Number: TBD
EFFECTIVE DATE: JULY 31, 2000

PROCEDURE STATEMENT

Policy Area: Supervision
Issue: Drug Surveillance
Action/Guidance: **Chain-of-Custody Procedures**

Context: CSOSA conducts drug testing on all offenders to identify substance abusers and provide treatment interventions. Drug testing may be scheduled, random, or based upon reasonable suspicion of illicit drug use.[1] Drug testing is necessary to monitor offenders' compliance with their conditions of parole, probation, and supervised release and to ensure the successful rehabilitation of offenders. A competent and rigorous chain-of-custody procedure furthers this objective by ensuring the accuracy of drug test results while protecting the credibility and integrity of the Agency.

I. Procedure:

A. Authority and Conditions for Drug Testing

The following individuals are authorized to require urine collection under departmental control:

1. Judges/Commissioners
2. Program Administrators
3. Unit Managers or designees
4. Laboratory Director or designees
5. Community Supervision Officers
6. DC Board of Parole/US Parole Commission

Individuals authorized to order a drug test on reasonable suspicion may do so under the following conditions:

1. Absenteeism from work or scheduled appointments with supervisory officials
2. Missed appointments with drug/alcohol counselors
3. Combativeness
4. Evasiveness
5. Behavior that is unusual, bizarre, or out of character
6. Alcoholic odor
7. Physical symptoms of drug abuse (e.g., hypodermic injection marks, signs of withdrawal, etc.)
8. Possession of suspected illicit drugs or drug paraphernalia
9. Difficulty staying awake or sleeping
10. Difficulty comprehending instructions
11. Poor hand-eye coordination
12. Any other indicators that may lead to reasonable suspicion

Please note that caution is to be exercised in interpreting these indicators. Other factors, such as physical ailments, medical conditions, stress, fatigue or legitimate use of prescription drugs may be involved and can therefore be

[1] Drug testing schedules are outlined in the procedure entitled "Drug Testing Protocol."

misinterpreted. Such factors must be documented, maintained and visible to authorized personnel.

B. Drug Testing Coordinator

The Associate Director for Community Supervision shall designate a Drug Testing Coordinator. This individual directs and monitors all necessary duties related to collection, labeling, control, documentation, and transportation procedures for offender drug testing. This individual shall be thoroughly trained in the labeling, collection, storage and control of urine samples. In addition, the Drug Testing Coordinator shall act as a liaison to the Agency inspection team. The inspection team will be composed of the Pretrial Services Drug Laboratory Director and Deputy Director along with one rotating supervisor from the field collection sites. The inspection team's mandate will be to ensure the maintenance of professional standards within the central laboratory and field collection sites.

Specific responsibilities of the Drug Testing Coordinator include:

1. Directing and monitoring the collection of urine samples of offenders;
2. Coordinating the transfer of collected samples to a centralized toxicology laboratory;
3. Adhering to documented filing guidelines and information storage timelines;
4. Training staff in collection techniques and the monitoring of samples (including all Drug Surveillance Monitors (DSM));
5. Maintaining appropriate documentation of completed drug testing;
6. Ensuring that sufficient supplies are available for safe and uniform collection of samples; and
7. Acting as liaison to the Agency inspection team to ensure that quality assurance standards are met.

II. Testing Procedures

See Laboratory Manual (Attachment 1) for greater detail regarding testing methodology and specimen collection/handling.

A. Urine Testing

1. Urine testing is conducted at the Pretrial Services Agency Laboratory, located in 300 Indiana Avenue, NW, Suite 6150.
2. In-house testing (Pretrial Laboratory) is conducted on the Hitachi 747 clinical analyzer using EMIT II technology. Creatinine testing is conducted using BMC reagents. All procedures are contained in the Laboratory Manual, and must be adhered to at all times. All testing is controlled through the automated DTMS.
3. Testing performed at the reference laboratory is conducted on the Hitachi 717 using Roche Online reagents.
4. Both laboratories are required to follow vendor protocols. Any modification in protocol must undergo strict validation and verification protocols as established by Clinical Laboratory Improvement Act (CLIA). The Laboratory Director must approve any modifications.
5. A trained scientist performs all laboratory tests. Training includes vendor training as well as in-house training and certification. Training certification is documented by use of the Employee Certification and Training Summary Report.

B. Number of Drugs Screened

1. Urine specimen will be routinely tested and analyzed for various substances, including: Amphetamines, Cocaine metabolites, Methadone, Opiates, PCP, Cannabinoids and alcohol. Additional assays for LSD, Benzodiazepines, Propoxyphene, and Barbiturate are available upon request. The latter must be arranged with the Laboratory Director.
2. The cutoff levels for the drugs of abuse listed above are based on values established by the National Institute for Drug Abuse (NIDA) and Department of Defense (DOD) guidelines. The cutoff values are as follows:

a.	Amphetamines	1000 ng/ml
b.	Barbiturates	200 ng/ml
c.	Benzodiazepines	200 ng/ml
d.	Cannabinoids	50 ng/ml
e.	Cocaine metabolite	150 ng/ml
f.	Methadone	300 ng/ml
g.	Opiates	300 ng/ml
h.	PCP	25 ng/ml
i.	Propoxyphene	300 ng/ml
j.	Alcohol	.02 or 20 mg/ml
k.	LSD	0.5 ng/ml

C. Confirmation of Positive Test Results

1. Confirmation of positive drug results is performed at American Medical Laboratories in Chantilly, Virginia or at the GC/MS laboratory of the Pretrial Services Agency.
2. Confirmation is only performed if challenged by the offender. A request for GC/MS must be made through the offender's attorney. In addition, judges may also authorize confirmation testing.
3. Department heads, section chiefs, caseworkers, and treatment counselors may request GC/MS confirmation after consultation with the Laboratory Director.
4. All GC/MS results must be reviewed and certified by the Laboratory Director or the Director's designee. An interpretative report is entered into the offender's record.
5. Director or Laboratory Scientist must explain any special issues or discrepancies in the report.
6. GC/MS' cost is currently assigned as part of the routine operational budget.

D. Sample Rejection

1. Samples rejected for any reason must be properly recorded in DTMS. This ensures complete sample integrity and record keeping, which is essential for the protection of the offender and the Agency.
2. Samples may be rejected by the collection staff or the laboratory staff if observed or suspected adulteration has occurred. However, all rejected samples must have annotations made to the record explaining the events that led to their rejection.
3. If the offender is actually observed adulterating a sample, this is grounds for immediate rejection as a bogus sample.
4. A sample that is very cold to the touch can also be grounds for rejection. It is best to measure the temperature with a DOT temperature strip or have the laboratory measure it with the thermometer. The normal range for urine is 32.2°C to 37.8°C

(90.0°F to 100.0°F). Be aware that the temperature of a cup (room temp.) can decrease the urine temperature. This must be taken into consideration when a small volume of urine is submitted (less than 30 mls). If in doubt, check with the laboratory supervisor.

5. The laboratory staff may, as backup, measure the pH specific gravity on samples rejected as bogus. The pH should be between 5 and 8 and the specific gravity between 1.000 to 1.030. If creatinine is measured, the values must be greater than 20 mg/dl.
6. An explanation of why a sample was rejected must be entered into the Final Sample Disposition Program in DTMS. This program contains codes that can be used to characterize the event. If these codes are not adequate, there is a provision for typing a more detailed message explanation of the sample rejection.
7. Review the chain-of-custody to make sure the correct chain of events is listed. Also, check the offender's record to ensure that a detailed description has been entered into that file.
8. The sample can be saved if needed for further testing or scrutiny.
9. Additional reasons for sample rejection:
   a. Samples in which the chain-of-custody has been broken.
   b. Samples in which the security seal is absent or broken.
   c. Samples which were collected using incorrect identification information.

E. Prescription Medication/Other Causes for Positive Results

1. Offenders are required to provide information regarding use of legitimate medication. This information is entered into the offender history log and maintained.
2. Supporting data must include medical records, a valid doctor's prescription, medicine containers with verifiable information and valid dating (expiration date), or documentation of medical procedures involving specific drug agents.
3. Personnel must check medications against the cross-reaction list provided by the Pretrial Drug Testing Laboratory. The staff must consult with the laboratory if a drug cannot be found on the list. A comment indicating the name of the drug and what assay it cross-reacts with must be entered into the offender's case history.
4. If a drug or group of drugs prescribed for an offender is known to cross-react, then the following wording is used to explain any positive results.

   Example 1: The offender provided proof of a valid prescription for the medication Floxin, which will produce a false positive result for opiates.
   Example 2: The offender provided proof of a valid prescription for the medication Tylenol #3 which will cause a positive for opiates.

   Staff must be able to ascertain the difference between medication that gives a false positive from a true positive.

III. Specimen Collection Procedures

See Laboratory Manual (Attachment 1) for greater detail regarding testing methodology and specimen collection/handling.

A. Urine Collection

Specimen collection will be handled consistent with the specimen collection, chain-of-custody, storage and testing procedures as outlined in the Laboratory Manual and this

policy. The following procedures shall be adhered to in the collection of urine specimens:

1. A person of the same gender as the offender shall do urine specimen collection.

2. The collection area is to remain secure at all times. No offender will be allowed to enter the collection area unless escorted by a DSM.

3. Prior to submitting a specimen, the offender shall have his/her hands inspected and/or washed and dried in the presence of a DSM. This ensures that the offender's hands are void of any adulterants.

4. All samples are collected in the designated lavatories, which provide a secure and private area for purposes of this process.

5. The DSM records all pertinent chain-of-custody information relating to the sample. This includes offender check-in time, collection time, transfer to storage, and transfer to laboratory. The time and the person conducting the event must also be documented with each entry.

6. The collection staff is to ensure that lavatories are clean and functioning properly at all times. Any non-functioning equipment or unsanitary conditions must be reported to the unit supervisor immediately.

7. Staff is to ensure that no possible adulterants or contaminants are present in the collection area. These items include bleach and ammonia products, soap, and disinfectants. In addition, the water in all toilets and urinals should contain blue dye as a means of deterring/detecting sample adulteration.

B. Regular Surveillance Samples

1. Samples to be submitted to the laboratory are first scanned with the barcode wand at the drug unit computer immediately after the sample has been submitted. Scanning the employee barcode and event code does this. Next, scan the sample cup. The specimen number should appear. If the wand cannot read the number, type it in manually. Make sure the entry is correct and has been accepted.

2. Transport the sample to the laboratory and log in the sample by scanning the cup with the laboratory's light pen after scanning your name and event code.

3. A laboratory staff member must then inspect the sample and, if acceptable, log it into the chain-of-custody program. **Do not leave the specimen unattended. Wait for a lab staff member to accept the specimen.**

4. Once in the laboratory, the sample is given to the tester for that shift.

5. The tester shall load the specimen onto the load list for analysis. This process will also continue the chain-of-custody.

C. One Test or Field-based Specimen Collection

1. Since these samples are collected outside the drug unit, a portable computer unit must be used.

2. Once the request for a ONE TEST is made, the assigned DSM must prepare the following items for transport to the collection site:

    a. one urine sample cup (complete with temperature strip);
    b. one computer generated barcode label; and
    c. the portable chain-of-custody computer.

3. At the collection site verify the identity of the offender to submit the sample. Once the identity is verified, give the offender a urine sample cup and ask him/her to void into it. Observe carefully for any adulteration or attempts to submit a bogus specimen.

4. If the sample submitted is acceptable, give the label to the offender, and ask him/her to read it to ensure that the information is correct. If correct, direct the offender to place the label on the cup. Next, scan the cup's barcode with the light pen to start the chain-of-custody information.

5. Take the sample to the drug laboratory, and check it in by following the standard chain-of-custody protocol cited in the procedure for "Regular Surveillance Samples" on Page 5 of this document.

6. Use the lab's light pen to scan the sample's barcode. Make sure the name is displayed and is correct. If correct, scan "yes" for confirmation, and quit. A lab staff member will continue the chain-of-custody at this point.

Special note: There is a security check for each portion of the chain-of-custody. If for any reason a section is missed or fails to be logged, an error screen should appear which will indicate the missing chain-of-custody event. Return to that event and re-process that chain-of-custody step.

D. Inability or refusal to produce a specimen

1. Offenders will be allowed five attempts to provide a urine sample. Submission can occur at any time during the normal operation hours of the collection facility. Each attempt is logged in the chain-of-custody. Failure to submit is also documented in the chain-of-custody. The failure to submit will be considered a violation, and the appropriate parties will be informed.
2. Attempts to adulterate samples are considered a violation and will be reported to the unit supervisor. Enter chain-of-custody statements to identify the event. Also, enter an explanation in the final disposition log.
3. If an individual is able to submit urine, but cannot provide the minimum required volume of 30 mls, then the last attempted submission can be accepted.
4. An offender must not be allowed to drink more than eight ounces of liquid to enhance urine production.
5. Colorless samples will be checked for creatinine. Values less than 20 mg/dl indicate water loading. A comment regarding that fact shall be entered into the offender's record.
6. Some individuals may have legitimate medical reasons for colorless urine or the inability to urinate. Valid medical documentation as related to these reasons must be provided and entered as part of the offender's test record.

E. Urine Storage and Transfer

1. All samples sent to the reference GC/MS laboratory are to be split whenever possible. One portion is to be kept in the Pretrial Laboratory and the other sent to the reference laboratory. The split sample should be maintained in a –20°F freezer for prolonged storage.
2. Samples obtained at remote collection sites are placed in a secured refrigerator maintained at 2°C to 8°C until they can be transported to the analytical laboratory.
3. The chain-of-custody must reflect the date, time, and person placing the sample in storage, removing it from storage, placing it in the transport box, and delivering it to the laboratory.
4. Multiple samples may be placed in the transport box with a form indicating the number of samples present and the securing tab identification number.
5. Once delivered to the testing laboratory, a laboratory scientist will take possession of the samples after verifying that the security tab is intact, and the sample count is validated.
6. Each staff member will have a designated area to place his/her tested sample.
7. When testing, mark the top of all positive sample cups with an "X."
8. After completing your shift, place the tray of specimen in your designated area for storage.
9. Negative samples may be dumped as soon as two days after testing. Make sure that all tests assigned to that specimen have been performed. Positive samples should be held for approximately 10 days before dumping.
10. Each staff member is responsible for dumping samples from his/her shift on a daily basis. Dumping should not exceed more than 120 samples per person per day. Standardized procedures for disposal of bio-hazardous material must be followed at all times.
11. Prior to discarding the samples, review the drug test status report to ensure completeness of analysis. The laboratory supervisor may then give authority to properly discard the samples. Scan each sample's bar-code, and enter the code, "waste disposal." This step will update the chain-of-custody record.
12. Positive samples are kept in a –20°C freezer for at least 30 days. They may be kept longer if space and safety permit. The reference laboratory keeps samples that undergo GC/MS confirmation for 13 months. Samples confirmed in-house are kept for six months. Obtain authority to dump these samples from the laboratory supervisor.
13. Drug Court positive samples may be discarded the week after the hearing has taken place, providing no request for re-analysis or independent testing has been made. Attempts to hold samples for at least a week will be made whenever possible. Drug Court staff must inform the laboratory immediately of any request for re-analysis or GC/MS testing. GC/MS analysis is currently performed at American Medical Laboratory in Virginia. When sending out samples for additional testing, make sure the chain-of-custody forms are completed properly.

IV. Statutory Authority: Sections 11232(b) (1) & (2), of the National Capital Revitalization and Self-Government Act of 1997 ("Revitalization Act"), Pub. Law 105-33, 111 Stat. 712, D.C. Code §§ 24-1232 (b), 1233 (2) (1996 Repl., 1999 Supp.) (Trustee's authority); D.C. Code §§ 16-710, 24-104 (authority over probationers); D.C. Code §§ 24-201.2 (a) (3) (Parole Board's authority over parolees); Section 11231 (a) of the Revitalization Act, D.C. Code §§ 24-1231 (a) (U.S. Parole Commission's authority over parolees); Section 11231 (a) (3) of the Revitalization Act (Superior Court's authority over misdemeanants).

V. Procedural References / Supercedures:

- **References:** D.C. Pretrial Services Agency Laboratory Manual; CSOSA Drug Testing Protocol Procedures; National Institute for Drug Abuse (NIDA) and Department of Defense (DOD) list of cutoff values for drug abuse.

- **Supercedes:** None