

**County of Los Angeles  
Chief Executive Office – Occupational Health Programs**

**REASONABLE SUSPICION PROCEDURE**

1.	Supervisor/Manager should get approval (from Personnel/Employee Relations, depending on departmental policy) to proceed with the <b>Reasonable Suspicion Procedure</b> given the observable facts of the case.	<input type="checkbox"/> Approval received from Personnel/Employee Relations
2.	Two Supervisors or Managers trained in recognizing signs of substance abuse should complete the <b>Reasonable Suspicion Checklist</b> . If only one is available to complete the list, document why two are not available.	<input type="checkbox"/> <i>Reasonable Suspicion Checklist</i> completed
3.	The Supervisor/Manager must meet with the employee on the day that impairment is observed to present the observations of concern and copies of the signed <b>Checklist</b> . The Supervisor/Manager must inform the employee of their right to representation at this meeting, but the representative must appear quickly so as not to delay the testing process ( <b>testing must be completed within four hours of observation</b> ). If the employee declines representation, or when representation arrives within a reasonable timeframe, the Supervisor/Manager should offer the employee the opportunity for reasonable explanation. However, regardless of explanation, proceed to Step 4.	<input type="checkbox"/> Employee told of their right to representation <input type="checkbox"/> <i>Reasonable Suspicion Checklist</i> presented to employee <input type="checkbox"/> Employee given the opportunity to provide explanation, and response documented
4.	The Supervisor/Manager must provide the employee a copy of the <b>Notice of Requirement for Reasonable Suspicion Drug and Alcohol Testing</b> to read and sign. If employee refuses to sign, proceed to Step 5 regardless.	<input type="checkbox"/> <i>Notice of Requirement for Reasonable Suspicion Drug and Alcohol Testing</i> form read and signed by employee
5.	The Supervisor/Manager must give the employee the <b>Pre-Test Declaration Form</b> to complete. This form is NOT confidential.	<input type="checkbox"/> <i>Pre-Test Declaration Form</i> completed by employee
6.	The Supervisor/Manager should call Occupational Health Programs (OHP) at (213) 738-2177 or (213) 738-2187 to advise them of the testing plan. OHP will confirm the clinic and location selected based on proximity and operating hours from the list of <b>Contract Medical Clinics</b> . After the phone call, the Supervisor/Manager must also fax the <b>Notice to OHP of Reasonable Suspicion Drug and Alcohol Testing</b> letter; the <b>Reasonable Suspicion Checklist</b> ; and the <b>Pre-Test Declaration Form</b> to (213) 637-0822.	<input type="checkbox"/> OHP advised of the test plan <input type="checkbox"/> Clinic and location confirmed by OHP <input type="checkbox"/> Fax to OHP: <ol style="list-style-type: none"> <li>1. <i>Notice to OHP of Reasonable Suspicion Drug and Alcohol Testing</i> letter;</li> <li>2. <i>Reasonable Suspicion Checklist</i>; and</li> <li>3. <i>Pre-Test Declaration Form</i></li> </ol>
7.	The Supervisor/Manager must complete a <b>Drug and Alcohol Authorization Slip</b> for testing by County contractor.	<input type="checkbox"/> <i>Drug and Alcohol Authorization Slip</i> completed

<p>8. The Supervisor/Manager must arrange transportation to the clinic (unless on-site collection has been arranged) and arrange for subsequent transport of the employee to his or her home. Someone other than the immediate supervisor should drive unless both employee and supervisor agree the supervisor is the most suitable person. Transportation may be by a department representative or taxi. A department representative must go with (or drive) the employee to the clinic. The department representative must also bring the completed <b>Drug and Alcohol Authorization Slip</b> to the clinic.</p>	<p><input type="checkbox"/> Transportation to clinic and employee's home arranged</p> <p><input type="checkbox"/> Department representative to bring <i>Drug and Alcohol Authorization Slip</i> to the clinic</p> <p><input type="checkbox"/> Employee has a photo identification to bring to the clinic</p>
<p>9. At the clinic, the department representative must give the <b>Drug and Alcohol Authorization Slip</b> to clinic staff.</p> <p>The employee must present photo identification or the department representative must confirm identity.</p> <p>The employee provides a urine specimen according to procedures that ensure the employee's privacy while also protecting the specimen from adulteration, substitution, or dilution. The clinic secures and transports the specimen to the laboratory for analysis.</p>	<p><input type="checkbox"/> Employee gives the <i>Drug and Alcohol Authorization Slip</i> to clinic staff</p> <p><input type="checkbox"/> Employee presented photo identification to clinic</p> <p><input type="checkbox"/> Employee provided urine specimen</p>
<p>10. The Supervisor/Manager must ensure the employee does not drive themselves home on the day of impairment. The Supervisor/Manager must also notify the employee that he/she will be restricted from performing safety-sensitive duties until cleared by OHP.</p>	<p><input type="checkbox"/> Employee has been safely transported home</p> <p><input type="checkbox"/> Employee notified of restricted duty status</p>
<p>11. Upon receiving and reviewing the laboratory report, the MRO (at OHP) will provide the results to the employee within four business days from collection of the sample, and a conclusion statement to the Department Head (or designee).</p>	<p><input type="checkbox"/> Results provided to employee</p> <p><input type="checkbox"/> Conclusion statement received by the Department Head (or designee)</p>
<p>12. If the conclusion states the employee was under the influence (not attributable to acceptable treatment practices):</p> <ol style="list-style-type: none"> <li>a. the department may take disciplinary action based on the test results and observations at the time the test was ordered, and</li> <li>b. at the department's discretion, may consider any mitigating effects on discipline of voluntary participation in treatment or rehabilitation.</li> </ol>	<p><input type="checkbox"/> Disciplinary action taken</p> <p><input type="checkbox"/> Considered mitigating effects on discipline of voluntary participation in treatment or rehabilitation</p>