

FIREARMS: PERSONNEL AUTHORIZED TO CARRY

Pursuant to W.S. 21-3-132, the Board of Trustees of Washakie County School District No. 2, Ten Sleep, WY, may authorize employees to carry firearms on or in property or facilities owned or leased by Washakie County School District No. 2, Ten Sleep, WY, subject to the terms, conditions and limitations prescribed by state law and federal law, policies, rules and regulations adopted by the Board of Trustees.

DEFINITIONS:

“Board of Trustees” shall mean the Board of Trustees of Washakie County School District No. 2, Ten Sleep, WY.

“Employed Under Contract” shall mean:

Employees employed by Washakie County School District No. 2, including, but not limited to: the superintendent, assistant superintendents, principals, assistant principals, teachers, guidance counselors, librarians, paraprofessionals, coaches, business managers, secretaries or administrative assistants, maintenance personnel, janitors, and bus drivers. For purposes of this rule and W.S. 21-3-132, classified and other at-will employees shall be deemed to be “employed under contract” even if they do not have a written, implied or other contract with the School District. **The review, consideration or approval of an application by an employee to carry a firearm shall in no way be construed to alter the at-will status of any employee and as such, At Will employees may be terminated at any time, with or without cause, and without any right to a hearing.**

“Firearm” shall, for purposes of this rule, mean any weapon which will or is designed to or may readily be converted to expel a projectile by the action of an explosive.

“School District” shall mean Washakie County School District No. 2, Ten Sleep, WY.

“School district property” shall mean all real property, buildings, facilities and structures owned or leased by Washakie County School District No. 2, Ten Sleep, WY, and shall also include vehicles owned or leased by the School District.

APPLICATION AND REQUIREMENTS

Any person employed under contract by the School District, who wishes to carry a firearm on school district property, shall submit an application (Refer to APPLICATION TO CARRY FIREARM ON SCHOOL PROPERTY attachment #1) through the Superintendent to the Board of Trustees. The application shall be signed by the employee, and sworn under oath. The Board of Trustees, in its sole and absolute discretion, may approve or deny such application, for any reason, based on the Board of Trustees determination of what is in the best interests of the School District. The Board of Trustees may limit the number of persons who carry firearms within the School District or within a school.

50 Any person employed under contract by the School District who wishes to carry a firearm on school
51 district property shall satisfy the following requirements to be completed in alphabetical order:
52

- 53 A. An employee must be employed for a minimum of 12 months before they will be approved to
54 carry a firearm. This requirement may be waived by the Board of Trustees.
55
56
- 57 B. The employee shall consent in writing to the drug and alcohol testing, including but not
58 limited to random drug and alcohol testing (refer to MANDATORY DRUG AND ALCOHOL
59 TESTING REGULATION FOR CONCEALED CARRY attachment #4)
60
- 61 C. The employee must possess and maintain a valid concealed carry permit issued pursuant to
62 W.S. 6-8-104, and must submit a copy of such permit with the application, and must submit
63 all renewals of that permit during the time when the employee is authorized to carry a
64 firearm on school district property;
65
66
- 67 D. Approved employee must pass a psychological suitability evaluation administered by an
68 approved psychologist selected by the school district.
69 1. Periodic psychological suitability evaluations will be performed by the approved
70 psychologist every two years.
71 2. A subsequent exam may be required at the discretion of the Superintendent or the Board
72 of Trustees.
73
- 74 E. The employee shall fulfill training requirements approved by the Board of Trustees of School
75 District and the Washakie County Sheriff's office:
76
77 1. Prior to carrying a firearm on School District property, complete an initial training course
78 comprised of not less than 16 hours of live fire handgun training, and eight (8) hours of
79 scenario based training using nonlethal training, firearms and ammunition.
80
81 2. Thereafter, the employee shall provide documentation of qualification and recurrent
82 training of not less than twelve hours each year with an approved instructor. Such training
83 shall include active shooter situations, and situations with armed students who present a
84 threat to themselves or others. All trainings shall be approved by the Washakie County
85 Sheriff office.
86

87 COSTS

88 All costs and expenses for locked biometric containers, ammunition for required trainings as
89 required in E.1 and E.2 above, ammunition for the handgun while at school, and all district
90 approved trainings after employee is approved to carry will be covered by the school district.
91 Any and all other costs and expenses, including the approved firearm, incurred as a result of
92 an employee's desire to carry a firearm on school district property, including, but not limited
93 to any and all costs incurred to satisfy the requirements of this rule and state and federal
94 laws, shall be borne by such employee.
95

96
97 All lockboxes must be concealed, locked biometric containers. No other types of lockboxes
98 are permitted.
99

100
101 USE OF FIREARMS
102

103 An employee who receives approval by the Board of Trustees to possess a firearm, for the security of
104 the school grounds, staff, students, and visitors pursuant to this rule is expected to protect his/her life
105 and/or the lives of others. The employee shall only fire his or her firearm if he or she reasonably
106 perceives that his or her life, or the life or lives of others are in imminent risk of death or serious bodily
107 injury.
108

109 In the event that a firearm is discharged for any reason, the employee will immediately be placed on
110 paid administrative leave pending an investigation of the incident. The District shall require that a fit
111 for-duty exam be taken and passed prior to the Employee Authorized to Carry resuming their duty,
112 and shall require the employee to follow any recommendations from the investigation and as a result
113 of the exam. The results of the psychological suitability exam shall be received by and remain the
114 property of Washakie County School District #2. The District shall absorb the cost of this exam.
115

116 Nothing herein is intended to limit or prevent the school district or any board member or employee
117 from asserting the defense of governmental immunity to any claim arising from the possession or use
118 of a firearm. To the extent an employee uses a firearm as authorized by and in compliance with this
119 rule; such conduct shall be deemed to be within the scope of the employee's employment for
120 immunity purposes.
121

122 REVOCACTION / SUSPENSION OF BOARD APPROVAL TO CARRY FIREARM
123

124 Any employee who is approved by the Board of Trustees to carry a firearm is subject to having such
125 approval revoked or suspended at any time for any reason by action of the Board of Trustees. The
126 Board of Trustees may take action at any time without prior notice to the employee, and there shall be
127 no right to a hearing, appeal or other recourse following such decision. The Superintendent has the
128 authority to temporarily suspend an employee's approval to carry a firearm until the next regular or
129 special called board meeting in which the Board of Trustees may legally take action concerning this
130 suspension.
131

132 Employee will disclose to the Superintendent any circumstance that would reasonably reflect on their
133 competence to convey, or the wisdom of their conveying a firearm into a school safety zone, including
134 but not limited to a citation or arrest for or conviction of a crime (other than parking or minor moving
135 traffic violations), the use of any medication or other substance that could impair the person's
136 judgment, or any medical, mental or other condition that could impair or interfere with the person's
137 ability to responsibly convey a deadly weapon into a school safety zone. Failure to do so is cause for
138 disciplinary action including and up to termination.
139

140 An employee who has been approved to carry a concealed firearm may choose to no longer
141 participate in this program. He/she may withdraw at any time by giving written notice to the
142 Superintendent. Once accepted; the forfeiture is immediate. The Superintendent will notify the Board
143 of Trustees and the Washakie County Sheriff.
144
145
146
147
148
149

150 FIREARMS, HOLSTERS, AND AMMUNITION

151
152 The employee shall advise the Board of Trustees of the make, model, caliber, serial number and such
153 other information the Board of Trustees may request about the firearms the employee wishes to
154 carry. The Board of Trustees reserves the right to approve or deny any firearm(s) which the
155 employee wishes to carry.

156
157 Refer to PERMITTED FIREARMS/HOLSTERS FOR SCHOOL CONCEALED CARRY Attachment #2
158 and PERMITTED AMMUNITION FOR SCHOOL CONCEALED CARRY Attachment #3.

159
160
161 NOTICE OF APPROVAL; CONFIDENTIALITY

162
163 After the Board of Trustees approves an application for an employee under contract to carry a firearm
164 on school district property:

- 165
166 a. The Superintendent shall notify the parents and guardians of students attending school in
167 the district of the ability of employees being approved to carry firearms and the rules and
168 regulations governing possession.
169
170 b. The Superintendent shall notify the Washakie County Sheriff's Office of the names of all
171 employees who receive approval from the Board of Trustees to carry firearms on school
172 district property. The Superintendent shall also provide the information to all other law
173 enforcement agencies as recommended by the sheriff's office.
174
175

176 The identities of the employees who receive approval to carry firearms from the Board of Trustees
177 shall be confidential and are not public records for purposes of W.S. 16-4-201 through 16-4-205.

178
179 COMPLIANCE

180
181 Any employee approved to carry a concealed weapon on school district property SHALL comply with
182 all provisions of this rule. Any employee who is authorized by this rule to carry a firearm who fails to
183 comply with any provision of this rule, or misuses their authority of carrying a concealed firearm will
184 be subject to disciplinary action, up to and including dismissal or termination.
185
186

187 LIMITATIONS OF THIS RULE

188
189 Nothing in this rule shall be construed to permit, allow or in any way authorize any person to carry a
190 firearm or other weapon, concealed or otherwise, in violation of Federal, State or Local law. Any
191 employee who is approved to carry a firearm pursuant to this rule shall be responsible for complying
192 with any and all applicable laws, rules, and procedures.
193

194 Nothing in this rule shall authorize a student to carry a firearm, concealed or otherwise, on school
195 district property.
196

197 Approval for an employee to carry a firearm pursuant to this rule shall not convey any property right,
198 or any continuing right to carry a firearm as authorized by this rule and the Board of Trustees may
199 revoke or suspend such approval at any time, without notice or a right to a hearing. Approval to carry

200 a firearm shall not be construed to imply any continuing contract status, or any employment contract
201 rights.

202
203 Adopted:

204

**Washakie County School District #2
Board of Trustees Rule**

Attachment #1

APPLICATION TO CARRY FIREARM ON SCHOOL PROPERTY

The purpose of this form is to provide information to determine if the Board of Trustees will authorize you to carry a firearm on Washakie County School District #2 property pursuant to School District Rule.

1. Full Name (Last, First, M.) _____ Date Of Birth (MM-DD-YY) _____

2. Personal Descriptors
Sex: Male Female

3. Telephone Number (Include Area Code):
Home: _____ Work: _____ Ext: _____

4. Drivers License Number: _____ State: _____

5. Current Concealed Carry Permit Number: _____
Expiration Date: _____
County Issued: _____

6. Current Assignment in the district. _____

Please answer the following questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Have you ever been charged in any court for a crime punishable by imprisonment? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you been convicted in any court of a crime punishable by imprisonment? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you been found guilty or pled nolo contendere to a crime of violence constituting a misdemeanor offense within the last ten (10) years? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have you ever been subject to a court order restraining you from harassing, stalking, or threatening anyone? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are you a fugitive from justice? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you been convicted of a misdemeanor violation of the Wyoming Controlled Substances Act of 1971, W.S. 35-7-1001 through 35-7-1057 or similar laws of any other state or the United States relating to controlled substances within the 10-year period prior to the date of application? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any controlled substance? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Have you ever been adjudicated mentally defective or incompetent or have you ever been committed to a mental institution? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Have you ever been anything but honorably discharged from the Armed Forces? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Are you an alien illegally in the United States? | <input type="checkbox"/> | <input type="checkbox"/> |

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- k. Do you chronically or habitually use alcoholic liquor, malt beverages or over the counter medications to the extent that your normal faculties are impaired?
- l. Have you ever been involuntarily committed to a residential facility as a result of the use of alcohol within ten (10) years prior?
- m. Have you ever been committed to a state or federal facility for abuse of a controlled substance within ten (10) years prior?
- n. Do you suffer from any physical infirmity which prevents the safe handling of a firearm?

Please initial each statement acknowledging your understanding:

- | | Initial |
|---|----------------|
| a.. I understand that if authorized I will complete the training requirements for concealed carry as specified by WCSD#2 rule. | _____ |
| b. I understand that if authorized I will complete a psychological suitability exam(s) and the Wyoming DFS Central Registry Screening with results provided to WCSD#2 administration as specified by WCSD#2 rule. | _____ |
| c. I understand that being approved for <u>Conceal Carry</u> for WCSD#2 is completely voluntary. | _____ |
| d. Do you plan on concealing your weapon in a concealed biometric container?
Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| e. I have received, read and agree to comply with regulation Attachment #4 - Mandatory Drug and Alcohol Testing Regulation. | _____ |
| f. I understand that my application and any decisions made are to be held completely confidential. | _____ |

Briefly explain why you wish to Conceal Carry for WCSD#2. Include any information that you may want the District to know in making its decision. Attach additional sheet if necessary.

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PLEASE SIGN and INITIAL THE FOLLOWING:

I execute this application under oath or affirmation and hereby attest that the above application is true and complete to the best of my knowledge. I understand that it is my responsibility to read, understand and comply with WCSD#2 Rule. I further understand that the Board of Trustees of Washakie County School District #2 may, in their sole and absolute discretion, deny my application for any reason or no reason. If the Board of Trustees approves my application, I understand the Board can suspend or revoke my application at any time, with or without cause.

Initial

I acknowledge that I am submitting this application to carry a firearm voluntarily, and of my own free will. I understand that the decision to carry a firearm is not required by Washakie County School District #2 and I am not compelled or required to carry a firearm in order to perform my duties. By submitting this application to the school district, I understand that I am taking full responsibility for my actions by carrying a firearm to school if my application is approved. I understand that it is my obligation to fully comply with any and all federal, state and local laws. I hereby, for myself, my heirs and representatives, release, indemnify and hold harmless Washakie County School District #2, its current and former trustees, board members, officers, employees, agents, attorneys, and officers in the event of any claims, complaints, lawsuits, losses, damages, and judgments of any kind which arise out of my use, carrying, or firing of a firearm pursuant to the approval by the Board of Trustees of my application. This indemnification provision includes all costs, expenses and attorney's fees incurred to defend such claims.

Initial

I understand I will not at any time (whether during or after the process of applying to conceal carry on school district property and irrespective of whether my application is approved or rejected) retain, use, disclose, divulge, reveal, communicate, share, transfer or provide to any third party not connected to the District concealed carry program any information concerning the identity, location or number of those involved in the concealed carry program in the District or

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any information concerning the concealed carry program that has not been made public without the prior written authorization of the Board of Trustees. A violation of this paragraph will result in disciplinary action.

Initial

I certify that I have read and understand the contents of the rule, and all applicable regulations, including attachment #4, "Mandatory Drug and Alcohol Testing Regulation". I understand that by signing this application, I agree to abide by the terms and conditions of Washakie County School District #2's drug testing program for employees who conceal carry a firearm. I consent to Washakie County School District #2, and their agents and representatives, collecting breath, saliva, blood or urine samples from me for purposes of testing for drugs and /or alcohol use. I authorize Washakie County School District #2 to conduct random drug and alcohol tests on my breath, saliva, blood or urine at any time as long as I am authorized to carry a firearm pursuant to rule. I also authorize the release of information concerning the results of a test to the administrators and Board of Trustees of Washakie County School District #2 and to the contracted testing / consulting service.

Initial

Nothing herein is intended to limit or prevent the school district or any board member or employee from asserting the defense of governmental immunity to any claim arising from the possession or use of a firearm. To the extent an employee uses a firearm as authorized by and in compliance with this rule, such conduct shall be deemed to be within the scope of the employee's employment for immunity purposes.

Applicant

STATE OF WYOMING)
) SS.
COUNTY OF _____)

Subscribed and sworn to under oath or affirmed before me by _____

(applicant) this _____ day of _____, 20____.

WITNESS my hand and official seal.

(S E A L)

Notary Public

My Commission Expires: _____

For Office Use ONLY:

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I. Date received by School District: _____

II. Applicant's request to carry reviewed by Applicant & Superintendent: _____
Date

III. Approved for Wyoming DFS Central Registry Screening: _____
Date Superintendent Signature
Pass _____ Fail _____

IV. Approved for Conceal Carry psychological suitability exam: _____
Date Superintendent Signature
Pass _____ Fail _____

V. Board approved for initial training: _____
Date Superintendent Signature
Approved _____ Denied _____

VI. Approval by the Sheriff's Office _____
Date Sheriff's Office
Approved _____ Denied _____

Please check appropriate box:

Y N

Has provided documentation of a (current) valid Wyoming concealed firearm permit. Validated by the Washakie County Sheriff's Department on:

Date ___ / ___ / 20___
Initial _____

Has completed a waiver for Wyoming DFS Central Registry Screening.

Results Received Date ___ / ___ / 20___
Initial _____

Has completed a psychological suitability exam with results.

Results Received Date ___ / ___ / 20___
Initial _____

Has provided documentation of successful completion of the initial Training for School Concealed Carry as defined in Washakie County School District #2 Rule.

Date ___ / ___ / 20___
Initial _____

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Please provide:

Make

Model

Ammunition

Location of concealed biometric container _____ or N/A

Final approval with Washakie County School District #2 Board of Trustees:

A Washakie County School District #2 Application to Carry Firearm on School District Property for the above-mentioned employee has been:

Approved: _____

Denied: _____

Signature of Superintendent of WCSD#2: _____

Signature of Board of Trustees Chair: _____

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Record of provided documentation of successful completion of annual training for School Conceal Carry as defined in rule.

Signature/ Date

Record of provided documentation of inspection and condition of firearm from a certified armorer.

Signature/ Date

Record of Attachment #2 – FIREARM OR HOLSTER CHANGE ORDER

Signature/ Date

Signature/ Date

Adopted:

**Washakie County School District #2
Board of Trustees Rule**

Attachment #2

PERMITTED FIREARMS/HOLSTERS FOR SCHOOL CONCEALED CARRY

Firearms, equipment, and ammunition requirements for Washakie County School District #2 regulations:

Firearms

The applicant must present a handgun meeting the following requirements for inspection and review by Washakie County Sheriff's Office; use it in initial and annual refresher training events; and carry this firearm only, upon approval of the application. The make and model of firearm approved for use will be documented in the individual's application packet (*Attachment #1 - Application to Carry Firearm on School Property*) and certificate of training completion.

- a. Semi Automatic pistol: Calibers 9mm, .40 S&W, or .45 acp only. Double/single action, double-action only and striker-fired designs are acceptable. Double action revolvers chambered in .38 Special or .357 Magnums may be considered.
- b. Handgun must be approved by Washakie Sheriff's Office.
- c. Minimum magazine capacity 6 rounds. Must be carried with at least one additional fully loaded, accessible spare magazine. Revolvers would be carried with at least two speed-loaders.
- d. Firearms shall be concealable under everyday work clothing when holstered on the person.
- e. Firearms shall not be modified from original factory specifications except for replacement of sights or grips.

Holster

The applicant must present a holster meeting the following requirements for inspection and review by Washakie County Sheriff's Department, use it in initial and annual refresher training events, and carry this holster only, upon approval of the application.

- a. Retention: The holster must provide security (retention) of the selected handgun, by means of a tensioning device, molded closure, tab, or strap. The holster may be tested by holding the holstered, fully loaded firearm inverted and shaking it vigorously; the firearm must not fall free.
- b. Safety: The holster must completely cover the trigger guard of the firearm. Designs with push button releases in the vicinity of the trigger guard are not acceptable.
- c. Concealability: The holstered firearm must satisfy the requirements of concealment.
- d. Accessibility: The firearm must be reasonably accessible. Rapid draw and presentation is a secondary priority to those listed in a-c above, due to the circumstances of concealed carry and possible use in the schools.

Change Order

If an applicant approved for concealed carry in Washakie County School District #2 desires to change either firearm and/or holster, applicant must utilize – Firearm or Holster Change Order.

- a. The employee must present the new item(s) for inspection and approval by Washakie County Sheriff's office.
- b. If the applicant is applying for a change in firearm, the applicant must qualify with the new firearm with the Washakie County Sheriff's office.

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Maintenance and Inspection

Employees Authorized to Carry are responsible for the care, cleaning and inspection of their firearm in accordance with the manufacturer's recommended cleaning and maintenance guidelines.

- a. Routine cleaning and lubrication should be performed on the firearm at least once every three months.
- b. Firearms are to be cleaned as soon as practical after having been discharged or being exposed to the elements.
- c. Firearms shall be inspected by a certified armorer once a year and the expense will be split between the employee and Washakie County School District #2. The employee shall provide written proof to the Superintendent of the inspection and condition of the firearm.

Adopted:

**Washakie County School District #2
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Attachment #3

PERMITTED AMMUNITION FOR SCHOOL CONCEALED CARRY

All ammunition for concealed carry firearms while on school property will be inspected by Washakie County Sheriff's Office for suitability.

1. Ammunition will be up-to-date, current modern manufacture from the following manufacturers: Speer, Cor-Bon, Federal, Remington, Hornady, or Winchester.

2. Ammunition: the only ammunition approved for carry on WCSD#2 properties will be jacketed hollow point ammunition, optimized for effectiveness and for limited penetration of intermediate obstacles. Bullet weights not exceeding 124 grains (9mm), 180 grains (.40 S&W), or 230 grain (.45 acp), .38 Special with 125 grain, 135 grains (357). Selected ammunition must be tested for function during initial training, and will be documented in the individual's application packet (*Attachment #1 – Application to Carry Firearm on School Property*) and certificate of training completion.

3. Washakie County Sheriff's Office recommends the following defensive ammunition that fits the above requirements: Speer Gold-Dot Hollow Points for duty and Speer "Lead Free" for training ammunition. Other brands may be approved by the Washakie County Sheriff's office.

Adopted:

**Washakie County School District #2
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Attachment #4

**MANDATORY DRUG AND ALCOHOL
TESTING REGULATION FOR CONCEALED CARRY**

Washakie County School District #2 recognizes that the influence and/or use of drugs, including alcohol, is capable of threatening the safety, welfare and well-being of both students and other employees and will not be tolerated. The safety and security of Washakie County District #2 employees and students will be maintained as a high priority and Washakie County School District #2 is committed to providing an alcohol and drug-free work environment for the safety of its students and employees.

An employee who applies to conceal carry a firearm pursuant to the Concealed Carry rule shall consent to an initial drug test and participate in the Washakie County School District #2 random drug and/or alcohol testing program. Notice of the program will be made at time of application. This regulation will be included with application and receipt of regulation will be documented.

Random Employee Testing

An employee approved to conceal carry will be subjected to random drug and alcohol testing as a provision of Concealed Carry Rule.

Reasonable Suspicion Testing

Any administrator who has reasonable suspicion that an employee approved to concealed carry under his/her supervision is guilty of abuse and/or untimely use of alcohol and/or drugs may require the employee to undergo a drug and/or alcohol test.

Employee Post-Incident Testing

Washakie County School District #2 shall require an employee to undergo drug and alcohol testing after an incident in which the employee uses, his or her firearm on school grounds or while performing duties as an employee for the district. Such testing shall be completed as soon as possible, but within no more than eight (8) hours.

I. REGULATION OVERVIEW

The purpose of this regulation is to establish guidelines for mandatory drug and alcohol testing for all school district employees approved to conceal carry by the Concealed Carry Rule.

The procedures and circumstances under which alcohol and/or drug testing are to be conducted by Washakie County School District #2 are more specifically addressed and set forth herein.

Any person who refuses to participate or fails to comply with any step in the testing procedure for use of drug and alcohol, or any refusal to submit to a random test shall be treated as a positive test resulting in the immediate suspension and possible revocation of concealed carry privileges by the Superintendent.

II. ALCOHOL TESTING: AN OVERVIEW

An employee approved to conceal carry will consent to alcohol tests on a random basis. The specific alcohol related conduct which prohibits performance of the subject employee's functions include having a blood alcohol concentration of 0.02% or greater, using alcohol while in the performance of the subject employee's duties, performance of the subject employee's duties or function within four (4) hours after using alcohol, and refusing to submit to an alcohol test.

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In the event the employee's confirmation test registers 0.02% or greater, the employee is subject to disciplinary action and immediate suspension of concealed carry privileges. Suspension will be forwarded to the Board of Trustees for consideration and possible termination of concealed carry status.

Refusal by an employee to complete the breath alcohol testing, to provide breath, to provide an adequate amount of breath, or otherwise to cooperate with the testing process in a way that prevents the completion of the test, the testing process shall be terminated and the Breathe Alcohol Technician (BAT) shall immediately notify the Superintendent and/or his or her designee. In the event an employee is unable, or alleges that he/she is unable, to provide an amount of breath sufficient to permit a valid breath test because of a medical condition, the BAT shall again instruct the employee to attempt to provide an adequate amount of breath. If the employee refuses to make the attempt, the BAT shall immediately inform the Superintendent and/or his or her designee. If the employee attempts and fails to provide an adequate amount of breath, the BAT shall immediately inform the Superintendent and/or his or her designee.

III. DRUG TESTING: AN OVERVIEW

An employee approved to conceal carry will consent to testing for drug use on a random basis. All drug test results are reviewed and interpreted by a medical review officer (MRO), before they are reported to school district officials. Any unauthorized use of the drugs set forth herein are prohibited.

Drug testing is conducted by analyzing an employee's urine specimen for the following drugs: marijuana, cocaine, opiates, amphetamines, phencyclidines, and such other drugs or substances as the Superintendent shall determine are appropriate. The testing is a two (2) stage process requiring a split sample. First, a screening test is performed and, if it is positive for one or more of the drugs, then a confirmation test is performed for each identified drug. All drug test results are reviewed and interpreted by a MRO, before they are reported to the employer. Any unauthorized use of the drugs and controlled substances set forth herein are prohibited. The illicit use of drugs by employees is prohibited on or off duty.

IV. MANDATORY RANDOM TESTING

To maintain Washakie County School District #2's priority of assuring the safety, health and wellbeing of students, employees, Washakie County School District #2 retains the right to randomly test for alcohol and/or drugs of all employees approved to conceal carry. Washakie County School District #2 requires that annually the number of random tests equal at least fifty percent (50%) of the number of employees in the random testing pool shall be subjected to random tests for drugs, and at least twenty-five percent (25%) be subjected to random tests for alcohol.. Random testing shall be conducted on at least a quarterly basis, but may, at the option of the Superintendent, be conducted more frequently (i.e., monthly, biweekly or weekly). Washakie County School District #2 shall select a method of random selection such as computer program or assigning code numbers to employees, etc.

In the event an employee is unavailable for testing on the assigned date, he/she will be tested on the next day that random testing is provided.

V. DRUG TESTING PROCEDURES

To ensure that the appropriate chain of custody and specimen control are maintained, the collection of urine specimens will proceed as follows:

- A. If the test result of the primary specimen is positive, the employee, at their own expense, may request that the MRO direct that the split specimen be tested in a different Department

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of Health and Human Services (DHHS)-certified laboratory before presence of the drug(s) for which a positive result was obtained in the test of the primary specimen. The MRO shall honor such a request if it is made within seventy-two (72) hours of the employee having been notified of a verified positive test result. When the MRO informs the laboratory in writing that the employee has requested a test of the split specimen, the laboratory shall forward to a different DHHS-approved laboratory, the split specimen bottle, with seal intact, a copy of the MRO request, and the split specimen copy of the chain of custody form with appropriate chain of custody entries. The result of the test of the split specimen shall then be transmitted by the second laboratory to the MRO.

B. If the result of the test of the split specimen fails to re-confirm the presence of the drug(s) or drug metabolite(s) found in the primary specimen, the MRO shall cancel the results, and report the cancellation and the reasons for it to the Superintendent and/or his or her designee.

C. Any employee required to submit a specimen pursuant to random employee testing will be required to submit a urine sample. Employees who do not produce an adequate specimen, within 3 hours, will be in violation of this rule and he/she will be subject to discipline and immediate suspension of concealed carry privileges.

D. Upon notification by the drug program facilitator that an employee has failed to appear for his/her scheduled collection, the Superintendent will discuss with the employee the reason(s) for failing to appear. If the employee provides a legitimate reason for failing to report, no disciplinary action will be taken. If the employee does not provide a legitimate reason for failing to report, he/she will be subject to discipline and immediate suspension of concealed carry privileges.

E. In the event an employee refuses to provide a specimen, the drug program facilitator and/or the Superintendent shall advise the employee that if he or she refuses to provide a specimen, he / she will be subject to discipline and immediate suspension of concealed carry privileges.

F. In the event an employee fails to provide a sufficient quantity of urine, the drug program facilitator and/or the Superintendent will meet with the employee to see if he/she has a legitimate reason for not providing a sufficient specimen. If the employee has a legitimate reason, he/she will be required to take the drug test within twenty-four (24) hours. If the employee does not have a legitimate reason, he/she will be subject to discipline and immediate suspension of concealed carry privileges.

Adopted: