HLTPAT005 Collect specimens for drug abuse testing.

Alcohol and Other Drug Testing

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Introduction

HLTPAT005 describes the skills and knowledge required to confirm collection requirements, prepare client and equipment, and collect specimens via urine and/or oral and breath testing following the special procedures that apply for drugs of abuse testing.

This unit applies to individuals working in collection centres, in hospitals, in other health care environments and workplaces where drugs of abuse testing take place.

Performance Evidence for this unit requires candidates to show evidence of the ability to complete tasks outlined in the elements and performance criteria of this unit, manage tasks, and manage contingencies in the context of the job role.

There must be evidence that the candidate has:

- followed established technical, infection control and safety procedures plus those required by the relevant standard, during collections from at least 3 different clients.
- selected, prepared, and used compliant equipment and collection kits.
- collected urine, oral fluid, or breath specimens for drugs of abuse testing.

Knowledge Evidence for this unit requires the candidate to demonstrate essential knowledge required to effectively complete tasks outlined in elements and performance criteria of this unit, manage tasks, and manage contingencies in the context of the work role.

This includes knowledge of:

- context for drugs of abuse testing including industry, social services, prisons, medical and legal purposes.
- legal and ethical considerations (national and state/territory), including the requirements of AS/NZS 4308:2008, AS 4760-2006 or AS/NZS 4760:2019 Procedure for specimen collection and the detection and quantification of drugs in oral fluid, and any revisions thereof, and how these are applied in organisations:
    - duty of care
    - informed consent
    - mandatory reporting
    - privacy, confidentiality, and disclosure
    - records management
    - work role boundaries
    - work health and safety
- pre-collection, during and post-collection procedures required to meet chain of custody requirements, including:
    - suitable environment to collect sample.
    - client privacy
    - staff safety
    - specific environmental and specimen requirements to eliminate tampering.
- collection procedures required to meet chain of custody requirements, including:
    - client supervision and seclusion
    - collection procedures that eliminate the opportunity to tamper with specimen.
    - documentation requirements
    - integrity testing of samples as required by standard.
- storage and transportation procedures required to meet chain of custody requirements, including:

- chain of custody process
- security satchels and labels, storage & courier requirements

Applicable Standards

AS/NZS4308:2008 – Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine.

The objective of this Standard is to ensure that the detection of drugs in urine meets the expectations for testing of specimens for medico-legal, workplace or court-directed purposes. This Standard address appropriate procedures for the collection of urine, on-site screening, handling and dispatch of specimens to the laboratory for screening and confirmatory tests.

AS4760-2019 – Procedures for specimen collection and the detection and quantification of drugs in oral fluid

This Standard sets out the procedures for the collection and testing of oral fluid for drugs and its packaging and transportation to a laboratory. It allows for the screening test of oral fluid at the site of collection (on-site testing) or the conduct of a screening test in a laboratory.

Negative results from screening tests are reported at this stage. Confirmatory testing of a non - negative or unconfirmed result is performed in a laboratory using a validated and appropriate mass spectrometry method.

AS 3547:2019 – Breath Alcohol Testing Devices

The objective of this Standard is to specify requirements for the performance, testing and marking of breath alcohol testing devices for uses such as, but not limited to, personal, workplace and medical screening purposes.

Australian Law (Resource drugsafe.com.au)

In Australia, it is perfectly legal to conduct workplace drug testing in your place of business. However, it is crucial that a comprehensive workplace drug and alcohol policy is established and in place beforehand.

Before workers are tested, it's imperative that education is undertaken on the terms of the drug and alcohol policy. Workers should have a good understanding of the types of drug and alcohol tests that they could undergo.

Drug and alcohol testing at work is legal if it is part of a comprehensive workplace drug and alcohol policy.

Drug testing and the law

Testing for drug and alcohol use in Australian companies is not uncommon. For some industries, drug and alcohol testing is compulsory, such as in construction, aviation, and transport.

Since 2015, amendments to the Building Code 2013 have made it mandatory for building contractors working on building sites financed by federal dollars to undergo drug and alcohol testing.

Employers have the right to insist on a drug or alcohol test for workers, granted that the reasons are justifiable such as:

- the improvement of workplace productivity
- health concerns
- workplace safety
- maintaining worker integrity

But having justifiable reasons for drug or alcohol test is not enough. Employers are also required to stick to the parameters in your drug and alcohol policy. These parameters include:

- when the drug test can occur
- the type of drug test to administer.
- how the results will be used
- how the company will respond to a positive test result

Having all these in outlined in concise and clear language is key to having a workplace that supports and trusts a drug testing policy.

When can an employer test a worker?

PCBU's are responsible for providing a safe workplace free from drugs and alcohol for their workers.

If a worker is using or abusing drugs or alcohol, PCBU's can act in accordance with their workplace drug and alcohol policy.

It is perfectly legal to request that workers undertake a drug or alcohol test if the parameters are clear in the D&A policy.

It is perfectly reasonable to make a worker undergo a drug or alcohol test especially if he or she is transporting goods or passengers, transporting goods, operating heavy machinery, or in law enforcement.

Can a worker decline a drug 7 alcohol test?

A worker does have the right to decline an invitation to a drug or alcohol test. But in accordance with a workplace drug and alcohol policy, they can face disciplinary action.

The company can argue to the Fair Work Commission that the employee's refusal to submit to a legal and reasonable request to undergo a drug or alcohol test. It can serve as grounds for dismissal.

Therefore, your workplace drug and alcohol policy should state what happens if a worker declines a drug or alcohol test.

Drug Types (Referenced from The good drugs guide)

Drugs change the way the body and the brain function. Sometimes the results are pleasant as in the case of prescription medications that are used to treat various conditions and diseases. However, sometimes, the results are monstrous and cause great harm to your body and well-being. But one thing remains the same: any addictive substance has the potential of changing your life-for good or for bad.

Classifications of Drugs
One thing that's often misunderstood about drug abuse is that it only involves illegal substances, but that's simply not the case. Any drug can be abused, whether it be bought on a street corner or obtained from your doctor.

Common Drug Types
There are many different types of drugs you should be aware of. Some are prescribed, others are known as club drugs, illicit or illegal substances, and some are called designers drugs. They include:

Antidepressants
Antidepressants are a prescription medication used to treat depression and mood disorders like obsessive-compulsive disorder, eating disorders and other anxiety problems.

Barbiturates
There are many different types of barbiturates out there, many of which are prescription, and work by depressing the central nervous system. This can cause sedation and anaesthesia. While used to treat seizure disorders, insomnia, and other problems, they can be abused. Users often build up a tolerance to them, requiring larger doses to achieve the same effects.

Hallucinogens
While hallucinogens have been around for years in ceremonies and rituals, they play a role in modern society as well. They work by producing sensory hallucinations in users involving any of the five senses. Common substances that fall within this category include LSD, PCP and Peyote.

Depressants

Depressants are a type of drug that works by reducing the function of the central nervous system. Drugs often included in this category are barbiturates and benzodiazepines.

Inhalants

As their name would suggest, inhalants refer to a group of drugs that are inhaled in the form of a gas or solvent. Potential inhalants can be found just about anywhere and include common products like nail polish remover, gasoline, glue, and aerosol cans.

Cannabis

Cannabis is also known as marijuana and has psychoactive effects. It is taken into the body in the form of smoke or vapour and can even be consumed and mixed into food or steeped in a tea.

Cannabis sativa is the plant that marijuana, hashish, and hash oil come from. The leaves and flowers can be dried and smoked, baked into foods, or used to make tea. Cannabis is known by many names, including grass, pot, dope, ganja, green, hash, and mary jane.

When cannabis is ingested, it can produce feeling of relaxation or drowsiness. This drug can also make the user feel nervous or even paranoid. Some people who use cannabis feel hungry after using and describe getting the "munchies." Using cannabis may affect the user's short-term memory and coordination.

Narcotics

While the term "narcotics" is often used to refer to any illicit substance, it technically means a substance derived from opium (opiates) or its synthetic replacements. Examples of narcotics include cocaine, morphine, and heroin, all of which are highly addictive.

Cocaine

Opium Poppy

Steroids

Anabolic steroids are not the same as the kind used in medicine for the reduction of inflammation. Rather, these substances are used to build muscle mass and strength. They typically consist of male sex hormones and can be very damaging when used without a prescription.

Stimulants

Stimulants are a class of drugs that boost alertness and increase the activity of the central nervous system. Examples of this type of drug include amphetamines, methamphetamines, cocaine and nicotine, all of which are highly addictive.

Tobacco

Tobacco is often smoked in the form of cigarettes or cigars or chewed and contains nicotine, which is a stimulant. It's a highly addictive substance and has been known to cause cancer and other diseases.

Alcohol

Alcohol is perhaps the most widely used drug of all time. The active ingredient in alcoholic beverages, ethanol, is a psychoactive drug that has a depressant effect, and it has been altering the minds of countless drinkers for thousands of years. There are three general classes of alcoholic drinks, namely, beers, wines, and spirits.

Ecstasy

Ecstasy is the name given to methylenedioxymethamphetamine (MDMA). MDMA can be detected in saliva for approximately 24 hours after use, cocaine can be detected in the saliva for up to 1 day after use and Delta-9 tetrahydrocannabinol (THC) (the active component in cannabis) can be detected in saliva for up to 4 hours after use.

However, this all depends on the amount and potency used, and a person's metabolism rate.

It is important to note that the detection of drugs and their metabolites in any biological sample (blood, urine and saliva) can change depending on the individual person and their biological factors and most suggested time frames are based on scientific studies, but individual results may vary.
Amphetamines can generally be detected 72-96 hours in a urine test and 4-8 hours in a blood test. However, these figures should be used as a guide only, and are based on averages in the population.

Drinking a lot of water will not flush amphetamines out of the body, this is a myth. Drinking a lot of water does not work to cheat a drug test or get rid of the drug faster from your body. There is no way to mask drug use in a drug test. To test negative on a drug test, other than not taking drugs, a person would need to make sure their body has eliminated all the drugs they have taken by metabolising them.
Tools to fight drug and alcohol abuse.

How Long do Drugs Stay in the Bodies System

Most of these drugs will be out of your system in a few days, but like other drugs, they can be found in hair follicles up to 90 days after use.

Opioids like heroin and oxycodone are detectable for between 1 and 3 days after last use. Stimulants including cocaine, meth, and ADHD medications are detectable for about 2 or 3 days.

Urine test	Up to 3 days
Hair test	Up to 90 days
Saliva test	Up to 4 days

Tools to help fight drug abuse.

Employers now have a relatively extensive arsenal in the fight against drug and alcohol abuse in the workplace. There are now four situations where an employer is entitled to test its workers:

- Pre-employment (which the Court has previously approved) and prior to transferring workers to safety sensitive areas.
- Following an accident or incident, when an employer can require the relevant workers to submit to tests.
- When an employer has a reasonable suspicion that workers are under the influence (this was already common practice in many workplaces); and
- Randomly, where workers work in safety sensitive areas, and consent to being tested.

The ten key ingredients identified by Duffy and Ask (2001) provide a sound framework upon which to design a workplace AOD program. Consideration of each of the ingredients during design of the program, and accounting for the unique conditions and circumstances of the organisation and its workforce, will contribute considerably to the delivery of a good quality program.

1. **Consultation**
   An effective program requires consultation with key stakeholders including management, unions and other employee representative organisations, occupational health and safety representatives, supervisors, and other workers. Consultation during the development and implementation phases is often crucial for program credibility and acceptance.

2. **Universal Application**
   Universal coverage of the program aids acceptance of the program. The universal application of the program should be unambiguously stated in policy documents relating to the program.

3. **Organisation specific**
   The effectiveness of an AOD program is likely to be influenced by organisational, social, and environmental factors specific to individual workplaces. AOD programs should consider the nature of the workplace, the character of the workforce, and the conditions and environments within the organisation that is implementing the program.

4. **Comprehensiveness**
   A program should outline policy on all drug related safety issues in the workplace, not only matters related to AOD consumption. Good practice programs also include policy on manufacture, possession, use, sale and distribution on any worksite or organisation's premises. It should also articulate the circumstances, in which alcohol consumption can occur on-site (e.g., workplace social functions).

5. **Instructions and procedures**
   An effective program should include procedures for managing personnel with AOD-related problems. Clear guidelines for the management of intoxicated persons, information on treatment services and counselling procedures, and the details of any disciplinary action that may be taken because of problematic AOD use will benefit supervisors and staff.

6. **Drug testing considerations**
   Drug testing of staff is a complex option and should not be considered without a full understanding of its limitations. Independent, expert advice should be sought to ensure the organisation's expectations of the effect of drug testing is realistic. Testing is unlikely to be effective unless it is one element in a comprehensive, evidence based AOD program.

7. **Gradual and informed change**
   Effective implementation of a program is more likely when the changes in policy or conditions are introduced gradually to an informed workforce. Changes that appear rushed, or that have are not articulated clearly, are more likely to be resisted. Introduction of an effective AOD program requires organisations to employ effective change management techniques, including clear and timely communication.

8. **Publicity**
   Effective communication with all staff is essential for successful implementation of AOD policies. It is the responsibility of management to ensure that workers understand the rationale, the nature, and the practical implications of policies. Good practice generally recommends that a variety of communication strategies are used.

9. **Information dissemination, education, and training**
   The roles and responsibilities of each employee covered by any policy should be clearly defined. Education and training can raise awareness about the policy and program and enhance the capacity of supervisors and other staff to implement the program.

10. **Evaluation**
    It is good practice to evaluate the implementation of a health and safety program to gauge if the objectives are met. This aids compliance and accountability and can provide feedback to improve the program.

The Australian National Advisory Council on Alcohol and Other Drugs (ANACAD)

The role of ANACD is to:

1. support the Australian Government by providing confidential, strategic, evidence-based advice on:
   - alcohol and other drug trends
   - identified priorities of national importance
   - alcohol and other drug issues among Aboriginal and Torres Strait Islander populations

2. advise on policy and practice implementation and evaluation strategies that provide short-term demonstrable gains; and longer-term strategies that impact the alcohol and other drug pipeline.

3. advise and support the Australian Government's contribution to the National Drug Strategy and accompanying national frameworks.

4. provide advice on alcohol and other drug prevention and education activity, including activities to be progressed through the National Drugs Campaign

5. report to the Australian Government through the portfolio minister with policy responsibility for alcohol and other drug policy issues

6. provide an annual report to the Minister.

7. engage as appropriate with Indigenous experts on alcohol and other drug issues.

The Australian National Advisory Council on Alcohol and Other Drugs (ANACAD):

- reports directly to the Minister responsible for drugs and alcohol policy within the health portfolio.
- provides confidential advice to the Minister on current and emerging drug and alcohol issues.

Drug or Alcohol Abuse Problems

Common Indicators of Possible Alcohol or Other Drug Problems

The misuse of alcohol or other drugs may result in an observable decline in work performance. Some of the common indicators that suggest possible alcohol or other drug problem include the following:

- habitual lateness or excessive absenteeism.
- extended lunch breaks
- possible time management issues.
- aggressive outbursts.
- problems with coordination, forgetfulness or 'near miss incidents; and
- clear intoxication at work or signs of drinking prior to commencement of work. Signs of this may include:
    - strong smell of alcohol on the breath.
    - slurred or incoherent speech.
    - unsteadiness on their feet.
    - red, bloodshot, or watery eyes.
    - flushed or ruddy face.
    - noticeably smaller or larger pupils.
    - lack of (or poor) muscle coordination.
    - person may be aggressive or argumentative.
    - person may be overexcited or agitated.
    - simple instructions may not be followed.
    - drowsiness or sleep on the job or on work breaks.
    - difficulty in concentrating on a task or conversation.
    - poor balance or coordination; and
    - loss of inhibitions

Conclusion

Given the cost involved in testing workers for drug and alcohol abuse, many employers may simply not bother. In the case of random testing, workers who work while under the influence may be overlooked and for this reason, the efficacy of random testing might be questionable. For those employers who decide to implement a drug testing policy, they should do so with caution.

COLLECTION OF SAMPLES

The Collector

A collector is the person who instructs and assists donors at a collection site and receives the specimen provided by the donor.

General Rules around Collection of Samples:

- The immediate supervisor of an employee may not serve as the collector when that employee is tested, unless there is no feasible alternative. A supervisor serving as a collector should be a trained collector.
- The hiring official of an applicant should not serve as the collector when the applicant is tested, unless there is no feasible alternative. A hiring official serving as a collector should be a trained collector.
- A co-worker who is in the same testing pool or who works with an employee on a daily basis should not serve as a collector when that employee is tested.
- An applicant or employee should not serve as the collector by collecting their own specimen.
- An individual working for a certified laboratory should not serve as a collector if that individual can link the donor with the specimen drug test result or the report from the test facility or laboratory.
- An individual who has a personal relationship with the employee (e.g., spouse, ex-spouse, relative, close personal friend) should not serve as the collector

Pre – Testing Criteria

To qualify as a urine specimen collector an individual should:

- Be knowledgeable of the collection procedure described in the Workplace Guidelines for Drug Testing
- Be knowledgeable of any guidance provided by the Drug-Free Workplace Program and additional information provided by the workplace relating to the collection procedure described in the Mandatory Guidelines
- Receive training from a qualified trainer for urine specimen collectors on the following topics:
    - All steps to correctly perform a urine specimen collection
    - Problem collections
    - Fatal and correctable flaws and how to correct problems in collections
    - Collector responsibilities to maintain the integrity of the collection process, ensuring the privacy of the donor, ensuring the security of the specimen, and avoiding conduct or statements that could be viewed as offensive or inappropriate.
- follow established technical, infection control and safety procedures plus those required by the relevant standard, during collections from at least 3 different clients
- Select, prepare and use compliant equipment and collection kits
- collect urine, oral fluid or breath specimens for drugs of abuse testing

Collector/Collection Site Records

The collector should maintain their training records (i.e., for initial and refresher training) and should provide copies to their employer and, if requested.

Collection site records should be stored for a minimum of two years. This includes the collector copy for each specimen. Both hardcopy and electronic collection records should be stored and disposed of in a manner that ensures donor confidentiality is maintained.

The Collection Site

A collection site is a permanent or temporary facility where donors present themselves for the purpose of providing a specimen for a drug test. When there is an immediate need to collect a specimen (e.g., a post-accident situation) and there is no agency-designated site available, a monitored collection may be conducted in a public restroom if company procedures allow'.

The site should have all necessary personnel, supplies, equipment, facilities, and supervision to provide for specimen collection, security, and temporary storage until the specimen is transferred to a laboratory and should have arrangements for the transfer of the specimens to a certified laboratory.

A facility used as a collection site should have:

1. Provisions for donor privacy while he/she provides the urine specimen. The following facilities provide adequate privacy for urine collections:
    a. An enclosed stall in a multi-stall restroom
    b. A single person restroom
    c. A partitioned area that allows for individual privacy
    d. A mobile restroom (e.g., a vehicle with an enclosed toilet stall).

2. A means for washing hands:
    a. If practical, the water source should be external to the restroom where collection occurs. If a water source is in the enclosure where the collection occurs, the collector should secure it prior to the collection or conduct a monitored collection.
    b. If a water source is not available, another means (e.g., waterless cleanser, moist towelettes) outside the restroom is an acceptable alternative.

3. A suitable clean surface, inaccessible to the donor, for the collector to use as a work area:
    a. If practical, the collector work area should be external to the restroom where collection occurs.
    b. The collector work area may be inside the restroom only if the donor can have privacy while providing the urine specimen.

4. A secure temporary storage area for maintaining specimens until they are transferred to an HHS-certified IITF or laboratory. **Note:** Specimens should NOT be exposed to high temperatures for an extended time. These conditions may affect the test results of a urine specimen.

5. Procedures or restrictions to prevent:
    a. Unauthorized access to the site during the collection,
    b. Unauthorized access to the collection materials/supplies,
    c. Unauthorized access to collection site records, and
    d. Donor access to items that could be used to adulterate, substitute, or dilute the specimen (e.g., soap, disinfectants, cleaning agents, water).

Communication Prior to Test

Prior to commencing paperwork:

- Introduce yourself (first name only)
- State the collection agency you are representing.
- Explain to the donor that as part of the workplace drug and alcohol policy they are required to participate in a drug and alcohol test.
- State the type of test i.e., random, post incident etc.
- Advice donors that they have a right to be protected under the Privacy Act

Verification of Donor Identity

The donor should provide appropriate identification to the collector upon arrival at the collection site.

Acceptable forms of identification are:

- A photo identification (e.g., driver's license, employee badge issued by the employer, or any other picture identification issued by a Federal, state, or local government agency),
- Identification by the supervisor of the donor, or
- Any other identification allowed under a workplace drug testing plan.

If the identity of the donor cannot be established, the collector stops the collection.

Unacceptable forms of identification are:

- Identification by a co-worker,
- Identification by another donor,

- Non-photo identification (e.g., social security card, credit card, union or other membership cards, pay vouchers, voter registration card), or
- A faxed copy or photocopy of an identification document.

Collection Site Security

The collection site should be secure to prevent unauthorized access to specimens, collection supplies, and collection site records. A permanent site that is used solely for specimen collections should be secured at all times. At facilities that are not dedicated specimen collection sites, the area of the site used for specimen collections should be secured during the time a specimen is collected.

A collector should:

- Prohibit unauthorized personnel from entering the collection site during the collection;
- Perform only one specimen collection at a time;
- Restrict access to collection supplies before and during the collection;
- Ensure that only the collector and the donor are allowed to handle the unsealed specimen;
- Ensure that chain of custody is maintained and documented throughout the collection procedure,
- Ensure that the correct copy of the form is sent to the laboratory (i.e., paper Copy enclosed with the specimen and sealed for shipment; or electronic copy provided electronically) and
- Ensure that specimens are transported to the test facility in a sealed and secure shipping container to eliminate the possibility of damage during shipment and to prevent undetected tampering.

Chain of Custody

A series of procedures to account for the integrity of each specimen by tracking its handling and storage from point of specimen collection to final disposal of the urine.

Chain of Custody form – A form to be used from time of collection of the specimen to its receipt by the laboratory as well as dispatch between laboratories. Thereafter, appropriate documentation account for the urine of aliquots within the laboratory.

- Medico/legal evidence
- Never leave 'lab kit' in isolation
- Always keep in sight

Before any procedures start, an INFORMED CONSENT form should be signed with a copy for the company and a copy for the collector.

The company procedures shall have a procedure in place for refusal by an individual to submit to, or co-operate with, the administration of a drug or alcohol test, without an acceptable reason.

Minimal Information required for Chain of Custody

- Verification of donor's identity
- Two identifiers unique to the donor
- Date and time of collection
- Confirmation by the donor that the specimen was their own and was correctly taken (not to be done until just prior to packaging
- Name and signature of collector
- Declaration by the collector that the specimen has been collected and if applicable tested on-site in compliance with the Standard.
- Requesting authority details – employer – name of person the report goes to, and the name of the person invoice goes to
- Results of specimen integrity checks carried out at the point of collection.

Other information

- Reason for the test
- Ask if any medication taken over the last 14 days.
- Drug classes
- On-site screen results

Ways to cheat.

- Excess drinking (dilute specimen, Creatinine test compulsory)
- Carrying urine sample from another donor in a tube close to the skin to maintain body temperature
- Temperature test compulsory for
    - Adding fluid to specimen
    - Substitution
    - Dehydrated urine
- Diuretics check PH, Creatinine
- Bleach under fingernails, detergents, nitrite
- Bladder transplant

Collection Supplies

The following items should be available at the collection site to conduct proper urine collections:

1. Single-use plastic collection containers. Each collection container should not substantially affect the specimen collected and should be:
    - Supplied as an individually sealed item using a tamper-evident system (e.g., in a sealed plastic bag, shrink wrapped, with a pee- able or sealed lid, or another easily visible tamper-evident system),
    - Large enough to easily catch and hold at least 55 mL of urine, and
    - Graduated with volume markings clearly showing the volume (e.g., 45 mL).
2. Single-use plastic specimen bottles. Each specimen bottle with cap should not substantially affect the specimen collected and should be:
    a. Supplied as individually sealed bottles with a tamper-evident system (e.g., using plastic bag, shrink wrap, with a peelable or sealed lid, or another easily visible tamper-evident system),
    b. Able to hold at least 35 mL,
        - The split specimen bottle may be the same size as or smaller than the primary specimen bottle but should be able to hold at least 20 mL.
    c. Leak-resistant (i.e., have a screw-on or Snap-on cap that prevents leakage),
    d. Marked clearly to indicate the minimum levels of urine to be poured into each bottle (30mL for the primary specimen and 15 mL for the split specimen), and
    e. Designed so that the required tamper-evident bottle label/seal is not damaged when the donor initials it and has no overlap that conceals printed information.
3. Temperature strips. Where temperature strips are used, they should be capable of temperature readings 32°-38°C. The temperature strips should accurately measure the temperature of the specimen and not contaminate the specimen. The strips may be affixed to the collection container as supplied or placed on the collection container after the donor gives the collection container with the specimen to the collector.
4. Tamper-evident labels/seals are used to seal the specimen bottles (i.e., primary, and split specimens).
5. Leak-resistant plastic bags. The plastic bag should have two sealable compartments or pouches (i.e., one large enough to hold specimen bottles and the other large enough to hold a Copy of the report.
6. Shipping containers. Boxes or bags used to transport specimens to an accredited laboratory must be securely sealed to prevent the possibility of undetected tampering. It is not necessary to use a shipping container/mailer if a courier hand-delivers the sealed leak resistant plastic bags containing the specimen bottles directly from the collection site to the or laboratory.
7. Bluing agent. Bluing agent is added to the toilet bowl and water tank to prevent undetected. specimen dilution by the donor.
8. Secure temporary location. It is the collector's responsibility to prevent unauthorized access to the specimen bottles and reports. Prior to placement in a shipping container, the sealed leak-resistant plastic bag containing the specimen bottles should be kept:
    - Within the collector's line of sight, or
    - In a secure temporary location (e.g., locked in a refrigerator or cabinet).

    Note: Specimens should NOT be exposed to high temperatures for an extended time. These conditions may affect the test results of a urine specimen.

9. Disposable gloves. All collectors should use single-use disposable gloves while handling specimens. WH&S has specific standards addressing protection of workers who are exposed to potentially infectious body fluids.

Collection Procedure – Urine

1. Prepare the collection site to collect urine specimens:

    - Assemble supplies.
    - Ensure that there is bluing agent in the toilet. If no bluing agent is available or if there is an automatic flushing system, turn off the water supply and flush the toilet to remove any water in the toilet when possible.
    - Turn off the water supply or secure water sources inside the restroom.
        - The collector must provide a means for the donor to wash his or her hands before and after the collection. The collector must secure the water source after the donor washes his or her hands and restore the water supply after the collection, or provide another means (e.g., waterless cleanser, moist towelette).
        - If a water source inside the restroom cannot be turned off or secured, the collector should perform a monitored collection.
    - Remove any soap, cleanser, disinfectant, or other potential adulterants, and
    - Inspect and/or secure areas or items that could be used to conceal adulterants (e.g., false ceilings, ledges, trash cans, towel dispensers).

2. If a donor does not arrive at the collection site at the assigned time for the drug test, contact the company representative to obtain guidance on the appropriate action to be taken.

3. Begin the collection without delay when the donor arrives at the collection site. Do not wait because an authorized employer representative is late in arriving or because the donor states that they are not ready or unable to urinate.

4. Verify the donor's identity.

5. Describe the basic collection procedure to the donor and instruct the donor that they may read the instructions for completing the sample report.

6. Answer any reasonable and appropriate questions that the donor has about the collection process.

7. Complete the collector's portion of the report form.

    - Ensure that the specimen identification number on the matches the identification number printed on the specimen bottle labels/seals and on the specimen package label (if any).
    - The employer's name, address, telephone, email, and employer ID number (if applicable),
    - Donor identification (SSN or employee ID number),
    - Reason for test,
    - Drug test to be performed,
    - Collection site address, and

- Collector telephone and or email

8. Ask the donor to:

- Remove any unnecessary outer clothing (e.g., coat, jacket, hat, etc.).
    - The donor must not be asked to remove other articles of clothing (e.g., shirts, pants, dresses, undergarments)
    - It is not necessary for the donor to remove the following items, unless the collector suspects that they are concealing something that may be used to adulterate or substitute a specimen:
        - Work boots, or a hat or head covering that the donor refuses to remove based on religious practice.
- Leave other personal belongings (e.g., briefcase, purse) with the outer clothing. The donor may retain his or her wallet.
    - To safeguard a donor's belongings, procedures may be established to secure the items during the collection. These may include:
        - An itemized receipt for belongings left with the collector,
        - Storage in a lockable cabinet (i.e., with access controlled by the donor) or
        - An envelope, box, or container secured with tamper-evident tape.
- Empty his or her pockets and display the items to ensure that no items are present that could be used to adulterate the specimen.
    - If there are no items that can be used to adulterate a specimen, instruct the donor to return the items to the pockets and continue the collection procedure. Go to Step 9.
    - If an item is found that appears to have been brought to the collection site with the intent to adulterate the specimen, use a direct observed collection procedure, document the item found (e.g., photograph, written description). Return the item(s) to the donor at the end of the collection.
    - If an item that could be used to adulterate a specimen appears to have been inadvertently brought to the collection site, secure the item and continue with the normal collection procedure. Go to Step 9. Note: Document the item found (e.g., photograph, written description). Return the item(s) to the donor at the end of the collection.
    - If the donor refuses to display the items in his or her pockets, stop the collection. This is considered a refusal to test.

9. Instruct the donor to wash and dry their hands under your observation.

- Liquid soap is preferred over bar soap because bar soap gives the donor the opportunity to conceal soap shavings under his or her fingernails to adulterate the specimen.
- After washing their hands, the donor must remain in the collector's presence and not be allowed access to any water fountain, faucet, soap dispenser, cleaning agent, or other materials which could be used to adulterate, substitute, or dilute a specimen.

10. Give the donor or allow the donor to select the collection kit or collection container from the available supply.

11. Unwrap or break the seal of the kit or collection container. You may allow the donor to perform this step.

- Both the collector and the donor must be present.
- Only the seal on the collection container is broken at this time (i.e., the specimen bottles remain sealed/wrapped).

Example: Medix Pro Split Integrated Cup Multi Test Screening Test

Key product information:

- One-step – no urine handling
- AS4308 Appendix B Verified
- The test starts when the collector is ready (not when the subject gives the specimen)
- Built-in thermometer
- Easy open/close no-leak container
- Only 25ml of urine is needed (NB: for sample confirmation, only 3.5ml is required to run the test)
- Splits the test sample from the main laboratory sample.
- Read results in 2-5 minutes.

Detects the following drugs:

Drug Code	Drug Class
AMP	Amphetamine
BZO	Benzodiazepines
COC	Cocaine (note - test is very specific for cocaine and crack)
MET	Methamphetamine and Ecstasy
THC	Marijuana (THC)
OPI	Opiates including morphine, Heroin, codeine, pholcodine

Training Video www.youtube.com/watch?time_continue=3&v=A6tsAn-Egwg&feature=emb_title

12. Direct the donor to:

- Take the collection container into the restroom/stall to be used for the collection,
- Provide a specimen of at least 45 mL
- Not flush the toilet, and
- Return with the specimen as soon as he or she has finished completing the void.
- You should inform the donor that the temperature of the urine specimen must be read within 4 minutes after the void to be valid. Longer wait periods may cause the temperature to be out of range and necessitate an observed collection.
- A reasonable time limit may be set for completing the void.

Note1. If the donor has stated that they are unable to provide a specimen, at this point in the collection, request that the donor enter the restroom and attempt to provide a specimen.
If the donor comes out of the stall with an empty collection container, they have demonstrated the inability to provide a specimen. Follow the workplace Insufficient Specimen procedure.

Note2: Neither the collector nor anyone else may go into the restroom with the donor, except in the case of a direct observed collection or a monitored collection if workplace procedures allow.

Note 3: Both the collector and the donor should maintain visual contact with the specimen from the time the specimen is transferred to the collector until specimen bottles have been sealed for shipment to the laboratory.

Note 4: After receiving the specimen from the donor, whenever practical, the collector may allow the donor to wash their hands and to flush the toilet. (The collector may inspect the toilet for any materials indicative of specimen tampering prior to flushing.)

13. When you receive the specimen from the donor, read the temperature strip affixed to or placed on the outside of the collection container.

- Do this within 4 minutes after the void.
- Mark the appropriate box on the report form:
- If the temperature is within the acceptable range 32° - 38°C; mark appropriately and proceed with the collection procedure. Go to Step 14.
- If the temperature is outside the acceptable range, mark appropriately and perform a second, directly observed collection:
    - Complete the first collection before initiating the second collection, including Step 14
    - Record an appropriate comment on the remarks line for the first specimen to indicate why two specimens were collected.
    - Begin the collection of a second specimen using a direct observed collection procedure and a new collection kit (i.e., a new collection container and a new report form
    - Record an appropriate comment on the Remarks line for the second specimen to indicate why two specimens were collected, including a cross reference to the specimen identification number of the first specimen.

Note: If the donor refuses to provide a second specimen or leaves the collection site before the collection process is completed, this is considered a refusal to test.

14. Inspect the specimen for adulteration or substitution by examining the physical characteristics of the urine.

- Note any abnormal characteristics such as:
    - Unusual colour (e.g., specimen is blue),
    - Presence of foreign objects or material,
    - Unusual odour (e.g., bleach), or
    - Signs of adulteration (e.g., excessive foaming when shaken).

- A specimen suspected of not being a valid urine specimen should be sent to an accredited laboratory as per workplace procedures.

- If you observe any abnormal characteristic(s) that appear to be due to adulteration or substitution by the donor, immediately begin a second specimen collection using a direct observed collection procedure and a new collection kit, container, and form.

    - Record an appropriate comment on the Remarks line to indicate why two specimens were HLTPAT005 collected including a cross reference to the associated specimen identification number.
    - Complete the first collection by continuing with the procedure in Step 15.

15. Non-Negative Result requiring lab testing.

- Unwrap the sealed specimen bottles in the donor's presence.
- In the donor's presence, pour the urine from the specimen collection container into the specimen bottles and secure the lid/cap on each bottle.
- Place the appropriate tamper-evident label/seal over the lid/cap of each bottle to ensure that the lid/cap cannot be removed without destroying the label/seal.
- The donor must observe the sealing of the specimen bottles.
- Initial and date the seal,
- Ask the donor to initial the seal.
- Inform the donor that it is not necessary for him or her to continue observing the collection. procedure after the bottles have been sealed, and that they can wash their hands.

16. Complete the collector chain of custody portion of the form:

- Provide your printed name,
- Sign where indicated,
- Record the date and time of the collection, and
- Record the specific name of the delivery service to which the specimen bottles are being released.

Direct Observation Collection

Before conducting a direct observed collection, the collector must contact a site supervisor for concurrence with the collector's decision for a direct observed collection. The collector must make the workplace representative aware that a situation exists warranting a direct observed collection and explain to the donor why a direct observed collection is being conducted. If the donor declines to allow a direct observed collection when one of the above circumstances has occurred, it is considered a refusal to test.

The procedure for a direct observed collection is the same as that for a routine collection except an observer (i.e., of the same gender as the donor) watches the donor urinate into the collection container.

Collector Errors

The report document can be part of the litigation package if a specimen comes under legal challenge.

The collector should never use correction fluid on the form, and should never overwrite or scribble out information recorded or printed on the form.
Unclear or improper edits to information (e.g., donor identification numbers, signatures) could compromise the legal defensibility of the document.
If the collector makes an error on the collection documentation, they should:

- Make a line through the erroneous information, leaving the original information legible.
- Write the correct information near (e.g., beside) the original annotation, and
- Initial and date the change.

Depending on workplace procedures it may be acceptable for the collector to cross out pre-printed information on the collection form that is incorrect or inapplicable (e.g., collection site, laboratory, or employer information).
The collector should use the procedures described above for changing the information on the form. This may be necessary in the event of unexpected collections (e.g., post-accident)
information.

Adulterants in Urine Testing

One of the major challenges of urine drug testing is adulteration, a practice involving manipulation of a urine specimen with chemical adulterants to produce a false negative test result. ... These adulterants can invalidate a screening test result, a confirmatory test result, or both.

Creatinine

The Standard requires Creatinine testing of all urine samples at the point of collection. High Creatinine levels indicate a pure test, whereas low amounts of Creatinine in the urine indicate a manipulated test, either through the addition of water in the sample or by drinking excessive amounts of water. It is important to do a repeat urine test after several hours. The specimen that failed the Creatinine test plus the repeat specimen should both have their own Chain of Custody and be forwarded to the Laboratory.

Specific Gravity

Tests for sample dilution – this is the least reliable indicator and if abnormal in isolation of all other indicators should be ignored.

Oxidants & Nitrates in urine

Some common oxidants used to attempt to alter urine drug test results are bleach, nitrate, chromate, iodate, and peroxidase. ... Oxidants can cause decreased levels or negative results for certain drugs, either by masking the drug's presence or by destroying the drug in the sample.

Glutaraldehyde in urine

A colorless liquid with a pungent odor used to sterilize medical and dental equipment. It is also used for industrial water treatment and as a chemical preservative. However, it is toxic, causing severe eye, nose, throat and lung irritation, along with headaches, drowsiness and dizziness.

On-site Integrity Screening

Dilution: mandatory

- Creatinine or specific gravity

Specimen integrity tests: recommended.

- PH
- Nitrite
- Oxidising agents. (Stealth, Urine Luck, Bleach, Klear)

Failure

- May repeat on another device or dipstick.
- Collect second urine – both specimens sent to laboratory.

Reporting Screening Results

- Donor ID and dates of testing and reporting
- All drugs excluded and integrity OK.
    - Final report
- Drug class “not negative” or integrity
    - Interim report: can advise that specimen required further testing.
    - Should not indicate that specimen is positive.

Cleaning of Equipment (Reproduced from Guidelines for Point of Care Testing PoCT)

In many situations, PoCT analysers do not touch the patient or client. However, indirect contact transmission of infectious agents can occur from one patient or client to another, through:

- Intermediately contaminated objects (e.g., gloves).
- Via individuals (e.g., contaminated hands) (Note: There are many published examples of transmission of hepatitis B through re-use of contaminated glucose meters or sharps).
- Disposable equipment must not be reused.
- Reusable test systems must be cleaned and decontaminated according to the manufacturers’ instructions.
- A relevant and current cleaning manual must be available for all reusable PoCT test systems and equipment.
- Procedural rules for PoCT environment:
- Prohibition of activities such as eating, drinking, smoking, and applying cosmetics at testing-sites (due to significant risks of contamination via the hands, and to the items for ingestion or skin application).
- Regular and effective disinfection of all work areas in accordance with usage and jurisdictional (and infection control) requirements.
- Spills that involve blood, body fluids, other potentially infectious materials, and reagents must be cleaned and decontaminated.
- Begin new consent form and request further sample.

Integrity Test Failure Process

If the integrity of the sample cannot be verified follow these steps:

- Do not run test or record drug screen results (keep results concealed at this point)
- Record on the consent form that sample validity could not be established
- Retain consent for with sample (with a security label affixed, signed by both collector and donor)

National Pathology Accreditation Advisory Council

The National Pathology Accreditation Advisory Council (NPAAC) advises the Commonwealth, state and territory health ministers on matters relating to the accreditation of pathology laboratories. NPAAC plays a key role in ensuring the quality of Australian pathology services and is responsible for the development and maintenance of standards and guidelines for pathology practices.

NPAAC is comprised of representatives from all states and territories, nominees from peak professional bodies and the Department of Health.

Workplace Health and Safety (Reproduced from Guidelines for Point of care Testing)

Samples tested at PoC (Point of Care) must be handled in the same manner as other biological fluids. Every sample may be infectious and staff performing the tests should wear appropriate Personal Protective Equipment (PPE) (e.g. gloves, mask, gown, eye protection as required).

There must be documented policies and procedures relating to Workplace Health and Safety that are consistent with relevant national and jurisdictional workplace health and safety requirements.

C7.1(i) All staff performing PoCT must be vaccinated according to organisational requirements.

C7.1(ii) Equipment or consumables identified as “single use” must not be re-used.

G7.2 Disposal of biological material, clinical waste and sharps from testing must comply with jurisdictional regulations and the organisation’s waste management policy.

C7.2(i) All samples must be considered to be potentially infectious and handled with this in mind.

C7.2(ii) There must be compliance with all Workplace Health and Safety and other jurisdictional requirements.

C7.2(iii) There must be policies regarding sharps management, biohazard spills and infection control, including standard and transmission-based precautions.

G7.3 Any accidents or incidents must be reported to the PoCT Supervisor with appropriate first aid immediately undertaken and followed up according to local workplace requirements.

ALCOHOL TESTING

For many companies, alcohol abuse is still a major problem, and is complicated by case law that controls what action you may take. Those companies employing high risk workers such as scaffolders, drivers, and machinists need to take a harder line than those employing office workers. Testing is generally done using breathalysers and complies with the **AS 3547:2019** Breath **alcohol testing devices for personal use,** for the measurement of alcohol.

AS3547 specifies requirements for the performance, testing and marking of breath alcohol testing devices for uses such as, but not limited to, personal, workplace and medical screening purposes.

The Standard excludes those devices used by the police, or for, evidential or mandatory interlock purposes.

AS3547 certified devices are recommended for workplace use because they are tested for reliability, especially since they will be used rigorously and frequently. The unit will also be able to be serviced, and much more reliable in terms of checking for the workplace safety of workers. The net benefit of having such a device is easily recognisable for workplace reliability.

Alcohol Levels at Work

In general, there are no laws specifically concerning the consumption of alcohol at work. But for some industries, other laws apply which means drinking on the job is a massive no-no. ... Both laws make it an offence to drive whilst under the influence of alcohol

The levels of alcohol in your bloodstream are referred to as blood alcohol concentration (BAC). BAC is what police test for in roadside alcohol breath tests. A BAC of 0.05% (point 0 five) means that there is 0.05g of alcohol in every 100ml of blood. This is the legal limit for driving in Australia.

Most worksites in Australia have a ZERO tolerance but it is the responsibility of the employer to have an Alcohol and work (or Alcohol and other drugs) policy.

The aims of any workplace alcohol policy and procedures should be prevention, education, counselling, and rehabilitation, and it should be a part of an overall occupational health and safety strategy.

A policy is not about forcing people to change or making people "dob in" their work colleagues. If people choose to use alcohol or other drugs, it is their own business. It only becomes an issue if people choose to do it in the workplace, or to come to work affected by alcohol or other drugs.

This may include organising and/or providing information and training about alcohol at work; ensuring that work factors do not contribute to alcohol issues at work; and managing impaired workers.

This should be done in a way that is consistent and fair to everyone.

If you believe there are alcohol-related issues at your workplace and there is no alcohol policy, consider approaching your health and safety representative, health, and safety committee member/s (in the first instance) or manager/supervisor to request that a policy be developed. If you are the health and safety representative, then take the initiative, discuss the issue with your members and the other reps, and then take it to management.

Workplace Breathalysers

There are certain criteria to consider.

- They must have a fuel cell sensor.
- Comply with Australian Standard AS 3547,
- Be capable of sampling deep lung air and monitor pressure.
    - You should also consider calibration requirements,
    - Frequency of calibration and who will do the calibration.

AlcoQuant 6020 Plus is a good example.

Calibrate every 6mths, unlimited tests.

Active Test (blow) function only - 3 decimal place BAC result

Certified to Australian Standards (AS) AS3547

Made by EnviteC by Honeywell, Germany

Disposable AA batteries

High visibility soft pouch, carry case & 25 mouthpieces included.

Mouthpieces $9.50+gst/25 units - Made from 100% recyclable plastic.

3 Year warranty

NB. Device will cease operating when calibration is due. This prevents user from obtaining a test result that does not comply with AS3547 requirements.

All aspects of the testing procedure will be carried out in a confidential and private manner. The test for alcohol will be carried out by using a breath alcohol testing device, which complies with the AS 3547-2000 (Type II), for the measurement of alcohol.

a. An Alcohol Testing Informed Consent Form will be signed – Appendix G.
b. The first test will require the employee to blow into the device with a disposable mouthpiece.
c. If the result is negative no further test follows.
d. If the result is positive, a confirmatory test on the same device (using a new mouthpiece) will be conducted after a 15-20 minute period.
e. The time and result are recorded.

Breath Testing Procedure

1. Following manufacturer's instructions, ensure the breathalyser is powered on and in relevant mode (passive / active)

2. Ensure the breathalyser is in a ready state.

3. Ask the donor if they have had anything to eat or drink in the past 20 minutes or if they have smoked a cigarette in the past 20 mins. If yes:
    - Ask the donor to wait outside and proceed with testing another person.
    - Do not allow donors to have a glass of water prior to the test.

4. Perform the test.
    a. Passive Mode
        i. Attach passive sampling cup if required.
        ii. Advise donor that you will hold the breathalyser close but not touching their mouth asking them to count to 5. Activate the test ask the donor to breath out saying numbers that involve a large amount of exhalation such as TWO, THREE, Four.
    b. Active Mode
        i. Attach a mouthpiece – carefully strip the plastic cover leaving a section on the end. Ensure the mouthpiece is applied in a manner that you can clearly see the screen.
        ii. Ask the donor to remove the last piece of plastic.
        iii. Hold the breathalyser up to the donor's mouth and ask them to breathe continuously into the mouthpiece until you tell them to stop or the breathalyser beeps.
        iv. The breathalyser will automatically take the reading when the required amount of air has been blown into the mouthpiece.

5. Record the result in the section marked on the form.

6. On completion of the test, discreetly and privately advise the Safety Officer of the donor's test result as required.

Drug and Metabolite Testing

A drug metabolite is a by-product of the body breaking down, or "metabolizing," a drug into a different substance. ... When that is the case, a drug test has a higher probability of identifying a drug user by looking for the metabolites of the drug, rather than the parent drug.

List of Common Drugs of Abuse and Their Metabolites

Drug	**Major Metabolite**
Diazepam	Oxazepama, nor-diazepam
Lorazepam	Conjugated with glucuronic acid
Triazolam	4-Hydroxy-triazolam α-hydroxy-triazolam
Cocaine	Benzoylecgonine, Ecgonine Methyl ester, Nor-cocaine

Oral Drug Screen Testing - Reasonable Cause Indicators

When assessing for reasonable cause, there will usually be more than one indicator present. Examples of reasonable cause include, but are not limited to the following:

- unusual or out of character on-site behaviour
- continual small accidents or inattention
- odour of alcohol or drugs
- excessive lateness
- absences often on Monday, Friday or in conjunction with holidays
- increased health problems or complaints about health
- emotional signs – outbursts – anger, aggression
- changes in personality or mood swings
- changes in alertness – difficulty with attention span
- changes in appearance – clothing, hair, personal hygiene
- less energy
- involvement in various minor accidents
- feigning sickness or emergencies to get out of work early.
- going to the bathroom more than normal
- defensive when confronted about behaviour.
- dizziness
- slurred speech
- hangovers
- violent behaviour
- impaired motor skills
- bloodshot eyes
- dilated pupils.
- impaired or reduced short term memory.
- reduced ability to perform tasks requiring concentration and co-ordination.
- intense anxiety or panic attacks
- impairments in learning and memory, perception and judgement
- irritability
- depression

Oral Testing

Saliva drug testing is becoming a widely accepted and used drug testing method in various situations, such as pre-employment testing, DUI cases, drug treatment and criminal justice and probation settings. It owes its popularity to its ability to detect a range of substances using a very minimally invasive procedure. Saliva testing is also harder to adulterate because it can be performed directly by a health care provider versus urine drug testing that is often performed out of site of the collector.

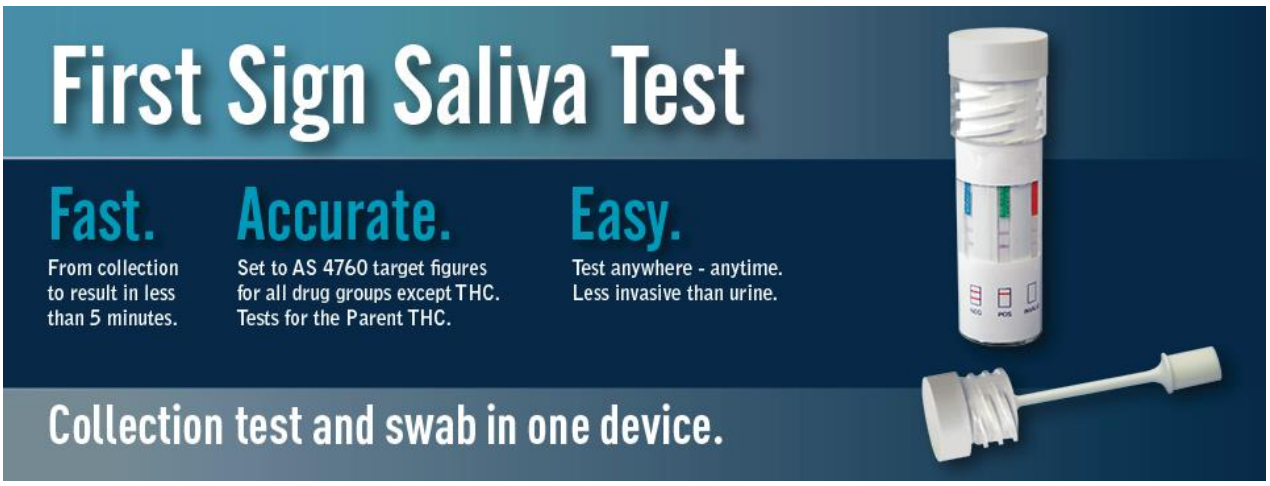
Additional benefits of saliva drug test are ease of use, which means samples can be collected and tested on site without intrusion of privacy. There are saliva drug testing kits that are commercially available and can be used without the need for additional tools or lab analysis.
However, in cases that when a non-negative test comes out, an employer may require the result to be analysed in the laboratory for confirmation.

Perhaps the biggest disadvantage of saliva drug test is its limited detection window, which is why it is more useful in determining recent drug use. Furthermore, confirmatory analysis requires sensitive analytical facilities.
Saliva drug testing is highly suitable in scenarios where timeliness is key, such as parents testing their teens for drug use; automobile drivers; accident victims; or for employees prior to engaging in safety-sensitive activities.
Saliva drug testing is also ideal for industries who do field work, where a bathroom is not always easily accessible to utilize urine drug testing methods.

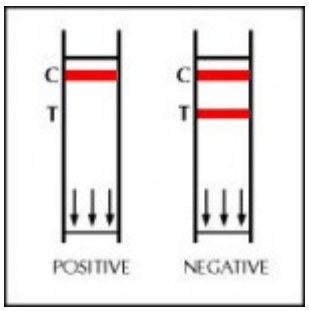
Collection of OralSample

The “collector” is an observer and has a small role in the “chain of custody,” the process most often challenged by donors. The risk of an individual cheating or tampering with an oral fluid drug test is minimized because every collection is directly observed. Collectors monitor every step in the process to prevent someone from trying to introduce anything onto the cotton pad or into the drug test vial.

Example First Sign – Oral Fluid Drug Screen Device



Testing Procedure



1. Swab the inside of the mouth until sponge pad is soft.
2. Insert sponge pad into chamber and secure cap.
3. Peel off the label to read the results:
4. **Negative result** indicated by a line in the test area.
5. **Positive result** indicated by the absence of a line in the test area
6. Positive result, complete chain of custody form includes seals and send to your choice of laboratory for LCMS confirmation

Cut-Off Levels

Cut-off level is a drug testing concept that refers to that point under which a drug test is called negative and above which a drug test is called positive. For drug screening, the cut-off is determined at a point that will optimize drug detection while maintaining minimum false positive results.

Amphetamine 50ng/ml

Cocaine 50ng/ml

Methamphetamine 50ng/ml

Opiates 50ng/ml

THC (Marijuana) 25ng/ml

Alcohol >0.02%BAC (blood)

Quality Control

A procedural control is included in the test. A coloured line appearing in the control region is considered an internal procedural control.

Test Results

The Australian drug screening standards state:

"Where on-site testing is utilised for screening test, specimens with results equal to, or greater than cut-off concentrations shall be subjected to confirmatory testing.

Non-Negative Test

When a drug metabolite is detected in an initial test, his does not confirm that drugs are definitely detected. Compliance with the Australian Standard requires that a non-negative drug test must be sent for confirmation testing within a NATA accredited laboratory to confirm the presence of drugs within the specimen.

Positive Test:

A positive drug result can only come from a report provided by a laboratory. It is important to note that a positive test may not mean the use of illicit drugs as medications including painkillers and sleeping tablets can return positive drug test results. In this instance, the report will comment that the drug use is consistent with foodstuffs and/or declared medication.

Conformity Testing

Non-negative results require a sample to be sent for confirmation (GCMS/LCMS) testing in a NATA accredited laboratory. The confirmatory testing can determine drug concentration levels and if the result may be consistent with medications, foodstuffs, or illicit drug use.

The original instant urine sample can usually be divided up and sent for testing. Saliva confirmation testing requires a second saliva sample to be sent to the laboratory. The second sample is collected immediately after the instant test result is available.
Laboratory confirmation testing requires sample collection into tamper proof collection containers, security seals and tamper evident packages.

Collection, labelling and transport of samples are carried out according to strict Chain of Custody protocols in line with National Association of Testing Authorities (NATA) guidelines for AS/NZ 4308, 2008

Medications and cross-reactivity

It can be possible for a laboratory referral result to be due to cross – reactivity with declared medicines. In this instance some organisational policies allow for a donor to remain in the workplace after completing a declaration of fitness for duty.

- Determine if the organisation allows this.
- Ensure medications are declared both on the chain of custody form and medication declaration form and the medication is spelt correctly.
- Provide a copy to the donor and WH&S officer.

The most common medications that could cause a cross-reaction contain pseudoephedrine, however the normal dosage needs to be exceeded by 2-3 times to produce a cross-reaction.

Poppy seeds, often found on bagels, rolls, and pastries have long been used as a defence against positive opiate test results encountered on a urine drug screen. It is known that poppy seeds do contain opiates - specifically morphine and codeine; however, content varies greatly depending upon seed source and processing. Food processing may lower the opiate levels in poppy seed.

Use the chart on the following page to reference.

PROPRIETARY NAMES	USE	INGREDIENTS	OPI	METH	AMP	BENZ'O
Alepam	Sedative	Oxazepam 15-30mg				✓
Alodorm	Relaxant	Nitrazepam 5mg				✓
Antenex	Muscle relaxant	Diazepam 5mg				✓
Cold & Flu meds	Cold & flu	Pseudoephedrinee Codeine	✓		✓	
Durotuss	Cough suppressant	Pholcodine	✓			
Duromine	Weight loss	Phentermine			✓	
Endone	Severe pain	Oxycodone	✓			
Euhypnos	Sedative	Temazepam				✓
Fiorinal	Pain/ relaxant	Paracetamol, Doxylamine Codeine 8-10m	✓			
Frisium	Anti-epileptic	Clobazam				✓
Halcion	Sedative	Triazolam				✓
Hypnovel	Sedative	Midazolam				✓
Kapanol	Severe pain	Morphine	✓			
Mersyndol/ MersyndolForte	Pain/ relaxant	Paracetamol, Doxylamine Codeine	✓			
Mogadon	Relaxant	Nitrazepam 5mg				✓
MS-contin	Severe pain	Morphine	✓			
Normison	Sedative	Temazepam				✓
Nurofen Plus	Pain killer	Codeine	✓			
Oxycontin	Severe pain	Oxycodone	✓			
Panadeine-Forte Tabs	Pain killer	Paracetamol 500mg & Codeine 30 m	✓			
Prolädone	Severe pain	Oxycodone	✓			
Rani-2	Reflux	Ranitidine		✓		
Rikodeine Oral Li uid	Cough suppressant	Dihydrocodeine	✓			
Rivotril	Anti-epileptic	Clonazepam				✓
Rohypnol	Sedative	Flunitrazepam				✓
Serepax	Sedative	Oxazepam 15-30 mg				✓
Sudafed	Cold & flu	Pseudoephedrine			✓	
Temaze	Sedative	Temazepam				✓
Valium	Muscle relaxant	Diazepam 5 mg				✓
Xanax	Sedative	Alprazolam				✓
Zantac	Reflux	Ranitidine		✓		
Zoloft	Anti-depressant	Sertraline				✓
Zyban	Anti-smoking	Bupropion		✓	✓	

Appendix G – Informed Consent Form - Sample

CONSENT FOR DRUG TESTING

I consent to undergo a drug test, to be undertaken by a certified collecting agent and accredited laboratory appointed by the company which I acknowledge is for the purpose of determining whether I have levels of an illicit or restricted drug(s) or a misused prescribed drug(s) present in my urine, higher than the accepted international standard as defined by the Australian/New Zealand Standard AS/NZS 4308:2008.

I understand that a urine sample will be collected, and the drugs being tested for are cannabinoids, opiates, amphetamine type substances (including party pills containing benzylpiperazine), cocaine, benzodiazepines, and others if applicable.

I undertake to advise the certified collector of any medication that I am taking. I also agree to provide the Collector with two proofs of identity, which may include my photograph.

I consent to the results of the drug test(s) being communicated confidentially to the company.

I understand that I may request a second test be conducted on the duplicate specimen and analysed within 14 days of receiving the result. For the second test to be positive there need only be the presence of drug or metabolite detected (i.e. not cut off limits). This will be accepted as a conclusive result and costs associated with this test will be borne by me. If the second test proves negative this will be accepted as a conclusive result.

Any collection, storage or exchange of information concerning the drug test will be in accordance with the requirements of the Privacy Act and results will only be used for the purposes for which they were obtained.

I understand that a refusal to sign this form for the drug test, or the return of a positive result means that:

□ ***pre-employment/internal transfer:*** the job offered/ applied for will not be confirmed or offered to me

□ ***current employee:*** the company disciplinary procedure will follow which may include dismissal or the requirement to take part in a Rehabilitation Programme.

I have read and understood the terms of this consent form.

Signature of Applicant: _____ Date: _____

Applicant's Name: _____

Witnessed: _____ Date: _____

Witnesses Name:

_____

Consent for Instant/Laboratory Drug testing - Sample

Applicants Name:_____

Company Name:_____

I have been requested to undergo a drug test(s), to be undertaken by an authorised person and/ or laboratory. I ackowledge this is for the purpose of determining whether I will be able to carry out required duties and whether I have any level of any illicit drugs present in my urine; or of prescribed drug(s) present in my urine higher than the accepted international standard, as defined by the Australian/New Zealand Standard AS/NZS 4308:2008.

Testing involves me providing a urine sample which will be checked by using a reputable test kit which gives instant readings. The test kit will identify **cannabinoids, opiates, amphetamines methamphetamine, cocaine, and benzodiazepines (and others if applicable).**

I undertake to advise the authorised person conducting the test(s) of any medication or herbal products that I am taking.

I agree to provide proof of my identity, which should include my photograph, to be authorised person undertaking the drug test(s).

I consent to the results of the drug test(s) being communicated confidentially to Canterbury Health Laboratories and to the Approved Company Representative.

If this test result is positive for any of the drugs listed above the company may request a second sample be collected as soon as possible on this day for laboratory analysis to confirm drug results. **The company may request a second test be conducted and analysed which you may be required to pay for.**

Any collection, storage or exchange of medical information concerning any drug test results will be in accordance with the requirements of the Privacy Act. The drug testing will be done in accordance with the accepted international standard, AS/NZS 4308 - 2008. Results of the drug test(s) will only be used for the purposes for which they were obtained.

I have read, and had explained to me, the testing procedure and understand the terms of this consent form.

I agree to / I do not agree to drug testing (*cross out which ever is NOT applicable)*

Signature of Donor:_____ Date:_____

ID Provided:

Photo ID: Type: _____ ID Number: _____

Collector and Witnesssed:

_____

_____

Results **Pass** **Fail** **Retest required** **Sent to Lab**

Completed Sample Urine D&A Consent Form - Sample

CHAIN OF CUSTODY FORM FOR ON-SITE DRUG AND ALCOHOL TESTING

1. DONOR DETAILS

(a) *Name* DAVID JOHNS ID No. LGGG444

(b) DRIVER'S LICENCE ☑ PASSPORT ☐ COMPANY I.D. CARD ☐ DATE OF BIRTH 20/12/20

2. EMPLOYER'S/AUTHORITY DETAILS

(a) *Company* DAVID JOHNS. (b) *Location Of Testing* MARS

(c) *Supervisor Name* JACK JOHNS (d) *Supervisor Contact Number* 04 12345 67

3. REASON FOR TESTING PRE EMPLOYMENT ☐ REASONABLE CAUSE ☐ RANDOM ☑ OTHER (Specify) _____

4. MEDICATION Please write any medication taken recently.

Medication Type	Name of Medicine	Medication Type	Name of Medicine
Cough / Cold / Allergy	COLD & FLU	Herbal Supplement	
Diet Supplement or Body Building Drugs		Other	

5. SPECIMEN TYPE ☑ Urine ☐ Saliva

Temperature has been read within 4 minutes ☑ YES ☐ NO Within Range 33-38°C ☑ YES ☐ NO

SPECIMEN INTEGRITY TESTS Pass ☑ Fail ☐ Specify: Bleach/Oxidants ☐ pH ☐ Creatinine ☐ Nitrite ☐ S.G. ☐ Glut ☐

6. TEST RESULTS

Screening Device Name MEDIX PRO SPLIT Lot Number DOP4040057 Expiry Date 05/2020

Controls Positive (Pass / Fail) Negative (Pass / Fail)

7.

AMP	COCAINE	THC	OPI/MOP	BENZO	MET
Negative ☑	Negative ☑	Negative ☑	Negative ☑	Negative ☑	Negative ☑
Non Negative ☐	Non Negative ☐	Non Negative ☐	Non Negative ☐	Non Negative ☐	Non Negative ☐

In accordance with AS/NZS 4308:2008 any report on a drug screen returning a 'Non Negative' that is not clear, the test should be sent to a laboratory for confirmation testing.

8. BREATH ALCOHOL TEST:

Model Name: ALCOQUANT (Pass/Fail Level: _____ Serial #: A403992 Calibration valid until (date) 5/5/20

9. COLLECTOR CERTIFICATION

I certify that I witnessed the donor's signature and that the specimen identified on this form was provided to me by the donor whose consent and certification appears above, bears the same identification as above, and that the urine specimen has been collected in accordance with the AS/NZS 4308:2008.

Name of Collector DAVID JOHNS JACKSON *Date & Time of Collection* 1400 1/01/20 *am/pm*

Collector's Signature _____ *NZOA certified* ☑ YES ☐ NO

10. DONOR DECLARATION to be completed by donor.

'I certify that the information above is true and correct and that the urine specimen associated with this form is my own and was provided by me to the authorised collector. The testing was carried out correctly in my presence. I consent to my saliva or urine sample being delivered to an appropriate laboratory for more sophisticated analysis should the collector deem it necessary. I consent to the release of relevant details on this form to the nominated representatives(s) of the requesting authority indicated above.'.

Donor Signature _____ *Donor Name / ID #* DAVID JOHNS *Date* 01/01/20

00718

White Copy > Donor
Pink Copy > Employer
Green Copy > Collection Company
Yellow Copy > Book