



EAST BOISE COUNTY AMBULANCE DISTRICT

RESOLUTION #2019-01

AN EAST BOISE COUNTY AMBULANCE DISTRICT RESOLUTION ADOPTING A REVISED DRUG & ALCOHOL TESTING POLICY

WHEREAS, the East Boise County Ambulance District (EBCAD) has amended its Drug & Alcohol Testing Policy; and

WHEREAS, diligent review and discussion of the new policy has been held by the East Boise County Ambulance District's Governing Board, Operating Board and Director; and

WHEREAS, the Governing Board of EBCAD agrees that said revisions are necessary; and

NOW THEREFORE BE IT RESOLVED that the EBCAD Governing Board does hereby rescind Boise County Resolution 2009-19 dated June 29th, 2009, known as the EBCAD Drug & Alcohol Policy; and

IT IS FURTHER RESOLVED that East Boise County Ambulance District Resolution #2019-01 be known as the amended East Boise County Ambulance District Drug & Alcohol Testing Policy, and is effective as of January 4th, 2019.

APPROVED and **ADOPTED** in Open Session on the 4th day of January, 2019.

GOVERNING BOARD, EAST BOISE COUNTY AMBULANCE DISTRICT

ALAN D. WARD, Chairman

ABSENT

ROGER B. JACKSON, Commissioner

LAURA L. BAKER, Commissioner

ATTEST:

Mary T. Prisco, Clerk to the Board



Drug / Alcohol Testing Policy

1. Introduction

Members (volunteers) of East Boise County Ambulance District (EBCAD) Units will be subject to specified types of testing for drugs and alcohol in keeping with Boise County Policy and the protocols of EBCAD.

The ambulance district has stated in its policies that alcohol will not be used for eight hours prior to being on call or coming to an ambulance scene when not on call. There is an absolute prohibition against use of illegal drugs. Prescription drugs will be used within the recommendations of the individual's medical provider.

All testing will be subject to the standard for chain of custody as set forth in the U. S. Department of Transportation regulations.

2. Volunteers to be Tested Under This Program

- A. EBCAD volunteers who operate EBCAD owned equipment;
- B. EBCAD volunteers who provide patient care;
- C. EBCAD volunteers who proceed to a scene in their private vehicle as first responder;
and

3. Types of Testing to be Performed

A. Testing for cause:

Both alcohol and urine drugs of abuse screens will be performed on individuals implicated in an accident with EBCAD owned equipment. The EMT in charge at the scene will be responsible for saying this must be done or the Unit Clinical Operations Officer (COO) if the EMT is involved. This requirement will be documented by the EMT or COO. The welfare of any patients will supersede testing requirements (to be decided by the EMT in charge).

If any EBCAD member has an accident with county owned equipment resulting in equipment damage of \$750 (or more), injury to any individual, or smaller value claims if the EMT in charge deems it necessary, that person must submit themselves for alcohol testing at the scene and screening for drugs of abuse within twenty hours of the incident. As this could occur at any time, the individual will need to go to the Garden Valley Clinic or the closest clinic available for testing (if they are open) or an ER. In the event that weather at the time would place a person at risk when going to Boise, alcohol use should be evaluated by law enforcement and then the individual will present for a

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drug test within 20 hours of the incident. This decision should be made by the Unit COO. In the Unit COO's absence, a member of the EBCAD Operational Board or lastly a Boise County Sheriff's officer can make the decision. Mileage will be paid by EBCAD at the county rate. The Unit COO must notify the county as soon as possible.

B. Random drug testing:

Testing will be performed by random selection from the EBCAD active roster. Selection will be uniformly applied to all such individuals by a blind selection system. Urine drug screens will be conducted for both random and for cause testing purposes. Notification to the volunteer of testing requirement will be by e-mail with return notification of said e-mail receipt, unless requested by the volunteer to communicate by letter or telephone. If the volunteer does not have e-mail, a letter will be sent with phone contact follow up as with the e-mails. The volunteer will then have 12 days after contact to appear at the testing site chosen by EBCAD. All information obtained in the course of this procedure will be confidential.

4. Adulteration or Submission of a Concealed Specimen

If, during the collection procedure, the collection monitor detects an effort by the volunteer to adulterate or substitute a specimen, a second specimen will be immediately required. If a second specimen is provided, that specimen will be tested. If the request for a second specimen is refused, the collection monitor will inform the EBCAD Medical Director of the refusal to submit a true specimen. In the event that a volunteer submits a specimen that the laboratory later identifies as an altered or adulterated specimen the EBCAD Medical Director will be informed and the volunteer will be terminated.

5. Specimen Collection Procedures

Specimens will be collected by procedures in place at the testing site. All specimen collections should meet requirements of SAMSHA and DOT.

6. Notification of Test Results

All test results, both drug and alcohol, will be forwarded to the Medical Review Officer (MRO) or EBCAD Medical Director. Prior to EBCAD being informed that a volunteer has tested positive for illegal drugs, the volunteer will be offered an opportunity to personally discuss the positive drug test with the MRO or his representative. The MRO will follow up on such information as

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appropriate. A volunteer who is taking a prescription drug or had a medical procedure that may have been the cause of a positive test result will be asked to provide the name of the medication and the identity of the prescribing physician for verification. The volunteer will be asked to sign a statement allowing the information to be obtained from the physician. If this is verified, the volunteer's test result will be reported as negative. If, after consideration of the matter, the MRO finds no reason to doubt the validity of the positive test, that result will be conveyed to EBCAD's contact including the identity of the drug.

7. Refusal

A volunteer may not refuse to take a drug or alcohol test when requested to do so, consistent with the terms of this policy. Such refusal will be treated the same as testing positive for illegal drugs or alcohol.

A volunteer will be considered as refusing to test if he/she expressly refuses to take a test when so requested, or otherwise fails to provide an adequate hair, breath or urine sample without a valid medical explanation. Additionally the volunteer will be considered as refusing to test if he/she engages in conduct that clearly obstructs the testing process.

Refusal to test will be treated as a positive test. Failure to appear for testing within the time frame required under this policy will be treated as a positive test.

8. Effect of Testing Positive for Drugs or Alcohol

Any volunteer who tests positive for the presence of illegal drugs or refuses to test will be dismissed from EBCAD. In view of the requirement of no alcohol eight hours prior to taking call or responding to a scene, the volunteer will be deemed to be out of compliance if an alcohol test for cause results in a blood alcohol value equal to or greater than 0.02%. Such a volunteer will be dismissed from EBCAD.

9. Personnel to Administer the Program

The EBCAD Operational Board will appoint a person to administer the program and a Medical Officer to receive test results.



**ACKNOWLEDGMENT OF RECEIPT OF EAST BOISE COUNTY AMBULANCE
DRUG/ALCOHOL TESTING POLICY.**

I, _____ acknowledge receipt of the East Boise County Ambulance Drug/Alcohol Testing Policy.

Please initial each statement below if it is true.

___ I understand that it is my responsibility to read and understand the contents of this Policy.

___ I understand that I am obligated to perform my duties of employment in conformance with the provisions of this Policy and any additional rules, regulations, policies or procedures imposed by East Boise County Ambulance whether or not I choose to read the Policy.

___ I understand that this Policy may be modified without prior notice to me.

___ I understand that should this Policy be modified that I will be provided with a copy of the modification.

DATED this _____ day of _____, 20__.

(Employee)

I, _____, provided a copy (either electronically or by paper) of the East Boise County Ambulance Drug/Alcohol Testing Policy, on this _____ day of _____, 20__.

(Name)

Approved by: 
EBCAD Governing Board