45	50	Naylor Road	60	65
Capitol Heights	60	65	New Carrollton	75	80
Capitol South	45	50	NoMa – Gallaudet U	30	30
Cheverly	60	65	Pentagon	45	50
Clarendon	45	50	Pentagon City	45	50
Cleveland Park	45	50	Potomac Avenue	45	50
College Park – U of	60	65	Prince George’s Plaza	60	65
Columbia Heights	45	50	Reagan Nat’l Airport	45	50
Congress Heights	60	65	Rhode Island Avenue	30	30
Court House	45	50	Rockville	60	65
Crystal City	45	50	Rosslyn	45	50
Deanwood	60	65	Shady Grove	75	80
Dunn Loring	60	65	Shaw-Howard U	30	30
Dupont Circle	45	50	Silver Spring	45	50
East Falls Church	60	65	Smithsonian	45	50
Eastern Market	45	50	Southern Ave	60	65
Eisenhower Ave	75	80	Spring Hill	60	65
Farragut North	30	30	Stadium-Armory	60	65
Farragut West	45	50	Suitland	60	65
Federal Center SW	45	50	Takoma	60	65
Federal Triangle	45	50	Tenleytown	45	50
Foggy Bottom –	45	50	Twinbrook	60	65
Forest Glen	45	50	Tysons Corner	45	50
Fort Totten	45	50	U Street	30	30

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DATE OF LAST REVIEW

WMATA BOARD OF DIRECTORS



POLICY/INSTRUCTION: 7.7.3/5

DRUG & ALCOHOL POLICY AND TESTING PROGRAM

APPENDIX C: ALLOCATED REPORTING TIME LIMITS FOR RANDOM AND FOLLOW-UP TESTS

STATION	M-F 5 am – 7:30 pm	M-F after 7:30 pm & WEEKENDS	STATION	M-F 5 am – 7:30 pm	M-F after 7:30 pm & WEEKENDS
Franconia-	75	80	Union Station	30	30
Friendship Heights	45	50	Van Dorn Street	75	80
Gallery Place	15	15	Van Ness – UDC	45	50
Georgia Ave	45	50	Vienna	75	80
Glenmont	60	65	Virginia Square	60	65
Greenbelt	60	65	Waterfront	45	50
Greensboro	45	50	West Falls Church	60	65
Grosvenor-	60	65	West Hyattsville	45	50
Huntington	75	80	Wheaton	60	65
Judiciary Square	15	15	White Flint	60	65
King Street Old	60	65	Wiehle – Reston East	75	80
L'Enfant Plaza	30	30	Woodley Park	45	50

**Employees located at Brentwood may utilize the platform located outside the facility by requesting a flag stop. Supervisors must notate on the referral form the time the employee boarded the train.*

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