

**STA-ILA DRUG AND ALCOHOL PROGRAM COMMITTEE
MEDICAL MARIJUANA AGREEMENT**

The STA-ILA Drug & Alcohol Abuse Program Committee, hereby temporarily amends the Amended 2005 STA-ILA Program for Drug and Alcohol Abuse for the Port of Baltimore as follows:

1. An announcement will be immediately disseminated by U.S. Mail, internet and postings to all bargaining unit employees that they must discontinue the use and/or ingesting of marijuana or other cannabinoids, prescription or otherwise, in any form, immediately, or they risk being disciplined under the STA-ILA Drug and Alcohol Abuse Program. Bargaining unit employees also will be notified that they will continue to be subject to reasonable suspicion testing and post-accident testing as set forth below.


2. If a bargaining unit employee tests positive for cannabinoids (and no other banned substance) under random testing between February 12, 2018 and April 14, 2018, they will be granted amnesty under the Program as long as:
 - a. They have a legitimate prescription for legal cannabinoids.
 - b. They purchased the prescription cannabinoids at a legal dispensary and can provide objective evidence of same.
 - c. They are using the cannabinoid in accordance with the prescription.
 - d. They did not possess any barred substance on their person on MPA property.

3. If a bargaining unit employee tests positive for cannabinoids (and no other banned substance) under post-accident testing between February 12, 2018 and April 14, 2018, they will be granted amnesty under the Program as long as:
 - a. They did not, at the time of the accident or the testing, exhibit signs of intoxication as described in Addendum 2 "Reasonable Cause Testing" to the Program.
 - b. They purchased the prescription at a legal dispensary and can provide objective evidence of same.
 - c. They are using the cannabinoid in accordance with the prescription.
 - d. They did not possess any barred substance on their person on MPA property.

4. After April 14, 2018, all bargaining unit employees will be subject to discipline for marijuana use, even those bargaining unit employees with prescriptions for medical marijuana, under the STA-ILA Drug and Alcohol Abuse Program, unless or until it is modified.



Michael P. Angelos, Co-Chair
President



Richard P. Krueger, Jr., Co-Chair
President, ILA BDC

Dated: 2/15/18

2/15/18

Addendum 2

REASONABLE CAUSE TESTING

The STA/ILA Program on Drug and Alcohol Abuse allows or the testing of any employees whenever workplace factors give good faith reason to question the ability of an employee to perform his job adequately and/or safely.

Step One – Circumstances.

Workplace factors could include erratic behavior, fighting, unusual physical appearance, poor coordination, incoherent speech, etc. Upon observing these conditions, supervisors are to direct the employee to cease working and to take a test. A union representative of the employee's local shall be contacted immediately and given the opportunity to observe the employee. If such a representative is unavailable, ask a senior member of the employee's local working at the job site to observe the employee. Requiring a test without observation from a union member should be avoided whenever possible.

The supervisor's specific observations and justification for initiating a test should be documented and forwarded to the STA in sealed envelope.

Step Two – Consent Form.

Upon final determination that an employee has shown reasonable cause to be tested, he is to be given a consent form to sign. Verify that the person to be tested is in possession of a valid photo identification such as port card or drivers license.

In the event that the individual to be tested refuses or cannot sign the consent form, all of the following are to be attempted:

In the event that the employee cannot understand the consent form, the supervisor will read the form to the individual before he signs it. The supervisor will then, in the space for "Remarks", state that he read the entire consent form to the individual and the latter acknowledged his understanding and consented to the taking of his specimen(s). The supervisor will sign and date his notation.

In the event that the individual to be tested is unable, for whatever reason, to sign the consent form, even with an "X", the supervisor will note this under "Remarks" then sign and date his notation.

In the event the individual to be tested is unable to understand and consent (e.g., inebriation, stupor, etc.) the supervisor shall note the reason(s) then sign and date his notation.

The original copy of the consent form shall be kept by the employer. Two copies of the form will accompany the individual to the testing facility – one for the facility and one for the individual.

In the event the individual refuses or does not sign the consent form, then the refusal and/or failure to sign shall be deemed and determined to be a **positive test result** and the individual shall be subject the following sanctions, as appropriate:

1. 1ST POSITIVE TEST: SIXTY-DAY NO WORK PENALTY AND MANDATORY COMPLETION OF A RECOGNIZED DRUG AND ALCOHOL REHABILITATION PROGRAM. If the individual requiring rehabilitation does not qualify for such coverage under the industry health and welfare program, then the member must seek a rehabilitation program at his/her own expense and successfully complete it before being reinstated to employment.
2. 2ND POSITIVE TEST FOLLOWING RETURN TO WORK FROM 1ST POSITIVE TEST: REMOVAL FROM THE INDUSTRY FOR TWELVE (12) MONTHS UNDER THE STA-ILA DRUG AND ALCOHOL POLICY AND DRUG FREE AGREEMENT. If the individual requiring rehabilitation does not qualify for such coverage under the industry health and welfare program, then the member must seek a rehabilitation program at his/her own expense and successfully complete it before being reinstated to employment.
3. 3RD POSITIVE TEST FOLLOWING RETURN TO WORK FROM 2ND POSITIVE TEST: PERMANENT REMOVAL FROM THE INDUSTRY UNDER THE STA-ILA DRUG AND ALCOHOL POLICY AND THE DRUG FREE AGREEMENT.

OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD

Employee Name:

Location:

Incident Site:

Date Observed:

Time Observed:

CALL 911 IF SYMPTOMS ARE SEVERE OR LIFE-THREATENING

Circle items that apply and describe specifics.

REASONABLE SUSPICION FOR: Alcohol, drugs, or both

APPEARANCE: Normal, sleepy, tremors, cleanliness, clothing

Describe: _____

BEHAVIOR: Normal, erratic, irritable, angry, gaiety, mood swings.

Describe: _____

SPEECH: Shouting, slow, slurred, silent, rambling/incoherent, whispering

Describe: _____

GAIT: Stumbling, swaying, unable to stand or walk, staggering, holding on

Describe: _____

ODOR: Alcohol, Marijuana

Describe: _____

OTHER OBSERVATIONS: _____

Form completed by:

Signature	Print Name	Title	Date/Time
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Signature	Print Name	Title	Date/Time
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RETAIN FORM IN EMPLOYEE'S MEDICAL FILE