

Drug-Free Workplace Program

South Carolina

How to customize this sample drug-free workplace program

The following is a sample drug-free workplace program designed to assist you in your safety efforts in the State of South Carolina. There are a few steps that you will need to complete to make this program your own.

1. Add your company name and signature block information to the appropriate places in the open letter and policy.
2. Replace **[CompanyName]** with the name of your company throughout the program.
3. Be sure to select the appropriate paragraphs concerning your employee assistance program and delete the paragraphs that do not apply to your business. To find providers in your area, search “substance abuse treatment facilities” online.
4. Employees are to sign the **Drug-Free Workplace Policy Consent Form** and return it to the Human Resources/Personnel representative to place in their employee file.
5. Provide all existing and new employees with a copy of this policy. A copy of the policy must also remain conspicuously posted in employee common areas.

Updating your existing drug-free workplace program policy

If you are using this sample drug-free workplace program to revise your current drug-free workplace policy, please complete the steps above and add a current date to the top of page one with the word “**Revised**” beside the date.

The information presented in this publication is intended to provide guidance and is not intended as a legal interpretation of any federal, state or local laws, rules or regulations applicable to your business. All employers are advised to seek legal counsel prior to implementing substance-abuse policies. The liability of Summit Consulting LLC and its managed insurers is limited to the terms, limits, conditions and exclusions of the insurance policies underwritten by any of them.

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An open letter to the employees of

[CompanyName]

The illegal use of drugs and the abuse of alcohol are problems that invade the workplace and endanger the health and safety of the abusers and those who work around them. [CompanyName] is committed to creating and maintaining a safe, productive workplace free of substance abuse.

[CompanyName] has developed a policy regarding the illegal use of drugs and the abuse of alcohol that [CompanyName] believes best serves the interests of all employees. This policy was designed with two basic principles in mind: (1) Employees deserve a work environment that is free from the effects of illegal drug use or alcohol abuse and their associated problems, and (2) [CompanyName] has a responsibility to maintain a healthful and safe workplace.

To assist [CompanyName] in providing a safe and healthy workplace, we maintain a file containing information about various types of employee assistance resources in our community, including but not limited to drug and alcohol abuse programs. You are encouraged to use this resource if needed.

[CompanyName's] substance abuse policy formally and clearly states that the illegal use of drugs or the abuse of alcohol or prescription drugs is not compatible with employment and will not be tolerated. As a means of maintaining our policy, we have implemented active employee drug testing. An employee whose conduct violates [CompanyName's] drug-free workplace policy will be disciplined and possibly terminated.

It is important that we all work together to make [CompanyName] a drug-free workplace and a safe, rewarding place to work.

Sincerely,

[Company representative]
[Title]

Substance Abuse Policy

Statement

[CompanyName] is committed to providing a safe, productive, substance abuse-free work environment and to fostering the well-being and health of its employees. That commitment is jeopardized when any employee illegally uses drugs on or off the job; comes to work under their influence; possesses, distributes or sells drugs in the workplace; or abuses alcohol on the job. Therefore, we have established the following policy:

- a. It is a violation of company policy for any employee to use, possess, sell, trade, offer for sale, and/or offer to buy illegal drugs or otherwise engage in the illegal use of drugs on or off the job.
- b. It is a violation of company policy for any employee to report to work under the influence of illegal drugs and/or to possess in their body, blood or urine illegal drugs in any detectable amount.
- c. It is a violation of company policy for any employee to report to work under the influence of or impaired by alcohol.
- d. It is a violation of company policy for any employee to use prescription drugs that have not been legally obtained or to use prescription drugs in a manner or for a purpose other than as prescribed. (This policy, of course, allows for the appropriate use of legally prescribed medications.)
- e. Violations of this policy are subject to disciplinary action up to and including termination, denial of unemployment benefits and loss of workers' compensation benefits.

The following is a partial list of controlled substances. Other controlled substances are identified in the Controlled Substances Act.

- Narcotics (heroin, morphine, etc.)
- Cannabis (marijuana, hashish)
- Stimulants (cocaine, diet pills, etc.)
- Depressants (tranquilizers)
- Hallucinogens (PCP, LSD, "designer drugs", etc.)

This policy is designed to help employees who need substance abuse assistance and to send a clear message that the abuse of drugs and alcohol is not compatible in [CompanyName's] workplace.

General procedures

An employee reporting to work visibly impaired will be deemed unable to properly perform required duties and will not be allowed to work. If possible, the employee's supervisor will first seek another supervisor's opinion to confirm the employee's status. Next the supervisor will consult privately with the employee to determine the cause of the observation, including whether substance abuse has occurred. If, in the opinion of the supervisor, the employee is considered impaired, safe transportation will be arranged to take the employee home or to a medical facility. An impaired employee will not be allowed to drive. The employee may be accompanied by the supervisor or another employee if necessary. A drug test may be ordered.

Confidentiality

[CompanyName], laboratories, medical review officers, carriers, drug or alcohol rehabilitation programs and our company's drug prevention programs, including their agents who receive or have access to information concerning test results, must keep all information confidential. Release of such information under any other circumstance shall be solely pursuant to a written consent form signed voluntarily by the employee tested or their designee unless the release is completed through disclosure by an agency of the state in a civil or administrative proceeding, an order of a court of competent jurisdiction, or the determination of a professional or occupational licensing board in a related disciplinary proceeding. Test results shall not be released for, be used in, or be admissible in, any criminal matter against the employee.

Testing procedure

Our substance-abuse testing procedure includes a provision for the random sampling of any person who receives any form of wages or compensation. If a second test is required, a single sample will be split for use in the first and second tests. Positive results will be provided in writing to the employee within 24 hours of [CompanyName's] receipt of the test results. Test records will be kept on file for up to one year.

Employee assistance program

A: If your company does not offer an employee assistance program, delete this line and section B paragraphs below:

Although we *do not* maintain an employee assistance program (EAP), we do have a list of local providers of drug and alcohol treatment and family services that you may access without [CompanyName's] involvement.

It is the responsibility of an employee to seek assistance *before* alcohol and drug problems lead to disciplinary actions. Once a violation of this policy occurs, subsequently seeking treatment on a

voluntary basis will not necessarily lessen disciplinary action and may, in fact, have no bearing on the determination of disciplinary action.

A medical provider can give an appropriate assessment, evaluation and counseling and/or referral for treatment of drug and alcohol abuse. Employees may be granted leave with a conditional return to work, depending on successful completion of the agreed-upon treatment regimen, which may include follow-up testing.

The cost of seeking assistance will be the responsibility of the *employee* and is subject to provisions of [CompanyName's] health insurance plan, if any. Please consult the provider for specifics concerning this issue.

B: If your company does offer an employee assistance program, delete this line and section A paragraphs above.

[CompanyName] maintains an employee assistance program (EAP). The purpose of an EAP is to provide help to employees and their families who suffer from alcohol abuse, drug abuse or other mental health issues. Employees may access these services without [CompanyName's] involvement.

It is the responsibility of an employee to seek assistance from an EAP *before* alcohol and drug problems lead to disciplinary actions. Once a violation of this policy occurs, subsequently seeking treatment through an EAP on a voluntary basis will not necessarily lessen disciplinary action and may, in fact, have no bearing on the determination of appropriate disciplinary action.

Our EAP will provide appropriate assessment, evaluation and counseling and/or referral for treatment of drug and/or alcohol abuse. Employees may be granted leave with a conditional return to work, contingent upon successful completion of the agreed-upon treatment regimen, which may include follow-up testing.

The cost of seeking assistance from the program will be the responsibility of the *employee* and subject to provisions of [CompanyName's] health insurance plan, if any. Please consult the provider concerning any costs that may be your responsibility.

Drug-Free Workplace Policy Consent Form

I hereby certify that I have received and read [CompanyName's] Substance Abuse Policy and have had the South Carolina Workplace Drug Prevention Program explained to me, in accordance with S.C. Code Ann. § 41-1-15 (2020). I understand that if I am randomly selected for substance-abuse testing, I will submit to a substance-abuse test. I also understand that failure to comply with a substance-abuse test request or a positive test result may lead to termination of my employment and denial of unemployment benefits, and may also affect my right to obtain workers' compensation benefits. I further authorize the release of the substance-abuse test results to the following [CompanyName] personnel, for the purpose of enforcing [CompanyName's] Substance Abuse Policy and drug prevention program:

[Insert personnel names]

This consent will remain in effect so long as I remain employed by [CompanyName]. The undersigned further states that they have read and understand the above acknowledgment and sign below of their own free will.

Signature

Date

Witness

Date