



**STANISLAUS COUNTY
ORDERED FOR CAUSE DRUG / ALCOHOL TEST
TESTING PROCEDURES FOR MANAGERS / SUPERVISORS / EMPLOYEES**

Revised 7/1/15

Pursuant to Stanislaus County Ordinance 3.08.050, please follow the steps listed below when ordering a for cause drug/alcohol test. The following For Cause Testing Administrative Procedures comply with the County Drug Free Workplace Policy and should be strictly adhered to.

1. Whenever an employee observes another employee in a condition possibly influenced by the use of drugs and/or alcohol, the manager/supervisor should be notified immediately.

Supervisor _____ Phone _____
Supervisor _____ Phone _____
Supervisor _____ Phone _____

2. When a supervisor is advised and/or observes a person who may be under the influence of drugs and/or alcohol, the supervisor shall contact the appropriate management staff and implement the following procedures. The smell of alcohol alone is **not** reasonable suspicion.

Management _____ Phone _____
Management _____ Phone _____
Management _____ Phone _____

3. If the employee is probationary or extra-help, please alert management and do not proceed without specific directions from your department or CEO Human Resources. If the employee falls under the Department of Transportation (DOT), please notify your CEO HR Consultant immediately as special handling is required. Employees must first complete the Federal DOT reasonable suspicion test (Safety Manual) followed by the County’s For Cause testing. This dual test requires two collections. All DOT samples will follow the established DOT protocol.
4. If possible, alert the union to a possible drug test situation.
5. The manager/supervisor should take the employee to a semi-private area and state there are concerns about his/her behavior. It is important that someone remain with the employee at all times.
6. Complete the observation sections on the **Reasonable Suspicion Checklist** located on Page 8. If possible, have a second manager/supervisor present when completing the form, but no more than two at any time. Do not question the employee at this time. Each person should independently complete a separate form.

7. Inform the employee of his/her union representation rights **before** questioning. If the employee is a Public Safety Officer they may have additional representation rights under the Police Officer Bill of Rights. Please check with CEO Human Resources prior to proceeding.
8. Inform the employee they may select a representative of their choice.
9. The employee may decline representation.
10. If the employee declines representation, document his/her waiver of representation and proceed with questioning.
11. If the employee does not waive representation, a reasonable effort shall be made to contact the selected representative—even after hours. Document your efforts to contact the representative.
12. If at any time during the process the employee refuses to participate or leaves the work site without permission it will be considered insubordination and the employee shall be notified, if possible, that they are being insubordinate and subject to discipline. Further, should the employee choose to drive, law enforcement will be notified.
13. If union representation is requested but **not** available within **ninety minutes**, the questioning will **not** proceed. However, the employee will still be ordered to complete the for cause drug/alcohol test. Notate on the Reasonable Suspicion Checklist the attempt to contact and the time frame allowed. The representative may meet the employee at the testing facility.
14. Upon arrival of the representative, if available, or if the employee has waived representation, the manager/supervisor will provide the employee the opportunity to consult and admit he/she has a substance abuse problem. This admission, if given before questioning, will be considered a mitigating circumstance. The employee, however, must still assume responsibility for any possible disciplinary action. The manager/supervisor may then question the employee as to the reasons for the apparent symptoms of impairment. **No conclusion is to be drawn or documented.**
15. In all cases, the **observation section** of the Reasonable Suspicion Checklist(s) must be completed. These documents shall remain confidential, with copies being provided to the employee after the documents have been signed by the manager/supervisor.
16. The Reasonable Suspicion Checklist contains a list of direct questions and is located on Page 8. Before asking these questions, the manager/supervisor shall inform the employee that failure to answer the questions is grounds for discipline for insubordination, up to and including termination. Failure to answer the questions honestly is further grounds for disciplinary action.
17. If the manager/supervisor decides the suspicion is **unsubstantiated**, after completing the Reasonable Suspicion Checklist, the employee may return to work, unless it is unsafe or unreasonable to do so.

18. If suspicion is **substantiated**, based on the checklist, time is of the essence. Testing should reasonably start at the testing facility within **two hours** of suspicion. This protects the County and the employee. Do **not** delay even if representation is not present!
19. **Notify** one of the following people and obtain a **verbal authorization** to test the employee:
 Department Head _____ Phone _____
 Assistant Department Head _____ Phone _____

 Department Senior Manager _____ Phone _____
 CEO Management _____ Phone _____
20. The Department Head or designee authorizing the test will assist the manager/supervisor in obtaining and completing the Stanislaus County **For Cause Passport**. This Passport shall serve as the signed written order to the employee for the drug/alcohol test.
21. The manager/supervisor shall transport the employee to the testing facility. The manager/supervisor will arrange for transportation of the employee after the testing is completed.
22. The union or chosen representative **does** have the right to be present during all questioning of the employee. The union **does** have the right to ask for clarification on questions and/or ask what observations led to the For Cause test taking place.
23. The union or chosen representative **may** accompany, but not transport, the employee to the testing facility.
24. For Cause Passports are located on Page 12 of this policy.
25. When filling out the Passport:
- a) Fill in the date and time.
 - b) Obtain photo identification and note the type.
 - c) Fill in the last six digits of the employee's Social Security Number.
 - d) The manager/supervisor must **sign** the Passport and include their phone number, department and job title.
 - e) Do **not** fill in the sample results. The collector will fill this in later.
 - f) Do **not** fill in the remaining sections. The testing facility and/or the Medical Review Officer will fill those in later.

Negative Test

26. The employee and manager will be notified of the initial result of the exam.
27. A negative alcohol test will finalize the alcohol part of the test. A negative alcohol test means complying with all instructions given by the Collector and receiving a Breathalyzer printout reading of 0.00.
28. All drug urine specimens testing positive will be sent to the lab for confirmation. The cut-off limit for Specific Drugs and/or Metabolites is located on Page 21.
29. A negative result will be submitted to CEO-Human Resources.
30. All Passports must indicate the sample is being sent to a DHHS Certified Laboratory for confirmation testing.
31. If negative, the test results will conclude the process and all related documents shall be given to the employee.
32. For non-drug related impairment, remove the employee from the job and/or obtain medical assistance.
33. After testing, the manager should place the employee on Paid Administrative Leave for the remainder of the work shift. If the testing process goes beyond the work shift, the employee must be compensated for that time.
34. The manager should arrange for transport of the employee home. Whoever transports the employee to the testing facility should wait until they are ready to be transported home.

Positive Test

35. The employee and manager will be notified of the initial result of the exam.
36. An initial positive sample will result in the sample being sent to a DHHS Certified Laboratory for confirmation testing.
37. Positive test results will be submitted to CEO-Human Resources.
38. A positive Alcohol Test is any reading with a printout **higher than 0.00**, or failure to comply with the instructions of the Collector. A positive printout will be confirmed with a second test conducted no sooner than fifteen minutes, but no later than thirty minutes, after the first test results were obtained.

39. A second Alcohol Test that is negative will be handled as noted above in the negative section. If the first test was positive and the second test was negative, the entire test is considered a negative and will be reported as negative.
40. Upon initial confirmation, the manager shall complete a Notification Form advising the employee in writing of the positive test results.
41. All drug urine specimens testing positive will be sent to the lab for confirmation. The cut-off limit for Specific Drugs and/or Metabolites is located on Page 21.
42. When contacted by the lab with confirmation results, the Deputy Executive Officer of Human Resources and/or his/her designee will notify the Department.
43. The Custody Control form prepared by the Collector will be mailed to the Deputy Executive Officer of Human Resources and/or his/her designee marked confidential, and will remain sealed and only opened by the addressee.
44. After testing, the manager should place the employee on Paid Administrative Leave for the remainder of the work shift. If the testing process goes beyond the work shift, the employee must be compensated for that time.
45. The person who transported the employee to the collection site should remain with the employee until the testing has been completed and then transport the employee home or stay with them until other transportation has arrived. If the employee returns to the workplace to retrieve their vehicle and you have reasonable cause to believe the employee is impaired, inform the employee that if they insist on driving, you will notify law enforcement of the situation.

Refusing Test

46. If an employee refuses to go to the testing facility, refuses or fails to provide a urine sample, tampers with the specimen, refuses to sign the Custody Control Form and/or the release form, or fails to cooperate fully with the testing process in any manner, it will be recorded on the Passport and given to the manager/supervisor on scene. Refusal shall be treated as a positive test and shall result in disciplinary action up to and including termination.

Retest

47. The employee may request an initial retest of the sample within 24 hours of notification by the Medical Review Officer of a positive drug test result.
48. The Medical Review Officer will provide the employee with a list of qualified laboratories to perform the retest and transmit sample to the laboratory.

49. The employee must pay for the retest in advance. If the retest is negative, the County will reimburse the employee for the cost of the retest. A negative retest result will finalize the total testing process as negative.
50. If the employee is served with a Notice of Intended Disciplinary Action pursuant to Stanislaus County Ordinance 3.28.020, he/she may within seven days after service of the notice, respond to the Department Head either orally or in writing. Within forty-five days of receipt of the Notice of Intended Action, it shall be the affirmative obligation of the employee or employee organization to request and secure at the employee's or employee organization's expense, a **second test** of the specimen which is kept by the DHHS Certified Laboratory for (12) twelve months. The employee or the employee organization shall advise the County in writing of the request for testing a second specimen within ten days of making such a request.

What to Expect at the Testing Facility

51. The employee must sign a drug testing protocol form to indicate knowledge of the procedure and that an opportunity was granted to clarify any points of procedure.
52. The employee shall be required to sign a consent and release form with the collection site. Failure or refusal to sign this form will be viewed as being uncooperative with the process, considered insubordination, and will be grounds for disciplinary action up to and including termination.
53. If the employee fails to provide a sample when requested without a valid medical reason, it will be considered a positive test result.

Restroom Procedures

54. The employee will void into the specimen cup and will bring the cup to the collector immediately. *Failure to provide a sample, without a valid medical reason, within three (3) hours from the beginning of the lab testing process shall be considered insubordination.
55. Employee has a right to privacy while providing a specimen.
56. If the employee cannot provide sufficient urine, the collector shall offer liquids not to exceed 40 ounces and allow the employee to wait for up to three hours to provide urine. If sufficient urine cannot be provided, the collector should notify the Medical Review Officer and the manager/supervisor.
57. The employee will be given the opportunity to wash hands again after the collection.
58. The employee must remain with the Collector while specimen documentation is entered on the custody forms.

59. The Collector will check the temperature of the specimen within four (4) minutes of voiding. If temperature is out of range, collection will go in to direct observation. Evidence of tampering will require the collection of a second observed specimen. The employee must remain with the Collector while the specimen and restroom is checked. A temperature reading outside 90 degrees to 100 degrees shall be considered a positive test result.

Observation Process

60. The manager/supervisor is allowed to observe the collection process, except for restroom procedure unless the collector and donor are the opposite gender and there are no staff in the collection facility of the same gender available to observe the restroom procedure. In this case, the Manager/Supervisor (same gender as donor) may be asked to observe the restroom procedure.
61. The employee's union representative or other chosen representative is allowed to observe the collection process, except for restroom procedure.

What the Employee Can Expect from the Medical Review Officer

62. The Medical Review Officer will review all positive drug tests. The employee will be contacted by the MRO and given a chance to explain any positive test result. Should the MRO have any problem in contacting the employee, the Deputy Executive Officer of Human Resources and/or his/her designee will be contacted for assistance.
63. If the positive test **can** be explained, the MRO will submit the results to the Deputy Executive Officer of Human Resources and/or his/her designee, and report the test is negative, and include a medical reason.
64. If the positive test **cannot** be explained by the employee, doctor, and/or prescription records, the MRO will contact the Deputy Executive Officer of Human Resources and/or his/her designee with a report indicating a positive test result.
65. Upon receiving notification from the MRO of a positive test result, the Deputy Executive Officer of Human Resources and/or his/her designee will request written documentation from the MRO noting the positive result.
66. The Deputy Executive Officer of Human Resources and/or his/her designee will notify the Department representative of the positive result. The Department Representative will contact the appropriate Department Head to assure the proper disciplinary action is taken.



**STANISLAUS COUNTY
ORDERED FOR CAUSE DRUG / ALCOHOL TEST
REASONABLE SUSPICION CHECKLIST**

Name of Employee _____ Title _____

Department _____ Date _____ Time _____

Manager _____ Supervisor _____

Witness _____ Witness _____

Union Representation Offered? Yes No Union Representation Wanted? Yes No

Time Union Representative Called _____ Time Union Representative Arrived _____

Name of Union _____

Name of Union Representative/Steward _____

Name and relationship of Chosen Representative _____

Phone Number of Union or Chosen Representative _____

OBSERVATION SECTION

Please check all the boxes that apply:

Bodily odors masked by gum/mint/cologne

Stumbles, staggers or falls when walking

Sways, sags or leans on support when standing

Movements jerky/uncoordinated

Breath smells like alcohol Incoherent Speech slurred

Moves very slowly Face flushed Face pale

Unusual sweating Rambling Acts sleepy/hyperactive

Won't stop talking Won't talk Pupils dilated

Eyes bloodshot Eyes glassy Eyes watery

Pinpoint pupils Eyelids swollen

Document your observations of the following during this work shift. Please provide a copy to the employee before questioning.

Describe any sudden, marked mood swings. _____

Describe any sudden, marked changes in activity level. _____

Describe any unusual behavior. _____

Describe the employee's attitude. _____

Describe any changes in quantity and/or quality of work. _____

Describe any accidents and/or errors. _____

Describe any other reasons why the employee was selected for testing. _____

Please allow a reasonable amount of time for the employee to consult with his/her chosen representative. After this consultation, but before questioning, the employee will be provided the opportunity to admit they have a substance abuse problem. The employee, however, must still assume responsibility for any possible disciplinary action.

Summarize your observations of the employee's behavior in the space provided below, before asking questions 1-7.

Do not ask these questions until the chosen representative is present or representation has been waived.

The following people are present:

1. _____
2. _____
3. _____

You will be asked a series of questions and you are expected to answer all of them. In addition, you are required to answer all of the questions honestly and with straightforward answers. If you refuse to answer or you answer dishonestly, that, in and of itself, may be grounds for discipline up to and including termination. To confirm, the results of this meeting could result in your being sent for an Ordered For Cause Drug / Alcohol test. If you are sent for an ordered test and you refuse, you will subject yourself to discharge. You have been given the opportunity to have your union representative (representative of your choice) present with you during this meeting.

1. What is your explanation for your current behavior as described by our observations?
2. What is your explanation for your current appearance as described by our observations?
3. Are you currently under the influence of any drugs or alcohol?
4. Have you used any drugs or alcohol in the past 24 hours?
5. Are you taking any prescription drugs that could affect your behavior? If yes, did you notify your supervisor as directed in the County Drug Free Policy?
6. Do you understand that, as a County employee, you must not be under the influence of drugs or alcohol while on the job?
7. Is there anything else you would like to tell us about this matter?

Comments: _____

Signature of Manager/Supervisor



**STANISLAUS COUNTY
ORDERED FOR CAUSE DRUG/ALCOHOL TEST
EMPLOYEE CLINIC PASSPORT**

***This form is to be used for all employees, except DOT employees.
DOT employees, please use the DOT passport only.**

<http://intranet/resources/safety-manual/safety-manual-files/DOT%20ONLY%20Employee%20Clinic%20Passport.pdf/view?searchterm=dot>

You, (employee name) _____ are hereby ordered by (Name of Department Head and/or his/her designee) _____ to participate in a For Cause drug/alcohol test pursuant to Stanislaus County Ordinance 3.08.050. This order has been given under the authority of the Chief Executive Officer. You must be provided with a copy of this Passport prior to being transported to the testing facility.

Date _____ Time _____

Employee Information

Social Security Number (Last six digits only) _____

Photo ID Number _____ ID Type _____

<p>US HEALTH WORKS 1524 McHenry Ave., Suite 135 Modesto, CA 95350 (209) 575-5801 / M-F 9:00 a.m.-5:00 p.m. Breath Alcohol Testing: Yes You must arrive by 4:45 p.m. for a urine drug/alcohol test.</p>	<p>US HEALTH WORKS 1340 Mitchell Rd. Modesto, CA 95350 (209) 581-9711 / M-F 9:00 a.m.-5:00 p.m. Breath Alcohol Testing: Yes You must arrive by 4:45 p.m. for a urine drug/alcohol test.</p>
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COLLECTION / LAB SITE INSTRUCTIONS
Attach this sheet to the Custody Control Form to be sent to the Medical Review Officer. Refer County inquiries to the Chief Executive Office/Human Resources at 209-525-6333. Submit results by fax to 209-544-6226.

AFTER HOURS (AFTER 5:00 P.M.) AND WEEKEND INSTRUCTIONS
Contact Alere Toxicology 1-877-292-1822 – Select Option 2
The answering service will request additional information (see next page) and will have an after-hours coordinator contact you to coordinate the collection. If the coordinator is unable to identify a collection site in the area that is available to conduct the collection, they will be able to coordinate an on-site collection.
TAKE ENTIRE PACKET WITH YOU TO TESTING FACILITY

Testing Information

For Cause Return to Work Follow-up

Type

Drug Breath Alcohol Both required for cause

Sample Results

Clear Refused to comply Breath Alcohol

Sent to DHHS Certified Laboratory Second sample collected and sent to lab

Manager/Supervisor Information

Name _____ Phone _____

Manager/Supervisor Department _____ Job Title _____

If the test is positive or inconclusive, you are automatically on Paid Administrative Leave pursuant to Stanislaus County Ordinance 3.28.090 and the approval of the Chief Executive Officer. You will need to provide your supervisor/manager with a direct contact number(s) to be reached while on paid administrative leave. At any time, the County may require you to return to work.

Print Name of Manager/Supervisor _____

Signature of Manager/Supervisor _____

Date: _____

cc: Employee



**STANISLAUS COUNTY
ORDERED DRUG / ALCOHOL TEST
NOTIFICATION OF A POSITIVE TEST RESULT**

To _____ Date _____

From _____ Copy to _____

Ordered For Cause Drug Alcohol Test Results

We have received notification that:

- Your alcohol test showed a breath alcohol concentration of 0.01 or above
- Your drug test showed a positive result for one or more of the following:
 - Cannabinoids (marijuana)
 - Cocaine
 - PCP
 - Benzodiazepines
 - Propoxyphene
 - Amphetamines
 - Opiates (including synthetics)
 - Barbiturates
 - Methadone

As a result, you are on paid administrative leave pursuant to Stanislaus County Ordinance 3.28.090 and the approval of the Chief Executive Officer.

You will be notified separately of any disciplinary action to be taken against you. If you have any questions, please ask your Manager/Supervisor, Department Human Resources Representative, Union Representative, or call the Deputy Executive Officer in CEO/Human Resources at **525-6333**.



**STANISLAUS COUNTY
ORDERED FOR CAUSE DRUG/ALCOHOL TEST
RETURN TO WORK AGREEMENT PROCESS**

Should the County decide to continue the employment of any person who has been found in violation of the County Drug Free Workplace Policy, the employee must:

1. Consult with a Substance Abuse Professional (SAP) from the National Substance Abuse Professional Network at **1-800-879-6428** to set up an appointment with a SAP in the area.
2. Follow the instructions given by the National Substance Abuse Professional.
3. Provide the Department Human Resources Representative with a copy of the Assessment and Treatment Plan (letter) from the National Substance Abuse Professional.
4. Contact the Department Human Resources Representative to arrange for a Return to Work Drug Test.
5. The Department Human Resources Representative will contact the testing facility and set up a Return to Work Drug Test.
6. CEO-Human Resources will contact the Department Representative and request the Passport process be initiated.
7. CEO-Human Resources will contact the Department Representative with the test results when available. If the test is negative, the Department will pay for the test. If the Return to Work Drug Test is positive, the employee must pay for the test. Payment will be made through a voluntary payroll deduction.
8. Failure to comply with the Substance Abuse Professional's recommended treatment program may be grounds for disciplinary action up to and including termination.
9. The employee should also be reminded that as a County employee, the Stanislaus County Employee Assistance Program is available at **877-533-2363**. Some medical insurance coverage may be provided for such issues. The employee should review the medical benefit package selected for additional information.
10. CEO-Human Resources will assist the department with any other personnel issues before returning the employee to the job.
11. The employee will complete a Return to Work Agreement before being allowed to return to work.



**STANISLAUS COUNTY
ORDERED FOR CAUSE DRUG/ALCOHOL TEST
RETURN TO WORK AGREEMENT**

As one condition of your continued employment with the County, you **must** consult with a Substance Abuse Professional from the National Substance Abuse Professional Network at your own cost. Call the National Substance Abuse Professionals Network at **1-800-879-6428** to set up an appointment with a Substance Abuse Professional in your area. You may also have some medical insurance coverage for such issues. Please consult your medical benefit package for more information.

I understand that the presence and influence of drugs and alcohol on the job, and the influence of these substances on me during working hours, are inconsistent with the Drug Free Workplace Policy. I understand the definition of impairment as described in the policy shall be considered use by an employee of alcohol and/or all substances, drugs, or medications, legal or illegal, which impair an employee's ability, physically and/or mentally to effectively and safely perform the functions and duties of his or her position.

In consideration of the _____ department's willingness to continue to employ me, I, _____ agree and understand that the County requires me:

1. To abstain from using, possessing or trafficking illegal drugs at any time.
2. Not to report to work under the influence of drugs or alcohol and not to possess or to consume illegal drugs or alcohol while at work or working.
3. To comply fully with the terms of the County Drug Free Workplace Policy.
4. To devote my best efforts to an earnest and sincere effort at rehabilitation and to follow my counselor and therapist's directions and recommendations.
5. To authorize persons involved in counseling, diagnosing, and treating me to disclose to my department and/or the Deputy Executive Officer/Human Resources, my progress and cooperation in connection with me performing my job duties.
6. To cooperate in a test of my breath, blood or urine for evidence of drug/alcohol use on completion of rehabilitation.
7. To cooperate in a minimum of six (6) unannounced and random tests of my breath, blood or urine for evidence of alcohol/drug use for a maximum of five (5) years following reinstatement to my job and/or whatever number of random tests recommended by my SAP.

8. To pay for all costs associated with my re-entry rehabilitation program. I understand the County will pay for any follow-up drug and alcohol testing.
9. If a For Cause Drug/Alcohol test is positive, I agree to provide within two (2) working days of the request, verification of a valid current prescription for the drug identified in the drug/alcohol test to the MRO pursuant to the County's Drug Free Workplace Policy. The prescription must be in the employee's name. If the employee does not provide acceptable verification of a valid prescription, or if the prescription is not in the employee's name, or the employee has not previously notified his or her supervisor in accordance with the County's Drug Free Workplace policy, the employee will be subject to disciplinary action up to and including discharge.
10. I also understand that if after returning to work, I test positive on any future drug/alcohol test, I will be subject to termination consistent with the County's Drug Free Workplace Policy.
- 11. I further understand and agree that I may be terminated from my job if I fail to comply with these provisions and/or any other conditions imposed by the Department Head as set forth in this Return to Work Agreement.**
12. I further understand and agree that the SAP may require me to: _____

Employee Signature

Date

Department Head Signature

Date



**STANISLAUS COUNTY
ORDERED FOR CAUSE DRUG/ALCOHOL
FOR CAUSE TESTING FACILITY GUIDELINES**

Pursuant to Stanislaus County Ordinance 3.08.050, when reasonable suspicion is substantiated, the Department Head and/or his/her designee can order a drug/alcohol test. Please refer to Ordered Drug/Alcohol Test For Cause Testing Procedures **before** proceeding to the testing facility. The For Cause Testing administrative procedures should be strictly adhered to and comply with the County Drug Free Workplace Policy.

Laboratory Testing Requirements

1. All drug/alcohol testing of employees will be conducted at medical facilities or laboratories selected by the County. For a facility to be considered as a testing site a vendor must submit in writing a description of the procedures that will be used to maintain test samples. Factors to be considered by the County in selecting a testing facility will include:
 - a) Testing procedures that ensure privacy to the employee consistent with the prevention of tampering.
 - b) Methods of analysis that ensure reliable test results, including the use of gas chromatography/mass spectrometry to confirm the test results.
 - c) Custody Control procedures that ensure proper identification, labeling and handling of test samples.
 - d) Retention and storage procedures that ensure reliable results on tests of original samples.

Medical Review Officer--MRO

2. There will be a Medical Review Officer available.
3. The Medical Review Officer will provide a signed report after their review.

Guidelines for the Testing Facility

4. The testing facility will confirm the information on the Ordered Drug / Alcohol Test Employee Clinic Passport and conduct the breath/alcohol test.

Testing Facility Restroom Preparation

5. Prior to collection, the collector is responsible for visually inspecting the restroom to ensure the following actions are taken:
 - a) Remove the waste can from the restroom.
 - b) Assure a bluing agent has been added to the toilet or toilet tank.
 - c) Close the restroom door at the time of collection.
 - d) Assure facilities are posted against access during the collection process.
 - e) Assure only authorized personnel are in the collection area.
 - f) Prevent access to water.
 - g) Assure the donor will wash hands thoroughly under the collector's supervision.
 - h) Assure the donor will remove all unnecessary garments (i.e., coat, jacket, sweater, etc.) before specimen donation.
 - i) Donor will be asked to show pocket contents prior to entering the restroom.
 - j) Assure the donor does not take a purse, parcels or belongings into the restroom. The donor should take his/her wallet into the restroom. If the donor wishes, the collector shall provide a receipt for belongings if they must be left outside the restroom.
6. After the collection, the collector will inspect the specimen and restroom for drug paraphernalia, bottles, tubes, etc., left in the restroom. Evidence of tampering will require the collection of a second observed specimen.

Split Samples

7. The County requires a split specimen in For Cause Testing cases. A split specimen refers to a single urine donation that the collector pours into two bottles as described below. The collector will send both the parent specimen and the split to the DHHS Certified Laboratory in the same shipping container.
8. The Instant Drug Test is split into two samples, marked "A" and "B."
9. The Collector will conduct the initial urine test on the sample using the Instant Drug Screen. The Collector will provide immediate preliminary results for the following drugs: Amphetamines, Cocaine, Morphine, PCP, and THC.

10. To split a specimen, the collector pours at least 30 mls. of urine from the graded specimen donation cup into 1 specimen bottle and at least 15 mls. of the same specimen into a second bottle. The donation cup holds 8 ounces or 240 mls. if filled to capacity.
11. The bottle containing a minimum 30 mls. of urine will be designated the parent specimen bottle "A" and the remaining bottle with a minimum of 15 mls. of urine will be designated the split specimen, specimen bottle "B."
12. Bottle "B" will be frozen by the DHHS Certified Laboratory and kept for up to twelve (12) months for possible back-up testing, if requested and paid for by the employee.
13. The Drug Testing Custody Control form contains the bar codes and security seals for both bottles, and accompanies them to the lab for analysis.

Tampered Specimen

14. If there is evidence of a tampered specimen such as temperature, blue urine and/or an invalid test indicator, a custody control form will be completed. The specimens will be sealed and sent to the DHHS Certified Laboratory for confirmation testing.
15. Another specimen will be collected and a second custody control form will be completed. The second specimen will be sealed and sent to the DHHS Certified Laboratory for confirmation testing.
16. The DHHS Certified Laboratory will forward the confirmed results of both specimens to the Medical Review Officer.
17. The Passport will be completed to indicate all specimens were forwarded to the lab and given to the manager/supervisor on the scene.

Refusal

18. The Collector should report failure to cooperate to the employee's manager/supervisor on the scene. It is also essential when there is failure to cooperate that the actions subsequently taken by the testing facility, and the directions given by the manager/supervisor, are documented in detail in the testing facility files. The testing facility should retain documentation for five (5) years.

Custody Control

19. When the courier arrives for specimen pickup, the custody control logs will be signed by the courier and the specimen taken to the laboratory for testing.



**STANISLAUS COUNTY
ORDERED DRUG/ALCOHOL TEST
SPECIFIC DRUGS OR METABOLITE CUT-OFF LIMIT**

DRUG	SCREENING METHOD	CUT – OFF (ng/mL)	CONFIRMATION METHOD	CUT – OFF (ng/mL)
AMPHETAMINES	OnLine	1000	GC/MS	500
COCAINE	OnLine	300	GC/MS*	150
CANNABINOIDS	OnLine	50	GC/MS**	15
OPIATES (including synthetics)	OnLine	300	GC/MS	300
PCP	OnLine	25	GC/MS	25
BARBITURATES (including synthetics)	OnLine	300	GC/MS	300
BENZODIAZEPINES	OnLine	300	GC/MS	300
METHADONE	OnLine	300	GC/MS	300
PROPOXYPHENE	OnLine	300	GC/MS	300

If a specific drug is present at or above the GC/MS cut-off level, the GC/MS test shall be considered a positive test confirming the positive screen. The quantitative concentration limits described herein are measured in nanograms (millionths of a gram, abbreviated "ng") of substance per milliliter (abbreviated "ml") of urine.

Retest: If any amount of the above-mentioned drugs is present at the retest, the retest will be considered positive.

All drugs in the drug families listed above will be included in the testing.