Shriners Hospitals for Children
Drug and Alcohol Abuse Policy

SHC is committed to maintaining a safe and healthy workplace, free from the influence of alcohol and drugs. Therefore, SHC will not tolerate any drug or alcohol use which imperils the health and well being of its patients and employees or threatens the effectiveness of delivery of our patient care services.

Assistance in Overcoming Alcohol or Drug Abuse for Employees Who Voluntarily Seek Help
SHC recognizes that substance abuse is a medical problem which can be successfully treated. SHC encourages voluntary drug and alcohol abuse treatment. To assist employees in obtaining early voluntary treatment, SHC has implemented an Employee Assistance Program (EAP) which is administered by one of the nation’s premier assessment, counseling and referral services for employees with personal problems including substance abuse. Employees with personal alcohol or drug abuse problems should request the confidential assistance of the EAP. Employees may seek the help without the approval or even knowledge of their supervisor. The EAP will provide assistance on a strictly confidential basis and will refer the employee to the appropriate counseling and treatment services. Employees who voluntarily request assistance in dealing with an alcohol or drug abuse problem may do so without jeopardizing their continued employment with SHC, if they accept counseling and treatment and if they thereafter comply with the Alcohol and Drug Abuse Policy.

Of course, voluntary requests for assistance from the EAP will not prevent disciplinary action for infractions of any other SHC policy, or subsequent termination for violation of SHC’s Alcohol and Drug Abuse Policy. Employees who undergo voluntary counseling or treatment pursuant to a referral by the EAP and who continue to work must continue to meet all established standards of conduct and job performance.

Referral for Declining Job Performance or Erratic On-The-Job Behavior
Supervisors will be alert to declining job performance or erratic on-the-job behavior. When a supervisor believes that such declining job performance or erratic on-the-job behavior may be the product of drug or alcohol abuse, the supervisor will consult with the Administrator, who may refer the employee for an appropriate test for alcohol or drugs.

Pre-Employment Testing
SHC requires that every newly hired employee be free of alcohol and drug use. Each offer of employment shall be conditioned upon the applicant’s submitting to an appropriate test for alcohol and drugs. SHC will not hire any applicant or appoint any person who fails to promptly submit an appropriate sample and pass the pre-employment alcohol and drug test.
**Post-Accident Testing**
Whenever an employee’s supervisor determines that an employee may have contributed to an incident or accident involving a bodily injury or substantial damage to property, the Administrator may require the employee to submit a urine specimen for alcohol or drug testing. An employee who tests positive for alcohol or drugs as a result of such a test will be in violation of this policy.

**Arrest or Conviction**
Employees must notify their immediate supervisor within five (5) days of any arrest or conviction under any criminal alcohol/drug statute.

**Prohibitions**
SHC policy prohibits the following:

- Use or possession of illegal drugs or drug paraphernalia on SHC premises, on SHC business, in SHC supplied vehicles, or during working hours;
- Unauthorized use or possession of a controlled substance on SHC premises, on SHC business, in SHC supplied vehicles, or during working hours;
- Unauthorized use or possession or any sale of alcohol on SHC premises, on SHC business, in SHC supplied vehicles, or during working hours;
- Storing on SHC premises any illegal drug, drug paraphernalia, or controlled substance the use of which is unauthorized;
- Being under the influence of a controlled substance, illegal drug or alcohol on SHC premises, on SHC business, in SHC supplied vehicles, or during working hours;
- Use of alcohol which adversely affects an employee’s work performance, his own or others’ safety at work, or SHC’s regard or reputation in the community;
- Use, possession, manufacture, distribution or sale of illegal drugs;
- Refusing consent to testing or to submit a sample for testing when required by management in accordance with this policy;
- Switching or adulterating any sample submitted for testing pursuant to this policy;
- Failing to adhere to the requirements of any drug or alcohol treatment or counseling program in which the employee is enrolled;
- Conviction under any criminal drug statute;
- Refusing to sign a statement agreeing to abide by SHC’s Drug and Alcohol Policy;
- Refusing to complete the Toxicology Chain of Custody Form after submission of a urine or blood specimen;
- Failing to comply with any specific requirement of this policy;
- Breaching the confidentiality provisions of this policy
**Testing Methods**
All testing will conform to the guidelines established by the National Institute on Drug Abuse (NIDA) dated April 1, 1988, and testing will be by laboratories certified by NIDA.

SHC will afford applicants and employees subject to testing the opportunity, prior to testing, to list all prescription and non-prescription drugs they have used in the last thirty (30) days and to explain the circumstances surrounding the use of such drugs.

Employees who are tested by urinalysis for alcohol shall be informed that the test is not a quantitative test.

**Confidentiality**
Applicants, employees and professionals subject to testing must sign, prior to testing, an approved form consenting to the testing and consenting to the release of the test results to the Director of Human Resources at the International Headquarters, to such other SHC officials as need to know, and as otherwise required by law.

The Medical Review Officer will report all positive alcohol or drug tests only to the Director of Human Resources at the International Headquarters.

Information concerning the results of drug or alcohol tests shall be confidential and revealed by the Director of Human Resources at the International Headquarters to only such SHC management officials as in each case need to know in order to carry out their own duties or to other persons or agencies as required by law.

**Medical Review Officer**
SHC has retained the services of a physician with knowledge of substance abuse disorders, to serve as the Medical Review Officer to whom laboratories shall report positive results of all tests. Prior to making a final decision to verify a positive test result, the Medical Review Officer shall give the tested person an opportunity to discuss the test result with them. Following verification of a positive test result, the Medical Review Officer shall inform the Director of Human Resources at the International Headquarters.

**Consequences for Violation of this Policy**
In the event of a positive test for alcohol or drugs the employee will be terminated.

**Condition of Employment**
Compliance with SHC Alcohol and Drug Abuse Policy is a condition of employment. Failure or refusal of an employee to cooperate fully, sign any required document, submit to any test, or follow any prescribed course of substance abuse treatment will be grounds for termination.
This policy does not change the employment status of our employees, except as set out herein.

This policy shall be in force throughout SHC and for all employees; except that modifications shall be made to comply with state or local laws as they apply to each location. Such modifications shall be made by the Board of Trustees and Board of Directors with the advice of the Legal Department.

I have carefully and thoroughly read Shriners Hospitals for Children Alcohol and Drug Abuse Policy. I agree to follow that policy.

____________________________________________ _______________________
Applicant Signature      Date

____________________________________________
Applicant Printed Name

____________________________________________ _______________________
Witness’ Signature      Date

____________________________________________
Witness’ Printed Name