

GENERAL ORDER



DISTRICT OF COLUMBIA

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Drug Screening Program		
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I. BACKGROUND

The Director of the Medical Services Branch has established testing procedures to ensure compliance with the Metropolitan Police Department's policy against drug use by its members. The attached Urine Specimen Collection Manual (USCM) contains the Department's policy, procedures, duties and responsibilities concerning the Drug Screening Program and is incorporated by reference into this general order.

II. POLICY

Drug use may jeopardize the safety of members and the public we are sworn to protect. The illegal use of drugs and controlled substances by members of the Department will not be tolerated. The Department does not permit members to use or possess marijuana, including medical marijuana, regardless of duty status, even if the member has a medical marijuana card that conveys on him or her "caregiver" or "patient" status in the District of Columbia. The use of urinalysis testing for illicit drug use and/or abuse, as established in the USCM, shall constitute the primary means of detecting and deterring drug use/abuse within the Department. The confirmed finding of an illicit or controlled substance in the urine of a member, or the refusal of a member to submit to such testing, will result in the termination of that member from the Metropolitan Police Department (MPD).

III. REGULATIONS

- A. All members shall comply with the procedures, duties and responsibilities established by the USCM (Attachment A).

- B. In addition to urinalysis testing, pre-employment candidates shall be subject to:
1. Testing for synthetic cannabinoids; and
 2. Hair drug testing in accordance with the procedures established by the Director of the Medical Services Branch.

IV. PROCEDURES

A. Prescription or Over-The-Counter Medication

1. Prior to their next shift, members shall notify the Clinic of the name, dosage, and known side effects any time they are prescribed medication.
 - a. Members shall immediately call the Clinic when they are prescribed the medication in order to schedule an appointment prior to their next shift.
 - b. Members shall provide the Clinic with a copy of the prescription and any other applicable documentation relating to the prescription at their appointment.
 - c. In accordance with GO-PER-100.11 (Medical Services), when a member is physically unable to report to the Clinic because of injury or illness and the injury or illness does not result in a hospital admission, the member shall report to the Clinic when practicable, and provide to the attending Clinic physician a summary of the events leading up to the injury or illness.
2. Prior to their next shift, the Medical Services Branch shall notify the member's official when a member is required to use prescription or over-the-counter medication which has the potential to impair job performance.
3. Members shall not ingest any controlled or over-the-counter medications in amounts greater than the recommended dosage.

B. Unintentional Ingestion or Forced Ingestion of a Controlled Substance

Any member who unintentionally ingests, or is forced to ingest, a controlled substance shall immediately report the incident to his or her official so that appropriate medical steps may be taken to ensure the member's health and safety.

C. Medical Services Branch

The Medical Services Branch shall conduct urinalysis testing for the narcotic, controlled and illegal substance use by any member:

1. Suspected of such drug use;
2. Randomly for all members;
3. Prior to members receiving additional pay related to promotions, increased duties or similar matters; and
4. As a part of any member's routine physical examination conducted by the Branch.

D. Urine Specimen Testing

Urine specimen testing shall be conducted in the following instances for all members of the Department as approved by the Chief of Police:

1. Recruit officers during recruit training;
2. Probationary physicals;
3. Pre-five year physicals;
4. Biennial physicals;
5. Random drug screenings;
6. Master patrol officer physicals;
7. Detective I/II physicals;
8. Investigator physicals;
9. Emergency Response Team physicals;
10. Range physicals;
11. Scuba diving physicals;
12. Search and emergency rescue team physicals;
13. Technician physicals;
14. Promotion physicals;

15. Return from military leave physicals;
16. Return to duty physicals;
17. Fitness for duty physicals;
18. Reinstatement physicals;
19. Disability retirement physicals;
20. When ordered for reasonable suspicion;
21. Administrative board recommendations; and
22. Any other physicals recommended by the Clinic Medical Director

IV. ATTACHMENT

1. Attachment A: Urine Specimen Collection Manual



Cathy L. Lanier
Chief of Police

CLL:PAB:MOC:JC

METROPOLITAN POLICE DEPARTMENT
Human Resource Management Division
Medical Services Branch

Drug Screening Program
URINE SPECIMENT COLLECTION MANUAL
December 29, 2014

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INTRODUCTION

Goals and Objectives of Drug Screening Process

While it is the inherent duty and responsibility of the Metropolitan Police Department (MPD) to maintain an accounting to the public which we serve, it is equally important for the Department to protect itself and its members against the wrongful actions of a few members or prospective members who may eventually cause harm to their co-workers and/or to the public because of their use of illicit drugs. In the proper context, urine drug testing can also be used to deter drug abuse in general. To be a useful tool, the testing procedure must be capable of detecting drugs or their metabolites at concentrations sufficiently low to include occasional or infrequent users as well as recent users.

Urine is the body fluid most often tested because it can be readily obtained by relatively non-invasive means. However, the presence of a drug in a urine specimen is normally used to simply indicate the subject's use of the drug, and provides little insight as to whether the subject was under the influence of the drug at a specific time. Even so, the consequences of a positive urine test for an illegal drug can carry severe penalties. Even when punitive actions do not take place, the suggestion that drug abuse has occurred can be devastating to the life of the subject. For these reasons, urine drug test results must be as error-free as possible and defensible in the event that they are challenged during an administrative, civil or criminal proceeding. Reliable discrimination between the presence, or absence, of specific drugs or their metabolites is critical, not only to achieve goals of the testing program but to protect the rights of those tested; thus, it is in the Department's interest to set standards which the Drug Screening Program must maintain in order to achieve maximum acceptability of test results.

The possible impact of a positive test result on an individual's livelihood, freedom or rights, together with the possibility of a legal challenge of the result, sets this type of test apart from most clinical laboratory testing. In fact, urine drug testing should be considered a special application of analytical forensic toxicology. That is, in addition to the application of appropriate analytical methodology, the specimen must be treated as evidence and all aspects of the testing procedure must

be documented and preserved for possible administrative hearings or civil proceedings. The clinical laboratory shall acquire the services or advice of a qualified forensic toxicologist, or individual with equivalent qualifications (of experience, training , etc.), to address the specific needs of the on-site testing facility including the demands of chain of custody of specimens, security, proper documentation of all records, storage of positive specimens for later or independent testing, presentation of evidence for administrative hearings or civil proceedings, and expert witness testimony.

PART I DRUG SCREENING POLICY

It shall be the policy of the Metropolitan Police Department that all drug screening of members be processed in accordance with the provisions of this manual. All specimens that screen other than negative shall be analyzed by gas chromatography/mass spectrometry (GC/MS) prior to reporting final results.

PART II PROCESSING OF DONORS

The processing of donors and specimens shall be strictly controlled by the utilizations of the Five (5) Part Drug Testing Custody and Control Form (Five (5) Part Form). The process shall be governed by the following guidelines:

1. The person giving the sample (donor) must be positively identified prior to any specimen being taken. The donor's Department identification folder (or temporary departmental identification card) shall be used for this purpose. In the event that the donor states that he/she does not have his/her identification card in his/her possession at that time, other forms of positive identification (driver's permit with picture, etc.) may be used at the discretion of a MPD Clinic liaison official or the donor's supervisor can be requested to appear at the Police and Fire Clinic ("Clinic") and personally identify the donor. If positive identification cannot be made by some means, the person shall not be allowed to give a specimen and an MPD Clinic liaison official will record the reason for the departure.

2. Individuals who report for a Drug Screening shall not depart from the Clinic without the approval of the MPD Clinic Liaison Official. In the event an individual must leave the Clinic, the individual shall notify an MPD Clinic liaison official who will record the reason for the departure before a specimen was given.
3. Donors shall place their service weapon, personal items and hand carried objects in a “gun locker” before proceeding to the laboratory.
4. The donor will be given a written summary of the drug screening procedure to read before being escorted to the Clinic laboratory.

PART III SPECIMEN COLLECTION PROCEDURE

A. Collection Site Personnel

Collection site personnel shall be employees of PFC Associates, LLC. On occasions when it is necessary to obtain specimens at locations other than the Police and Fire Clinic, the specimens shall be collected by members assigned to the Internal Affairs Bureau who are trained in collection procedures. For after-hours testing, the Director of Medical Services Branch may be contacted through the Command Information Center (CIC).

Collection Site personnel shall meet the following requirements:

1. Receive training in the procedures of urine collections.
2. Work under the general supervision of the Clinic Medical Doctor.
3. Receive semi-annual in-service training regarding collection procedures.

B. Collection Site

A designated collection site is a place where individuals present themselves for the purpose of providing urine specimens to be analyzed. The site shall possess all necessary personnel, materials, equipment, facilities, and

supervision to provide for the collection, security, temporary storage and initial screening of urine specimens. The site shall be secured at all times.

C. Collection Procedures

1. When the Clinic collector is ready for a donor, the MPD Clinic Liaison Official shall escort the member to the Clinic laboratory.
2. No unauthorized personnel shall be permitted in any part of the collection site while urine specimens are being collected or tested.
3. The collector will verify the donor's identification and record the member's name and Social Security Number in the laboratory drug screening log and complete Step 1 of the Five (5) Part Form. The member's Social Security Number shall be used as the employee ID number on the Five (5) Part Form.
4. If the donor is there for a Fitness-for-Duty or a Reasonable Suspicion test or to be retested after a previous specimen was determined to be adulterated, diluted or otherwise tampered with, the donor will undergo direct observation of the collection.
5. If the donor is not required to disrobe, the collector will direct the donor to remove all outer garments and to empty their pockets into a container.
6. The collector will supervise the donor while the donor thoroughly washes and dries his/or her hands.
7. The donor will then be directed to select a sealed Split Specimen Transport Box from a supply of boxes and to break the seal on the transport box. The donor will retain custody of the complete collection container including the specimen bottles (sealed in plastic) until the donor turns the specimen over to the collector.

NOTE: A donor who is completing a physical examination may also be provided a vial for urine collection for medical test purposes only.

8. The donor will be directed to the washroom within the secured laboratory to give the sample. The water to the washroom shall be electronically turned off, blue dye placed in the commode and the soap dispensers removed to prevent sample adulteration with substance from the laboratory. The donor will not be directly observed unless the Department reasonably suspects that the donor might attempt to circumvent the drug screening process. If direct observation is deemed necessary, the observer will be a Clinic staff member of the same sex as the donor. After producing the sample, the donor will give the collection container and the transport box to the collector. The donor will not be allowed to wash his/her hands until the specimen is separated into the two (2) specimen bottles, the specimen bottles are sealed and the donor has initialed each seal.
9. The collector will immediately inspect the transport box to ensure that the plastic bags containing the specimen bottles are intact and unopened and the transport bags were not tampered with. The collector shall observe the temperature strip on the container within four (4) minutes to determine if the specimen is within the acceptable range of 90 to 100 degrees Fahrenheit and record the temperature on the Five (5) Part Form. If the specimen temperature is outside of the acceptable range, the collector will immediately take and record a temperature reading using a thermometer then direct the donor to have his/her oral temperature taken. If the donor refuses or if the donor's temperature is not within 1 degree Celsius/1.8 degrees Fahrenheit of the specimen, the specimen will be treated as an adulterated sample as described below.
10. The collector will determine if the sample is sufficient for testing (at least 45ml) and will observe the specimen to detect obvious signs of adulteration or tampering such as non-urine color or temperature of the sample outside of the acceptable range. A red specimen may

indicate a kidney or bladder disorder or menstruation; the collector will record the red color on the Five (5) Part Form but will not reject the specimen as adulterated. The collector will record unusual features of the specimen on the Five (5) Part Form immediately.

11. If there is an insufficient volume of urine the collector will: record the specifics on the daily log for urine collection; have the donor initial the log entry; dispose of the initial sample and the specimen collection kit then direct the donor to select a new sealed Split Specimen Transport Box and produce a second sample. Under no circumstances will the second sample be added to the first sample to produce a sufficient volume of urine.
12. If the donor cannot produce an adequate amount of urine, the collector will direct the donor to drink not more than 40 ounces of fluid and, after a period of up to two (2) hours, again attempt to provide a complete sample. The donor will remain in the Clinic Waiting Room until the donor is ready to produce a second sample.
13. If the donor is still unable to provide an adequate amount of urine, the collector will call a Clinic physician who will examine the patient to determine if a medical reason exists for the donor's inability to produce the specimen or if the inability to produce a specimen should be treated as a refusal to test.
14. If the specimen appears adulterated, the collector will immediately notify a MPD Clinic liaison official. The liaison official may be asked to remain in the laboratory for the remainder of the collection procedure. The collector shall note the suspected adulteration in the daily log and the donor shall initial the notation. The initial sample will be poured into the two (2) collection containers – approximately 30ml in container A and at least 15ml in container B. Both containers will be sealed and dated by the collector. The donor shall initial each label to signify that the donor witnessed this process and to confirm that the sample in each container came from the donor. The donor

will also be directed to place his/her thumb print on the specimen B container which will be sent to the confirmation laboratory identified by the Fraternal Order of Police (FOP), if directed by the FOP. The confirmation laboratory must be certified by the Department of Health and Human Services. Both samples will be sent to the confirmation laboratory to test for and confirm adulteration and, to the extent possible, specifically identify the adulterant and to test for illicit drugs. The results of confirmation testing will be used as evidence for possible administrative action against the donor.

15. The donor shall then be directed to select a second sealed Split Specimen Transport Box. The donor will then produce a second specimen under direct observation by a police official or a Clinic staff member of the same sex as the donor. The collector will prepare a second Five (5) Part Form for the new sample. After the second specimen is produced, the donor's police powers will be revoked, his/her badge and weapon collected and he/she shall immediately be placed on administrative leave with pay pending receipt of the confirmation test results.
16. If there is sufficient urine and the original or second sample does not appear to have been adulterated, the collector will pour a portion of the specimen into the two (2) containers – approximately 30ml in container A and at least 15ml in container B. The collector will seal the containers with the security strips attached to the Five (5) Part Form and record the date on the seals. The donor will initial each label. The donor will also be directed to place his/her thumb print on the specimen B container which will be sent to the FOP Confirmation Laboratory, if directed by the FOP.
17. If the donor is there for Fitness-For-Duty or Reasonable Suspicion testing, the donor will follow the TRIAGE procedures for drug screening described below.

18. If the donor is there for any other type of drug screening, the donor will be directed to follow the screening procedure for drug screening.

D. TRIAGE Screening Test Procedures

1. The donor will be directed to select a sealed TRIAGE Test Kit, verify that the expiration date on the Kit has not passed and break the seal. The collector will test the specimen in the presence of the donor by selecting a new pipet tip to extract a few drops from the initial sample and place the sample in the appropriate spot on the TRIAGE Kit. The donor and the collector shall observe the test until the results are completely displayed. If a color bar appears next to a specific drug, the result is presumed to indicate the use of the corresponding drug by the donor.
2. The TRIAGE Kits will test, at a minimum, for the presence of the following illicit drug classes:
 - a. Phencyclidine (PCP)
 - b. Cocaine
 - c. Amphetamines
 - d. Benzodiazepines
 - e. Barbiturates
 - f. Cannabinoids (Marijuana)
 - g. Opiates
 - h. Methadone
 - i. Methamphetamines
 - j. Propoxyphene
3. If the TRIAGE Kit indicates the presumed use of an illicit drug by the donor, the MPD liaison official shall be called to the laboratory. The donor's police powers shall be revoked, his/her weapon and badge retained and the donor placed on administrative leave with pay pending the results of the confirmation test. The TRIAGE Kit shall be discarded.

4. The collector shall arrange for the samples to be sent to the confirmation laboratory for testing. Chain-of-Custody procedures shall be followed as documented on the back of the Five (5) Part Form.
5. If the TRIAGE Kit does not indicate the presence of controlled substances, the kit and the remaining samples will be discarded.

E. Screening Test Procedures

1. The collector will indicate on the Five (5) Part Form that this specimen is to be tested for the NIDA ten (10) drug panel, direct the member to sign the fourth copy of the Five (5) Part Form, tear-off the first three (3) copies (i.e., white copies) and place in the front pouch of the transport bag. The samples shall then be placed in the back pouch of the clear transport bag. The collector shall seal the transport bag, place the bag in the shipping container, seal the container with the seal from the Five (5) Part Form and initial the seal.
2. The specimens shall be picked up daily by the screening and confirmation laboratory for initial drug screening.
3. The laboratory will test the specimen for adulteration and perform the initial drug screening. Negative results, consisting of the specimen serial number and a pass notation, shall be printed on a printer located in the Clinic laboratory within twenty-four (24) hours of the samples being received at the screening and confirmation laboratory.
4. For each specimen reported as positive for the presence of illicit drugs, the laboratory shall initiate confirmation testing.
5. If the laboratory screening indicates that a specimen may have been adulterated, a Clinic liaison official will be contacted immediately. The laboratory will initiate testing to identify the adulterant and to

confirm adulteration. The donor shall be contacted and directed to report immediately to the Clinic for a second drug test which will be observed.

6. If the screening test does not indicate the presence of controlled substances, the initial specimen will be retained by the screening laboratory for seven (7) days as required by the Clinical Laboratories Investigation Agency (CLIA). After the seven (7) days period, the specimen will be disposed of.

F. Chain of Custody

Only authorized personnel may handle urine specimens. The chain of custody procedures shall always be maintained to control and account for specimens from receipt through screening and confirmation if necessary. Every individual in the chain of custody shall be identified. The Clinic personnel will be responsible for all specimens in their possession and shall sign and complete the Chain of Custody forms for specimens as they are received and/or transferred.

The two (2) specimen containers will be sent to the screening and confirmation laboratory under Chain-of-Custody procedures.

1. The sealed specimen shipping container shall be maintained in a locked refrigerator in the Clinic laboratory until the daily pickup from the screening and confirmation laboratory. The Clinic laboratory shall be locked at all times when authorized personnel are not present. The keys to the laboratory shall be restricted to authorized personnel and the Providence Hospital security office.
2. When the courier arrives, a Clinic employee shall remove the shipping containers from the secured refrigerator.
3. The Clinic employee shall carefully inspect the containers for signs of tampering. If the inspections are satisfactory, the Clinic employee shall sign the Five (5) Part Form, and record the date and time of the inspection and the condition of the packaging. If a discrepancy is

noted, the information shall be recorded on the Five (5) Part Form and the Clinical Medical Director shall be notified for instructions before transferring the specimen to the courier.

4. The Clinic employee shall then record “**turned over specimen to courier**,” his/her signature, and the time and date on the Five (5) Part Form and the Clinic laboratory daily specimen collection log.
5. The courier will then record “**received specimen**”, his/her signature, and the time and date on the Five (5) Part Form and initial the Clinic laboratory daily specimen collection log by each specimen to acknowledge receipt of the specified shipping containers.

If a sample is screened as positive and confirmed positive, the FOP will be contacted to arrange for the second sample (container B) to be transported to the FOP confirmation laboratory for an independent confirmation test.

PART IV POSITIVE SCREENING RESULTS

Upon notification that a Pre-Swearing-In screening test or a TRIAGE test kit result is positive, the Clinic Medical Director shall notify the MPD liaison official.

PART V CONFIRMATION TEST POLICY

A second analytical procedure using GC/MS methodology will be used to identify the presence of a specific drug or metabolite, in order to ensure reliability and accuracy.

PART VI CONFIRMATION TEST RESULTS

Upon receipt of report(s) from the laboratory confirming the presence of an illicit/controlled substance in the urine sample of a member of the Metropolitan Police Department, the Medical Review Officer (MRO) will review the Five (5) Part Form for compliance with proper procedures before notifying MPD of the

confirmed positive result. The member will be contacted by MPD to schedule an appointment to meet with the MRO and a MPD liaison official if necessary, for the purpose of determining whether there are any medical reasons for the positive test results. If the MRO determines that the positive test results were the result of over-the-counter medication or other legally ingested substances, the MRO shall maintain his/her discretion to determine whether the drug screening results were positive or negative consistent with his/her review and findings of the test results and established agency policy regarding drug use.

If the MRO determines that the positive test results were the result of prescribed medication, the MRO shall request, and the member must provide, written proof of the following: (1) that the prescription drug use was under the contemporaneous supervision of a treating physician, (2) that the treating physician had knowledge of the member's job function and attendant safety issues, and (3) that the prescription was issued within the past year.

If the member tested positive for opiates but the MRO cannot positively conclude that the member actually used opiates, the member will be returned to duty and informed that he/she will be randomly selected for a new drug screening within thirty (30) days.

If the confirmation results confirm the positive screening results, a case jacket shall be prepared by MPD containing copies of all documents relative to the collection and testing of the individual sample, including copies of all laboratory reports, administrative memoranda, and other applicable supporting documents. The administrative official who compiles the case jacket shall also prepare an "administrative hearing check sheet" which shall be utilized to ensure completeness of the record. As each required document is placed in the file, an appropriate entry with the date and initials of entering official shall be recorded.

Case jackets shall be clearly marked to indicate whether the member is a career officer or a probationer. The case jacket shall then be turned over to the Drug Screening Supervisor. The Drug Screening Supervisor shall complete the collection of necessary documents. When the case jacket is completed, a

notification shall be made to the Internal Affairs Bureau to arrange for transfer of the package to the Internal Affairs Bureau investigator.

PART VII DRUG SCREENING AND CONFIRMATION DRUG SCHEDULE

Pursuant to the Metropolitan Police Department Drug Screening Program, at a minimum, the following schedule of drugs shall be screened and confirmed by primary laboratory and any laboratory conducting confirmation testing:

1. Amphetamines
2. Cocaine (Metabolite)
3. Phencyclidine (PCP)
4. Cannabinoids (Marijuana)
5. Opiates (Heroin)
6. Benzodiazepine
7. Barbiturates
8. Methadone
9. Methamphetamines
10. Propoxyphene

NOTE: Information concerning screening and confirmation levels is not included in this manual. To obtain this data a written request must be made to the MPD Clinic Contract Administrator.

Screening for other drugs shall be conducted in accordance with the procedures set forth in this order when there is reason to suspect that a member has used another illicit or controlled substance.

PART VIII SUPPLEMENTARY DOCUMENTATION

Any deviation from the split specimen procedures outlined in this manual shall be documented by memorandum signed by the MPD Contract Administrator.

PART IX FUTURE REVISIONS

The MPD Contract Administrator may make minor modifications to these guidelines to reflect improvements and/or changes in collection procedures. The Fraternal Order of Police Labor Committee will be notified of any changes in these procedures.

PART X INSPECTIONS

Internal Affairs Bureau and MPD Office of Risk Management personnel shall reserve the right to inspect the facility at any time, and are authorized to conduct unannounced inspections.

PART XI CONFIDENTIALITY OF RECORDS

The laboratory (Internal/External) shall ensure that the records are secured in compliance with the Privacy Act, 5 U.S.C. 552a, and the patient access and confidentiality provisions of section 3112.2 of Chapter 31 of the District Personnel Manual. The Medical Services Branch shall establish a record keeping system to protect both the agency's and contractor's records of employee urinalysis results. Confidentiality of records shall have specific protections requiring that employee records are maintained and used with the highest regards for employee privacy.