

**Drug Free Workplace Program Policy**

AN OPEN LETTER TO ALL EMPLOYEES

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Advantus has posted notices in conspicuous locations identifying our company as a Drug Free Workplace. Copies of the Drug Free Workplace policy are available for inspection at each of our facilities. Our Drug Free Workplace Policy now formally states that substance abuse will not be tolerated ON or OFF the job for employees of our company. This prohibition includes the possession, use or sale of illegal drugs, the abuse of alcohol and abuse of prescribed drugs. Company sponsored activities or other social events that we attend during which alcoholic beverages are served are not considered alcohol abuse just because alcohol was served.

All employees are expected to sign a statement of understanding and agreement with the company's Drug Free Workplace Policy.

When Advantus Corporation implemented its Drug Free Workplace Program in 2001, sixty days advance notice was given to those employed at the time. No testing was performed until the end of the sixty day period.

To ensure that this company remains a Drug Free Workplace, a program of drug testing is in effect. Let it be clearly understood that it is a condition of employment for everyone that they avoid entirely the use, possession, sale or any association whatsoever with illegal drugs and/or the abuse of alcohol. Employees who are found on the job to be under the influence of illegal drugs or alcohol or who violate this policy in other ways will be terminated. It is important that all of us work together to deal with substance abuse to make our company a safer and more rewarding place to work.

Sincerely,

Kevin Carpenter

President

**DRUG FREE WORKPLACE PROGRAM**

**I. STATEMENT OF POLICY**

In order to establish Advantus Corp. as a Drug Free Workplace and thereby increase the safety and health of our employees and their families, this Policy requires that employees of our Company shall not use drugs illegally at any time, shall not use or be under the influence of alcohol while working and shall not use or be under the influence of medications, while working, that could affect their ability to work safely.

**II. DEFINITIONS**

Alcohol: Liquids containing ETHYL ALCOHOL (ETHANOL).

Drugs: One or more of the following named substances: AMPHETAMINES, CANNABINOIDS (MARIJUANA), COCAINE, PHENCYCLIDINE (PCP), METHADONE, PROPOXYPHENE. OPIATES, METHAQUALONE, BARBITURATES, BENZODIAZEPINES,

See Section M for common brand Names.

Medications: Prescription and Non-prescription substances obtained and used legally to combat

illness and injury or for other therapeutic reasons.

Work (ing): Performing any activity under any conditions during any period of time that an

employee is covered by the Employer's Workers' Compensation insurance (i.e. driving, on duty,

on call or performing any tasks as a part of employment duties; lease and contract employees

included).

Influence: To be physically, mentally or emotionally subject to the effects of any substance.

Company: Advantus Corp.

Employer: Advantus Corp.

Employee: Anyone employed by or contracted with the company who is covered by workers' compensation insurance obtained by the company.

Use (ing): As pertains to drugs, alcohol and medications; to drink, smoke, apply topically, inject,

possess, solicit, distribute, dispense, manufacture or transfer. Exceptions to these rules regarding the definition of "use" will be allowed only with Management's written permission.

**III. POLICY WORK RULES**

**A. DRUGS**

Employees shall not use or be under the influence of drugs illegally at anytime, whether working or not working.

**B. ALCOHOL**

Employees shall not use or be under the influence of alcohol while working.

**C. MEDICATIONS**

Employees shall not use or be under the influence of medications while working if the medications have the potential to alter or to adversely affect their judgment, motor skills, to induce sleepiness or to otherwise detract from their safe job performance. Exceptions can, of course, be made in work areas and activities of decreased safety sensitivity where the potential for accident and injury is minimal and where the effect of the medication on the employee is judged to be no factor by medical authority. It must also be acceptable to management for the employee to continue work. Exceptions to this rule (Section C) will be made at least one level of supervision above the concerned employee's immediate supervisor.

Employees will report their use of medications to their supervisor before beginning work; those sensitive to the disclosure of their use of certain medications may call or visit the company official (see name and telephone number in Section N) in charge of the Drug Free Workplace Program, in confidence to resolve their unique work situation.

**D. DRUG FREE WORKPLACE PROGRAM MONITORING**

To measure the success of, and to aid in enforcing, our Drug Free Workplace Program, the following types of drug screening tests will be administered to detect the presence of AMPHETAMINES, CANNABINOIDS (Marijuana), COCAINE, PHENCYCLIDINE (PCP)

AND OPIATES.

1. Job applicants, as a condition of obtaining employment

2. Employees who are required to undergo FITNESS FOR DUTY MEDICAL

EXAMINATIONS.

3. Employees as a FOLLOW-UP to a return from rehabilitation program. These employees will be tested periodically.

4. Employees who, by reliable evidence, or by their observed or reliably reported behavior, may be REASONABLY SUSPECTED of: (a) Using or being under the influence of drugs, alcohol or medications while working. (b) Tampering with a drug screen test. (c) Causing or contributing to an accident involving a reportable injury (i.e. an injury sufficient to require the attention of a medical professional), lost time and/or property damage sufficient to delay or halt work. All specimens must be provided by the employees as soon as possible but not later than 32 hours after the accident.

5. UNDER A RANDOM TESTING SCHEDULE, 10 PERCENT OF THE WORKFORCE TO BE TESTED ANNUALLY WITH EMPLOYEES SELECTED QUARTERLY FOR RANDOM TESTING.

Notice of Drug Testing will be given on all vacancy announcements. In addition to the drugs named in Section D above, a test for the presence of alcohol will also be administered as a result of the conditions stated in Section D.4. (a), (b) and (c) above. A blood specimen will also be provided for the alcohol test. The blood test for alcohol must be performed by a Florida AHCA licensed laboratory. See Section N for the Florida laboratory name, address and phone number.

A copy of documentation supporting a REASONABLE SUSPICION drug and alcohol test will be completed within seven (7) days after testing, will be provided to the employee upon request, and will be retained confidentially by the company for at least one (1) year.

Testing for the presence of drugs and alcohol will be performed by an HRS approved laboratory after obtaining urine specimens for drug tests and blood samples for alcohol tests. All positive specimens from the initial screening are then tested a second time using a different technique and chemical principal from the initial test to insure reliability and accuracy. All test results are reported to the Medical Review Officer for verification prior to being transmitted to the employee and/or employer.

**E. CONSEQUENCES TO EMPLOYEES OF:**

1. POSITIVE CONFIRMED DRUG OR ALCOHOL TESTS

2. REFUSAL TO BE TESTED FOR DRUGS OR ALCOHOL

3. ANY PLEA OF GUILTY OR NOLO CONTENDERE TO ANY VIOLATION OF CHAPTER 893 OR OF ANY CONTROLLED SUBSTANCE LAW OF THE UNITED STATES OR ANY STATE, FOR A VIOLATION OCCURRING IN THE WORKPLACE.

4. CONSUMPTION OF ALCOHOL OR INTOXICATION ON COMPANY TIME.

a. Job Applicants will not be hired.

b. Employees being tested in conjunction with a physical examination, as a follow-up to rehabilitation, as a result of reasonable suspicion behavior, a random test or because of contributing to or causing an accident (no injury involved) will **FACE DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT**.

c. Injured employees, in addition to above disciplinary action, will also forfeit eligibility for workers' compensation medical payments and indemnity payments.

1. Employees arrested, indicted or convicted of violating controlled substance laws will notify the employer within five (5) days of the event and if this substance abuse policy was also violated, will be disciplined up to and including termination, depending on the circumstances.

2. In the event under this policy an employee is required to seek a treatment plan, it will be at the employee’s expense. The employee must provide documentation of that treatment program, and be required to be drug and/or alcohol tested unannounced EVERY SIX MONTHS FOR TWO YEARS. **A positive confirmed test during or after treatment will result in termination of employment.**

**F. CHALLENGES TO CONFIRMED POSITIVE TEST RESULTS**

A job applicant or employee will receive written notification of positive confirmed test results from the company within five (5) working days of the company's receipt of a report of a positive confirmed test result from the Medical Review Officer. This notification will also state the consequences of the positive confirmed test result. A job applicant or employee who receives written notification of (1) a positive confirmed test result and (2) the consequences to the employee of that result, will have the opportunity within five (5) working days to explain or contest the result. If the explanation or challenge of the positive test result is judged unsatisfactory by the company, the job applicant or employee will be provided with a written explanation as to why the explanation of the positive test result was unsatisfactory, along with a written report of the positive test results within fifteen (15) working days. If the test was for reasonable suspicion, the employee will receive in writing within seven (7) days after the test, if requested, a detail of the circumstances, which formed the basis of the determination that enough reasonable suspicion existed to warrant the testing.

During the 180-day period after written notification of a positive test result, the employee who provided the specimen should be permitted by the employer to have a portion of the specimen retested at the employee's expense. Such re-testing shall be done at another Florida HRS licensed or NIDA approved laboratory, as appropriate, chosen by the employee or job applicant. All such documentation will be kept confidential and retained by the company for at least one (1) year.

Should the job applicant or employee then choose to further pursue the challenge, the following options to the employee are available: (1) Any rights under applicable collective bargaining agreements may be exercised. (2) A claim for benefits may be filed with a Judge of Compensation pursuant to Chapter 440 F.S. in the case of work place injury. (3) If no injury has occurred, a challenge may be undertaken in a court of competent jurisdiction. It will then be the employee's responsibility to notify the laboratory to retain the sample until the case is settled.

The company will provide a form to the employee to provide any information he/she considers relevant to the drug test for review by the Medical Review Officer.

**G. CONFIDENTIALITY OF DRUG TESTING INFORMATION**

All written reports and related information received by the company, laboratories, employee leasing programs, drug and alcohol rehabilitation programs and their agents will be held in strictest confidence and will not be disclosed except in accordance with Florida Statutes or otherwise legally disclosed. Release of such information under any other circumstance shall be solely pursuant to a written consent form signed voluntarily by the person tested. Information on drug test results shall not be released or used in any criminal proceeding against the employee or job applicant.

Agents of our company and the laboratory conducting a drug test will, however, have access to drug test information when consulting with legal counsel in connection with actions brought against them when the information is relevant to its defense in a civil or administrative matter.

**H. CONFIDENTIAL REPORTING OF MEDICATION USE**

The company knows that eventually most people need to take medications to combat various illnesses. Employees must realize, however, that many medications will alter or affect a drug test. An employee could possibly test positive for a drug when taking medications prescribed by a doctor or bought over the counter at a pharmacy. Medications known to alter or affect a drug test are listed in Section M. The name of the testing laboratory is listed in Section N. Employees who want more technical information about medications may consult the testing laboratory. To avoid the potential problems created by a false test result, the company has implemented procedures to enable employees to confidentially report the use of medications. You may report the use of medications on the back of your copy of the chain of custody form after your specimen is collected and discuss only with the MRO.

**I. EMPLOYEE ASSISTANCE PROGRAM**

Our company maintains an Employee Assistance Program (EAP) that consists of referring employees and their families who suffer from alcohol or drug use problems to local drug and alcohol rehabilitation centers. The telephone directory yellow pages, under "Drug Abuse and Addiction - Information and Treatment", lists the names and locations of treatment centers. Also, the United Way, listed in the telephone directory white pages, offers many confidential services at no charge. Any costs of outside services are, however, the employee's responsibility.

Any employee who has not previously tested positive for drug or alcohol use and has not yet entered a drug and/or alcohol abuse rehabilitation program, may seek assistance for drug and alcohol problems before they lead to disciplinary actions. No employee will be discharged, disciplined or discriminated against solely upon the employee's voluntarily seeking treatment for a drug/alcohol related problem if the employee has not previously tested positive for drug use, entered an employee assistance program for drug related problems, or entered an alcohol and drug rehabilitation program. If an employee wishes to pursue help through the EAP, please contact the person listed in Section N for appropriate referral. In addition, Section O lists national hotline numbers for drug and alcohol problems.

**J. AUTHORITY TO ESTABLISH A DRUG FREE WORKPLACE PROGRAM**

The company's Drug Free Workplace Program has been established in accordance with U.S. Federal and Florida's State Law; specifically F.S. Section 440.101 Drug Free Workplaces; F.S. 440.102, Drug Free Program requirements, F.S. 440-09, Coverage and Rule Chapters 38F-9.001 through 38F-9.014 of the Florida Administrative Code, Drug Testing Rule of the Division of Workers' Compensation of the Department of Labor and Employment Security; F.S. Section 287.087, Procurement of Fla, D.O.T. Contractual Services; F.S. Chapter 893 Drug Abuse Prevention and Control.

**K. FEDERAL AND STATE LAWS AND REGULATIONS**

Nothing in this statement of policy shall be presumed to override, amend or change any requirements of Florida and/or Federal law. In the event any of the provisions of this policy conflict with applicable laws and regulations, such laws and regulations will be deemed to control.

**L. AMENDMENT AND SEVERABILITY**

This policy may be amended in any and all respects at any time by the employer. If any provision of this policy or the application thereof to any party or circumstance is held invalid or unenforceable, the remainder of the terms of this policy and the application of any invalid or unenforceable provisions to other parties or circumstances will not be affected thereby, and to this end the provisions of this policy are severable.

**M. SUBSTANCES WHICH COULD ALTER OR AFFECT THE OUTCOME OF A**

**DRUG TEST** (BRAND NAMES AND COMMON NAMES)

1. AMPHETAMINES: Abetrol, Biphetamine, Desoxyn, Dexedrine, Didrex
2. CANNABINOIDS: Marinol (Dronabinol, THC), Marijuana, Hash Pot
3. COCAINE: Cocaine HCI topical solution (Roxanne), Crack, Coke
4. PHENCYCLIDINE: Not legal by prescription; PCP, Angel Dust

5. OPIATES: Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine,

Empirin with Codeine, APAP with Codeine, Aspirin with codeine, Robitussin AC,

Guiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), MS

Contin and Roxanol (morphine sulfate), Percodan, Vicodin, Opium, Heroin

1. METHAQUALONE: Not legal by prescription

7. BARBITURATES: Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate,

Fiorinal, Firoicet, Esgic, Butisol Mebaral, Butabarbital, Butabital

8.METHADONE: Dolphine, Methadose

9. BENZODIAZEPINES: Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax,

Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, and Centrax

10. PROPOXYPHENE: Darvocet, Darvon N, Dolene, Etc.

11. ALCOHOL: Liquid medications containing ethyl alcohol (ethanol). Please read the label

for alcohol content. As an example, Vick's Nyquil is 25% (50 proof) ethyl alcohol;

Comtrex is 20% (40 proof); Contac Severe Cold Formula Night Strength is 25% (50

proof) and Listerine is 26.9% (54 proof); Booze, Drink

**N. DRUG FREE WORKPLACE POLICY -INFORMATION AND REVISION SHEET**

Company Drug Free Workplace Program Administrator: Paula Olszewski

**COMPANY LOCATION**

Advantus Corp

12276 San Jose Blvd #618

Jacksonville, FL 32223

(904) 421-1036

**DRUG TESTING LABORATORY**

Labcorp OTS

1120 Main Street

Southhaven, MS 38671

800-749-3993

**COLLECTION SITE**

AMRO

P.O. 550749

Jacksonville, FL 32255-0749

(904) 332-0472

**MRO**

AMRO

Dr. Freedman

P.O. 550749

Jacksonville, FL 32255-0749

(904) 332-0472

For EAP (Employee Assistance) Referral: Section O lists national hotline numbers for drug and alcohol problems.

Employees being tested because of causing or contributing to an accident will ensure that both the urine and blood specimens are sent to the laboratory named above.

**O. NATIONAL HOTLINE NUMBERS**

• Alcohol and Drug Referral Hot Line 1-800-252-6465

• Child Help's - National Child Abuse Hot Line 1-800-422-4453

• National A.I.D.S. Hot Line 1-800-342-2437

• National Cocaine Hot Line 1-800-262-2463

• National Hepatitis Hot Line 1-800-223-0179

• National Runaway Switchboard and Suicide Hot Line1-800-621-4000

• National Sexually Transmitted Disease Hot Line 1-800-227-8922

• Suicide and Rape 24-Hour Emergency Services 1-800-333-4444

**P. NATIONAL ASSISTANCE GROUPS**

• Alcoholics Anonymous 1-800-344-2666

• Food and Drug Administration 1-301-443-1240

• M.A.D.D. 1-800-438-6233

• Narcotics Anonymous 1-818-780-3951

• Nat'l Assoc. for Children of Alcoholics 1-714-499-3889

• National Association of Anorexia Nervosa and Associated Disorders 1-312-831-3438

• National Council of Child Abuse and Family Violence 1-800-222-2000

• National Federation of State High School Associations Target Programs 1-800-366-6667

• Nat'l Institute of Drug Abuse, Drug Info. Treatment 1-800-662-4357

• Parents Anonymous National Office 1-800-421-0353

• S.A.D.D. 1-508-481-3568

• Tough Love 1-800-333-1069

**Q.** It is the intention of Advantus Corporation to provide educational material annually to employees and supervisors to assist in understanding the drug free program and the consequences of drug and alcohol abuse.

**DRUG FREE WORKPLACE PROGRAM RECEIPT**

I hereby acknowledge that I have received a copy of the Company’s Drug Free Workplace Program. I also acknowledge that I have received a full and complete explanation of the Program, including all policies and the availability of an Employee Assistance Program.

I further state that I have read or will read, or have had or will have read to me, all sections of this Drug Free Workplace Program. I understand that violation of any provision of this policy may lead to disciplinary action up to and including termination of employment, and that I may forfeit my workers’ compensation benefits.

Finally, I agree that neither the issuance of these policies, nor the acknowledgment of its receipt, constitutes or implies a contract of employment or a guaranteed right to recall.

Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_