

DEPARTMENT OF HUMAN SERVICES

EFFECTIVE DATE: September 7, 2010

SUBJECT: DRUG TESTING

I. PURPOSE

The purpose of this Administrative Order is to implement a drug testing program, as required by law, for applicants for employment and direct care staff members (full time, part time and temporary employment services) employed in State psychiatric hospitals and developmental centers.

As a public employer, the Department of Human Services (DHS) is firmly committed to operating in the safest and most efficient manner possible. As a responsible employer, it is also committed to promoting the safety and welfare of its employees and clients.

In order for the DHS State psychiatric hospitals and developmental centers to meet their commitment to consumers and employees, it is essential that the DHS operate in a drug free environment, and that its employees be free from the effects of controlled dangerous substances. It is the responsibility of each employee to ensure that he/she is drug free in compliance with the law and the requirements outlined in this policy.

As a condition of employment with DHS, employees are prohibited from being impaired or under the influence of legal drugs, if such impairment or influence adversely affects the employee's work performance, the safety of our consumers, the employee or others. Additionally, as a condition of employment with DHS, employees are prohibited from being under the influence of illegal drugs. The unlawful use, possession, solicitation for or sale of controlled dangerous substances including prescription drugs is strictly prohibited. Prescription drugs must be taken in accordance with the prescription given to the employee, and any positive test results must be corroborated against the prescription.

II. SCOPE

A. This policy applies to:

1. Applicants for a position as a direct care staff member in a State psychiatric hospital or a developmental center listed in N.J.S.A. 30:1-7;

2. A person who is employed at a State psychiatric hospital or developmental center as a direct care staff member as designated by the Commissioner serving in the titles listed in Attachment # 1.

NOTE: Employees serving in the above referenced titles are hereinafter referred to as “direct care staff member(s)”/ “covered employees”.

- B. This policy requires that direct care staff members, employed at a State psychiatric hospital or developmental center, shall be subject to random drug testing for controlled dangerous substances performed at such intervals as the Commissioner deems appropriate.
- C. A direct care staff member, employed in a State psychiatric hospital or developmental center, may be required to undergo drug testing for controlled dangerous substances if the employee’s immediate supervisor and any in-line supervisor has reasonable suspicion to believe that the employee is illegally using a controlled dangerous substance, based on the employee’s visible impairment or professional misconduct which relates adversely to patient care or safety.
- D. Any employment action taken by an appointing authority for violation of the provisions of this policy shall be taken in accordance with Title 11A of the New Jersey Statutes, Title 4A of the New Jersey Administrative Code, the Department of Human Services Administrative Order 4:08 and any applicable procedures contained in collective bargaining agreements.

III. AUTHORITY

N.J.S.A. 30:4-3.27

Kean Executive Order 204: Policy for a Drug-Free Workplace in New Jersey State Government (1989)

IV. DEFINITIONS

Controlled Dangerous Substance has the meaning assigned by 21 U.S.C. 912 including substances listed on Schedules I through V as they may be revised from time to time (21 CFR Parts 1301-1316), and including those substances defined by N.J.S.A. Title 24 and companion regulations as they may be revised from time to time.

Criminal Drug Statute means Federal and/or State Criminal Statute(s) involving the manufacture, distribution, dispensing, use or possession of any controlled substance.

Drug has the same meaning as the term “controlled dangerous substance” and unless otherwise provided, refers to amphetamines/ methamphetamines, barbiturates, benzodiazepine, cannabinoids (marijuana (THC), cocaine, methadone, phencyclidine (PCP, Angel Dust), and opiates (heroin).

Immediate Supervisor or Supervisory Employee means any employee with direct or in-line responsibility for overseeing the work of other employees but not a co-worker.

Medical Review Officer means a physician employed and/or designated by the testing site, with appropriate medical training and knowledge of substance abuse conditions, authorized to receive, review and report laboratory drug test results.

On Duty means any time period (regular work hours, overtime, hourly services), including breaks, during which an employee is required to comply with a directive from a supervisor and the employee may be expected to perform and/or be available to perform a work related function .

Positive Drug Test means a controlled substance test result reported positive by the laboratory and subsequently confirmed upon review by the medical review officer as evidence of prohibited drug use.

Site Manager means any supervisory level staff designated by the Chief Executive Officer (CEO) or other executive officer to oversee the drug testing at the testing site.

Test(ing) Company/ Site means a State designated/contracted company/vendor used to conduct random, reasonable suspicion and/or applicant drug testing for controlled dangerous substances.

Work place means any location, including but not limited to State psychiatric hospitals, developmental centers, offices, field sites, whether or not owned or operated by the State of New Jersey, where official State business is conducted or where job duties are performed.

V. PROCEDURES

Facility Human Resources and/or Business Managers must provide an updated listing of all direct care employees to the testing company on a monthly basis.

Each applicant for employment and employee required to be tested for controlled dangerous substances pursuant to this policy must provide undiluted urine samples as requested, must supply information necessary to identify the samples (i.e. provide photo identification, complete paperwork and initial specimen), and must cooperate with the collection and testing procedures.

A. **Circumstances Under Which Drug Testing will be Administered**

All drug testing as described below will be performed with standardized equipment and certified laboratories.

Additionally, nothing in this policy shall be construed to authorize any delay in obtaining emergency medical treatment, where appropriate, for a covered employee.

Applicants for employment and employees will be notified of all positive laboratory results of any drug test and provided with an opportunity to discuss the results with the Medical Review Officer prior to a final determination and reporting of the test results as positive.

Drug testing will be administered as follows:

1. Pre-employment

All notices for direct care employment opportunities in State psychiatric hospitals or developmental centers shall include notice of the requirement to undergo testing for controlled dangerous substances, **at the expense of the applicant**, upon the receipt of a conditional offer of employment. This includes job opportunity notices posted by State facilities.

a. Post-offer for Final Applicants

All individuals receiving conditional offers of employment for direct care positions in State psychiatric hospitals or developmental centers will be required to undergo testing for controlled dangerous substances before final employment is confirmed. This category includes, but is not limited to, new employees, former employees returning to State service via reemployment lists, interim appointees, and temporary employees.

Applicants will receive and sign the "Applicant Notice and Acknowledgment" form (Attachment # 2), and must be tested for drugs at a designated drug testing site, within 72 hours of receiving a conditional offer of employment letter/ notification.

All individuals will be notified of the result of any drug pre-employment test that is positive.

An individual who tests positive for a controlled dangerous substance will **not** be hired. Any individual with a conditional offer of employment who refuses to cooperate will not be hired.

b. Movement of Current Employees

Testing under this category will be completed at the expense of the department.

Current State employees who are initially assigned or reassigned to a direct care function in which service has not been rendered for six months or more are required to be tested prior to starting work in the new function. This category includes, but is not limited to, reassignments, temporary or interim appointments, demotions, promotions, transfers, employees returning from a leave of absence and appointments resulting from a reduction-in-force.

Note: The drug testing requirement for employees returning from a leave of absence, of six months or more, is applicable to employees who go on a leave of absence on/after April 16, 2010, the effective date of this drug testing policy.

Employees who test positive for unlawful use of a controlled dangerous substance may be suspended from duty, referred to employee advisory service (EAS), or terminated from employment, as applicable. Refusal to cooperate with the collection or testing procedures will result in immediate suspension pending removal from State service, in accordance with existing Civil Service regulations, negotiated contract provisions and the Department of Human Services policies. The employee shall retain any available right of appeal or review by the Civil Service Commission.

2. Random Testing

The Department of Human Services is responsible to annually perform random drug testing on 500 direct care workers.

All employees covered by this policy will be subject to random, unannounced drug testing. Selection of employees will be by a method employing a scientifically valid random number generation method and objective, neutral criteria which ensure that every such employee has an equal statistical chance of being selected each time. Employee selection, sample collection, and the actual random drug testing will be conducted by a state designated/ contracted company or vendor.

Employees who test positive for unlawful use of a controlled dangerous substance may be suspended from duty, referred to employee advisory service (EAS), or terminated from employment, as applicable. Refusal to cooperate with the collection or testing procedures will result in immediate suspension pending removal from State service, in accordance with existing Civil Service regulations, negotiated contract provisions and the Department of Human Services policies.

The employee shall retain any available right of appeal or review by the Civil Service Commission.

a. Random Testing Procedures:

(1) Each psychiatric hospital and developmental center having employees in the applicable affected titles requiring drug testing will maintain a list of names of those employees and their assigned work location. This list will be updated each time a change occurs with the addition or deletion of an employee and submitted to the testing company/ vendor on a monthly basis.

(2) On a randomly selected basis, the testing company will contact the facility Office of Human Resources/ Employee Relations identifying those test groups which have been randomly selected to be tested and both will agree to dates and times when those test groups will be tested.

(3) The facility Office of Human Resources/ Employee Relations and the site manager as designated by the facility CEO will safeguard the identity of the test groups and dates in order to prevent any unauthorized person from knowing the information until the date of the test.

(4) On the day of, or day prior to the test, the facility Office of Human Resources/ Employee Relations will notify the intended site manager and arrange for the site manager to arrive at the intended location 15 minutes before the scheduled test time. Upon arrival at the test site, the site manager will assume control of the location and explain the program and the procedure to all employees to be tested and take attendance.

(5) The site manager will document the attendance of all employees assigned to the test group and advise the testing company that all names designated as part of the test group are accounted for.

Note: If an employee is designated as part of the test group and is in work that day, that individual must be tested. If an employee is off premises on the designated day of testing, that employee will be considered to be excused. An employee who is on approved benefit time or approved leave is not required to be tested for that designated test.

(6) On the day of testing, each employee scheduled for testing will receive written notice to immediately report to the testing site for random testing. (Attachment #6).

(7) Each employee scheduled for testing must sign acknowledging receipt of the notification for drug testing and immediately report to the designated testing location.

(8) The supervisor/manager providing employee notification for random testing must sign the notice and return it to the HR Office for filing.

(9) The testing company will perform the test in accordance with federally established procedures.

(10) Without exception, all employees randomly selected to be tested will remain in the test site until released by the testing company. Benefit time will not be granted except in cases of extreme emergency.

The following conditions may apply as exceptions to random testing, including but not limited to:

- Employee is on an approved leave; sick leave, short-term or extended
- Employee is on a scheduled vacation, personal, regular day off or furlough day approved prior to test notification
- Employee is serving Jury Duty
- Employee is off premises at an official agency activity (e.g. training)
- Employee is no longer employed in a covered title
- Employee is suspended

Should an employee become ill while waiting to be tested, the site manager will arrange for the employee to be taken to an authorized medical care facility for treatment and arrange with the testing company for testing. If the employee reports extreme illness, an ambulance should be called. The testing company will dispatch someone to the medical care facility to retrieve a test sample.

Employees leaving the test site without authorization will be considered to have refused to test, which will result in termination.

Note: The “shy bladder rule” governs situations in which employees cannot provide a sufficient urine sample. The final rule amends the regulations to provide up to three hours for an employee to drink up to 40 ounces of fluid before making the second attempt to provide a complete specimen. If the employee refuses to drink the fluids or if the employee has not provided a sufficient specimen within three (3) hours of the first unsuccessful attempt to provide the specimen, the collection site person shall discontinue the collection and notify the facility Office of Employee Relations/ Human Resources. The employee must receive a medical evaluation, at his/her own expense, to determine the reason why a sample was not possible. The physician doing the evaluation must have expertise in the medical issue (e.g. urology specialists).

(11) As employees are released by the testing company, the site manager will direct those employees to return to their work assignments/locations.

b. Test Results From Random Testing – First 72 Hours after Testing

Because the results of drug testing are not immediately known, the following procedure should be used during the time between testing and result notification.

(1) Pending the receipt of the drug test results, the employee is to remain in full duty status.

(2) Employees will not receive notification of negative drug test result.

(3) If the test results are anything other than negative, the Medical Review Officer (MRO) will contact the employee directly to obtain additional information relative to the test results.

(4) Within 24 hours after testing, the MRO will notify the facility Office of Human Resources/ Employee Relations of all negative drug test results. Notification is to be done by telephone and a FAX document to avoid confusion.

(5) The MRO will notify the facility Office of Human Resources/ Employee Relations of all positive drug test results.

(6) The facility Offices of Human Resources and Employee Relations will notify each other of any positive drug test results. Notification is to be accomplished by telephone maintaining confidentiality.

(7) Upon receipt of documentation which substantiates a positive drug test, the facility Office of Human Resources/ Employee Relations will contact the employee to explain to the employee the procedures with regard to his/her mandated referral to the employee advisory service (EAS) and a return to work drug screen. The employee will not be allowed to return to work until the employee is cleared by EAS and has been authorized to return to work by the facility Office of Human Resources/ Employee Relations. The employee may use benefit time. If benefit time is not available, the employee may request a leave of absence, in accordance with N.J.A.C. Title 4A.

3. Reasonable Suspicion Testing

An on-duty employee shall be required to submit to a test for controlled dangerous substances when the supervisor has reasonable suspicion to believe the employee is under the influence of drugs.

Prior to scheduling and sending an employee for a reasonable suspension drug test, the supervisor must obtain written approval from the facility Chief Executive Officer (CEO) or his/her designee.

The supervisor's determination that reasonable suspicion exists must be based upon specific, contemporaneous, articulable observations concerning the

appearance, behavior, speech or body odors of the employee or professional misconduct which relates adversely to patient care or safety and/or employee job performance. The observations may include indications of the chronic and withdrawal effects of controlled substances.

Recognizing that some medical crisis may manifest symptomatic behaviors similar to behaviors of someone under the influence of drugs, prior to implementing procedures to request testing for reasonable suspicion of drug use, the supervisor will take initial action consistent with facility policies and procedures to rule out a medical emergency including placing a 911 emergency call.

The required observations for control substances shall be made by a supervisor in accordance with the "Reasonable Suspicion Testing Procedure" section of this policy.

In all cases of reasonable suspicion testing supervisors shall be required to document their observations in a standard manner using the "Reasonable Suspicion - Drug Testing Supervisor's Observation/Report" form (Attachment # 3). This form must be used in conjunction with the "Reasonable Suspicion Drug Screening Authorization" form (Attachment # 4).

Under this type of testing, employees will be removed immediately from the performance of direct care functions pending the outcome of the test(s). Refusal to cooperate with the collection or testing procedures will result in immediate suspension pending removal from State service, in accordance with existing Civil Service regulations, negotiated contract provisions and Department of Human Services policies. The employee shall retain any available right of appeal or review by the Civil Service Commission.

a. Reasonable Suspicion Testing Procedure

(1) Direct Care Employee Responsibility

Direct Care employees must submit to drug testing if the immediate supervisor or any other appropriate in-line member of supervision or management observes the employee's behavior, and has reasonable suspicion that the employee is impaired.

Direct Care employees are subject to the "Reasonable Suspicion Testing Procedure" upon reporting for work, anytime during the work shift and immediately following the work shift.

Reporting to work for the normal assigned work shift, or overtime assignments constitutes being available for work.

Direct Care employees must not report to work under the influence of or impaired by any controlled dangerous substance.

(2) Supervisor Responsibility

The immediate supervisor or any appropriate in-line member of supervision or management must decide if a drug test should be administered in accordance with the reasonable suspicion provisions of this policy. This decision can only be made after the employee is personally observed by the individual making the decision to test.

The supervisor will request a second opinion from another member of supervision in his/her chain of command, who will personally observe the behavior of the employee in question. This second opinion should be confidential and without provocation to the employee in question. During this time the employee in question should be given a non-direct care assignment, if available, and remain under the observation of the supervisor.

If it is decided that a drug test is required, the supervisor requesting the test must:

1. Immediately notify the CEO or other executive officer that a test is being requested. Additionally, the facility Office of Human Resources/ Employee Relations must be notified as soon as possible. The CEO or his/her designee must provide written approval for reasonable suspicion testing. This approval may be obtained by email or facsimile and such documentation must be attached to the reasonable suspicion request form (Attachment # 4).
2. Inform the employee that observations of his/her behavior warrant the performing of a drug test. The employee must be told that if he/she refuses to submit to the test(s), he/she will be terminated. This should be done in a setting that offers privacy. Another member of supervision should be present during this time.
3. The appropriate supervisor will notify the testing company that he/she is requesting a drug test in accordance with the reasonable suspicion provisions of this policy, and provide the employee's name and social security number.
4. The Human Services Police (HSP) may transport the employee to an approved medical facility and remain with the employee until the test is completed.
5. If transport to an approved drug testing site is not feasible, upon approval of the CEO or his/ her designee, the requesting supervisor may contact the testing company for an emergency, on-site test.

6. The testing company will perform the required testing.
- b. **Reasonable Suspicion Test Results – First 72 Hours after Testing**

Because the results of a drug test are not immediately known, the following procedure should be used during the time between testing and result notification.

1. Pending the receipt of the drug test results, the employee is to remain off duty, with pay. The employee shall not report back to work until directed to do so by the Human Resources/Employee Relations Office. If no one can pick the employee up to take the employee home the Human Services/ local police department should be notified to transport the employee from the premises or from the drug testing site.
2. If the test results are anything other than negative, the MRO will contact the employee directly to obtain additional information relative to the test results.
3. Within 24 hours after testing, the MRO will notify the facility Office of Human Resources/ Employee Relations of all negative drug test results. Notification is to be done by telephone and a FAX document, to avoid confusion.
4. The MRO will notify the facility Office of Human Resources/ Employee Relations of all positive drug test results.
5. The facility Offices of Human Resources and Employee Relations will notify each other of any positive drug test results. Notification is to be accomplished by telephone, maintaining confidentiality.
6. Upon receipt of documentation which substantiates a positive drug test, the facility Office of Human Resource/ Employee Relations will contact the employee to explain to the employee the procedures with regard to his/her mandated referral to the employee advisory service (EAS) and a return to work drug screen. The employee will not be allowed to return to work until the employee is cleared by EAS and has been authorized to return to work by the facility Office of Human Resources/ Employee Relations. The employee may use benefit time. If benefit time is not available, the employee may request a leave of absence, in accordance with N.J.A.C. Title 4A.

4. Return-to-Duty Re-testing

Each covered employee, who has been subject to random or reasonable suspicion drug testing, and has engaged in conduct prohibited by this policy shall, prior to his/her return to work, undergo a return-to-duty drug test with a

result indicating a verified negative result for controlled dangerous substance use.

a. Return-to-Duty Re-testing Procedure

The New Jersey Department of Human Services shall ensure that before an employee returns to duty after engaging in conduct prohibited by the drug testing policy he/she submits to a return-to-duty drug test. **Return-to-duty drug testing is at the expense of the employee.**

(1) Employee Responsibility

Individuals who are returning to duty must test negative following referral to EAS as a result of a positive random or reasonable suspicion drug test.

(2) Supervisor Responsibility

The New Jersey Department of Human Services shall ensure that before an employee returns to duty after engaging in conduct prohibited by the drug testing policy concerning controlled dangerous substances, he/she submits to a return-to-work drug test resulting in a verified negative result for controlled dangerous substances.

b. Return-to-Duty Re-test Results

(1) Pending the receipt of the return-to-duty drug test results, the employee is to remain off duty.

(2) If the test results are anything other than negative, the Medical Review Officer (MRO) will contact the employee directly to obtain additional information relative to the test results.

(3) Within 24 hours after testing, the MRO will notify the facility Office of Human Resources/ Employee Relations of all negative drug test results. Notification is to be done by telephone and a FAX document to avoid confusion.

(4) The MRO will notify the facility Office of Human Resources/ Employee Relations of all positive drug test results.

(5) The facility Offices of Human Resources and Employee Relations will notify each other of any positive drug test results. Notification is to be accomplished by telephone maintaining confidentiality.

(6) Upon receipt of documentation which substantiates a positive drug test, the facility Office of Human Resources/ Employee Relations will take the necessary disciplinary actions in accordance with established disciplinary procedures.

5. Follow-up Re-testing

When an employee is permitted to return to duty requiring the performance of direct care functions, the employee shall be subject to unannounced follow-up controlled dangerous substances tests at least three (3) times in the first 12 months following the return-to-duty at his/her own expense.

a. Follow Up Re-testing Procedure

For follow-up scheduling, the facility Office of Human Resource and Employee Relations will notify appropriate supervisor and ensure that the employee reports for testing as required.

(1) Pending the receipt of the follow up re-testing drug test results, the employee is to remain in full duty status.

(2) If the test results are anything other than negative, the Medical Review Officer (MRO) will contact the employee directly to obtain additional information relative to the test results.

(3) Within 24 hours after testing, the MRO will notify the facility Office of Human Resources/ Employee Relations of all negative drug test results. Notification is to be done by telephone and a FAX document to avoid confusion.

(4) The MRO will notify the facility Office of Human Resources/ Employee Relations of all positive drug test results.

(5) The facility Offices of Human Resources and Employee Relations will notify each other of any positive drug test results. Notification is to be accomplished by telephone maintaining confidentiality.

(6) Upon receipt of documentation which substantiates a positive drug test, the facility Office of Human Resources/ Employee Relations will ensure that the employee is removed from the work site. If necessary the Human Services/ local police department shall be notified to remove the employee from the premises.

(7) The Office of Employee Relations will take the necessary actions to place the employee off duty in accordance with established disciplinary procedures.

B. Training and Education

Each appointing authority shall ensure that persons designated to determine whether reasonable suspicion exists to require an employee to undergo testing receive department approved training on controlled substances use and recognition

of when reasonable suspicion exists. The training shall cover the physical, behavioral, speech and performance indicators of probable use of controlled substances, and appropriate documentation using the approved reasonable suspicion forms.

Additionally, the appointing authority will attempt to educate employees about the dangers of drug abuse and provide educational programs and/or materials which will help motivate employees to understand the problems associated with abusing drugs and personal functioning as well as their functioning on the job.

C. **Confidentiality**

Information regarding a medical condition obtained in the course of drug testing must be treated as a confidential medical record. Such information shall be collected and maintained on separate forms and in secured medical files separate from the employee's personnel file and maintained in the Human Resource Office.

The Laboratory performing drug testing under this policy shall report individual test results to the Medical Review Officer (MRO) and to the individual who provided the sample.

The MRO can release controlled dangerous substance test results to the employer only after they have been confirmed positive and only after the MRO has made all reasonable efforts to discuss the results with the individual who provided the sample.

Pursuant to P.L. 2009, c. 220 drug testing results shall not be reported to law enforcement authorities.

Statistical compilations, without individual identifiers, may be made available to the public.

Any applicant for employment or employee, who is the subject of a drug test shall upon written request, have access to his/her records relating to his/her drug test.

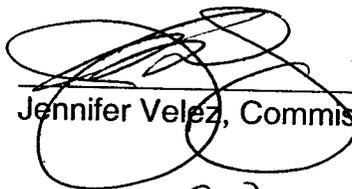
D. **Employee Notification**

1. Each State psychiatric hospital and developmental center facility covered by this policy shall follow established operational procedures to implement this policy in accordance with the standards established herein and provide notice to all covered employees by copy of the policy and an explanation of the procedures prior to implementing any testing procedures.

2. All employees shall sign a form acknowledging receipt of the policy and an explanation of the procedures and such receipt shall be maintained in the employee's personnel file (Attachment # 5).

E. Voluntary Participation in Drug Treatment

Employees in direct care functions who have drug abuse problems are encouraged to voluntarily seek treatment. Treatment may be sought through the Employee Advisory Service (EAS) or independently by the employee without employer involvement. Nothing herein shall prevent the employer from taking appropriate disciplinary action for violations under this policy.



Jennifer Velez, Commissioner
Date: 9.7.10

**DHS DRUG TESTING TITLES
TITLES INCLUDE ALL LEVELS AND VARIANTS
(INCLUDES TES EQUIVALENTS)**

Union	BARG. CODE	Title
CWA	A	CLINICAL LABORATORY TECHNICIAN
	A	ELECTROENCEPHALOLOGRAPHER
	A	INTERPRETER FOR THE DEAF
	A	LABORATORY TECHNICIAN
	A	NURSING SERVICES CLERK
	A	SENIOR CLINICAL LABORATORY TECHNICIAN
	A	SENIOR LABORATORY TECHNICIAN
	A	TEACHING ASSISTANT 12 MONTHS
	P	ADVANCED PRACTICAL NURSE
	P	BEHAVIOR SUPPORT TECHNICIAN (ALL LEVELS AND VARIANTS)
	P	CLIENT SERVICES REPRESENTATIVE
	P	CLINICAL PSYCHIATRIST BOARD ELIGIBLE
	P	CLINICAL PSYCHOLOGIST (ALL LEVELS & VARIANTS)
	P	CLINICAL SPECIALIST IN PSYCHIATRIC NURSING
	P	CLINICAL PSYCHTRST BOARD CERTIFIED
	P	CLINICAL PSYCHTRST POST CERTIFIED
	P	COMMUNITY PROGRAM SPECIALIST (ALL LEVELS AND VARIANTS)
	P	COUNSELOR 1 VOCATIONAL PROGRAM DEVELOPMENTAL DISABILITIES
	P	COUNSELOR 2 VOCATIONAL PROGRAM DEVELOPMENTAL DISABILITIES
	P	EDUCATION SPECIALIST I, DEVELOPMENTAL SPECIALIST
	P	HABILITATION PLAN COORDINATOR
	P	INSTRUCTOR COUNSELOR
	P	INSTRUCTOR-COUNSELOR TRAINEE
	P	MEDICAL TECHNOLOGIST
	P	OCCUPATIONAL SAFETY CONSULTANT (ALL LEVELS)
	P	OCCUPATIONAL THERAPIST
	P	PHYSICAL THERAPIST
	P	PHYSICIAN 1
	P	PHYSICIAN ASSISTANT
	P	PHYSICIAN SPECIALIST (ALL LEVELS)
	P	PROGRAM ASSISTANT DIVISION OF DEVELOPMENTAL DISABILITIES
	P	PROGRAM COORDINATOR MENTAL HEALTH
	P	PSYCHOLOGICAL INTERN
	P	REGIONAL STAFF NURSE MEDICAL ASSISTANCE
	P	REHABILITATION COUNSELOR MENTAL HEALTH (ALL LEVELS)
	P	SAFETY OFFICER, DEVELOPMENTAL DISABILITIES
	P	SENIOR INCOME MAINTENANCE TECHNICIAN
	P	SENIOR PHYSICAL THERAPIST
	P	SOCIAL WORKER (ALL LEVELS & VARIANTS)
	P	SPEECH/HEARING SPECIALIST (ALL LEVELS)
	P	STAFF CLINICAL PSYCHOLOGIST (ALL LEVELS & VARIANTS)

Union	BARG. CODE	Title
CWA	P	STAFF NURSE 12 MONTHS
	P	TEACHER 12 MONTHS (ALL LEVELS)
	P	THERAPIST ART
	P	THERAPIST MOVEMENT
	P	THERAPIST MUSIC
	P	VOCATIONAL REHABILITATION COUNSELOR (ALL LEVELS & VARIANTS)
	R	ASSISTANT HOUSEKEEPING SUPERVISOR (ALL LEVELS)
	R	ASSISTANT SOCIAL WORK SUPERVISOR (ALL VARIANTS)
	R	ASSISTANT SUPERVISING MEDICAL SECURITY OFFICER
	R	ASSISTANT SUPERVISOR OF EDUCATIONAL PROGRAMS (ALL LEVELS)
	R	ASSISTANT SUPERVISOR OF RECREATION
	R	BEHAVIOR ANALYST 2
	R	CHARGE NURS 12 MONTHS
	R	CLINICAL DIETITIAN
	R	COTTAGE TRAINING SUPERVISOR
	R	CREW SUPERVISOR BUILDING MAINTENANCE WORKERS
	R	DENTIST 1
	R	GUARDIANSHIP SERVICES SPECIALIST (ALL LEVELS)
	R	HEAD COTTAGE TRAINING SUPERVISOR
	R	HEAD HAIRDRESSER
	R	HEAD HOUSEKEEPER
	R	INSTITUTIONAL TRANSPORTATION SUPERVISOR
	R	PRINCIPAL COMMUNITY PROGRAM SPECIALIST
	R	PRINCIPAL LABORATORY TECHNICIAN
	R	PRINCIPAL PHYSICAL THERAPIST
	R	RESIDENTIAL SERVICES SPECIALIST (ALL LEVELS & VARIANTS)
	R	SENIOR INSTRUCTOR COUNSELOR READJUSTMENT UNIT
	R	SENIOR OCCUPATIONAL THERAPIST
	R	SUBSTANCE ABUSE COUNSELOR (ALL LEVELS & VARIANTS)
	R	SUPERVISING RESPIRATORY THERAPIST
	R	SUPERVISING VOCATIONAL REHABILITATION COUNSELOR
	R	SUPERVISOR OF MUSIC THERAPY
	R	SUPERVISOR OF X RAY TECHNICIANS
	R	SUPERVISOR VOCATIONAL PROGRAM
	R	SUPERVISING REHABILITATION COUNSELOR MENTAL HEALTH
	S	ASSISTANT DIRECTOR OF NURSING SERVICES (ALL VARIANTS)
	S	ASSISTANT SUPERVISOR OF PROFESSIONAL RESIDENTIAL SERVICES DEV
	S	ASSISTANT SUPERVISOR OF RESIDENTIAL LIVING
	S	CHIEF OF DENTAL SERVICES
	S	DIRECTOR OF OCCUPATIONAL THERAPY
	S	DIRECTOR OF SPEECH,LANGUAGE,PATHOLOGY AND AUDIOLOGY
	S	HOUSEKEEPING SUPERVISOR (ALL LEVELS)
	S	PRINCIPAL OCCUPATIONAL THERAPIST
	S	SOCIAL WORK SUPERVISOR (ALL LEVELS & VARIANTS)
	S	SUPERVISING COMMUNITY PROGRAM SPECIALIST
	S	SUPERVISING CLINICAL DIETITIAN
	S	SUPERVISING LABORATORY TECHNICIAN

Union	BARG. CODE	Title
CWA	S	SUPERVISING MEDICAL SECURITY OFFICER
	S	SUPERVISING SUBSTANCE ABUSE COUNSELOR
	S	SUPERVISOR OF CLINICAL LABORATORIES
	S	SUPERVISOR OF EDUCATIONAL PROGRAMS (ALL LEVELS)
	S	SUPERVISOR OF NURSING SERVICES
	S	SUPERVISOR OF PHYSICAL THERAPY
	S	SUPERVISOR OF PROFESSIONAL RESIDENTIAL SERVICES
	S	SUPERVISOR OF RECREATION
AFSCME	H	BARBER
	H	COTTAGE TRAINING TECHNICIAN
	H	DENTAL AIDE
	H	DENTAL ASSISTANT (ALL LEVELS)
	H	DENTAL HYGIENIST 1
	H	EMERGENCY MEDICAL SERVICES TECHNICIAN
	H	FOOD SERVICE WORKER 12 MONTHS
	H	HAIRDRESSER
	H	HUMAN SERVICES ASSISTANT
	H	HUMAN SERVICES TECHNICIAN
	H	INCOME MAINTENANCE TECHNICIAN
	H	INSTITUTIONAL TRADE INSTRUCTOR (ALL LEVELS)
	H	MEDICAL SECURITY OFFICER RECRUIT
	H	OCCUPATIONAL THERAPY ASSISTANT
	H	PHYSICAL THERAPY ASSISTANT
	H	PRACTICAL NURSE
	H	PRINCIPAL SOCIAL SERVICE AIDE
	H	RECREATION AIDE
	H	RECREATION ASSISTANT
	H	RESIDENTIAL LIVING SPECIALIST
	H	RESPIRATORY THERAPY TECHNICIAN
	H	SENIOR FOOD SERVICE HANDLER
	H	SENIOR FOOD SERVICE WORKER 12 MONTHS
	H	SENIOR MEDICAL SECURITY OFFICER
	H	SENIOR SOCIAL SERVICE AIDE
	H	SENIOR THERAPY PROGRAM ASSISTANT
	H	SOCIAL SERVICE AIDE
	H	SENIOR COTTAGE TRAINING TECHNICIAN
	H	SENIOR HUMAN SERVICES TECHNICIAN
	H	SENIOR PRACTICAL NURSE
	H	SUBSTANCE ABUSE ASSISTANT
	H	THERAPY AIDE
	H	THERAPY PROGRAM ASSISTANT
	H	X RAY TECHNICIAN
IFPTE	O	RESIDENTIAL SERVICES WORKER
	O	SENIOR BUILDING MAINTENANCE WORKER
	O	SENIOR LAUNDRY WORKER
	O	MOTOR VEHICLE OPERATOR 2
NON-UNION	M	MANAGING PHYSICIAN/PSYCHIATRIST

Union	BARG. CODE	Title
NON-UNION	M	SUPERVISOR OF REHABILITATIVE SERVICES
	X	CHAPLAIN
	X	CONSULTING PHYSICIAN SPECIALIST

DEPARTMENT OF HUMAN SERVICES - DRUG TESTING

APPLICANT Notice and Acknowledgment

I, _____ (please print name), applicant for _____ (name of position), understand that as part of the pre-employment process; the Department of Human Services will conduct a comprehensive background investigation to determine my suitability for the position for which I have applied.

I understand that as part of this process, I will undergo drug testing through urinalysis.

I understand that the **cost of the drug testing is at my own expense.**

I understand that I must schedule myself and be tested for drugs, at a designated drug testing site, within 72 business hours of receiving a conditional offer of employment letter/ notification.

I understand that the results of my drug test will be shared with the NJ Department of Human Services' _____ (name of facility) Human Resources Office.

I understand that a negative drug test result is a condition of employment.

I understand that if I refuse to undergo the testing, I will be rejected for employment.

I understand that if I produce a positive test result for illegal drug use, I will be rejected for employment.

I understand that if I produce a positive test result for illegal drug use, that information will not be reported to law enforcement authorities.

I have read and understand the information contained on this "Applicant Notice and Acknowledgment" form. I agree to undergo drug testing through urinalysis as part of the pre-employment process.

Signature of Applicant

Date

Name of Witness (Please Print)

Signature of Witness

Date

REASONABLE SUSPICION – Drug Testing Supervisor’s Observation/Report Form

New Jersey Department of Human Services Facility Name: _____

Employee’s Name		Supervisor’s Name	
Job Title	Work Unit & Shift	Second Supervisor	
Place/Location of Observation			
If there was an accident or incident, give a brief description			

<p>1. Reasonable Suspicion – Observed Behavior <i>(Check all that apply)</i></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Slurred/Incoherent speech</td> <td><input type="checkbox"/> Drowsiness/asleep</td> </tr> <tr> <td><input type="checkbox"/> Staggering Gait</td> <td><input type="checkbox"/> Physical Coordination Problems</td> </tr> <tr> <td><input type="checkbox"/> Tremor/Shaking</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Unable to perform Usual Work Tasks</td> <td></td> </tr> </table> <p>• Walking Ability</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Unable to Walk</td> <td><input type="checkbox"/> Stumbling</td> </tr> <tr> <td><input type="checkbox"/> Falling</td> <td><input type="checkbox"/> Grasping</td> </tr> <tr> <td><input type="checkbox"/> Swaying</td> <td><input type="checkbox"/> On hands & knees</td> </tr> </table> <p>• Standing Ability</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Swaying</td> <td><input type="checkbox"/> Leaning on items for support</td> </tr> <tr> <td><input type="checkbox"/> Rigid</td> <td><input type="checkbox"/> Feet apart for support</td> </tr> <tr> <td><input type="checkbox"/> Unable to Stand</td> <td></td> </tr> </table> <p>• Speech</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Shouting</td> <td><input type="checkbox"/> Slurred</td> </tr> <tr> <td><input type="checkbox"/> Rambling</td> <td><input type="checkbox"/> Crying</td> </tr> <tr> <td><input type="checkbox"/> Incoherent</td> <td><input type="checkbox"/> Whisper</td> </tr> <tr> <td><input type="checkbox"/> Boisterous</td> <td><input type="checkbox"/> Vulgarity</td> </tr> </table> <p>• Demeanor</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Fighting</td> <td><input type="checkbox"/> Hysterical</td> <td><input type="checkbox"/> Polite</td> </tr> <tr> <td><input type="checkbox"/> Indifferent</td> <td><input type="checkbox"/> Calm</td> <td><input type="checkbox"/> Cooperative</td> </tr> </table> <p>• Actions</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Punching</td> <td><input type="checkbox"/> Resisting</td> <td><input type="checkbox"/> Normal</td> </tr> <tr> <td><input type="checkbox"/> Kicking</td> <td><input type="checkbox"/> Profanity</td> <td><input type="checkbox"/> Threatening</td> </tr> <tr> <td><input type="checkbox"/> Difficult to Awaken</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Slurred/Incoherent speech	<input type="checkbox"/> Drowsiness/asleep	<input type="checkbox"/> Staggering Gait	<input type="checkbox"/> Physical Coordination Problems	<input type="checkbox"/> Tremor/Shaking		<input type="checkbox"/> Unable to perform Usual Work Tasks		<input type="checkbox"/> Unable to Walk	<input type="checkbox"/> Stumbling	<input type="checkbox"/> Falling	<input type="checkbox"/> Grasping	<input type="checkbox"/> Swaying	<input type="checkbox"/> On hands & knees	<input 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type="checkbox"/> Bloodshot</td> <td><input type="checkbox"/> Droopy Lids</td> <td><input type="checkbox"/> Sunglasses</td> </tr> <tr> <td><input type="checkbox"/> Watery</td> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Contacts</td> </tr> <tr> <td><input type="checkbox"/> Wearing Glasses</td> <td></td> <td></td> </tr> </table> <p>• Clothing</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Partly Dressed</td> <td><input type="checkbox"/> Defecated in</td> </tr> <tr> <td><input type="checkbox"/> Vomited on</td> <td><input type="checkbox"/> Urinated in</td> </tr> <tr> <td><input type="checkbox"/> Soiled</td> <td><input type="checkbox"/> Normal</td> </tr> </table> <p>• Face</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Flushed</td> <td><input type="checkbox"/> Pale</td> <td><input type="checkbox"/> Normal</td> </tr> </table> <p>• Hands</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Fumbling</td> <td><input type="checkbox"/> Shaking</td> </tr> <tr> <td><input type="checkbox"/> Slow</td> <td><input type="checkbox"/> Normal</td> </tr> </table>	<input type="checkbox"/> Bloodshot	<input type="checkbox"/> Droopy Lids	<input type="checkbox"/> Sunglasses	<input type="checkbox"/> Watery	<input type="checkbox"/> Normal	<input type="checkbox"/> Contacts	<input type="checkbox"/> Wearing Glasses			<input type="checkbox"/> Partly Dressed	<input type="checkbox"/> Defecated in	<input type="checkbox"/> Vomited on	<input type="checkbox"/> Urinated in	<input type="checkbox"/> Soiled	<input type="checkbox"/> Normal	<input type="checkbox"/> Flushed	<input type="checkbox"/> Pale	<input type="checkbox"/> Normal	<input type="checkbox"/> Fumbling	<input type="checkbox"/> Shaking	<input type="checkbox"/> Slow	<input type="checkbox"/> Normal
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<input type="checkbox"/> Slow	<input type="checkbox"/> Normal																																																																	
<p>II. JOB PERFORMANCE</p> <p>Was employee performing his/her job at the time? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How were job duties impacted? _____ _____ _____ _____ _____</p>																																																																		

III. Did you observe the employee interacting with a client or operating equipment or vehicle?

• **Was the Client Interaction:**

- Badgering
 - Too Loud
 - Inappropriate
- Explain:

• **Was the Vehicle:**

- Zig Zagging
- Excessive Speed
- Left unattended while operating
- On wrong side of roadway
- Too slow
- Lights not on?
- Operator disobeying traffic rules

• **Was Equipment:**

- Being improperly used
- Mishandled, not stored properly
- Not operated safely
- Left unattended while operating
- Caused to be broken

• **Other Observations:**

DEPARTMENT OF HUMAN SERVICES
REASONABLE SUSPICION DRUG SCREENING AUTHORIZATION

- () Assistant Commissioner, (MHS / DDD)
 - () Chief Executive Officer, (MHS / DDD FACILITY)
 - () Assistant Chief Executive Officer, (MHS / DDD FACILITY)
- Approved
 Disapproved
 Other

Explain: _____

Name of Person Contacted: _____ Signature: _____
(Please Print)

Date _____ Time _____

Contacted Via Telephone _____ In Person _____ Email _____

Employee Name _____

Employee Title _____

Employee Social Security Number (last 4 digits only) **xxx - xx -** _____

AUTHORIZATION REQUESTED BY:

() Supervisor Name: _____ Signature: _____
(Please Print)

Date _____ Time _____

() Secondary Supervisor Name: _____ Signature: _____
(Please Print)

Date _____ Time _____

DEPARTMENT OF HUMAN SERVICES

DRUG TESTING

EMPLOYEE Notice and Acknowledgment of Receipt of Drug Testing Policy

To Be Completed By Employee:

I, _____ (Print Name), understand that as part of the New Jersey Department of Human Services' Drug Testing Policy, I will be subject to random and reasonable suspicion drug testing by urinalysis.

I understand that a negative result is a condition of my continued employment as a "Covered Person" for the New Jersey Department of Human Services.

I understand that a refusal to submit to a random and/or reasonable suspicion drug test shall result in my dismissal from the New Jersey Department of Human Services.

I understand that if I produce a positive result for unlawful use of any controlled dangerous substance, I may be referred to employee advisory services, or terminated from employment with the New Jersey Department of Human Services, as applicable.

I understand that if I produce a positive test result for illegal drug use, the information will not be reported to law enforcement authorities.

I have read and I understand the information contained on this "Employee Notice and Acknowledgment" form. I agree to undergo drug testing through urinalysis as a condition of continued employment with the New Jersey Department of Human Services.

On this Date _____, I acknowledge receipt of Administrative Order # _____ (Drug Testing Policy)

Signature of Employee

Date

To Be Completed By Supervisor:

On this Date: _____, I provided _____ (Employee Name Printed) with a copy of Administrative Order # _____ (Drug Testing Policy)

Employee: Signed Refused to Sign

Supervisor's Name: _____ Supervisor's Signature _____

Supervisor's Title: _____

DEPARTMENT OF HUMAN SERVICES

EMPLOYEE Notice
For Random/Reasonable Suspicion Drug Testing

To Be Completed By Employee:

I, _____ (Print Name), understand that as part of the New Jersey Department of Human Services' Drug Testing Policy, I am subject to random and/or reasonable suspicion drug testing by urinalysis.

I understand that a negative result is a condition of my continued employment as a "Covered Person" for the New Jersey Department of Human Services (DHS).

I understand that a refusal to submit to a random and/or reasonable suspicion drug test shall result in my dismissal from the DHS.

On this Date _____, at _____ (Time), I acknowledge receipt of this notification to immediately report to _____ (Testing location) for drug testing by urinalysis.

Signature of Employee

Date

To Be Completed By Supervisor:

On this Date: _____, at _____ (Time), I provided _____ (Employee Name Printed) with notification to immediately report to _____ (Testing Location) for drug testing.

Employee: Signed Refused to Sign Not available (explain) _____

Supervisor's Name: _____ Supervisor's Signature _____

Supervisor's Title: _____