MTO GROUP

MTO GROUP

Trainee Workbook

HLTPAT005 Collect specimens for drugs of abuse testing

AS/NZS4308:2008 & AS/NZS 4760:2019 Certified Drug & Alcohol Screening Officer Course

DRUG TESTING BUSINESS SUCCESS

Thank you for agreeing to undertake this course of study with the MTO GROUP. This course covers the ***HLTPAT005 Collect specimens for drugs of abuse testing*** unit of competency. Candidates assessed as competent at the completion of this course will receive an Individual Statement of Attainment or the unit may be credited towards one of the qualifications listed below:

HLT37215 Certificate III in Pathology Collection

For the full list of qualifications this unit can be credited towards please visit www.training.gov.au

The MTO GROUP is committed to make this Learning and Assessment experience as enjoyable as possible. We are committed to a process of continuous improvement and encourage our trainees to give us frank and honest feedback.

ASSESSMENT GENERAL

This course is all about developing new skills, so you can be more effective within your organisation. You will want to know what you have achieved and so there will be several assessment exercises through the course. These are a measurement tool.

In some cases, these assessment exercises will be carried out within the course. In some instances, there will be a need to complete these exercises after the course and within your own work environment. Once complete all materials that need to be assessed should be sent to: MTO GROUP, PO Box 60 Virginia MC, Queensland, 4014, AUSTRALIA.

ASSESSMENT PROCEDURE

The Trainer/Assessor will explain all assessment tasks. If you do not understand or would like something explained, please ask.

The MTO GROUP believes candidates with special needs should not be disadvantaged. If a candidate requires special assistance The MTO GROUP is committed to enable the assessment, whilst still meeting the Standards for RTO's 2015.

Assessment tasks will be handed to the Trainer/Assessor, and those completed after the course will be posted to MTO GROUP, PO Box 60 Virginia MC, Queensland, 4014, AUSTRALIA.

Assessments will be marked as Competent or Not Competent. In the event a trainee is marked as Not Competent we will include further information, so the trainee understands what they need to do to become Competent.

COMPLAINTS and APPEALS PROCEDURE

If you feel that you have been unfairly treated or wronged during this course, you have the right to make a formal complaint.

If any trainee is unhappy with either the assessment result or process, then they should take the following steps:

a. Speak to the Trainer/Assessor at the course stating your reasons for being unhappy.

If this does not resolve the matter, then;

b. Within 10 working days from the end of your course write to the CEO of the MTO GROUP stating the reason(s) that you are unhappy.

Your appeal to the CEO must include the following:

- All relevant documentation/information relating to the appealed situation that is in your procession.
- A summary of the reasons for the appeal.
- Details of what you believe should happen and what you expect because of your appeal.
- Any other evidence you think is relevant to your appeal case.

You will then receive an acknowledgement of receipt of your appeal within 10 working days after your appeal has been received at the MTO GROUP.

The CEO or their delegate will investigate the situation and make recommendations to the Directors of the MTO GROUP. Once a decision has been made you will be advised of the result with 5 working days.

If you are still not satisfied with the outcome of your appeal you are entitled to make a further appeal to: http://www.asqa.gov.au/complaints/make-a-complaint---domestic-students/make-a-complaint---domestic-students1.html

RECOGNITION OF PRIOR LEARNING

If you believe that you have the adequate qualification and experience gained from your years of work or previous courses, you may be eligible for recognition of prior learning.

Recognition of current competency is carried out by investigating your work records in association with what is expected from the training assessment result to be achieved. This also includes a partial assessment against the unit standard(s) involved. From this evidence gained regarding your competency you may gain the qualification without having to complete an entire training course and/or assessment session.

If you feel that you might be eligible for recognition of current competency, speak with your Trainer/Assessor and they will assist in determining the best path for you to take.

HEALTH & SAFETY

Your Trainer/Assessor will advise you of the emergency procedures and assembly points of the training venue you are attending. Once more if you do not understand anything then ensure you ask questions to clarify.

MTO GROUP

Contents

Description and Application

This unit 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 takes place.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand standards and industry codes of practice.

Elements and Performance Criteria

ELEMENTS	PERFORMANCE CRITERIA	
1. Confirm collection requirements	1.1	Greet client courteously and identify self
	1.2	Identify client following organisation and regulatory procedures
	1.3	Confirm that client meets pre-testing criteria for required collection
	1.4	Obtain, interpret and accurately record personal and clinical information in accordance with organisation policies and procedures
	1.5	Explain collection procedure to client
	1.6	Obtain consent for collection procedure from client
2. Prepare for collection procedure	2.1	Ensure collection environment is prepared according to requirements of standards
	2.2	Confirm method of collection based on correct interpretation of clinical request
	2.3	Select equipment and ask client to select collection kit according to organisation procedures if applicable to standard
	2.4	Prepare client for procedure by removing excess clothing and other possessions, and store these securely if applicable to standard
	2.5	Provide accurate advice to client about procedure
3. Collect specimen	3.1	Follow procedures for sample collection according to standard and organisational procedure

	3.2	Adopt standard and additional infection control guidelines and precautions according to organisation documented procedure
	3.3	Observe client during and after collection for potential tampering and respond according to organisation procedures
	3.4	Assure sample integrity by testing and securing sample immediately following collection and for duration of time that sample is responsibility of the collector
4. Follow post collection procedures	4.1	Dispose of waste in accordance with infection control protocols and organisation policies and procedures
	4.2	Accurately label specimens in accordance with standards requirements and organisation procedures
	4.3	Confirm information accuracy and sample security with client
	4.4	Complete other collection documentation in accordance with standards and organisation procedures
	4.5	Prepare and secure collected samples for transit or storage according to standards and organisational requirements, ensuring chain of custody is maintained

To be assessed as competent in this unit the candidate must demonstrate the following:

Performance Evidence

The candidate must show evidence of the ability to complete tasks outlined in 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

The candidate must be able 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 or AS/NZS 4760:2019 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 eliminates 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
- drugs of abuse, including:
    - types of drugs included
    - chemistry
    - effect on body
    - types of collection
    - methods of analysis

Introduction

This certified drug test collector course has been developed by MTO Group Pty Ltd in association with DTBS Global Pty Ltd t/a Drug Testing Business Success. Developed by experienced industry professionals, this course is nationally recognised under what was formerly the Australian Quality Training Framework (AQTF) now the Vocational Education and Training (VET) system.

The course will assist persons who wish to comply with recommendations under the relevant Australian Standards for WORKPLACE, MEDICO-LEGAL OR COURT-DIRECTED drug testing. Persons from any industry in which drugs of abuse testing is conducted will benefit from this course.

Current drug testing standards are the key drivers for this course since alcohol testing standards apply only to the equipment used, not the procedures for conducting tests.

Industries which typically conduct drug testing include, Mining, Construction, Transportation, Agriculture, Medical, Energy, Hospitality, Health & Safety & Corrections.

Workplace roles for which this course is suitable may include:

- Risk, safety and compliance
- Health and Environment
- Human Resources
- Drug and alcohol testing consultants
- Paramedics, nurses and other health professionals
- Casual or full time workplace drug and alcohol testers
- Case officers and specialist corrections positions

Australian standards

This course is specifically concerned with the requirements of:

AS/NZS 4308-2008 Procedures for specimen collection and quantitation of drugs of abuse in Urine

AS/NZS 4760:2019 Procedure for specimen collection and the detection and quantification of drugs in Oral Fluid

NOTE – The original Australian Standard for Oral Fluid (AS4760 – 2006) has been updated to the above as of March 2019. Key changes are included in this workbook and other course materials.

Successful completion of this course will enable successful participants to conduct drug testing either as a “Collector” or “Technician”, as defined within the relevant standards.

It is recommended that all workplaces or other organisations conducting drug testing purchase a copy of the relevant Australian Standard available for Collectors and Technicians to review.

Course participants are encouraged to familiarise themselves with the relevant Australian Standards either for Urine or Oral Fluid. It is useful to consider the key requirements or recommendations of the standards and prepare a summary for use in the field whilst

conducting testing. Copies of the standards are available for purchase from www.saiglobal.com

It is also recommended that Workplaces develop drug & alcohol risk management policies and procedures consistent with Australian Standards. Whilst there is no need for an accreditation process to be undertaken, adoption of the requirements within the relevant standards is considered best practice. With AS/NZS 4760:2019 a transitional period is required due to the currently available drug testing screening devices requiring their own updates to meet the new standard.

Students may require further clarification for themselves or their workplace as to how the updated AS/NZS AS4760:2019 may affect any drug testing procedures adopted. Available resources for answers include the Australian Workplace Drug Testing Association, your drug testing product service provider/supplier or specialist consultant.

Cut- off levels

Urine Testing - the initial screening test cut-off levels for AS/NZS 4308-2008 "Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine are":

Class of Drug	Cut - off level ug/ L
Opiates	300
Amphetamine Type substance	300
Cannabis metabolites	50
Cocaine metabolites	300
Benzodiazepines	200

The reference for above is Table 3.1 in AS/NZS 4308-2008.

The unit ng/mL is nanograms per millilitre and is sometimes expressed as ug/L (or mcg/L) which is micrograms per litre. These are the same unit of measurement in real terms so 1ng/mL = 1ug/L.

Oral Fluid - the initial screening test levels for AS4760-2006 Procedures for specimen collection and the detection and quantitation of drugs in oral fluid ***were*** referred to as "target concentrations" rather than "cut-off" levels. Whilst urine "cut-off" levels are chosen with reference to the sensitivity of current testing equipment, "targets" were chosen as the accepted "cut-offs" for oral fluid since they were concentrations expected to be detected in the hours following common use of drugs.

For the updated AS/NZS 4760:2019 Procedure for specimen collection and the detection and quantification of drugs in Oral Fluid "cut-off" is now the adopted terminology.

Key further changes include:

- The reduction of the Marijuana (THC) detection level for on-site screening which was previously 25ng/mL – now reduced to 15ng/mL.
- The Opiate compound of Oxycodone has been included as a listed drug class on the cut off tables. This is believed to be due to the rise in misuse of that particular drug. Oxycodone was not historically tested for by laboratories as part of the confirmation

process for Opiates. Further, whilst Oxycodone was historically included within the Opiates strip of many on-site screening devices, it was often at very high levels only (1,000ng/mL to 10,000ng/mL). It now appears manufacturers will need to improve the detection capability for Oxycodone if they wish for their product to meet the required standards.

The new AS/NZS AS4760:2019 cut off concentrations for oral fluid are as follows:

Class of drug	Target levels ng/ mL
Opiates	50
Amphetamine Type Substance	50
THC	15
Cocaine and metabolites	50
Oxycodone	40

The reference for above is Table 1 at 4.11 in AS/NZS 4760:2019.

As with urine, the unit ng/mL is nanograms per millilitre and is sometimes expressed as ug/L (or mcg/L) which is micrograms per litre. These are the same unit of measurement in real terms so 1ng/mL = 1ug/L.

Following the on-site immunoassay processes above, the laboratory confirmation cut-offs and targets are generally lower than those for on-site. These lower levels become the "reportable levels" above which a laboratory will report a confirmed positive result. Refer to the relevant Australian Standards for full details of laboratory cut-offs.

Further Information:

A metabolite is the form a drug takes after it has been broken down and processed by the body. The original drug substance itself is often referred to as the "parent" drug.

Oral fluid cut-off levels may refer to the parent drug types as well as metabolites. It is important to note that the AS/NZS 4760:2019 cut-off concentration for THC (cannabis) is for the parent drug, commonly referred to as "delta-9".

Urine testing by its very nature detects only the metabolites.

An initial on-site positive test result may be referred to as a presumptive positive or non-negative test result. It suggests the presence of drugs in the oral fluid or urine is above the cut-off or target levels listed above.

A negative on-site test result suggests that the level of a drug in the oral fluid or urine is below the cut-off and target levels listed above or not present in the donor's system at all.

The cut-off designated in the Australian Standards for oral fluid, AS/NZS 4760:2019 have been determined by a panel of industry experts to be the levels at which a person is deemed "unfit for duty" or possibly "under the influence" of a drug.

Drug test devices include claimed cut off levels for each drug type tested for. Whilst these levels may not match the Australian Standard levels in all cases attention should be paid to ensure the device chosen is acceptable to the user's desired outcomes.

Workplace Health & Safety (WHS) relating to drug testing

WHS legislation and regulations, whether State based or National, in most cases do not have specific requirements relating to drugs and alcohol. However, they do specifically require risks to be managed, eliminated or reduced wherever possible.

With the prevalence of drugs (including alcohol) in Australian society it is reasonable to always consider drugs and alcohol as risks to be managed in the workplace.

Alcohol Testing in the Workplace.

This certified drug test collector course has been structured with an alcohol testing component including:

- Brief reference to the relevant Australian Standard for alcohol testing.
- Further information relating to alcohol breath testing in the context of the workplace.
- Additional content which will be provided as a separate training resource.

Australian Standard – Alcohol Breath Testing

The Australian Standard relevant to alcohol testing is AS3547:2019 “Breath alcohol testing devices” which replaces AS3547-1997 “Breath alcohol testing devices for personal use”.

Unlike the Australian Standards relevant to drug testing, the alcohol breath alcohol testing Australian Standard relates to equipment rather than procedures.

A transitional period of 18 months from the publish date of 28 June 2019 has been included to allow manufacturers to make any necessary adjustments to their manufacturing and calibration processes. During this period the 1997 Standard will also be considered current.

Breath testing devices are classified into “Types” with categories as follows:

Type 1 – Single use disposable breath alcohol testing devices.

Type 2 - Portable electronic breath alcohol testing devices (sometimes known as hand-held devices)

Type 3 – Electronic breath alcohol testing devices designed for use in fixed installations (such as a wall mounted device).

Type 4 – Electronic breath alcohol testing devices such as those which are installed to control the usage of motor vehicles or other machinery.

Key terms and general information from the AS3547.

Scope – The Standard specifies requirements for the performance, testing and marking of breath alcohol devices for uses such as, but not limited to, personal, workplace and medical screening purposes. It does not include devices used by Police or for evidential or mandatory interlock purposes.

Calibration – The process of adjusting a breath alcohol testing device until the required calibration setting is achieved. A Type 2 device shall have a minimum calibration of 30 days and have an indication on the device of when calibration is due. Manufacturers are required to provide the calibration period of the device.

Blood Alcohol Concentration is the concentration of alcohol in the bloodstream expressed in grams of alcohol per 100mL (mass per volume) of blood OR as a percentage % of alcohol.

Deep lung air is expired air from the lower part of the respiratory tract, including alveolar air. Corridor air is expired air from the upper part of the respiratory tract.

Blood alcohol concentration may continue to rise for up to two hours following cessation of drinking alcohol.

Further Workplace Alcohol Testing Information

Drug testing in the workplace is typically accompanied by alcohol testing. Alcohol breath testing may be conducted at random, for cause/suspicion or following an accident / incident.

Alcohol testing is not generally included as part of a pre-employment assessment process.

Some workplaces conduct alcohol testing in isolation without including drug testing. Reasons for this include:

- Alcohol breath testing has less obstacles and/or challenges to being implemented.
- Alcohol testing is considered less invasive and more likely to be accepted by a workforce.
- Alcohol testing is relatively low cost.
- Training requirements for a person to successfully conduct alcohol breath testing are typically less than that needed for drug testing.

Workplace alcohol testing typically relates to Type 2 and Type 3 devices. Some workplaces do make use of Type 1 devices also.

The majority of hand-held personal breath alcohol testing devices have calibration periods of 6 months. Manufacturers' instructions should always be followed regarding calibration. Some devices will stop functioning once the calibration deadline has passed.

Policy & Procedure Considerations

Workplace limits for alcohol appear to include 0.000%, 0.020% and 0.050%. In setting an alcohol limit for a workplace consideration should be given to the following:

- The risk profile of the workplace and roles of the workforce.
- Whether a one, two or three "strike" or breach of procedure approach is adopted.
- Circumstances in which alcohol testing is to be conducted (cause/suspicion, random, accident/incident or for site entry/access every time).
- Whether there is any applicable legislation or other prescribed limits relevant for alcohol limits.

A common workplace industry practice appears to be to re-test a person who returns a non-negative / positive result to alcohol. This secondary test appears to be based upon Police procedures. Retesting either 15 minutes or 20 minutes later provides an indication as to whether a person's blood alcohol concentration may be still rising following an initial test. Whether this process is adopted in a workplace comes down to discretion of the authors of relevant policy and procedure. Such a secondary test is by no means essential. In a workplace environment a second test may be less relevant since a worker's activities and whereabouts in the 20 minutes prior to testing may be known.

Overview of Alcohol and Other Drug (AOD) testing

Best practice drug and alcohol testing should consider the overall outcome desired and ensure a complete program is designed to achieve same.

In general terms drug testing programs may include:

- AOD Policy and Procedure relevant to the workplace, organisation or circumstances in which it is implemented.
- Reference to any applicable legislation or requirements from other authorities, for example in a corrections or prison environment.
- Inductions and/or lengthier education and awareness training to ensure all workers or other persons to be tested understand the requirements of the drug testing program.
- AOD Testing conducted at random, for reasonable suspicion cases, post incidents or as and when required as part of any other prescribed procedure.
- Assistance available for workers who breach the policy and procedure or otherwise seek support relevant to drugs and alcohol use.

The philosophy behind conducting random and other testing will often be to create a deterrent effect so workers or other persons are motivated to more effectively manage their use of drugs and alcohol.

Procedures for breach of Policy, Procedure or other requirements should be prepared and adopted.

Drug types, effects & detection times

It is important to note that drug detection times in urine and oral fluid vary due to a variety of factors. We have included detection times below which are commonly observed in the field with on-site testing.

Amphetamine (AMP) - may be legal

Examples: ADHD medication - dexamphetamine / Cold & Flu - pseudoephedrine / Weight Management – Duromine. Rarely found as an illegal drug in pure form.

Synthesis is achieved by chemical reaction of pre-cursor ingredients, with pseudoephedrine being a common one. High doses of amphetamine lead to stimulation of the central nervous system inducing euphoria, alertness, reduced inhibition, a sense of increased energy, and reduced appetite.

Cardiovascular responses to amphetamines include increased blood pressure and cardiac arrhythmias. Long term use responses include paranoia, hallucinations, psychotic behaviour and anxiety.

Detection times in the field

Oral Fluid: Up to 36 hours (some studies claim up to 72 hours)

Urine: Up to 3 days

Methamphetamines (MET or MAMP) - Always illegal

Examples: Ice, speed, wizz (Ecstasy is sometimes included when drug testing within this class of drugs although it is technically another substance, MDMA). Methamphetamines metabolise to Amphetamines. Effects are similar to Amphetamine but more pronounced.

Detection times in the field

Oral Fluid: Up to 36 hours (some studies claim up to 72 hours)

Urine: Up to 3 days

Cocaine (COC) – Always illegal

Examples: Coke, Crack, Charlie.

Synthesized and processed from the leaves of the Coca plant.

Cocaine is a potent central nervous system stimulant.

Detection times in the field

Oral Fluid: Up to 24 hours (Studies also claim 24 hours)

Urine: Up to 3 days

Marijuana/Cannabis (THC) – Always illegal (Medical use may be permitted in some cases)

Examples: Joints, Hash, Weed.

The Cannabis Sativa plant produces leaves and flowers for Marijuana.

THCΔ9-tetrahydrocannabinol (Delta 9) is the main active ingredient in cannabis and the one which causes the “high” effect.

Immediate effects include mild euphoria, reduced short term memory, dry mouth, impaired motor skills, reddening of the eyes, increased appetite, and increased heart rate. Long-term effects may include behavioural changes, schizophrenia (although some studies conflict as to which comes first), diseases of the lungs and other organs.

The peak effect of marijuana administered by smoking occurs within minutes after smoking and the duration of effects may last up to 5 hours.

Detection times in the field

Oral Fluid: Up to 12 hours (Some studies claim up to 14 hours)

Urine: Up to 6 weeks depending upon usage (metabolites can persist for months in chronic users).

Opiates (OPI)

Examples: Morphine, Codeine, Heroin

Opiate refers to any drug derived from opium poppy, including medicinal products such as morphine/codeine. Semi-synthetic drugs derived from the opium poppy include heroin.

Opioid analgesics comprise a large group of substances that control pain by depressing the central nervous system. Immediate effects include altered mood, drowsiness, nausea and a “high” effect if sufficient levels are consumed. Long term effects include dependence and constipation.

Detection times in the field

Oral Fluid: Codeine up to 36 hours (Studies claim up to 48 hours for codeine). Morphine up to 36 hours (Studies agree up to 21 hours).

Urine: Up to 3 days

Oxycodone (OXY)

Examples: Oxycontin

Oxycodone refers to the analgesic prescribed to control pain by depressing the central nervous system. Immediate effects include altered mood, drowsiness, nausea and a "high" effect if sufficient levels are consumed. Long term effects include dependence and constipation.

Detection times in the field

Oral Fluid: Oxycodone up to 36 hours.

Urine: Not Included in current Australian Standards

Benzodiazepines (BZO)

Examples: Diazepam, Nordiazepam, Oxazepam, Temazepam

Benzodiazepines are a class of psychoactive drugs that are typically prescribed for anxiety and sleep disorders.

Immediate effects include sedative and muscle relaxant outcomes.

Detection times in the field

Oral Fluid: Not included under current Australian Standards.

Urine: 1-7 days

This course covers the unit of competency HLTPAT005 Collect specimens for drugs of abuse testing

Topics covered in this course are:

- Confirming specimen collection requirements
- Preparing to collect the specimen
- Collecting the specimen
- Following post-collection procedures

1.0 Confirm collection requirements

Most collection candidates accept they must be drug tested as part of their workplace safety procedures or by necessity for other reasons. Given the vast majority of collection candidates are not volunteers, some are not likley to be overly happy they have been selected to provide a specimen for drugs of abuse testing. Some are not likley to be cooperative and may even be openly hostile and resentful. Drug & Alcohol Screening Officers should develop skills to effectively manage all of the above candidates.

Anyone who does test positive is also likley to look for ways to avoid any kind of sanction. Questioning the methods or processes followed is one way to cast doubt on the integrity of the sampling process or the individual collecting the specimen. For this reason it is vital that the correct process and documentation is used.

1.1 It's a people thing

PC 1.1 Greet client courteously and identify self

As we have already stated there are very few people who willingly volunteer to give specimens for drugs of abuse testing. If there is any hostility directed towards you as a collector you need to remain very professional.

Always introduce yourself and explain what your role is.

- Always be polite and courteous, but not overly friendly or too familiar
- Don't react to rude or aggressive behaviour

Simply explain that you are there to do a job and its not personal in any way. A polite and courteous greeting helps to create rapport and set the tone for your interaction with a collection candidate.

1.2 Have you got the right person?

PC 1.2 Identify client following organisation and regulatory procedures

- Sometimes when a person is worried they may not pass drugs of abuse testing, they may try and get someone else to provide the specimen for them. The person who present to you may not be the person who is supposed to be there.
- Collection candidates may try and discredit a test result by claiming they were not the person who gave the specimen.

Because of this a Drug & Alcohol Screening Officer must make certain they carefully identify the person about to provide a specimen.

Dependent on the client company's policy or testing circumstances you may be required to:

- Sight the Official Company (Photo ID)
- Request an Official Photo form of ID (Drivers licence, Passport or similar)
- Otherwise ensure you identify the person unequivocally. This may include introduction to the collection candidate by a manager, supervisor, case manager or other suitable person.

The above identification requirements fulfil the donor identification requirements in the relevant Australian Standards.

If you are not satisfied that you have the correct person, do not proceed with specimen collection.

Inform the person nominated by the client organisation, or a senior person, of your concerns.

1.3 Is this the person nominated by the client?

PC 1.3 Confirm that client meets pre-testing criteria for required collection

The issue here is like the previous section 1.2, but possibly a little different.

Each organisation will have its own policy and process for selection of people to be sampled.

Selection could be:

- Totally at random
- At fixed time intervals
- Everyone as they enter a work site
- After an accident or incident
- On suspicion of using drugs of abuse
- As part of a return to work program
- As part of conditions relating to parole or for other corrections purposes

Whatever the trigger for testing is, it is important the Drug & Alcohol Screening Officer confirms the person they are about to take a specimen from is the person nominated by the client organisation and fits within the rationale behind the immediate testing requirement.

Pre-testing criteria may include:

- The collection candidate's advance acceptance / agreement to be subjected to drug testing as part of a work related role. This may be fulfilled as part of an induction process or work contract.
- Internal procedures for a custodial scenario within the prisons or corrections environment.

A set of **pre-testing questions** for the collection candidate or checklists for the Drug & Alcohol Screening Officer may be useful to establish:

- Whether pre-testing criteria have been met in general.
- Whether pre-testing procedures have been followed, such as the method used for selection of persons to be tested (in the case of random testing).
- If there is any other reason why a collection candidate is not able to supply a specimen for testing.

1.4 Commence the recording of information

PC 1.4 Obtain, interpret and accurately record personal and clinical information in accordance with organisation policies and procedures

Once you are happy you have the right person and pre-testing criteria have been met you may proceed to next steps.

We have already discussed potential avoidance behaviours and attempts to discredit the validity of the specimen collection. To mitigate these concerns, follow a carefully constructed procedure that is supported by testing documentation.

- Official Documentation in the context of drug testing and the relevant Australian Standards is referred to as a "Permanent Record System".
- Your trainer / assessor will provide you with examples of the permanent record system to be adopted.
- This may include a "testing record form" and chain of custody form as separate or combined documents.

1.5 Explain what is going to happen

PC 1.5 Explain collection procedure to client

Explanation of the collection procedure may be provided throughout the interaction with the collection candidate.

Taking time to do this correctly is also an important process as it will:

- Ensure the person is properly informed (and less likely to balk at giving a specimen)
- Avoid potential accusations of incorrect process

Do not rush this process and regularly stop to ask if they have any questions.

It may be useful to utilise scripts or checklists to ensure explanation of the collection procedures is relayed to the collection candidate.

1.6 Consent for collection

PC 1.6 Obtain consent for collection procedure from client

Now you have:

- Carefully identified the person
- Ensured pre-testing criteria have been met.
- Explained exactly what is required and the process to be followed to collect a specimen.

It is now time to obtain consent to collect the specimen.

The procedure used for consent may include a written script or process to be verbally delivered to the collection candidate. In most cases a written consent section will form part of the permanent record system / testing documentation in use.

Consent process may include clarifications the collection candidate fully understands the procedures about to occur. Most importantly it must include specific consent for collection of a specimen (such as breath, urine or oral fluid) for the purposes of drug testing.

Consent is declined

If the collection candidate refuses to consent, collection and drug testing cannot typically proceed.

You should aim to record the fact that the person has declined consent to collect a specimen on your paperwork testing documentation.

What happens next depends on the environment or testing scenario involved.

In the workplace you will not have any legal authority to compel collection candidates to proceed. The workplace drug and alcohol policy and procedure in place should include a procedure and action plan for such cases. In other circumstances such as a corrections environment there may be legal or other means of proceeding further with collection and drug testing.

As part of your pre-testing preparations it would be a good idea to establish the next steps in the event of consent refusal.

2.0 Prepare for collection procedure

Other preparation is required prior to actual collection of the specimen to be tested.

Your professionalism and the process you follow here are just as important now as they are in the explanation and consent phase.

2.1 Prepare collection environment

PC 2.1 Ensure collection environment is prepared according to requirements of standards

Long before you see the first person who is to provide you with a sample, you need to have prepared the environment and your equipment.

Things you need to consider are:

- Is this a clean safe environment?
- Are there:
  - Tables
  - Chairs
  - Hand washing facilities
  - Hazardous waste (biological) disposal facilities
  - A fridge to store specimens
  - A cool transportation method for specimens you collect
- Is there a toilet or area where you can take a urine specimen?

- Can you maintain the privacy and confidentiality of those you are taking a specimen from? You need to make sure everything is in place a ready to go before you call your first person.

It's all about looking and behaving in a professional manner.

2.2 Confirm collection method

PC 2.2 Confirm method of collection based on correct interpretation of clinical request

The next part of your preparation is to be certain you understand exactly what specimens you are required to collect and the correct method of collecting them.

Take care with this process because if you get this wrong the entire collection process can be compromised.

Things to consider are:

- What is the drug testing specimen type, method of collection and equipment requirement for the workplace or other environment in which testing is to be conducted?
- Confirm the minimum quantity of specimen required and identify the equipment required to include all necessary drug types to be tested for.
- Review and make sure you understand the correct documentation required and that it complies with the circumstances in which testing is to be conducted.
- Check the manufacturer's instructions for the use of the sample kits you will be using.

2.3 Offer client their choice of collection kit

PC 2.3 Select equipment and ask client to select collection kit according to organisation procedures if applicable to standard

Prepare equipment as required for collection and drug testing.

- Do you have the necessary drug test kits ready for use? Are they within expiry date?
- Do you have all supporting equipment necessary such as bluey mats, chain of custody materials, gloves, waste disposal bags, anti-bacterial wash, biros etc
- Do you have all the necessary testing documentation on hand?

One potential defence for a positive sample could be: "The sample kit was contaminated or had been tampered with prior to the specimen being taken.

One way to counter this is to have several identical sample kits on hand and ask the candidate to choose the kit they wish to be tested with. This is not essential although may be a useful strategy at times.

Invite them to examine the kit and point out any unbroken seals or tamper proofing there may be in place.

Ask the client directly to confirm the kit is OK for them to use.

2.4 Prepare client for collection procedure

PC 2.4 Prepare client for procedure by removing excess clothing and other possessions, and store these securely if applicable to standard

Removal of clothing in the drug testing context is intended in most cases to minimise potential for hiding contaminants or other specimen tampering equipment in the case of urine collections.

We have talked at length already about the lengths some people will go to trying to beat a drugs of abuse sampling process.

If someone shows up wearing multiple layers of clothing or carrying any kind of item that could be used to conceal unwanted contraband, you need to ask them to remove these.

You need to strike a balance between the persons privacy and minimising their opportunity to conceal contaminants etc.

Drug testing specimen collection in the context of the workplace must provide for individual privacy. In practice in the workplace the collection of a urine specimen is not fully observed. Steps are taken to minimise risk of sample tampering or substitution. This may include the collector being in near proximity to the collection candidate whilst the specimen is being provided. Depending upon the circumstances of testing required a male and female collector may be required to ensure no gender issues occur.

Procedures specific to each client or circumstance should be considered so a Drug & Alcohol Screening Officer is clear on the expectations and requirements relating to privacy and observations of specimen provision.

Care also needs to be taken to make sure you collect and store collection candidate's property in a safe and secure manner. Lockers or sealed property bags are helpful. Where a designated and secure testing area is in use or where collection candidates may be able to keep their possessions in sight during the procedure and this will negate the need for securing of property.

If someone refuses to remove excess clothing or leave their possessions for the collection process, consider whether this may constitute failure to co-operate and be in breach of testing procedures or guidelines. Refer such cases to a senior person or the client customer contact where applicable.

2.5 Answer any questions from client

PC 2.5 Provide accurate advice to client about procedure

Preparation will allow you to provide clear and accurate information on:

Questions may arise from collection candidates regarding drug testing collection and process including:

- Why they are required to be drug tested

- What is going to happen during the procedure
- How the specimen is to be collected
- What will happen to the specimen after it is collected
- How long it is likely to take for a result to be known, both for initial on-site testing and for laboratory confirmations

It is also likely the client may have other questions they want to ask

You need to be prepared to answer any number of questions you might get asked.

You should do you best to answer truthfully and as accurately as possible.

DON'T be tempted to make up an answer or guess. If you can't answer the question, simply say you will need to get back to them if it is important to them.

Beware of people who use multiple seemingly pointless questions as a delaying tactic.

If you suspect this is happening, you can simply call a halt to the process and refer them back to their employer or the referring body.

For you own protection you should make comprehensive notes on the situation and the types of questions you were asked.

3.0 Collect specimen

After all your preparations, it is now time to collect your specimen.

Just as in the earlier sections, it is important this is done following the prescribed collection process very carefully.

3.1 Follow sample collection procedure

PC 3.1 Follow procedures for sample collection according to standard and organisational procedure

Each manufacture of sample kits has their own specific procedures for the use of their products. These need to be followed without exception and merged into organisational procedures as required. This is the only way the integrity of the specimen is guaranteed.

Please pay close attention to your Trainer/Assessor who will demonstrate the correct process for the sample kits on hand for this course.

Care is also required to follow any essential requirements of the Australian Standards or the protocols of any professional body or guidelines you are operating under. Your Trainer / Assessor can clarify your specific requirements as part of the practical component of this course.

General details for urine test cups

Urine drug test cups are single use and disposable. They typically are a plastic cup with a sealable lid and contain a set of test strips built into the cup. Technology employed is referred to as lateral flow immunoassay.

The test donor (person being tested) will provide a specimen of urine inside the cup to the required fluid level and reseal the cup. The test strips will automatically absorb the fluid, reactions take place and the test results will appear.

Testing for adulterants and other specimen validity tests (SVT's) may be included in urine cups.

Urine cups are temperature sensitive and should be stored as per manufacturers recommendations.

Urine drug test cups may be certified under AS/NZS 4308-2008.

General details for oral fluid test devices

Oral fluid drug test devices are single use and disposable. They typically comprise of a collector absorbent pad or "swab" and test strips built into the device. Technology again is lateral flow immunoassay although other technologies in development may be available in the near future.

Current oral fluid drug test devices from some manufacturers also include electronic systems which read test results from the consumable kit. These types of kits are frequently used by police in Australia in part due to their ability to record results and generate test identification numbers.

The oral fluid drug test donor (person being tested) will place the collection swab in their mouth to collect oral fluid. The collector will then place the swab into the collection chamber. The test strips will automatically absorb the fluid and the test results will appear.

It is important to note that saliva is not classified as a biological fluid unless it is obtained from a dental procedure.

Oral fluid / saliva drug test kits are also temperature sensitive and should be stored as per manufacturers recommendations.

AS/NZS 4760:2019 specifications allow for certification of oral fluid drug test devices. There will be a transitional period allowed for by NATA and other accreditation bodies. This will be necessary since it will take time for manufacturers to update their products and technologies to achieve the lower THC and Oxycodone cut-offs.

3.2 Follow standard procedures for infection control

PC 3.2 Adopt standard and additional infection control guidelines and precautions according to organisation documented procedure

Specimen collection involves body fluids and care needs to be taken to protect all concerned from infections.

Simple steps to achieve safety can be taken such as:

- Washing hands with an antibacterial agent (or soap) before and after each specimen is collected.
- Dry hands carefully with hot air or disposable towels
- Wear disposable rubber gloves during specimen collection and handling
- Taking care to seal specimen containers as quickly as possible

If there is an accidental spill of any kind of body fluid it is important to follow the procedure detailed below or something very similar:

1.0 Purpose and Applicability

1.1 This document spells out proper procedures for clean-up, decontamination and disposal of a body fluid spill.

1.2 This procedure must be followed by all involved in the clean-up, disinfection and disposal of a body fluid spill.

2.0 Definitions Body fluids are defined as blood, faeces, urine, vomit, saliva, semen, vaginal secretions and any other fluids that originate from a human body. All body fluids can potentially carry infectious agents

3.0 Roles and Responsibilities

3.1 Supervisors - responsible for ensuring that all personnel involved in a body spill clean-up are supplied with the appropriate personal protective equipment (PPE) and that it is worn during the clean-up, disinfection and disposal procedure. It is recommended that this procedure be posted or provided to all staff that could potentially be involved in a body fluid spill clean-up.

3.2 EH&S – responsible for advising of potential risks and providing PPE and disinfectant recommendations for incidents involving a large body fluid spill.

3.3 Staff – responsible for wearing appropriate PPE and following procedures for body spill clean-up, disinfection and disposal

4.0 Procedures

4.1 Determination of PPE requirements based on size and characterization of spill: Large spill of body fluids such as a raw sewage leak that has a high risk of splash potential: PPE requirements include water proof gloves (rubber, nitrile, etc.), rubber boots, waterproof Tyvek coveralls or suit and mucous membrane protection that includes goggles and a dust mask. Small spill of body fluids such as a small pool of blood that has a risk of splashing: PPE requirements at a minimum include waterproof gloves (rubber, nitrile, etc.) and mucous membrane protection with goggles and dusk mask. Protective clothing such as boots, and coveralls may be worn depending on the size and potential for splashing during clean-up. Dried body fluids or a very small spill of body fluids such as dried blood or blood from a mild nose bleed, that have a low risk of splashing: Wearing water-proof gloves (rubber, nitrile, etc.) at a minimum would

be required for PPE in this type of spill clean-up. Other PPE may be worn depending on the situation.

4.2 Clean up Procedures:

Large or small spill with splash potential:

first use absorbent material to soak up and contain spill with absorbent powder/ paper towels. Pour disinfectant directly onto material to disinfect. A broad-spectrum disinfectant such as a 10% bleach solution poured on and left on the material 10-30 minutes before clean-up is sufficient in most instances to disinfect. Other disinfectants may be used if the label lists that it kills a broad spectrum of human infectious agents. After the body fluid material is collected and placed into a trash bag, pour disinfection on the area of spill to complete disinfection and wipe up with paper towels.

Dried body fluids or small spill with low splash potential:

Use absorbent material to soak up and contain spill with absorbent powder/ paper towels if necessary. Pour a broad-spectrum disinfectant such as a 10% bleach solution onto the body spill and leave on for 10-30 minutes before clean-up. Other disinfectants may be used if the label lists that it kills a broad spectrum of human infectious agents. It is important to read these labels and be familiar with the directions for use and expiration dates of the disinfectant. After the body fluid material is collected and placed in a trash bag, pour disinfection on the area of spill to complete disinfection and wipe up with paper towels

4.3 Basic Hygiene & Accidental Exposures

- Employees should wash their hands with soap and warm water immediately after removal of gloves and other protective equipment.
- Disinfect all reusable equipment
- Upon accidental skin contaminations wash the area with copious amounts of soap and water
- If the eyes or mucous membranes are accidentally contaminated flush with copious amounts of water
- Report all accidental exposures to your supervisor

4.4 Disposal Procedures Most body fluids and clean-up materials can be placed into dark garbage bags and thrown into a dumpster. The only exception would be if the body fluid spill was large quantities of blood (i.e. pooled blood). If clean up materials are soaked or dripping with blood, please call EH&S for biohazard bags & boxes to package material for off-site medical waste incineration

While this procedure may seem involved and possibly excessive you need to protect yourself and others. It truly is better to be safe than sorry.

3.3 Watch out for sample tampering

PC 3.3 Observe client during and after collection for potential tampering and respond according to organisation procedures

Oral fluid / saliva samples are a fully observed collection which minimises risk of tampering. Procedures to assist here may also include ensuring the oral cavity is free of food or other items prior to sample collection.

Urine testing is most prone to tampering. Procedures should be adopted to remove this risk as far as possible.

Sample tampering can take almost endless forms.

The most common forms of tampering are:

- Adding a contaminant to a sample
- Attempting to dilute a sample
- Substitution of a sample

Things to watch out for are:

- Person is taking an unusually long time to provide a urine specimen
- Suspicious rustling and sounds while providing a urine specimen
- People who appear to be chewing or sucking on something before or during a saliva sample
- Unwillingness to remove bulky clothing

Procedures should be adopted to not only minimise tampering risk but also to include action where tampering is suspected. Options available may include:

- Request the collection candidate provide a brand new sample.
- Send both of the samples to a laboratory for further analysis as per AS/NZS 4308:2008. Note that screening prior to dispatch to the laboratory is not required however if requested it may be conducted if practical to do so.
- Conduct additional adulterant or specimen validity tests on-site where such equipment is on hand.

Reference AS4308 on the next page:

(f) The integrity of the specimen shall be checked by the following:

NOTE: No device should be placed into the original collected urine unless it can be shown that the device does not contaminate the specimen.

(i) Visual inspection of the colour or lack thereof.

NOTE: A colourless urine may indicate excessive hydration.

(ii) Measuring the temperature within 4 minutes of voiding. The acceptance criterion shall be a temperature between 33°C and 38°C.

NOTES:

1 Insufficient urine may invalidate temperature reading with some types of thermometers.

2 Extremes of temperature may affect the above temperature range. In these circumstances, the collector may use discretion to accept the specimen.

(iii) An on-site creatinine test.

NOTE: Additional integrity testing may be performed, e.g. pH and adulterants.

(g) Any unusual or abnormal finding shall be noted in the permanent record system and on the chain-of-custody form.

(h) If the integrity of the specimen cannot be established, then another urine specimen shall be collected and both forwarded to the laboratory for drug and specimen integrity testing. Both the original and further specimens shall be uniquely labelled and accompanied by their individual chain-of-custody forms which are cross referenced in the permanent record system.

3.4 Validate (test) and secure sample.

PC 3.4 Assure sample integrity by testing and securing sample immediately following collection and for duration of time that sample is responsibility of the collector

Once a specimen is collected and secured in its container it becomes the collector's responsibility until it is dispatched to a laboratory for analysis.

At this point you need to:

- Validate the specimen
- Secure the specimen

Validating the sample: This simply means checking that it is (as best you can tell) a genuine and complete specimen.

Some urine sample kits include built in specimen validity tests. Separate equipment is also available to conduct further validity tests. If this is possible you should follow their manufacturers instruction carefully

Validating Urine Samples

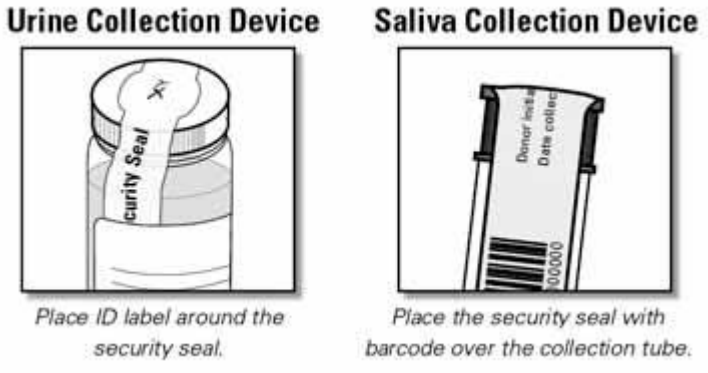
- Always check the temperature is within the expected range of 33^{o}C to 38^{o}C shortly after being voided from the body.
- Check colour - If it looks like water and is at room temperature, then it probably *is* water.
- Consider checking the creatinine level or conducting additional validity tests when in doubt

Validating Saliva Samples

Because a saliva specimen is fully observed during collection it is more difficult to tamper with or contaminate. Because it requires only a small fluid sample it is less possible to dilute.

Securing the specimen

It is the collector's responsibility to secure specimens and maintain their integrity. This becomes most applicable following a non-negative or presumptive positive result.



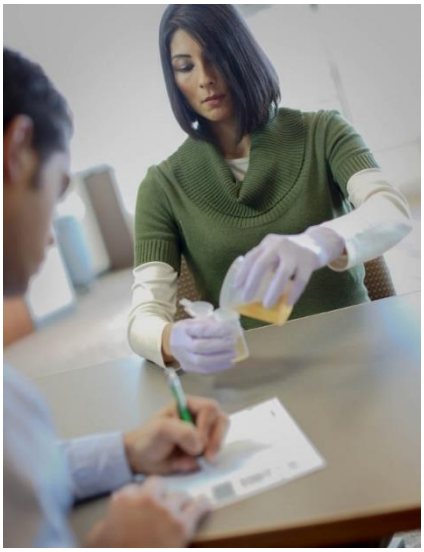
Security is normally achieved by:

- Keep the specimens in view at all times during the initial on-site testing process.
- Use of a chain of custody procedure including tamper evident seals and/or bags to seal specimens inside.
- Keeping the specimens in a temperature-controlled environment prior to transport
- Taking care with transport methods to a laboratory to maintain reasonable temperature control and security for samples.
- Keeping the specimens in a secure location where unauthorised persons cannot tamper with them.

If you suspect a temperature breach or the specimen's integrity has been compromised in any way, it is better to report this early. Better to retake specimens than to have compromised the pending laboratory analysis

Submitting a compromised specimen may void a laboratory result.

4.0 Follow post collection procedures



The specimen is now safely in its container and/or chain of custody bag and the clients is about to leave the testing area.

The next steps are all about:

- Cleaning up
- Checking all the specimens are correctly labelled where applicable.
- Following a chain of custody procedure and confirming sample security with the client
- Preparing the specimen/s for transport to the laboratory

4.1 Follow infection control protocols for waste disposal

PC 4.1 Dispose of waste in accordance with infection control protocols and organisation policies and procedures

Waste is a normal by-product of the drug testing process. It will typically consist of plastics, wrappers, containers, tubes and rubber gloves. Some of the waste may contain saliva/oral fluid or urine residues. Procedures for responsible disposal of waste should be adopted.

Typically, waste and clean up procedures will entail:

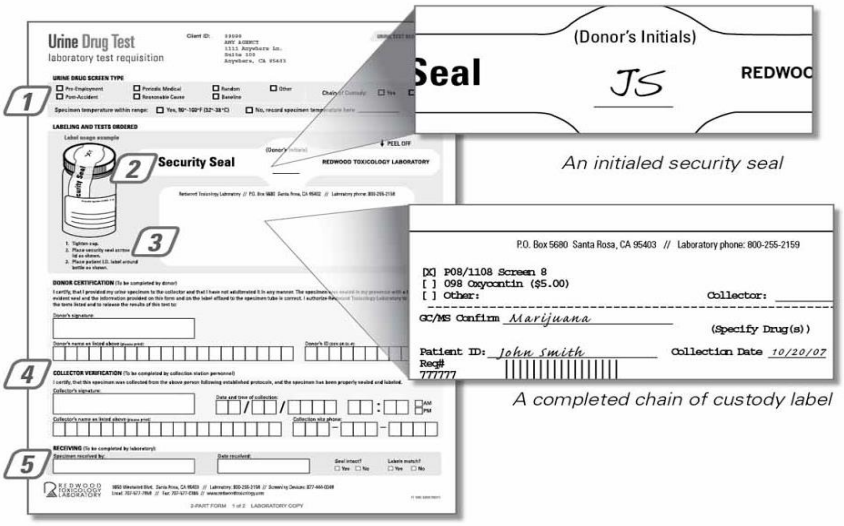
- Donning rubber gloves (and possibly other PPE) where necessary.
- Requesting clients dispose of urine into toilets and flush.
- Collecting up waste and disposing of it in BioHazard bins or bags would be considered best practice.
- Cleaning down work surfaces with an antibacterial agent.
- Making sure the area is completley free of any unused sample kits.

- Making sure no documentation of any kind is left behind.
- Urine from a healthy human is pathogen free. If a specimen contains a pathogen it must be disposed of at an approved medical waste facility. Otherwise all test consumables may be disposed of in bags and ultimately via general waste unless State or Territory legislation dictates otherwise.

4.2 Label specimens to required standards

PC 4.2 Accurately label specimens in accordance with standards requirements and organisation procedures

As a final step it is important that you check all specimen are correctly labelled and that all the required information is where it needs to be.



Urine Test Request Form

Each testing organisation or circumstance will have its own required process and you need to follow this without exception.

4.3 Confirm information and sample security

PC 4.3 Confirm information accuracy and sample security with client

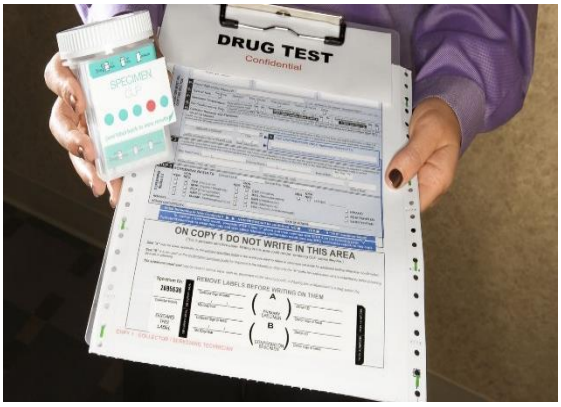
During the collection and post collection processes such as chain of custody you need to check:

- The correct information is on the specimen and the paperwork.
- A tamperproof seal is in place for specimen containers and if procedure requires, on the outer bag or box.
- That both an A and B sample are sealed inside a tamperproof bag (if required)

Chain of custody / security of sample is a very important step to make sure there is no possibility of a specimen and its donor being mixed up.

4.4 Complete all final paperwork

PC 4.4 Complete other collection documentation in accordance with standards and organisation procedures



Drug testing documentation

Documentation should be prepared with consideration to the oral fluid and urine testing Australian Standards. The Australian Standards refer to a 'permanent record system'. These may consist of a book or other system able to collect and store test records for each subject tested.

Important features in such test records are confirmation of identity of the donor, Collector details, date of sample collection and consent. Records should be all in the sequence of collection.

Each organisation will have its own process and protocols for:

- Recording details of what has been collected from whom.
- What specimens have been sent to where, how and on what date etc.
- General administration paperwork.

It is the organisation who engaged you and your responsibility to:

Know and understand the documentation required

To complete and store that documentation in a safe and secure fashion.

4.5 Follow chain of custody procedures

PC 4.5 Prepare and secure collected samples for transit or storage according to standards and organisational requirements, ensuring chain of custody is maintained

The results of a drug or alcohol test can have life-changing ramifications for a donor. For this reason, every single sample must be handled with painstaking attention to detail. Following a strict chain of custody procedure gives peace of mind to both customers and donors.

The chain of custody is the chronological documentation or paper trail, showing the collection, transfer, receipt, analysis, storage, and disposal of the sample. This ensures that any results reported relate beyond all reasonable doubt to a particular individual.

If the results should ever need to be used in court as evidence, the chain of custody records are fully defensible and can disprove any allegations of tampering or misconduct.

Chain of custody procedures require additional documentation and/or content.

There are two different approaches in use in the marketplace and both may demonstrate compliance with the guidelines:

1. Use a single document for all drug testing conducted. This would be a document which includes all necessary details for both permanent records of each test conducted and all chain of custody information for cases which require laboratory confirmation.
2. Use two documents. Firstly, a Test Record Form will record all necessary information as required by a "permanent record system" as outlined in the Australian Standards. Secondly, use of a separate chain of custody form in the case of laboratory confirmation being required.

The documentation style adopted by your workplace or organisation in which drug testing is conducted will be utilised in the practical components of this course.

Copies of completed documentation may be required thus use of duplicates or triplicates may be adopted or otherwise photographic or copying equipment may be used. Where forms used are electronic the need for extra copies may be negated. A physical chain of custody document is most often needed to accompany a sample to a laboratory for confirmation.

Note: A common practice within the industry has also been to include questions during the initial testing of donors regarding their recent use of drugs, alcohol and medications. These questions are often included on the testing record documentation. This is not necessarily best practice and, in some cases, may represent breach of privacy. Always ensure procedures relating to these types of questions are considered in the context of your workplace or organisation requirements with privacy in mind.

This type of information may be considered need to know only and may become relevant only following an initial non-negative / presumptive positive drug test result. At that time additional information can be more reasonably requested.

Medication can still be effectively risk managed without requiring usage details from every employee in the workplace.

A typical chain of custody process

Sample Preparation

It is assumed at this point a donor has been identified correctly, provided consent for drug testing and then returned a non-negative or presumptive positive drug test result.

An "A" and a "B" sample will be typically required for dispatch to a laboratory. The "B" sample is also known as a "referee" sample. With a urine specimen the initial quantity collected can typically be separated into two containers. In the case of oral fluid, a new collection is typically required since the first collection into a drug test device cannot be re-used. A variety of collection methods and equipment can be sourced for this process.

Chain of custody documentation should be completed with all necessary information to identify and track the samples. It should include necessary instruction for the laboratory purposes. Both the collector and the donor will sign the chain of custody form. The Australian Standards for urine and oral fluid drug testing contain sample chain of custody forms for reference.

Securing of the samples then requires completion of labels, attachment of security seals (which may be tamper evident) and sealing into tamper evident / secure bags. Donor signatures should be obtained on seals and/or labels depending upon the procedures adopted by the workplace or organisation in which testing has occurred.

Analysis

Once the samples arrive at the laboratory, they are checked for any evidence of tampering and visible signs of contamination. The chain of custody form unique identifier information and samples are scanned into a LIMS (Laboratory Information Management System). The LIMS then tracks the sample during analysis, using the original unique identifiers at all stages of the process. All associated records for the analysis are retained and available to demonstrate traceability at audit.

Reporting

Prior to reporting of analytical results, a senior member of analytical staff reviews the analytical results and sample information before authorising the result for reporting.

These processes ensure that a sample is clearly identified from sample collection, receipt at the laboratory, sample analysis, through to result reporting, ensuring that the final result has a traceable link to the individual from whom the sample was collected.

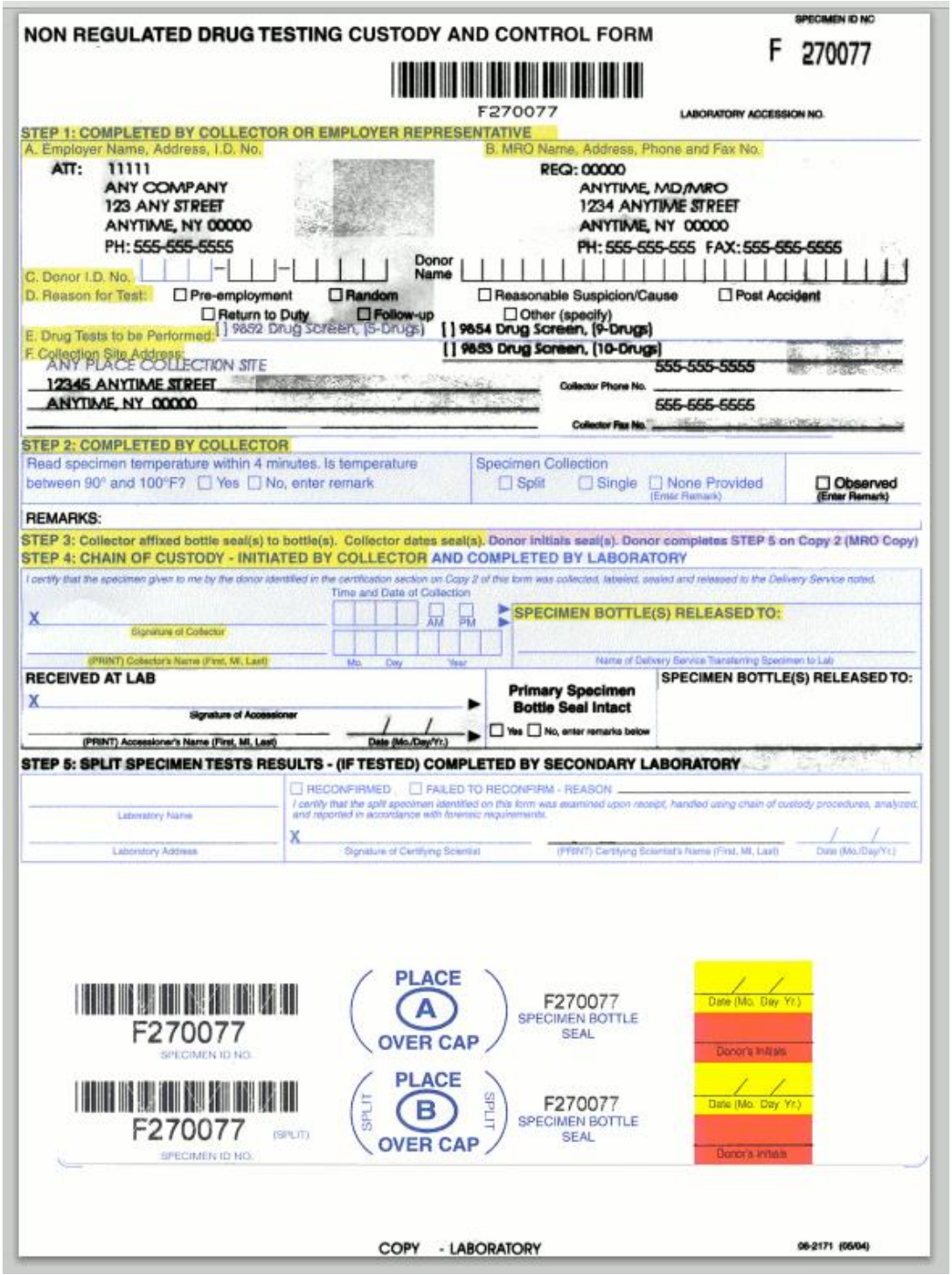
Confidence in the chain of custody

By strictly following these processes and protocols it protects all parties.

Any suspected break in the chain of custody must be reported and acted on immediately.

Confidence the chain of custody has been maintained is fundamental to the integrity of all concerned.

Sample COC Form



NON REGULATED DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. F 270077

F270077

LABORATORY ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

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

ATT: 11111
ANY COMPANY
123 ANY STREET
ANYTIME, NY 00000
PH: 555-555-5555

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

REQ: 00000
ANYTIME, MD/MRO
1234 ANYTIME STREET
ANYTIME, NY 00000
PH: 555-555-555 FAX: 555-555-5555

C. Donor I.D. No. Donor Name

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

E. Drug Tests to be Performed: [ ] 9852 Drug Screen, (5-Drugs) [ ] 9854 Drug Screen, (9-Drugs) [ ] 9853 Drug Screen, (10-Drugs)

F. Collection Site Address: ANY PLACE COLLECTION SITE, 12345 ANYTIME STREET, ANYTIME, NY 00000

Collector Phone No. 555-555-5555

Collector Fax No. 555-555-5555

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F? ☐ Yes ☐ No, enter remark

Specimen Collection ☐ Split ☐ Single ☐ None Provided (Enter Remark)

☐ Observed (Enter Remark)

REMARKS:

STEP 3: Collector affixed bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted.

X Signature of Collector

(PRINT) Collector's Name (First, MI, Last)

Time and Date of Collection AM PM Mo. Day Year

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB

X Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact ☐ Yes ☐ No, enter remarks below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: SPLIT SPECIMEN TESTS RESULTS - (IF TESTED) COMPLETED BY SECONDARY LABORATORY

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with forensic requirements.

Laboratory Name

Laboratory Address

X Signature of Certifying Scientist

(PRINT) Certifying Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

F270077 SPECIMEN ID NO.

PLACE A OVER CAP

F270077 SPECIMEN BOTTLE SEAL

Date (Mo. Day Yr.)

Donor's Initials

F270077 (SPLIT) SPECIMEN ID NO.

PLACE B OVER CAP (SPLIT)

F270077 SPECIMEN BOTTLE SEAL

Date (Mo. Day Yr.)

Donor's Initials

COPY - LABORATORY

06-2171 (05/04)

Storage of Samples

Australian Standards include recommended storage duration for samples held by a laboratory. This caters for those occasions where a donor may request further testing of the "referee" sample to further verify a result. Such re-testing is rarely required.

Australian Standard AS/NZS 4760:2019 for oral fluid requires the laboratory to store referee samples frozen for 6 months, unless otherwise instructed in writing by a donor.

Australian Standard AS/NZS 4308:2008 for urine requirements are the same as above except 3 months and early disposal requires written authority of both the donor and the requesting authority.

Providing a referee sample is a requirement under both Australian Standards for Urine and Oral fluid.

(A donor may authorize (in writing) for their 'B' sample to be transferred to a laboratory of their choice for independent analysis (at their cost) should they wish to dispute the original result. In this case minimum cut off levels do not apply and detection of the target drug at any concentration will be deemed as positive. This process must be instigated within the period of storage specified in the relevant standard.)

Records of Testing

Australian Standard AS/NZS 4760:2019 for oral fluid requires all testing records to be stored in a secure location consistent with the relevant legislation or as per National Pathology Accreditation Advisory Council (NPAAC) Guidelines or New Zealand equivalent.

Australian Standard AS/NZS 4308:2008 for urine requirements are the same as above except only two years storage is required. Records shall be kept in a secure location for a period consistent with the requesting authority's policy or as per National Pathology Accreditation Advisory Council (NPAAC) Guidelines or New Zealand equivalent.

NATA Accredited Laboratories

Laboratories can be accredited to the relevant Australian Standards for urine and oral fluid. This quality accreditation process is certified via the National Association of Testing Authorities (NATA). Other certification bodies are also available. It is highly recommended only accredited laboratories be utilised for confirmation of results.