

BOB RILEY
GOVERNOR

State of Alabama Alabama Department of Corrections

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Richard F. Allen
COMMISSIONER

May 7, 2007

ADMINISTRATIVE REGULATION
NUMBER 227

OPR: TREATMENT

CONTROLLED SUBSTANCE TESTING FOR EMPLOYEES

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies, and procedures for the collection and testing of randomly selected eligible employees and / or any employee where reasonable suspicion exists concerning the unlawful use of controlled substances.

II. POLICY

It is the policy of the ADOC to discourage the use of illegal drugs by correctional staff to ensure their ability to safely manage and control inmates. The Department will take disciplinary action against any ADOC employee who tests positive for illegal drug use, based on toxicological reports from a laboratory approved by the National Institute on Drug Abuse or the College of American Pathologists.

III. DEFINITION(S) AND ACRONYM(S)

- A. **Verified positive**: A positive urinalysis test conducted by an ADOC on-site laboratory.
- B. **Confirmed positive**: A positive urinalysis test conducted by an independent off-site laboratory.
- C. **Authorizing Official**: For the purpose of this regulation, an authorizing official refers to the Commissioner, Deputy Commissioner, Associate Commissioner, Institutional Coordinator, Warden, Division Director, or their designee.
- D. **Reasonable suspicion**: A detailed definition of this term can be found in Section V. B. Procedures.
- E. **Employee**: For the purpose of this regulation, an ADOC employee is considered as any full time, part-time, temporary employee, and other persons such as, but not limited to, contractors, vendors, trade school personnel and volunteers.

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IV. RESPONSIBILITIES

- A. The ADOC Director of Treatment shall:
 - 1. Ensure that this policy is in compliance with applicable state and industry standards.
 - 2. Procure and distribute drug testing equipment and supplies.
 - 3. Develop and implement a curriculum of appropriate training.
- B. The Deputy Commissioner for Operations, with assistance of the Information Systems (IS) Division, is responsible for providing the system-wide random list of security personnel to be tested.
- C. The Commissioner, Associate Commissioners, Deputy Commissioners, Institutional Coordinators, Wardens / designees, Directors, and Division Heads are responsible for requiring employees to submit to drug testing upon reasonable suspicion.
- D. The On-Site Drug Testing Officer shall ensure that:
 - 1. Drug testing for ADOC employees is completed according to standards of the College of American Pathologists.
 - 2. The chain of custody is maintained to ensure the integrity of the testing program.
 - 3. They maintain certification and receive training on applicable equipment associated with the substance abuse testing program.
- E. The ADOC employees are responsible for maintaining compliance with the Departmental drug free policy.

V. PROCEDURES

- A. Drug testing equipment is capable of screening for all of the following, but not limited to: Alcohol, Amphetamines, Methamphetamines, MDMA (Ecstasy), Oxycodone, Tricyclic Antidepressants (TCA), Barbiturates, Benzodiazepines, Hydrocodone, Methadone, Cannabinoids (marijuana), Cocaine, Opiates, and Phencyclidine (PCP).
- B. Reasonable suspicion includes, but is not limited to, the following:
 - 1. Behavior while at work, such as slurred speech, staggered walking, odor of alcohol, or other common substance abuse behavioral characteristics.
 - 2. Direct observation of an employee's substance abuse.
 - 3. Abnormal conduct or behavior.

4. A significant deterioration in work performance.
 5. Information that an employee has caused or contributed to an accident while at work.
 6. Reliable information that an employee has used, possessed, sold, solicited, or transferred drugs.
- C. Drug Testing of Security Personnel.
1. Security personnel consist of employees in the classifications listed in Appendix A, Law Enforcement Class Code Listing.
 2. The random testing list will be generated by an IS Division computerized selection process. The Deputy Commissioner of Operations, or designee, will call for a random selection of security personnel at least once every month and not more than five (5) times in any one calendar month. The testing list will consist of not more than five percent (5%) of security personnel.
 3. The Deputy Commissioner of Operations, or designee, will provide the appropriate testing list to the Warden / Division Director, or designee, at the respective institutions within twenty-four (24) hours of receipt of the listing.
 4. The Warden / Division Director, or designee, receiving the testing list will ensure that only the last four digits of the social security number (SSN) are used for identification on testing samples or materials related to a drug test.
 5. Security personnel involved in an ADOC vehicle or machinery accident shall be required to be drug tested immediately.
- D. Testing of any Employee on Reasonable Suspicion.
1. Any ADOC employee, based upon a reasonable suspicion of drug use, shall be required to submit to drug testing when ordered by the Commissioner, Deputy Commissioner, Associate Commissioner, Institutional Coordinator, Warden, Division Director (or designee of these authorities) under whose supervision the employee is assigned.
 2. The Director of I & I, or designee, shall require any ADOC employee to submit to drug testing when it is deemed necessary for the furtherance of an official investigation.
- E. Any employee of the Department of Corrections may volunteer at any time to be drug tested.
- F. Employee Specimen Collection:

1. The employee shall:
 - a. Inform the collection official at the time of collection if taking prescribed medication. If the screening tests positive, the employee will confirm the prescription by producing the medication in a properly labeled bottle, or by written confirmation from the pharmacist or physician.
 - b. Leave bags, containers, and outer garments outside the restroom.
 - c. Wash hands before urination.
 - d. Provide the urine specimen as soon as possible in the presence of the witness before leaving the institution.
 - e. Provide no less than 30 ml of urine for testing.
 - f. Close the container in the witness' presence.
 - g. Enter the last four digits of his / her social security number on the container and lid.
 - h. Seal the container with tamper resistant evidence tape. Evidence tape shall be placed from the bottom of the container over the top and to the bottom of the container so that the ends of the tape overlap.
 - i. Enter the date, time and the last four digits of his / her social security number on ADOC Form 227, *Drug Test Action Sheet* which acknowledges that the container has been closed and sealed.
2. The collection official:
 - a. Shall receive on-the-job training on urine collection procedures.
 - b. Shall be of the same sex as the employee being tested.
 - c. Shall conduct the urine collection procedure in a private setting.
 - d. Shall positively identify the employee being tested.
 - e. Shall observe and remain with the employee giving the urine specimen during the entire collection procedure.
 - f. Shall use all reasonable precautions to avoid adulteration of the specimen.

- g. Shall permit the employee to drink eight (8) ounces of water every thirty minutes, not to exceed twenty-four (24) ounces.
 - h. May use the sound of running water as encouragement for the employee to produce an adequate urine specimen.
 - i. Shall provide the employee being tested a new specimen cup on each attempt.
 - j. Shall observe the employee as he / she closes and seals the specimen cup with tamper resistant evidence tape after an adequate sample is obtained.
 - k. Shall be custodian of the specimen and shall maintain care and control.
 - l. Shall place the specimen in a secure location.
 - m. Shall document any change of custody of the specimen on ADOC Form 227, *Drug Test Action Sheet*.
 - n. Shall protect the identity of the employee being tested.
3. Storage and Transportation of Specimen.
- a. The sample shall be refrigerated if it cannot be delivered to a drug testing laboratory within twenty-four (24) hours of collection.
 - b. The urine specimen shall be delivered and testing completed within seven (7) days of collection. The ADOC Form 227 shall accompany the urine specimen(s) delivered to the most convenient on-site drug testing lab maintained by the ADOC.
 - c. A locked container shall be used to hold specimens at the collection point and during transportation to the drug testing lab.
 - d. The locked container shall be held in a secure area.
 - e. Only the collection site shift commander and laboratory testing officer shall have access to the specimen container key.
 - f. The ADOC Form 227 shall reflect placing into and removing specimens from secure storage.
 - g. If the urine specimen is not tested within twenty-four (24) hours after collection, the urine specimen(s) must be placed in a locked and secure refrigeration unit. Only the Shift Commander shall have access to the key locking the refrigeration unit.

- G. The Drug Testing Officer shall:
1. Not collect urine.
 2. Be certified by the contractor furnishing the drug testing equipment.
 3. Have key access, along with the Warden/designee, to the on-site drug testing laboratories. The drug laboratories will be locked at all times when not manned.
 4. Have the only key to the refrigerator or freezer in the labs.
 5. Not screen the specimen if the:
 - a. specimen cup is received without evidence tape.
 - b. evidence tape is not intact.
 - c. social security number on the specimen cup is at variance with the SSN on the ADOC Form 227.
 6. Complete an ADOC Form 302-A, *Incident Report*, if a specimen is not screened, as indicated in AR 302, *Incident Reporting*.
 7. Prohibit any access to urine specimens stored in the laboratory or allow others to be present in the laboratory while drug testing is being conducted.
 8. Either screen the specimen utilizing the Enzyme Multiplied Polarization Technique (EMIT) or the Florescence Polarization Immunoassay (FPIA) process, or deliver directly to a laboratory approved by the National Institute on Drug Abuse (NIDA) or the College of American Pathologists (CAP) for analysis.
 9. Screen the urine specimen according to the specifications of the current EMIT or FPIA manual and testing instructions provided by the EMIT or FPIA testing equipment provider.
 10. Dispose of negative urine specimen samples and their containers in the approved, universally acceptable manner of human waste disposal.
 11. Notify the Authorizing Official by faxing ADOC Form 227, *Drug Test Action Sheet* and the ADOC Drug Lab screening report.
 12. Recap the specimen container of urine that has tested positive and reseal the container with evidence tape and will:

- a. Complete and sign the Specimen Control Form, Appendix B Sample Specimen Control Form (may vary by off-site laboratory), supplied by the off-site confirmation laboratory.
- b. Transport all non-medical **positive** urine specimens by the appropriate carrier or mail to the designated independent off-site laboratory approved by the National Institute on Drug Abuse or the College of American Pathologists with the signed Specimen Control Form, Appendix B, and a request to confirm or rule out the presence of the suspected controlled substances by gas chromatography/mass spectrometry (GC/MS), or by such other scientifically accepted methods approved by the National Institute on Drug Abuse as the technology becomes available in a cost-effective form.
- c. In those cases where medication is produced by the employee in a properly labeled bottle or where a physician's report or documentation from a pharmacist confirms the proper use of a suspected controlled substance, to the satisfaction of the Authorizing Official, the test results shall be termed a "medical positive", requiring no further administrative action.
- d. Receive the written results on the specimen from the independent off-site laboratory and immediately notify the Authorizing Official.
- f. If the report from the confirmation laboratory does not support the positive screening test, a copy of both the screening and confirmation tests will be forwarded to the ADOC Director of Treatment.

H. The Authorizing Official shall:

1. Notify the employee of the preliminary results as soon as practical.
2. Remove the employee from inmate contact pending confirmation. No other administrative action will be taken until a written report from the independent lab is received.
3. Notify the employee of the independent lab test results.
4. In the event of a confirmed positive test result from an independent off- site laboratory which is not explained by the taking of prescribed medication, the employee shall immediately:

- a. Be required to utilize any accumulated holiday time.
 - b. Be allowed to voluntarily use compensatory time, annual leave or leave without pay.
5. In lieu of action by the employee, the Authorizing Official shall request approval to place the employee on mandatory annual leave / leave without pay in accordance with 670-X-15.06, Rules of the State Personnel Board. Accumulated compensatory time will be used before annual leave in accordance with 670-X-11.07 (4), Rules of the State Personnel Board.

I. Disciplinary Action

1. Any employee tested and confirmed positive, or who refuses to be tested by random selection, or for “reasonable suspicion”, or whose urine specimen has been determined by the confirmation laboratory to have been adulterated, shall be recommended for dismissal from employment, in accordance with established Departmental personnel disciplinary procedures.
2. To avoid disciplinary action, an employee must inform his / her Warden, Director or Division Head **before** selection for testing, **in writing**, that the employee has used controlled substances and desires to discontinue the practice. The employee will be allowed up to ninety (90) days leave (annual, sick or leave without pay, as necessary) for such purpose, upon proof of enrollment in a drug rehabilitation program. Sick leave is only granted when the employee is an in-patient at a rehabilitation facility. Entry into a drug rehabilitation program should be facilitated through the institutional Coordinator of the Department’s Employee Assistance Program (EAP). If the Department’s EAP Coordinator is not available, then the State EAP Coordinator should be utilized.
3. The Department’s EAP Coordinator will render whatever assistance is needed to enroll the employee in a drug rehabilitation program at no cost to the Department or State. An employee **may not** enroll in a drug rehabilitation program more than **two (2)** times during his/her term of employment.
4. Upon his / her return to duty, the employee, in such a program will provide the Warden or other appropriate authority with a copy of a written aftercare program/plan and will submit to further testing as indicated in the plan.
5. Any employee participating in such a drug rehabilitation program shall be recommended for dismissal from employment in accordance with established Departmental

personnel disciplinary procedures if the employee:

- a. Does not return to duty within ninety (90) leave days.
 - b. Does not complete the drug rehabilitation program.
 - c. Does not comply with the aftercare program / plan.
 - d. Refuses to be tested.
 - e. and, has adulterated his / her specimen.
6. Any employee found in violation of this section shall be dismissed without recourse to a lesser penalty.

J. Miscellaneous Procedures:

1. Calibrations shall conform to current industry standards for correctional settings and shall **not** be changed or modified to represent any other clinically specified range.
2. Chain of Custody procedures must be maintained throughout the entire testing process and documented on ADOC Form 227, *Drug Test Action Sheet*.
3. The Warden or designee shall be responsible for creating a file folder and generating an incident report on any employee assigned to that facility who tests positive.
4. Unless otherwise directed by proper authority, ADOC Form 227, together with the EMIT or FPIA machine tapes of positive test results, shall be maintained at the test site for a minimum of one year. The paperwork shall then be transferred to the employees' Departmental Personnel file.
5. All records concerning negative employee screening results will be destroyed as directed by the Departmental Records Disposition Authority (RDA).

VI. DISPOSITION

Any forms used will be disposed of and retained according to the Departmental RDA.

VII. FORMS

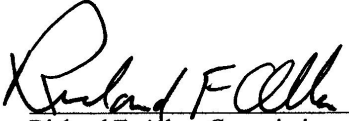
ADOC Form 227, *Drug Test Action Sheet*

VIII. SUPERCEDES

This regulation supersedes Administrative Regulation 227, *Controlled Substances Testing for Employees of the Alabama Department of Corrections* dated January 7, 2003 and all changes.

IX. PERFORMANCE

- A. AR 302, *Incident Reporting*.
- B. Rules of the State Personnel Board.
- C. National Institute on Drug Abuse (NIDA).
- D. College of American Pathologists (CA).


Richard F. Allen, Commissioner

Appendix:

- A. Law Enforcement Class Code Listing
- B. *Sample Specimen Control Form*

**ALABAMA DEPARTMENT OF CORRECTIONS
DRUG TEST ACTION SHEET**

Social Security Number: _____

Location : _____

Date: _____

Medication(s): _____

COLLECTION DATA

Witness: _____ Time of Voiding: _____

Cup Closed and Sealed with Evidence Tape: _____ Last four of SSN) _____

CHAIN OF CUSTODY

From: _____ To: _____ Date: _____ Time: _____

From: _____ To: _____ Date: _____ Time: _____

From: _____ To: _____ Date: _____ Time: _____

From: _____ To: _____ Date: _____ Time: _____

From: _____ To: _____ Date: _____ Time: _____

ADOC EMIT OR FPIA SCREENING DATA

Evidence Tape Intact: _____ (EMIT or FPIA Operators Initials)

Confirm SSN with Cup _____ With Cap _____ (EMIT or FPIA Operators Initials)

	<u>POS</u>	<u>NEG</u>	
Opiates	_____	_____	Operator: _____
Cocaine	_____	_____	
Marijuana	_____	_____	Date: _____ Time: _____
_____	_____	_____	
_____	_____	_____	

Neg. Results: Specimen and Container Destroyed _____ (Operator's Initials)

Neg. Results: Sealed for Transfer to Confirm Lab _____ (Operator's Initials)

Pos. Results: Sealed for Transfer to Confirm Lab _____ (Operator's Initials)

TRANSFER TO CONFIRMING LABORATORY

From: _____ To: _____ Date: _____ Time: _____

Confirm SSN with Cup: _____ With Cap: _____ (Custodial Initials)

From: _____ To: _____ Date: _____ Time: _____

Agency: _____

Address: _____

ALABAMA DEPARTMENT OF CORRECTIONS
LAW ENFORCEMENT CLASS CODE LISTING

<u>Title</u>	<u>Code</u>
Correctional Investigative Service Officer	60301
Correctional Investigative Services Assistant Director	60304
Correctional Investigative Service Director	60305
Correctional Canine Assistant Handler	60620
Correctional Canine Handler Supervisor	60622
Correctional Officer Trainee	60710
Correctional Officer	60711
Correctional Sergeant	60712
Correctional Lieutenant	60714
Correctional Captain	60715
Correctional Warden I	60742
Correctional Training Director	60755
Correctional Warden II	60762
Correctional Warden III	60763
Correctional Institutional Coordinator	60765
Corrections Community Programs Director	60795
Correctional Associate Commissioner	60795 (Option 27)
Institutional Ranch Superintendent	70330

Sample Specimen Control Form

East Alabama Medical Center
Toxicology Department
122 North 20th Street - Bldg 28
Opelika, AL 36801
(334) 741-8170

SAMPLE

Step 1: COMPLETED

A. Employer Name, Address, and Phone No.:
AL DEPT OF CORR
101 SOUTH UNION
MONTGOMERY, AL

C. Donor SSN or Employee I.D. No. (or Name): _____

D. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post-Accident
 Return to Duty Follow-up Other (specify): _____

E. Drug Tests to be Performed: [] 9/10/02 (LIST DRUGS TO CONFIRM) [] OTHER _____

F. Collection Site Address: STATION CORRECTIONAL FACILITY
PO BOX 55
ELMORE, AL 36025
Collector Phone No.: 334- 567- 2211
Collector Fax No. _____

Step 2: COMPLETED BY COLLECTOR
Read specimen temperature within 4 minutes.
is temp. between 90° and 100° F / 32° and 38° C Yes No, Enter Remark _____

Specimen Collection: Split Single Observed

Remarks: _____

Step 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes Step 5 on Copy 2.

Step 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY THE LABORATORY
I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service in a manner pursuant to applicable Federal standards (please note that this testing is not mandated by Federal statute or regulations, and that the test selection may differ from Federal testing).

X Signature of COLLECTOR _____ Time of Collection _____ am pm (PRINT) Collector's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service Transferring Specimen to Lab _____ SPECIMEN BOTTLE SEALS INTACT <input type="checkbox"/> Yes <input type="checkbox"/> No
X Signature of ACCESSIONER _____ (PRINT) Accessioner's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____	SPECIMEN BOTTLE(S) RELEASED TO: _____ SPECIMEN BOTTLE SEALS INTACT <input type="checkbox"/> Yes <input type="checkbox"/> No

Step 5a: PRIMARY SPECIMEN TESTS RESULTS - COMPLETED BY LABORATORY

<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE for:	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> CODEINE	<input type="checkbox"/> AMPHETAMINE	<input type="checkbox"/> ADULTERATED
<input type="checkbox"/> DILUTE	<input type="checkbox"/> COCAINE	<input type="checkbox"/> MORPHINE	<input type="checkbox"/> METHAMPHETAMINE	<input type="checkbox"/> SUBSTITUTED	
<input type="checkbox"/> REJECTED	<input type="checkbox"/> PCP	<input type="checkbox"/> BARBITURATE	<input type="checkbox"/> PROPOXYPHENE METAB.	<input type="checkbox"/> INVALID RESULT	
	<input type="checkbox"/> BENZODIAZEPINE	<input type="checkbox"/> METHADONE	<input type="checkbox"/> OTHER (See "Remarks" also)		

REMARKS: _____

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported pursuant to applicable standards unless note that this testing is not mandated by Federal statute or regulations.

X
Signature of CERTIFYING SCIENTIST _____ (PRINT) Certifying Scientist's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

SHIPPING CONTAINER SEAL

052200
SPECIMEN ID NO.

Collector's Initials: _____

Date: _____

052200
SPECIMEN ID NO.

052200
SPECIMEN ID NO.

052200
SPECIMEN ID NO.

PLACE OVER CAP ○

PLACE OVER CAP ○

PLACE OVER CAP ○

SPECIMEN BOTTLE SEAL A

SPECIMEN BOTTLE SEAL B (SPLIT)

BLOOD ALCOHOL SEAL

Date (Mo./Day/Yr.) _____

Date (Mo./Day/Yr.) _____

Date (Mo./Day/Yr.) _____

Donor's Initials _____

Donor's Initials _____

Donor's Initials _____

Form No. 9730 COPY-1 LABORATORY

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES