POLICY TITLE: Mandatory Employee Drug and Alcohol Testing		PAGE 1 OF 6
	CHILD AND FAMILY SERVICES AGENCY **Approved by: Uma Ahluwalia** Agency Director **Date: December 8, 2006**	**REVISION HISTORY:** February 14, 2007 October 19, 2011
LATEST REVISION: November 8, 2012	**EFFECTIVE DATE:** December 6, 2006	

I. AUTHORITY	The Director of the Child and Family Services Agency ("CFSA") adopts this policy to be consistent with the Agency's mission and applicable Federal and District of Columbia law and regulations including Title XX-C of the District of Columbia Government Comprehensive Merit Personnel Act of 1978, added by Title 1 of DC Law 15-353, the Child and Youth, Safety and Health Omnibus Congressional Review Amendment Act of 2004, effective April 13, 2005 (DC Official Code § 1-620.31 *et seq*. (Supp. 2006); Chapter 39 of the DC Personnel Regulations (6 DCMR 3900 *et seq*.) (2005); and 49 CFR Part 40.
II. APPLICABILITY	This policy applies to all of the following CFSA employees and applicants: • All applicants for employment. • All CFSA employees in safety-sensitive positions. • CFSA employees who have had a reasonable suspicion referral. • Post-accident employees, as soon as reasonably possible following an accident. • CFSA employees who operate a motor vehicle in the performance of their duties.
III. RATIONALE	To ensure the health and safety of children and youth, the District has enacted legislation requiring mandatory drug and alcohol testing of all applicants and employees in safety-sensitive positions. These are the same positions identified in the Criminal Background Check Program. Several CFSA positions are covered under this program. As a result, CFSA has implemented a Mandatory Employee Drug and Alcohol Testing Program. The purpose of this policy is to establish and maintain a drug-free workplace at the CFSA. Methods used to achieve this purpose include education, intervention, rehabilitation, and disciplinary action. This policy encourages a drug-free work environment to promote the health, safety, and welfare of employees; reinforce institutional security; and foster the public's trust in the integrity and professionalism of our employees. Individuals impaired by the use of alcohol or drugs are harmful to themselves and the Agency's mission.

IV. POLICY	This policy establishes a Mandatory Drug and Alcohol Testing Program for CFSA employees and applicants who are or will be employed in safety sensitive positions. The use, possession, or dispensation of illegal drugs or controlled substances by CFSA employees while on duty is prohibited. The use of alcohol or impairment from alcohol while on duty is prohibited. Therefore, it is the policy of CFSA to require drug and alcohol testing of covered employees and all candidates for employment.
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VI. ATTACHMENTS	**A.** Definitions **B.** Employee Notice and Acknowledgment **C.** Drug and Alcohol Testing Instructions **D.** Drug and Alcohol Testing Form 1 **E.** Chain of Custody Form
	Procedure A: Notification 1. Employees shall be given at least a 30-day written notice that CFSA is implementing a drug and alcohol testing program. 2. Upon receipt of a written notice of the program, each employee shall be given one opportunity to seek treatment if he or she acknowledges a drug or alcohol problem. Thereafter, any confirmed positive drug test results, positive breathalyzer test, or a refusal to submit to a drug test or breathalyzer will be grounds for termination of employment in accordance with District government law or regulations. 3. Any employee acknowledging a drug or alcohol problem upon receipt of the advance written notice shall undergo and complete a counseling and rehabilitation program, and shall not be subject to administrative action while completing the counseling and rehabilitation program. However, if that employee holds a safety-sensitive position, he or she shall be immediately detailed to a non-safety-sensitive position while completing the counseling and rehabilitation program. After completion of the program, the employee shall be tested again before being allowed to return to the safety-sensitive position held prior to completion of the program. 4. Management is required to ensure that employees are notified of the drug testing policy upon initial employment and upon any change in an employee's status. Refusal by an employee to complete the required forms (*see Attachments B-E*) shall be documented, signed, and dated by a supervisor and witnessed by the program manager. This action shall

	constitute official employee notification. 5. Vacancy announcements for all safety-sensitive positions within CFSA will clearly state the Mandatory Employee Drug and Abuse Policy is applicable to these positions. This includes the information that applicants will be tested for drug and alcohol abuse and are subject to further drug and alcohol testing upon acceptance of the position.
	Procedure B: Controlled Substances Tested Urine specimens obtained for drug tests will be subject to an initial Enzyme-Multiplied-Immunoassay Test (EMIT) for illegal drug which includes, but is not limited to, the following substances: 1. Marijuana (THC) 2. Cocaine 3. Opiates 4. Amphetamines 5. Phencyclidine (PCP) If a specimen is presumptively positive, the result will be confirmed using the Gas Chromatography/Mass Spectrometry (GC/MS) testing method.
	Procedure C: Testing Categories All employees subject to this policy shall be tested for drug and alcohol use in the following circumstances: 1. **Applicant Testing** - Drug or alcohol testing is required as a condition of employment. Testing may be part of the application process before an offer is made or as part of the hiring process after an offer of employment is made but before the qualified candidate commences work. (Applicant may be offered employment contingent upon a receipt of satisfactory drug-testing results and may be assigned to a non-safety sensitive position prior to receiving the results.) 2. **Reasonable Suspicion Referral Testing** - Drug or alcohol testing is required when a supervisor has a reasonable belief that an employee is under the influence of an illegal drug or alcohol to the extent that the employee's ability to perform his or her job is impaired. 3. **Post-Accident Testing -** Drug or alcohol testing conducted after an accident involving an employee while on-duty and who is in a vehicular or other type of accident resulting in personal injury, property damage, or both and in which the cause of the accident could reasonably be believed to have been the result of, in whole or in part, the employee's use of drugs or alcohol. 4. **Motor Vehicle Operator Testing -** Any District government employee who operates a motor vehicle in the performance of his or her employment shall be deemed to have given his or her consent, subject

to the conditions in this title, to the testing of his or her urine or breath for the purpose of determining drug or alcohol content. Such testing shall occur whenever a supervisor has probable cause or a police officer arrests such employee for a violation of the law and has reasonable grounds to believe such person to have been operating or in physical control of a motor vehicle within the District when the following circumstances apply:

a. The employee's breath contains .38 micrograms or more, by weight, of alcohol.

b. The employee has operated or been in control of the vehicle while under the influence of an intoxicant or any drug or combination thereof.

c. The employee's ability to operate a motor vehicle is impaired by the consumption of intoxicating liquor.

6. **Random Testing -** Drug or alcohol testing conducted on a CFSA employee in a safety-sensitive position at an unspecified time for purposes of determining whether the employee has used drugs or alcohol and, as a result, is unable to satisfactorily perform his or her employment duties.

7. **Post-Treatment Testing -** Testing required before an employee who engaged in conduct prohibited by this policy and is returning to his or her previously-held position after an opportunity to seek treatment.

Procedure D: Testing Procedures

1. Prior to testing, a physician shall meet with the employee to be tested and ask what medications he or she is currently (or recently has been) taking in an effort to rule out false/positive drug screening results.

2. Testing for alcohol use shall be conducted using an evidentiary breath testing (EBT) device. An EBT test shall be deemed positive if the contractor determines that one milliliter of the employee's breath (consisting of substantially alveolar air) contains .38 micrograms or more of alcohol.

3. Testing for illegal drug use shall be conducted by collecting a urine sample from the employee being tested. The EMIT and GC/MS (for confirmation of positive test results) methods shall be used.

4. Each employee is required to submit to testing on his or her scheduled test date, time, and place.

5. Employees may be subject to additional requirements or drug and alcohol testing where applicable.

6. Each CFSA employee shall complete the required drug and alcohol testing forms whenever his or her work assignment changes from a non-

	safety sensitive position to a safety sensitive position (*Attachment D*). 7. If a supervisor has a reasonable belief that an employee is under the influence of alcohol or illegal substances to the extent that the employee's ability to perform his or her job is impaired, the supervisor may make a reasonable suspicion referral of the employee for testing. 8. Supervisors shall be trained in substance abuse recognition and must receive a second opinion from the program manager or administrator prior to making a reasonable suspicion referral. 9. Testing shall be performed by an outside contractor at a laboratory certified by the United States Department of Health and Human Services (HHS). Any positive EMIT test shall then be confirmed by the contractor using the GC/MS methodology. 10. The contractor shall collect urine specimens at a designated location, split each sample, and perform the EMIT testing method on one sample and store the split of that sample. 11. Employees will be notified of the confirmed test result within five business days. 12. Any employee found to have a confirmed positive test result may authorize that the stored sample be sent **at his or her expense** to another HHS-certified laboratory of his or her choice for a confirmation, using the GC/MS testing method. 13. Any employee who is required to be tested due to reasonable suspicion or a post-accident incident shall be escorted by a supervisor to the contactor's test site for specimen collection or a breathalyzer test. 14. Medical attention shall not be delayed for the purpose of testing, following an accident or incident.
	Procedure E: Penalties 1. The Agency Director has the authority to propose disciplinary action for any employee refusing to participate in or failing test results based on the Mandatory Drug and Alcohol Testing Program. 2. In the case of applicants, violation of this policy, refusal to complete required drug and alcohol testing forms, to take the drug test, or a confirmed positive test result shall preclude the applicant from further employment consideration for a one-year period. 3. An employee's refusal to submit to urine or breathalyzer testing, willful tampering with test specimens, any attempt to circumvent the testing process, or positive drug test or breathalyzer test constitutes a violation of this policy, and shall result in termination of employment.

	4. An employee shall remain in their duty status unless a positive confirmation report is received from the laboratory's Medical Review Officer (MRO). An employee who has a confirmed positive test result shall immediately be placed on administrative leave until completion of an independent confirmation test. 5. In the case of a confirmed positive drug test, the employee shall be informed of his or her right to have the specimen tested at **his or her own expense** by an independent laboratory. The employee shall also be notified that the request for an independent confirmation test must be initiated within three business days in accordance with the guidelines set forth in this policy. If the employee requests an independent test, all proceedings shall be held in abeyance until the MRO receives the results of the independent test.
	Procedure F: Confidentiality Files, records, and drug testing data shall be maintained in accordance with DC Official Code § 1-620.35(c) and §1-631.01 *et seq.* (2001 and Supp. 2006), and Chapter 31 of the DC Personnel Regulations.
	Procedure G: Employee Assistance Program (EAP) 1. The EAP shall continue to offer confidential intake, counseling, and referral to community resources, crisis intervention, drug and alcohol abuse treatment referrals, and follow-up services as needed. 2. EAP services are available through an employee's self-referral as well as referrals by supervisors and CFSA's Human Resources Administration. 3. EAP services shall continue to be provided confidentially for all employees. Each employee who participates in the EAP is still subject to testing.
	Procedure H: Training The implementation of the education and awareness portion of this policy shall begin with mandatory training for supervisors, program managers, deputy directors and administrators on policy issues, mandatory drug and alcohol testing procedures, and substance abuse recognition.

Attachment A
DEFINITIONS

Alcohol Use – The drinking or swallowing of any beverage, liquid mixture, or preparation (including any medication) that contains alcohol as an intoxicating agent, e.g., beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl or isopropyl alcohol.

Alcohol or Drug Test – A procedure to determine alcohol concentrations; if urine specimens are tested, to determine prohibited drugs or the metabolites of drugs.

CFSA Employee – A person employed by and receiving compensation from CFSA for services.

Confirmation Drug Test – A second analytical procedure performed on a urine specimen to identify and quantify the presence of a specific drug or drug metabolite.

Enzyme-Multiplied Immunoassay Technique (EMIT) - The initial method used to test for drugs in urine samples.

Gas Chromatography/Mass Spectrometry (GC/MS) Testing Method – The methodology used for all confirmation drug tests.

Illegal Drugs - An unlawful drug that does not include over-the-counter prescription medications.

Independent Confirmation Test – A third confirmation test that is requested by an employee when the employee's second testing (against the result of the first sampling for drug testing) that was requested by the Agency has been confirmed positive. The test is conducted by an independent laboratory using the GC/MS methodology. The laboratory is selected and retained by the employee.

Medical Review Officer (MRO) – A licensed physician, responsible for receiving, reviewing, and evaluating test results obtained under the Mandatory Employee Drug and Alcohol Testing Program.

Probable Cause or Reasonable Suspicion Referral – A reasonable belief by a supervisor that an employee in a safety-sensitive position is under the influence of an illegal drug or alcohol to the extent that the employee's ability to perform his or her job is impaired**.**

Qualified Candidate – An individual who has filed a written application with CFSA for a safety sensitive position and who meets established qualification requirements, including any selective placement factors, and who has been selected for a position.

Safety-Sensitive Position – A position in which the employee has direct contact with children or youth and is entrusted with the direct care or custody of children or youth, and whose performance of duties may affect the health, welfare, or safety of children or youth.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Employee Notice and Acknowledgement of Drug and Alcohol Testing Requirements

PART I: NOTIFICATION

This is to inform you that the Child and Family Services Agency conducts testing to identify current employees in safety-sensitive positions and job applicants who may be abusing drugs or alcohol, in accordance with DC Law 15-353 and the Child and Youth, Safety and Health Omnibus Congressional Review Amendment Act of 2004, effective April 13, 2005 (DC Law 15-353, DC Official Code § 1-620.31 *et seq*.) (Supp. 2006).

A copy of the Agency's policy on this matter is attached to this notice. You have the right to refuse testing. However, the consequences for refusal to be tested or to cooperate during testing shall result in the termination of an employee or an applicant's pre-employment selection process, as applicable.

An applicant who fails either the drug or alcohol test shall not be hired; an employee who fails either of these tests shall have their employment terminated.

Remaining drug- or alcohol-free along with participation in the Mandatory Drug and Alcohol Testing Program is a condition of continued employment with the Agency.

PART II: ACKNOWLEDGEMENT

I acknowledge receipt and understanding of the above written notice and attached policy, and agree to abide by the terms of the Agency's policy pertaining to drugs and alcohol.

_____	_____
Printed Name	Signature and Date
_____	_____
Printed Name of Human Resources Representative	Signature and Date

400 Sixth Street, SW ♦ Washington, DC 20024
www.cfsa.dc.gov

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Drug and Alcohol Testing Instructions

In accordance with DC Law 15-353 and The Child and Youth, Safety and Health Omnibus Congressional Review Amendment Act of 2004, effective April 13, 2005 (DC Law 15-353, DC Official Code § 1-620.31 et seq.) (Supp. 2006), the Child and Family Services Agency (CFSA) and LabCorp have arranged for drug and alcohol testing for applicants of employment as well as current employees who are in or are being considered for safety-sensitive positions.

You are required to submit to the following testing:

_____Breath Alcohol _____Occupational Urine Drug Screen Collection

1. Report to a LabCorp testing site for drug/alcohol testing within 24 hours of notification. You will be given 2 hours administrative leave for testing purposes. Time beyond 2 hours shall be charged to your leave (or LWOP if you have no leave).

2. Visit http://www.labcorp.com/psc/body_frame.html to find a testing site convenient to you. You must select either "Occupational Urine Drug Screen Collections" or "Breath Alcohol" to locate an appropriate testing site.

3. Upon notification, please pick up forms for testing (DA Form 1 and Chain of Custody Form) at the CFSA Human Resources Administration (HRA) at 955 L'Enfant Plaza, SW, 5th Floor. You must report to HR before 4:45 pm.

4. **Do not complete any portion of the DA Form 1 or the Chain of Custody form prior to visiting LabCorp. LabCorp will not accept forms that have been completed or signed prior to your visit. Do not mark your forms without a LabCorp representative present.**

5. Return the completed DA Form 1, signed by you and a LabCorp representative, to HRA within 48 hours of notification.

Employee Acknowledgement of Receipt

I have received a copy of these instructions, the DA Form 1, and the Chain of Custody Form.

_____ _____
Signature *Printed Name*

_____
Date

400 Sixth Street, SW ♦ Washington, DC
www.cfsa.dc.gov

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Drug and Alcohol Testing for Employees in Safety Sensitive Position (DA Form 1)

In accordance with DC Law 15-353 and The Child and Youth, Safety and Health Omnibus Congressional Review Amendment Act of 2004, effective April 13, 2005 (DC Law 15-353, DC Official Code § 1-620.31 et seq.) (Supp. 2006), the Child and Family Services Agency (CFSA) and LabCorp have arranged for drug and alcohol testing for applicants of employment as well as current employees who are in or are being considered for safety-sensitive positions.

Prospective Applicant or Employee

You are required to submit to the following testing:

_____Breath Alcohol _____Occupational Urine Drug Screen Collection

You must present this form with a government-issued picture identification (e.g., a drivers license, DC government work ID) to LabCorp for their signature. You must return a copy of the signed form to the CFSA Human Resources Department.

LabCorp's hours of operation vary by location. You are encouraged to contact the LabCorp facility of your choice to learn that facility's occupational drug screen collection hours.

Patient Services Center

The individual listed below is a current employee or an applicant who is being considered for a position with CFSA. A LabCorp representative must sign and retain this original form, and provide a signed copy to the individual to be returned to CFSA. LabCorp must forward test results to CFSA at the address below.

Applicant's Full Name: _____

Signature: _____

District Agency Name:	Child and Family Services Agency
Contact:	Human Resources Manager
Address & Phone:	955 L'Enfant Plaza, SW Suite 5200 Washington, DC 20024 202-724-7373

_____ _____
LabCorp Staff Signature Date

_____
Printed Name

400 Sixth Street, SW ♦ Washington, DC
www.cfsa.dc.gov

CHAIN OF CUSTODY FORM

0241009016

SPECIMEN ID NO. 0241009016

LAB ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.

EmployeeScreenIQ - CFSA-Facilities
Attn: Location Manager
400 6th Street, S.W.
Washington, DC, DC 20024-2753 USA
P: 202-727-5750 F: 202-724-7447

LOCATION: 375800

B. MRO Name, Address, Phone and Fax No.

PEMBROOKE OCCUPATIONAL HEALTH
ATTN: DR. JOHN CAMETAS
2301 N.PARHAM ROAD, SUITE 5
RICHMOND, VA 23229
PHONE-804-346-1010
FAX -804-346-5050

375800

C. Donor SSN or Employee I.D. No.

D. Reason for Test: ☐ Pre-Employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Periodic ☐ Other _____

E. Collection Site Address:

Collector Phone No.

Collector Fax No.

F. Donor Identification Verified By: ☐ Photo I.D. ☐ Employer Representative

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F? ☐Yes ☐No, Enter Remark Below Split Specimen Collection ☐Yes ☐No

REMARKS:

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED BY COLLECTOR AND DONOR

G. Daytime Phone No. ( ) _____ Evening Phone No. ( ) _____ Date of Birth ___/___/___

H. TEST(S) REQUESTED BY EMPLOYER:

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence; and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents.

(PRINT) DONOR'S NAME (FIRST, MI, LAST)	SIGNATURE OF DONOR	INITIAL	MONTH	DAY	YEAR
		/	/	/	

STEP 5: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified on this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

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

RECEIVED AT LAB:

X _____ Signature of Accessioner ▶

_____ (PRINT) Accessioner's Name (First, MI, Last)

___/___/___ Date (Mo/Day/Yr.) ▶

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

FORM 590 5P BC (REVISED 1/09)

CONTAINER SEAL

0241009016

Bottle A

Bottle B (SPLIT)

0241009016

0241009016

A ___/___/___ DATE _____ DONOR'S INITIALS

B SPLIT ___/___/___ DATE _____ DONOR'S INITIALS

NOTE POSITION OF BARCODE STARTS AT BOTTOM OF CONTAINER AS SHOWN HERE.

COPY 1 - LABORATORY

LabCorp