

	<b>Subject</b> <b>Participant Drug Testing Policy</b> <b>ARIZONA@WORK- Yuma County</b>	
	<b>Original Issue Date</b> <b>November 12, 2025</b>	<b>Revision Date</b> <b>December 1, 2025</b>
	<b>Authorized by:</b> Yuma County Workforce Development Board	

**Purpose:**

To provide guidance and implementation of this policy to the Yuma County Local Workforce Development Area (LWDA) regarding instances in which Title IB participants through the Workforce Innovation Opportunity Act (WIOA) Adult, Dislocated Worker, and Youth Programs test positive for drugs or alcohol following a post-accident screening during their participation in a Work Experience, Internship, or Leadership Development Opportunities Contracts.

**Policy:**

The Local Workforce Development Board (LWDB) is committed to maintaining a safe, healthy, and drug free work environment for all WIOA participants. All WIOA participants placed in the aforementioned opportunities are required to undergo through a post-accident 9 or 11 panel-drug and breath alcohol testing immediately following any incident, that results in personal injury requiring professional medical treatment at or away from the incident scene, or any incident requiring a Worker’s Compensation report claim.

**Testing Procedure:**

The participant will be requested to take a single or combination of a post-accident 9 or 11 panel- drug and breath alcohol test as soon as practicable after the accident to determine participant’s drug free status. All tests will be screened through the Service Provider administration’s contracted health/lab provider. The Service Provider will also be responsible for all associated costs. The participant may not resume activities at their designated worksite or any new assigned worksite until testing results have been examined by a medical review officer and a medical professional has provided a signed release to return to work.

**Test Results:**

The participant will be required to undergo a post-accident 9 or 11 panel-drug test and a breath alcohol test. A negative result from both tests will be mandatory before returning to or commencing work at a worksite. Participants who receive positive results from the breath/alcohol test or a health/lab provider must be removed temporarily from

the worksite immediately. A positive test result does not constitute reason for denial of other WIOA services, or termination from the WIOA Program. Instead, the Service Provider will offer resources and or refer the participant to receive any necessary substance abuse services that will assist and support the participant prior to resuming activities at the worksite. The Service Provider will require the participant to provide one or more negative test results prior to returning to activities at the worksite. The testing costs will be covered by the Service Provider.

### **Employer Notification:**

In the event that a participant's post-accident test results are positive, the Service Provider is required to immediately remove the participant from the worksite to ensure workplace safety. Concurrently, the Service Provider must inform the employer that the participant is unable to continue activities at the worksite due to a program policy violation. Personal identifiable health information of the participant, such as their specific test results/medical information, must not be shared with the employer. This information is considered confidential and requires the participant's explicit written consent before any disclosure.

The Service Provider will maintain communication with the employer and will provide updates regarding the participant's ability to resume worksite activities. Should the previous employer decide not to continue working with the participant; the Service Provider will seek new opportunities with other employers to develop a Work Experience, Internship, or Leadership Development Opportunities Contract.

### **Refusal to Test:**

Participants who refuse testing will not be permitted to resume activities at the worksite until the participant can demonstrate negative drug and alcohol test results. The Service Provider must not deny WIOA services and exit the participant due to test refusal. The Service Provider will continue to work with participant providing other services necessary as possible to assist with their career/employment goals.

### **Participant Documentation in AJC:**

Case Managers must ensure accurate and necessary information is documented promptly within the participant's file by generating program notes through the Arizona Job Connection (AJC) State system of record within 3 business days.

- The participant's removal from a worksite.
- All referrals, follow-up efforts, and participant progress related substance abuse counseling or services, any referrals or community/partner resources provided to the participant.
- Participant's refusal for testing and other WIOA services provided to the participant.
- Follow through with existing worksite employer or the development of a new employer worksite for the participant.

## **Acknowledgment Form:**

Participants receiving a work experience, internship, or leadership development opportunities contract service must be provided with the participant drug testing policy acknowledgement form to confirm they have received, read, and understand the drug testing policy, and agree to comply with policy requirements. The form must be signed and dated by the participant and uploaded into the AJC system. For participants who are under the age of 18, the Service Provider must obtain parental or guardian consent for participant to undergo post-accident drug and alcohol testing. The acknowledgment form must also be signed and dated by the parent/guardian granting consent for the minor to be tested.

## **Privacy & Maintenance of Records:**

All post-accident drug and alcohol testing results/medical information related to the participant is considered confidential. Documentation must be placed in a confidential folder where it is stored in a secure and locked filing cabinet at all times. Participant's information is restricted and only accessible to limited authorized staff such as the assigned Case Manager, Service Provider Manager or Director, Local Equal Opportunity Officer, and authorized State or Federal monitors during programmatic audits.



## Participant Drug Testing Policy Acknowledgment Form

By signing below, I acknowledge that I have received, read, and understand the ARIZONA@WORK- Yuma County Participant Drug Testing Policy. I agree to comply with this policy which is a condition of my participation in a Work Experience, Internship, or Leadership Development Opportunities Contract through the WIOA Title IB Adult, Dislocated Worker or Youth Program.

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

*(Required if the participant is under 18 yrs. old)*

\_\_\_\_\_  
Date