

### III. DRUG-FREE WORKPLACE PROGRAMS



**FHM** INSURANCE  
COMPANY

A POLICY TO DO MORE®

Workers' Comp Since 1954

## **DRUG-FREE WORKPLACE PROGRAMS**

FHM believes a drug-free workplace is an important component of an effective Loss Control Program.

This section contains information about programs available to FHM policyholders. Information about state specific programs that could include premium credits is included in the state specific section of this manual.

For more information about FHM's Drug-Free Workplace programs, visit us online at [\*\*www.fhmic.com\*\*](http://www.fhmic.com) or call Policy Services at 888-346-3461, Ext. 401 or 424.

## **DRUG-FREE WORKPLACE PROGRAM CHARACTERISTICS**

A workplace that is drug-free can be an effective tool for maintaining workplace safety. The Drug-Free Workplace Program has several advantages including:

- Drug-free determination is a major factor in hiring qualified applicants.
- There is a required drug test any time an accident or injury occurs. Positive test results can lead to denial of workers' compensation benefits to employees.
- A drug-free workplace will deter the use of alcohol and drugs in the workplace, leading to a safer, more productive environment.

Employers can select from two Drug-Free Workplace Programs:

- The State Certified Drug-Free Workplace Program
- Post-Injury Drug Testing Program

Once a drug-free workplace is established, all elements of the program must be followed as written, or liability may result.

### **State Certified Drug-Free Workplace Program**

- Requirements for drug-free workplace programs vary by state. Refer to the State Specific section of this manual for information about your state's program.

### **Post-Injury Drug Testing Program**

- Is set up one time and continues indefinitely – no annual re-certification required.
- Does not require pre-employment drug screens.
- Includes any drug testing as part of the reported claim cost.

### **To Initiate a Drug-Free Workplace Program**

For more information about FHM's Drug-Free Workplace Program, contact Policy Services at 888-346-3461, Ext. 401 or 424, or visit the FHM web site at [www.fhmic.com](http://www.fhmic.com).

For information on your state's procedures refer to the State Specific section of this manual.

To initiate the Post-Injury Drug Testing Program, complete the Application for Post-Injury Drug and/or Alcohol Testing Program from and fax to FHM's Policy Services at 407-373-6441.

## **SHOULD YOUR COMPANY BE A DRUG-FREE WORKPLACE**

The answer is not easy. The main concern of many clients is that a drug-free program will turn away prospective new hires. Other concerns are the cost of testing and the inevitable administrative hassles. But the following statistics should be considered when deciding whether to be a drug-free workplace.

### **An employee who uses drugs versus an employee who is drug-free:**

- 80% of internal embezzlement, fraud and pilferage in the workplace is drug related.
- 73% of all drug users are employed.
- 300% more sick benefits used by substance abusers.
- 250% more absences of 8 days or more.
- 220% more requests for early dismissal or time off.
- 300% more often late for work.
- 300% more often involved in job-related accidents.
- 500% more likely to file a Workers' Compensation claim.
- Uses 2.5 times more medical benefits.

A positive post-accident drug and/or alcohol test results in a denial of most Workers' Compensation claims. A claim was recently denied after a positive post-accident drug test where the insurer had established a preliminary loss reserve of \$150,000.00. A \$150,000.00 claim will have a serious impact on most businesses.

More and more businesses are realizing the long-term benefits of being a drug-free workplace - K mart, Wal-Mart, Burger King, McDonald's, Disney World, etc., have drug-free policies. In fact, most major companies now require employees to be drug-free as a condition of employment. Drug users who are not candidates at these businesses will seek out those employers that do not have such a program.

Those employers without a drug-free program will be accepting those job applicants for employment who are rejected by the drug-free employer, and assuming the associated costs and liability involved with such employees.



## Experience the Power

Each year, FHM's Post-Injury Drug Testing program helps hundreds of policyholders avoid the cost of workplace injuries caused by employee drug use.

## A Policy to Reduce Workplace Drug Use

Keeping your workplace accident-free is challenging enough without adding drug use to the mix. Now, thanks to FHM, there's an effective way to send a strong, zero-tolerance message to your employees – and reduce your liability for drug-related workplace accidents.

FHM's Post-Injury Drug Testing Program provides professional drug and alcohol testing as an automatic part of the regimen for work-related injuries. Employees must be treated through an FHM Managed Care Provider in the WECARE Network. Should an employee test positive for drug or alcohol use, an investigation is begun by your workers' compensation adjuster. Decisions on whether to pay or deny claims are then made on a case-by-case basis.

As a result, your claims experience and exposure is reduced, and your employees get the clear message that drug and alcohol use at work will not be tolerated.

FHM's Post-Injury Drug Testing program creates a drug-free workplace environment without having to test new hires and without any out-of-pocket expenses. Employees are only tested after a work-related accident and the cost of the testing is added to the claim. Open to all FHM policyholders, the program's specifics include:

- Create a drug-free workplace without the need to test new hires and without any out-of-pocket expense
- All employees are tested for drugs/alcohol after every workplace injury
- The initial cost of drug testing is charged as a medical expense to the workers' compensation claim – not a separate employee expense
- Claims by employees testing positive are investigated and accepted or denied on a case-by-case basis
- The program requires a completed consent form from each current and future employee (to be housed in the employee's file)

At FHM, our formal approach to fraud investigation not only gets proven results – it reduces costs and discourages future claims abuse. When it comes to eliminating fraudulent claims, no one does it better than FHM!



[www.fhmic.com](http://www.fhmic.com) | 888-346-3461 ext. 312

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## POST-INJURY DRUG TESTING PROGRAM

Keeping your workplace accident-free is challenging enough without adding drug use to the mix. The Substance Abuse and Mental Health Services Administration (SAMHSA) found that most drug users age 18-49 are employed full time. That means *6.3 million illegal drug users and 6.2 million heavy alcohol users are in today's full time work force.*

Post-Injury Drug Testing is an effective way to send a strong, zero-tolerance message to employees, reduce an employer's liability for drug-related workplace accidents and reduce an employer's claims experience and exposure.

The **Post-Injury Drug Testing Program** provides professional drug and alcohol testing as an automatic part of the regimen for work-related injuries. Employees must be treated through an FHM Total Care Management Provider in the *WECARE* Network. Should an employee test positive for drug or alcohol use, an investigation is begun by FHM.

Program features include:

- All employees are tested for drugs/alcohol after every workplace injury.
- The initial cost of drug testing is charged as a medical expense to the workers' compensation claim — not as a separate employer expense.
- Claims by employees testing positive are investigated and accepted or denied on a case-by-case basis.
- The program requires a completed **consent form** from each current and future employee (to be retained in the employee's file) and a completed **Post-Injury Drug Testing Kit** .
- If your company is a State Certified Drug-Free Workplace, a positive post-injury test is grounds for an automatic denial of future workers' compensation benefits for the employee.

To register for FHM's Post-Injury Drug Testing program, complete and fax or mail the Application for Post-Injury Drug and/or Alcohol Testing Program to Policy Services:

FHM Insurance Company  
Policy Services Department  
P.O. Box 616648  
Orlando, FL 32861-6648  
Fax: 407-373-6441

If you are a Certified Drug-Free Workplace, you do not have to sign up for the Post-Injury Drug Testing Program as long as you are satisfied with your current program provider.

## POST-INJURY DRUG TESTING PROGRAM

### Did You Know that 70% of Illicit Drug Users Work Full Time?

New information released by the Substance Abuse and Mental Health Services Administration (SAMHSA) found that most drug users age 18-49 are employed full time. That means *6.3 million illegal drug users and 6.2 million heavy alcohol users are in today's full-time work force.*

Drug use on the job is costly. It contributes to an untold number of workplace accidents and loss of productivity. But, fortunately, there are some easy ways to help reduce your liability.

FHM Insurance Company offers an exclusive Post-Injury Drug Testing program. Easy to implement and administer, FHM's program sends a clear message that workplace drug abuse will not be tolerated — yet the program is non-intrusive. In fact, FHM's Post-Injury Drug testing does not affect an employee unless he or she is involved in an on-the-job accident or injury.

FHM's Post-Injury Drug Testing program cuts your overall Workers' Compensation costs and rates by reducing injuries and providing grounds to deny certain claims. Here's how it works:

- After every workplace injury, involved employees are tested for drugs/alcohol.
- Drug tests are completed by the treating physician and are charged to the workers' compensation claim — not as a separate (employer) expense.
- Claims by employees testing positive are investigated and accepted or denied on a case-by-case basis.
- Each current and future employee must complete and sign a consent form for testing, helping ensure they understand your zero-tolerance policy.

FHM's Post-Injury Drug Testing program is part of our continuing commitment to high-quality service and reducing workers' compensation costs. It's part of our **policy to do more.**

To register your company for FHM's Post-Injury Drug Testing program, simply complete and fax or mail back the post-injury drug testing program application. FHM will take it from there, providing and your program physicians with all the right forms. It's one of the best ways you can reduce your **Workers' Compensation costs.**

Thank you for your confidence in FHM. We look forward to working with you to reduce your Workers' Compensation insurance costs.

**P.S. Illegal drug use in the workplace can cause your Workers' Compensation costs to skyrocket. Here's an easy, effective program to keep those costs in check.**

**FHM INSURANCE COMPANY  
POST-INJURY DRUG TESTING PROGRAM  
QUESTIONS AND ANSWERS**

1. What is the FHM Post-Injury Drug Testing Program?

**A program that provides drug testing as part of the treatment of a work-related injury. The specimen is collected by your Coventry-Managed Primary Care Physician when your injured employee reports for initial treatment of a work-related injury.**

2. How do I sign up and implement the program?

**Fax sign –up sheet to FHM – Policy Services – 407-929-9419 – and have each current and all future employees complete the consent form and place in the employee’s personnel file. Total Compliance Network (TCN), our post-injury drug-testing partner, will contact you by phone to discuss the necessary implementation procedures.**

3. My Company is already a Certified Drug-Free Workplace. Should I sign up for the Post-Injury Drug Testing Program?

**Not if you are satisfied with your current program provider. Please fax your declination to FHM – Policy Services with the comment “Already a Drug-Free Workplace.”**

4. If an employee tests “positive,” will workers’ compensation benefits be denied?

**An investigation will be conducted by your workers’ compensation adjuster and a decision will be made on a case-by-case basis. Please note if your company is a State “Certified Drug-Free Workplace,” a positive post-injury drug test in most cases is an automatic denial for future workers’ compensation benefits.**

5. Who can I contact for more information on the benefits and procedures for becoming a State “Certified Drug-Free Workplace?”

**Call Total Compliance Network (TCN) 800-881-4826.**

6. Who can I contact if I have any general questions about the Post-Injury Drug Testing Program?

**FHM Policy Services Department – 888-346-3461, Ext. 401 or 424.**

**APPLICATION FOR POST-INJURY  
DRUG AND/OR ALCOHOL TESTING PROGRAM**

<b>TO:</b> FHM Underwriting Department	Fax No: 407-373-6441	Date:
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**INFORMATION NEEDED TO REGISTER YOUR COMPANY**

*(Please complete all information on this page and fax to FHM Policy Services Department)*

**GENERAL INFORMATION**

Policy No.	306-		
Company Name :			
D/B/A:			
Street:			
City:	State:	Zip:	
Phone:	Fax:		
Contact:	Email:		

**YES, I am interested in registering my Company for this program:**

**MANAGED CARE PROVIDER INFORMATION**

*(Where you send your injured employee for treatment)*

Provider Name:			
Street:			
City:	State:	Zip:	
Phone:	Fax:		
Contact:	Email:		

Provider Name:			
Street:			
City:	State:	Zip:	
Phone:	Fax:		
Contact:	Email:		

**NO, I am not interested in registering my Company for this program:**

Reason please:

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**PLEASE NOTE:** Your company will be responsible for the costs of drug tests conducted at a designated medical center or collection site for tests that are **NOT** part of the FHM "Post-Accident Drug Testing Program" (examples are: (1) Post-accident testing in which a claim is not reported; (2) Pre-Employment; (3) Random & reasonable suspicion). Also, you are **NOT** set-up to do post-accident testing until you receive "chain of custody" forms and further instructions from **Total Compliance Network (TCN) – (800) 881-4826**.

Company Official's Signature:			
Print Name :	Title:		

**CONSENT TO EMPLOYEE DRUG AND/OR ALCOHOL TESTING**

I understand that submission to a Post-Injury Drug And/Or Alcohol Screen is a condition of employment with this employer. I understand that, should my testing results be confirmed positive or I refuse to test, I will be subject to the company's disciplinary action, including possible discharge. I understand that a tampered with or an adulterated specimen will be considered a refusal to test, resulting in possible discharge.

I hereby give my consent to release the results of my blood and/or urinalysis to the person(s) or department(s) or the specified agent of my employer, including my employer's Workers' Compensation Insurance Company, for the purpose of determining the presence of alcohol and/or other drugs in my body for the duration of my employment.

I understand that if I am injured during the course and scope of my employment and I test positive for the presence of alcohol and/or drugs, I may forfeit my eligibility for medical and indemnity benefits. I also understand that a refusal to test, a tampered with or an adulterated specimen under this circumstance may also result in forfeiture of my eligibility for medical and indemnity benefits and immediate action, including possible discharge.

By signing this form, I hereby release to the Company and/or Company's Medical Review Officer the results of the test(s) to which I have consented. I further authorize the Company to discuss the results with medical personnel / physician collecting the specimen, the testing facility, its directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein. I also authorize the Company to discuss the results with its legal advisors and to use the test results as a defense to any legal action to which I am a party.

I further release any testing facility or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical records, and data concerning my test(s) to the appropriate Employer officials. I agree to have the results released to the Company and/or the Company's Medical Review officer.

Employee or Applicant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent or Guardian Signature if Employee is a Minor)*

Employee or Applicant SS#: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

I hereby refuse to consent to submit testing for the presence of drugs and/or alcohol.

Employee or Applicant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent or Guardian Signature if Employee is a Minor)*

Employee or Applicant SS#: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## **FORMS**

Please refer to Section VII – State Specific Information, for the statutes and forms related to the implementation of these procedures in your state.