

MAINE SUBSTANCE USE TESTING POLICY TEMPLATE INSTRUCTIONS

Cover Page – this can be modified to add company name, logo, etc.

Contact Information – In this section, you will provide information about the company, who will be the person to contact with any questions regarding your policy and the company locations/worksites that will be covered under the policy. If the person listed as the Policy Contact is different from the person who will be filling out the annual survey, please include that person as well.

NOTE: there should be a company contact person listed that DOL can contact in the event of any employee questions about the policy.

Policy Compliance – The bottom of page 5 needs to be signed by a company representative prior to submitting policy for approval

Scope of Testing – Fill in the classifications or position titles to be tested for applicant testing, and/or for employee testing

Use of Prescription Medications and/or Medical Marijuana in the Workplace – This is a new section where employers should address the use of prescriptions and/or medical marijuana while in the workplace. *NOTE: if not going to address, delete that section*

Screening and Confirmation Tests – Please check off a box for the specimen type to be collected and check off any/all of the substances to be tested for

For employee testing –Employers can choose to conduct probable cause, random and/or arbitrary testing. Please check off which types of testing your company plans on conducting. *NOTE: there are specific criteria that must be met in order to conduct random and/or arbitrary testing.*

If doing random or arbitrary testing – Please fill in the random selection process, testing frequency and population for random and/or the arbitrary testing frequency, if applicable.

If NOT doing random or arbitrary testing – Please enter N/A, or state that random and/or arbitrary testing will not be conducted

Testing Procedures - Please enter name and address of sample collection facility/facilities. **Sample collection facilities are where the initial sample is taken to be tested, they are NOT the confirmation testing laboratory that needs to be listed on page 13 of the template.**

NOTE: Point of Collection Testing section needs to be addressed – please check whether using POCT or not.

Identify Testing Laboratory - Please choose the confirmation testing laboratory from the drop-down menu on Page 13, this is the lab that all non-negative test results will be sent to and **must** be chosen only from the list of DHHS approved labs in the drop-down menu of the template.

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Procedure to Notify Applicant/Employee - Please enter the title of person who will receive the test result report.

NOTE: this should be a Medical Review Officer (MRO) that can verify where there is a reasonable medical explanation for a positive result.

Procedure to Appeal – Please enter the title of person(s) who will review an appeal.

NOTE: this can be a Medical Review Officer (MRO) or someone within the company like an HR Manager, for example. There has to be a no cost option available.

Description of Rehabilitation Services – Please check off whether you have an EAP or not and then complete the corresponding sections, as applicable.

NOTE: if your company has more than 20 full time employees and you plan on conducting testing on any current employees then you MUST have an Employee Assistance Program that has been certified by DHHS. There is a link on our website to the EAP application and information regarding the EAP. Employee testing policies that require an EAP will not be approved until certificate is received from DHHS.

Submission Process – Send completed policy template to DOL for review, this can be done either via regular mail (use address on last page of template) or via email to mdol@maine.gov. Please include all forms that may be used along with the policy, for example consent forms, acknowledgement forms, return to work agreements, non-impairment agreements, collective bargaining agreements that address drug testing, etc. Also, make sure to include a copy of the EAP certificate from DHHS, if applicable.

Once submitted, staff at the Bureau of Labor Standards will review for completeness. If everything is in order, it will be approved and staff will send approval letter to company contact. If, after review, there are missing items, staff will contact the company to resolve issues prior to approval.

FINAL NOTE: any policies for testing applicants will be effective as of the date of approval; all employee testing policies will be effective 30 days from the date of approval. Therefore, if you chose to use a template that combines both applicant and employee testing – once approved, the applicant portion is effective immediately and the employee section will take effect 30 days later.

If you have questions and/or concerns while developing your policy, please call us at (207) 623-7902.