Aviation Student Drug & Alcohol Testing Policy

Policy Statement

Eastern Kentucky University’s Aviation Program (“Program”) believes strongly in protecting its students, faculty, employees, University property, and the public. To protect the life and interests of the parties involved, and to maintain an environment with highest standards of health and safety, the Program is instituting this policy. The Program mirrors the Department of Transportation and Federal Aviation Administration’s guidelines to ensure fairness and equity to all individuals.

Not only do the students that are subject to the tests discharge duties fraught with such risks of injury to oneself and others that even a momentary lapse of attention can have disastrous consequence (“safety sensitive”), but also students that graduate will participate in an industry that is regulated pervasively to ensure safety, a goal dependent, in substantial part, on the health and fitness of covered employees.

Compliance with this policy is required for enrollment initially and continuing in the Aviation Program.

Entities Affected by the Policy

All EKU Aviation Students enrolled in course work that involves the operation, maintenance, or servicing of any aircraft.

Policy Background

N/A

Policy Procedures

A. Drugs Tested

The Program will test for presence of the following controlled substances and/or alcohol and their metabolites:

1. Amphetamines
2. Marijuana
3. Cocaine
4. Opiates
5. PCP (phencyclidine)
6. Ethyl alcohol
7. methyl alcohol
8. isopropyl alcohol

B. Method of Testing

The Program will test students in the following ways:

1. Random - The Chair or designee of Applied Engineering and Technology will submit a testing pool of Professional Flight students to the selected independent vendor. Each semester, a roster of all Professional Flight students will be used to generate a testing pool. Students will be identified using a random selection process giving all students an equal chance of being selected for the testing pool.

   Once the pool has been compiled, the Designated Employer Representative (DER) or approved representative will in turn notify the students by phone, text, email or in person to report to the testing center or designated location.

   The Program will conduct a minimum of one (1) selection per semester. The number selected will be based on at least 10% of the Professional Flight enrollment.

2. Reasonable Suspicion - If Program faculty and/or employees reasonably suspect that a student exhibits signs, behaviors, or symptoms of being under the influence of alcohol and/or drugs, then they may require a student to submit to a test. Program faculty and employees shall receive training on indicators of probable drug use and on indicators of probable alcohol use every eighteen (18) months.

   Faculty and/or staff must articulate their reasonable suspicions based upon their personal observations of the behavior, and may not use conjecture or rumor to support their reasonable suspicions. Students will be notified immediately in a private meeting to make themselves available immediately to the testing facility for reasonable suspicion testing. If faculty and/or staff suspect but cannot articulate their basis for believing a student is under the influence of alcohol or drugs, they may postpone or reschedule that student’s safety sensitive duties until a later time.

3. Post-Accident - Post-Accident testing is required of any student involved in an accident or incident. Within 8 hours, the student must submit for a drug test. If the administration of the test is impossible within the allotted time frame, the test shall be administered as soon as possible.

   No student involved in an accident/incident shall use alcohol for 8 hours following the accident, and controlled substances for 32 hours following the accident/incident, or until he/she undergoes a post-accident alcohol and drug test, whichever comes first.

C. Types of Testing

The Program will test for drugs using urinalysis and/or for alcohol using a breathalyzer.
D. Testing Protocol

The Program will test all students in non-DOT situations using as a guideline 49 CFR Parts 40 and 382 for collection, chain of custody, confirmation and notification of controlled substances in urine and for breath alcohol. Adhering to these regulations will ensure that, testing procedures for the presence and confirmation of alcohol and controlled substances protect students, the integrity of the testing processes, and safeguard the validity of the test results.

The Program will use the 49 CFR provisions for Medical Review Officers (“MRO”) notification for positive urine, non-negligible and invalid urine reports. Urine tests requiring confirmation by gas chromatography/mass spectrophotometer will be done in a licensed approved drug test laboratory, certified by DHHS (Department of Health and Human Services). No drug test results will be sent directly to the Chair without first being reviewed by the MRO or her/his designee.

The final review of confirmed positive results from the laboratory is not definitive. A positive result does not automatically identify an individual as having used substances in violation of this policy. A MRO having detailed knowledge of possible alternate medical explanations is essential to the review of results. The final review shall be performed by the MRO prior to the transmission of results to the Chair. For the final review, the MRO shall examine alternate medical explanations for any positive result. This action could include conducting a medical interview with the individual and a review of the individual’s medical history, or a review of any other relevant biomedical factors. The MRO shall review all medical records made available by the tested individual when a confirmed positive test could have resulted from legally prescribed medication.

Students who wish to have the submitted specimen which tested positive for a controlled substance, evidence of adulteration or substitution or was declared invalid, re-tested at another laboratory chosen by the MRO, may request the MRO, within 72 hours of notification of a positive or non-negative test, to send the specimen to another laboratory.

E. Testing Locations

Testing will be done by an independent vendor. Students will be notified by person or by phone/text/email of the locations of all acceptable testing facilities.

If there are any signs of tampering with the testing procedures, the collector of all urine for drug screening will conduct a collection under direct observation, in accord with 49 CFR Part 40, 40.67 of DOT collection procedures. Indications or materials that clearly indicate the donor is attempting to tamper with the urine collection, the temperature is out of range, the specimen appears or smells tampered with and other provisions of 40.67 require observed collection for all personnel. The observer for a direct observation collection will be a person of the same gender. If possible, the observer will be a staff member of the collection facility, unless there is no same sex observer available. In the case that the facility staff cannot be the observer, the Program will provide a same sex observer, who is at supervisory level.

F. Prescription or Controlled Substances

It is not legal in the Commonwealth of Kentucky to transfer a prescription medication to another person for their use. Use of a prescription prescribed in another person’s name, regardless of when it is taken, is a violation of this Policy. Testing positive for a controlled substance written in another person’s name will result in a violation of this Policy.

The use or ingestion of any hemp products is not an acceptable alternative medical explanation for testing positive for cannabis (marijuana) by-products. The presence of cannabis by-products in a specimen, without a legal prescription (a prescription from a currently licensed physician, that would be recognized as legal by Federal DEA standards) for an appropriate medication, is a positive drug screen and a violation of this policy.

Acquiring Controlled substances through internet sites, without a physician-patient relationship as defined by the Federal DEA, is not a legitimate medical explanation for the presence of any controlled substance on testing. Internet prescriptions, without in person examination of personnel by a licensed provider, are not considered proper medical approval.

No student will report for duty or remain on duty requiring course related functions when the student uses any controlled substances, except when the use is pursuant to the instructions of their current contemporaneous licensed physician who has advised the student that the substance does not adversely affect the student’s ability to safely perform all safety-sensitive-related functions.

G. Alcohol

Consumption of alcohol in the classroom, on any University property, in a University vehicle, maintaining or repairing any University property is governed by the University’s Consumption of and Serving Alcohol policy, available at www.uky.edu/policies.

No student shall perform any safety sensitive functions within eight hours after consuming alcohol. Pre-flight use of alcohol resulting in students reporting for duty with an alcohol concentration of 0.02 or greater is a violation of this Policy and will result in removal from performing safety-sensitive functions, and are subject to disciplinary actions.

H. Over-the-counter Medication

Medications that make people sleepy are a serious safety issue not only for the person taking them, while they are participating in a safety sensitive activity, but also for their fellow students’ safety. It is the sole responsibility of the student to ensure that they are informed and knowledgeable about the side effects and interactions of medications they are taking.

Failure by the student to inform the Instructor or the DER that he/she is taking any medication, prescription, legal or illegal drug, that would adversely affect flight performance or compromise safety is a violation of Policy. This includes, but is not limited to, all prescription and over the counter medications that carry a warning of possible sedation as a side effect or direct effect of the medication.

It is recognized that it is possible that a student taking a legal medication may forget to check the side effects of a medication or forget to inform their Instructor or the DER about a legal medication with sedation (sleepiness) side effects one time. If the Program determines that a person is taking a legal medication that poses safety issues, without informing their supervisor on more than one occasion, the student’s safety-sensitive duties will be suspended.

I. Failure or Refusal of an ordered drug test

The Program considers the following a failed drug test:

1. Failure to show up within the allotted time frame to a testing location;
2. Interference with the collection or testing of urine samples, such as specimen adulteration or substitution;
3. Any other failure to comply with the policies or independent vendor’s rules with regard to testing;
4. Failure to provide adequate breath for testing without a valid medical explanation;
5. Failure to provide adequate urine for controlled substance testing without a valid medical explanation after he or she has received notice of the requirement for urine testing;
6. Leaving the test facility without authorization before the test process is completed; and/or
7. Refusal to take an ordered drug test.
DER Designated Employer Representative is an individual identified by the University as able to receive communications and test results from service agents and who is authorized to take immediate action to remove students/employees from safety-sensitive duties and to make required decision in the testing and evaluation processes. The individual must be an employee of the university.

DOT The Department of Transportation

FAA The Federal Aviation Administration

MRO The Medical Review Officer is a licensed professional who determines the results of any drug test administered under this policy.

Controlled Substances Controlled substance means methamphetamine, or a drug, substance, or immediate precursor in Schedules I through V and includes a controlled substance analogue

Controlled Substances Schedules Drugs and other substances that are considered controlled substances under the Controlled Substances Act (CSA) are divided into five schedules. An updated and complete list of the schedules is published annually in Title 21 Code of Federal Regulations (C.F.R.) §§ 1308.11 through 1308.15. Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused. Some examples of the drugs in each schedule are listed below.

Schedule I Controlled Substances Substances in this schedule have no currently accepted medical use in the United States, a lack of accepted safety for use under medical supervision, and a high potential for abuse.

Some examples of substances listed in Schedule I are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), peyote, methaqualone, and 3,4-methylenedioxyamphetamine ("Ecstasy").

Schedule II Controlled Substances Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence.

Examples of Schedule II narcotics include: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®, Percocet®), and fentanyl (Sublimaze®, Duragesic®). Other Schedule II narcotics include: morphine, opium, and codeine.

Examples of Schedule II stimulants include: amphetamine (Dexedrine®, Adderall®), methamphetamine (Desoxyn®), and methylphenidate (Ritalin®).

Other Schedule II substances include: amobarbital, glutethimide, and pentobarbital.

Schedule III Controlled Substances Substances in this schedule have a potential for abuse less than substances in Schedules I or II and abuse may lead to moderate or low physical dependence or high psychological dependence.

Examples of Schedule III narcotics include: combination products containing less than 15 milligrams of hydrocodone per dosage unit (Vicodin®), products containing not more than 90 milligrams of codeine per dosage unit (Tylenol with Codeine®), and buprenorphine (Suboxone®).

Examples of Schedule III non-narcotics include: benzphetamine (Didrex®), phendimetrazine, ketamine, and anabolic steroids such as Depo®-Testosterone.

Schedule IV Controlled Substances Substances in this schedule have a low potential for abuse relative to substances listed in Schedule III.

Examples of Schedule IV narcotics include: alprazolam (Xanax®), carisoprodol (Soma®), clonazepam (Klonopin®), clorazepate (Tranxene®), diazepam (Valium®), lorazepam (Ativan®), midazolam (Versed®), temazepam (Restoril®), and triazolam (Halcion®).

Schedule V Controlled Substances Substances in this schedule have a low potential for abuse relative to substances listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotics.

Examples of Schedule V substances include: cough preparations containing not more than 200 milligrams of codeine per 100 milliliters or per 100 grams (Robitussin AC®, Phenergan with Codeine®), and ezogabine.

Responsibilities

DER Administrator of this policy and the drug and alcohol testing program

Violations of the Policy

Violations of the Policy will result in the student being removed from ground and flight courses and assigned a grade of "F" for ground courses and "U" for flight courses (AVN XXXA). Students will also be suspended from all flight and ground courses for a minimum of a 12 month period. Students are eligible to reapply to the Program but are not guaranteed re-entry.

Interpreting Authority

Chair of the Department of Applied Engineering and Technology
### Statutory or Regulatory References

### Relevant Links

### Policy Adoption Review and Approval

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