



CITY OF MARCO ISLAND

Human Resources Department

50 Bald Eagle Drive
Marco Island, Florida 34145
239-389-3970

Date: November 16, 2023
To: City of Marco Island Employees
From: Leslie W. Sanford, Human Resources Manager
Re: Post Accident Drug Screening Policy/Procedure

The City of Marco Island is a drug-free workplace as outlined in the City of Marco Island Employee Resource Guide, Chapter 12. Employees may be required to submit to a drug test with regard to any workplace injury, vehicle accident, or if under reasonable suspicion.

If an employee is involved in an on-the-job accident or a vehicle accident in which the employee was driving a city vehicle, and any one of the followings occurs:

- An individual dies;
- An individual suffers an injury and immediately receives medical treatment away from the accident scene; or
- One or more vehicles incur disabling damage as a result of the occurrence and are transported away from the scene by tow truck or other vehicle. Disabling damage does NOT include damages that could be remedied temporarily at the scene of the occurrence without special tools or parts; tire disablement without further damage if no spare tire is available; or damage to headlights, taillights, turn signals, horns, or windshield wipers.

Employees will be required to submit to a drug and/or alcohol testing at a laboratory chosen by the City if there is reasonable suspicion of substance abuse.

Failure to submit to a required drug test is grounds for termination or suspension.

PROCEDURES:

Drug Screening:

If drug and/or alcohol testing is required, Advanced Medical Center will be used for all post-accident and reasonable suspicion testing.

Please use the **Clinic Passport form** (attached). The supervisor must take the employee to Advanced Medical with the form and the employee must have a valid photo ID.

Advanced Medical of Naples
720 Goodlette Rd N
Ste 500
Naples FL 34102
239-566-7676

Mon-Fri 8:00 am to 8:00 pm
Sat and Sun 9:00 am to 5:00 pm

If the incident occurs outside of Advanced Medical business hours, the supervisor must take the employee first thing the next morning but NO LATER than 24 hours after the incident occurred.

Drug Screen Panel Requirements:

General Employee – (NOT DOT/CDL drivers) - 5 panel screening required.

DOT/CDL drivers – 10 panel screening required.

Fire/Police – 8 panel screening required.

5 panel = THC, Cocaine, Amphetamines, Opiate, and PCP

8 panel = THC, Cocaine, Amphetamines, Opiate, PCP, Barbiturates, Benzodiazepines, and Methadone

10 panel = THC, Cocaine, Amphetamines, Opiate, PCP, Barbiturates, Benzodiazepines, methadone, Methaqualone, and Propoxyphene.

When filling out the **Clinic Passport Form** check if the screening is a *DOT or NON-DOT* screening. DOT is the Federal drug screen requirement if the employee carries a CDL License. Check off **Lab Urine drug screen** and the appropriate panel number for the drug screen.

If transported by ambulance, upon release, the employee should go to Advanced Medical for a drug screening. The employee should contact their supervisor for instructions and a form.

If an employee is required to have a drug test, the employee will be placed on paid administrative leave until results are concluded and the employee is authorized to return to work (subject to City Manager approval).



Clinic Passport

**Appointment for Drug Screening / Employment physical / Treatment of injury
(To be filled in by Human Resource Representative)**

Employee Name: _____ SSN #: _____ D.O.B. ___/___/___

Today's Date: _____ Passport Expiration Date: _____ Expiration Time: _____

Medical services required:

___ Medical treatment for injury Injury date _____ Type of injury _____

___ Employment Physical ___ DOT Physical ___ Non-Dot Physical ___ PPD

Please Check Drug Screening services needed:

Is this a **DOT** drug Screen? ___ YES ___ NO

___ Lab Urine Drug Screen ___ 5 Panel ___ 8 Panel ___ 10 panel

___ _____

___ Breath Alcohol Test

___ Other specify (blood alcohol test, Blood drug test, ETG, Nicotine) _____

Reason for Drug Screening:

___ Pre employment ___ Random Post Accident ___ Other (specify) _____

Person Authorizing Services: _____ Leslie W. Sanford

Company Name: _____ City of Marco Island Florida

Work Comp Carrier / Claim # (work related): _____

Bill Direct Employer Contract (work related): _____ Leslie W. Sanford, 239-389-3970, lsanford@cityofmarcoisland.com

Advance Medical of Naples
720 Goodlette Rd N. 5th Floor Naples, FL 34102 | Phone 254-3116 Fax 254-3117
Open: Monday – Friday 8 AM- 8 PM | Saturday & Sunday 9AM- 5PM

