



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES



SUBJECT: USUHS Drug-Free Workplace Program

JAN 29 2010

Instruction 1012

(CHR)

ABSTRACT

This Instruction provides policy and guidance on the Uniformed Services University of the Health Sciences (USUHS) Drug-Free Workplace Program for civilian employees.

A. Reissuance and Purpose. This Instruction reissues USUHS Instruction 1012^a and establishes policy and procedures for the USUS Drug-Free Workplace Program in accordance with Executive Orders 12564^b and 10450^c.

B. References. See *Enclosure 1*.

C. Applicability. This Instruction is applicable to all civilian employees of the USUHS and the Armed Forces Radio-biology Research Institute (AFRRI).

D. Policy. It is USUHS policy to ensure that illegal drug use is eliminated and that the USUHS/AFRRI workplace is safe, productive, and secure.

E. Definitions. See *Enclosure 2*.

F. Responsibilities.

1. The President, USUHS, and/or appropriate Dean, USUHS, shall:

Receive and adjudicate recommendations from the department chairperson/activity head for reasonable suspicion testing.

2. The Civilian Human Resources Directorate shall:

a. Provide guidance and training to employees, supervisors, and managers on the Drug-Free Workplace Program.

b. Ensure that vacancy announcements for testing-designated positions, include notice, if applicable, that the position is subject to random drug testing. Other forms of notice are appropriate if a vacancy announcement is not used.

c. Issue a copy of the General Notice of the USUHS Drug Testing Policies signed by the President, USUHS, to all new employees and an Individual Notice to all new employees in Testing Designated Positions.

d. Maintain records and information relating to personnel actions taken against employees in accordance with the requirements of this Instruction.

e. Assist supervisors with performance appraisals and/or personnel problems that may be related to drug use.

3. The Drug Program Coordinator shall:

- a. Implement, administer, and manage the drug program within the USUHS/AFRRI.
- b. Serve as the principal contact with the screening laboratory to ensure the effective operation of the testing portion of the program.
- c. Arrange for all testing that may be related to drug use.
- d. Ensure that all employees subject to random testing receive individual notices as described in this Instruction and that such employees return a signed acknowledgment of receipt form.
- e. Document, through written inspection reports, all results of laboratory inspections conducted.
- f. Coordinate with, and report to, the President, USUHS, on activities and findings that may affect the reliability or accuracy of laboratory results.
- g. Publicize and distribute drug program education materials in coordination with the Employee Assistance Program (EAP) representative, publicize and distribute drug program education materials, and oversee training and education sessions for supervisors and employees regarding the Drug-Free Workplace Program, drug use, and rehabilitation.
- h. Ensure that contractors chosen to perform the drug screening tests are fully certified according to the Health and Human Services (HHS) guidelines and that all contracts conform to the technical specifications of the HHS guidelines.

4. The Employee Assistance Program Coordinator shall:

- a. Supervise the EAP counselors.
- b. Offer counseling and rehabilitation services.
- c. Coordinate with the Drug Program Coordinator (DPC), the Medical Review

Officer (MRO), or supervisors, as appropriate.

d. Prepare reports on agency EAP activities.

e. Refer employees for appropriate treatment and document and sign the treatment plan prescribed for all employees referred for treatment, after first obtaining the employee's signature on the appropriate documents.

f. Work with the Drug Program Coordinator to provide educational materials and training to managers, supervisors, and employees on The Drug-Free Workplace Program, drug use, and rehabilitation.

g. Monitor the progress of referred employees during and after the rehabilitation period.

h. Ensure that training is provided to assist supervisors in identifying and addressing illegal drug use by agency employees.

i. Maintain a list of rehabilitation or treatment organizations that provide counseling and rehabilitative programs and the following information on each organization:

- (1) Name, address and telephone number.
- (2) Types of service provided.
- (3) Hours of operation, including emergency hours.
- (4) The contact person's name and telephone number.
- (5) Fee structure, including insurance coverage.
- (6) Client specialization.
- (7) Other pertinent information.

5. The Employee Assistance Counselors shall:

a. Serve as initial point of contact for employees who request, or are referred for, counseling.

b. Be familiar with all applicable laws and regulations, including drug

treatment and rehabilitation insurance coverage available to employees through the Federal Employee Health Benefits Program.

c. Be trained in counseling employees in the occupational setting and in identifying drug use.

6. The Medical Review Officer (MRO) shall:

a. Receive and review all laboratory test results.

b. Assure that an individual who has tested positive has been afforded an opportunity to justify the test result in accordance with this Instruction.

c. Refer written determinations regarding all verified positive test results consistent with confidentiality requirements, to the DPC, including a Positive Drug Test Result Form indicating that the positive is "unjustified." Include all relevant documentation and a summary of findings.

d. Confirm with the DPC whether an applicant who has been tentatively selected for employment with USUHS/AFRRI has obtained a verified positive test result.

7. Supervisors shall:

a. Be trained to recognize and address illegal drug use by employees and be provided information regarding referral of employees to the EAP, procedures and requirements for drug testing, and behavioral patterns that give rise to a reasonable suspicion that an employee may be using illegal drugs.

b. Attend training sessions on illegal drug use in the workplace.

c. Initiate a reasonable suspicion test, after first making appropriate factual observations, documenting those observations, and obtaining a further recommendation from the Department Chair or Activity Head for submission to the President, USUHS, or appropriate Dean for approval.

d. Refer employees to the EAP for assistance in obtaining counseling and rehabilitation, upon a finding of illegal drug use.

e. Initiate appropriate disciplinary action upon a finding of illegal drug use.

f. In conjunction with the CHR, assist in evaluating employee performance and/or personnel problems that may be related to the illegal drug use.

8. Department Chairperson/Activity Head shall:

Review recommendations from subordinate supervisors for reasonable suspicion tests for employees under their supervision and, if they concur, forward the case to the President and/or appropriate Dean for adjudication and ordering of the test.

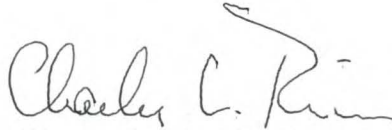
9. Employees shall:

a. Refrain from the illegal use of drugs on or off-duty at all times.

b. Receive drug education through distribution of written materials, videotapes, training sessions, etc.

c. Provide a urine sample when required if employed in a testing designated position or if directed to provide a sample based on "reasonable suspicion."

d. Be responsible for the successful completion of any rehabilitation or required treatment resulting from the illegal use of drugs.

A handwritten signature in cursive script, appearing to read "Charles L. Rice".

Charles L. Rice, M.D
President

Enclosures:

1. References
2. Definitions
3. USUHS Drug-Free Workplace Program

REFERENCES

- (a) USUHS Instruction 1012, "USUHS Drug-Free Workplace Program", May 27, 2004 (hereby cancelled)
- (b) Executive Order 12564, "Drug-Free Federal Workplace," September 15, 1986
- (c) Executive Order 10450, "Security Requirements for Government Employment," April 27, 1953
- (d) Section 503 of the Supplemental Appropriations Act of 1987, Pub. L. 100-71, 101 Stat. 391, 468-471, codified at 5 U.S.C. 7301 note (1987)
- (e) DoD Directive 1010.9, "DoD Civilian Employees Drug Abuse Testing Program," August 23, 1988
- (f) Title 5, United States Code, "Privacy Act," Sections 75, 552(a), 7301, (Supp. 1987), and 8331(20)
- (g) Mandatory Guidelines for Federal Workplace Drug Testing Programs, which include Scientific and Technical Requirements and Certification of Laboratories Engaged in Urine Drug Testing, 53 FR 11970 (1988) as revised (1994)
- (h) Public Law 95-454, "Civil Service Reform Act of 1978"
- (i) Title 42, United States Code, Chapter 1, Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records"
- (j) Title 5, Code of Federal Regulations, Part 293, Subpart E, "Employee Medical File System Records"
- (k) Public Law 99-570, "Federal Employee Substance Abuse Education and Treatment Act of 1986"
- (l) Public Law 91-513, "Controlled Substance Act," October 27, 1970 (21 U.S.C. S202, 802(6), and (812))

DEFINITIONS

1. APPLICANT. Any individual tentatively selected for employment with USUHS/AFRRI or any individual in the USUHS/AFRRI, who has tentatively been selected for placement in a testing designated position and who has not, immediately prior to the selection, been subject to random testing.
2. EMPLOYEE ASSISTANCE PROGRAM (EAP). The counseling program that offers assessment, short-term counseling, and referral services to employees for a wide range of drug, alcohol, mental health and personal problems, and monitors the progress of employees while in treatment.
3. DRUG PROGRAM COORDINATOR (DPC). The individual assigned with the responsibility for: arranging all testing under this plan; ensuring that employees subject to random testing receive proper prior notice; and, administering and managing the drug free workplace program at USUHS.
4. MEDICAL REVIEW OFFICER (MRO). The medical officer who is responsible for receiving laboratory results generated from the USUHS Drug-Free Workplace Program. He/she must be a licensed physician with knowledge of substance abuse disorders and have the appropriate medical training to interpret and evaluate all positive test results, to include an individual's medical history and any other relevant biomedical information.
5. ILLEGAL DRUGS. A controlled substance included in Schedules I and II, as defined by reference (m). The term "illegal drugs" does not include the use of a controlled substance with a valid prescription or other uses as authorized by law.
6. RANDOM TESTING. A system of drug testing imposed without individualized suspicion that a particular individual is using illegal drugs. Random testing may either be uniform-unannounced testing of designated employees occupying a specified area, element, or position; or, it may be statistically random sampling of such employees based on a neutral criterion, such as social security numbers.
7. TESTING DESIGNATED POSITIONS (TDP). Positions within USUHS/AFRRI that have been determined to meet the criteria for random drug testing.
8. BLIND PERFORMANCE TEST SPECIMENS. An audit of the accuracy of the screening process and a check on the chain of custody of urine specimens. This is accomplished by submitting prepared urine samples (blind samples) to the Screening Laboratory along with the urine samples collected from employees by the University. These blind samples must meet the specifications of the Department of Health and Human Services (HHS) Guidelines.
9. CHAIN OF CUSTODY. Procedures to ensure the integrity of each urine sample by tracking its handling and storage from point of collection to final disposition.

10. COLLECTION SITE COORDINATOR (CSC). An individual assigned by the Drug Program Coordinator (DPC) to a collection site who has full responsibility for coordinating all collection activities at that site, including instructing and assisting individuals being tested and determining the temperature of the urine specimen, etc.
11. DRUGS TESTED. These are cocaine, cannabis (marijuana), opiates, amphetamines and phencyclidine (PCP). When conducting reasonable suspicion, accident, or unsafe practice testing, the urine may be tested for any drug listed in Reference (k).
12. OBSERVER. An individual assigned responsibility for accompanying the person being tested while he or she is providing the specimen.
13. SAFE HARBOR. A provision of the Drug-Free Workplace Program that gives an employee a one-time opportunity to identify himself or herself voluntarily as a user of illegal drugs who is willing to undertake counseling and, as necessary, rehabilitation. "Safe harbor" insulates the employee from disciplinary actions for the admitted, but otherwise unknown, past acts of illegal drug use. It does not protect the employee from disciplinary actions for admitting to drug trafficking or other drug-related offenses.
14. VERIFIED POSITIVE TEST RESULT. A test result that has been: screened positive by a Food and Drug Administration-approved immunoassay test; confirmed by a gas chromatography/mass spectrometry assay (or other confirmatory tests approved by HHS); and/or determined by the MRO that there is no legitimate medical reason for the drug's presence in the employee's test result.
15. GENERAL SERVICE NOTICE. A general notice signed by the President, USUHS, describing the USUHS Drug-Free Workplace Program that will be issued to all new hires.
16. INDIVIDUAL NOTICE. A notice that advises an employee in a TDP that his or her position has been determined to meet the criteria for random drug testing. This notice will be issued at least 30 calendar days before the individual is subject to unannounced random testing.

DRUG-FREE WORKPLACE PROGRAM PROVISIONS

A. TYPES OF DRUGS. Employees shall be tested for cocaine, cannabis (marijuana), amphetamines, opiates, phencyclidine (PCP) and/or the metabolites of those drugs. USUHS will also test for any other drug(s) or classes of drugs subsequently approved by HHS for testing on an agency-wide basis. Per reference (g), USUHS is also authorized to test for any drug in Schedules I and II of reference (l), in cases of reasonable suspicion and/or after an accident or unsafe practice (Appendix A).

B. TYPES OF TESTING. The program includes the following types of drug testing: random testing of employees in sensitive positions identified as Testing Designated Positions (TDPs); voluntary testing; reasonable suspicion testing; accident or unsafe practice testing; testing as part of, or as a follow-up to, counseling or rehabilitation; and applicant testing.

1. VOLUNTARY SELF-REFERRAL "SAFE HARBOR"

a. Reference (b) allows agencies to provide an opportunity for assistance to those employees who voluntarily seek treatment for drug use. "Safe Harbor" insulates the employee from discipline for admitted acts of using illegal drugs when the agency is unaware of such use. USUHS/AFRRI will offer a "safe harbor" for any employee who meets all of the following conditions:

- (1) Voluntarily identifies himself, or herself, as an illegal user of drugs to a supervisor or other higher level management official prior to being identified through other means.
- (2) Obtains counseling and rehabilitation through the EAP.
- (3) Agrees to be drug tested as part of, or as a follow-up to, counseling and rehabilitation.
- (4) Signs a consent form to release all counseling and rehabilitation records related to the illegal use of drugs to appropriate management and EAP officials.
- (5) Subsequently refrains from illegal use of drugs. All of these conditions must be documented in the agreement between the employee and USUHS/AFRRI.

b. An employee who admits to drug use after being notified that he, or she, is scheduled for a test, just after a sample is collected, or who is found to use drugs on the basis of other appropriate evidence (e.g., direct observation or evidence obtained from an arrest or criminal conviction) is not eligible for "safe harbor." For example, an employee is arrested over the weekend on drug-related charges; he is released and reports to work as usual on Monday requesting "safe harbor." Since USUHS/AFRRI is unaware of the arrest, it signs the agreement. A "safe harbor" agreement signed under these circumstances will be considered invalid and obtained by the employee under false pretenses. Further, "safe harbor" is for illegal users of drugs, not drug dealers or those involved in other drug-related misconduct.

c. An employee who meets the "safe harbor" conditions will not be subject to disciplinary actions for the admitted acts of illegal use of drugs, including possession incident to such personal use. However, if the employee occupies a sensitive position subject to random testing, he or she must be removed immediately from the position through appropriate personnel action. The employee will be assigned to a non-sensitive position (same pay or same grade), if available. The President, USUHS, may return the employee to duty in a sensitive position as part

of a rehabilitation and counseling program, if it would not endanger public health, safety or national security from the sensitive position.

2. RANDOM TESTING

a. Testing Designated Positions (TDP).

Positions identified as a TDP will be subject to random drug testing.

b. Individual Notice.

(1) Each employee in a TDP must be issued an individual notice at least 30 calendar days before he/she is subject to unannounced random testing. In addition, each employee, upon entering a TDP, will receive an individual notice. Those employees not occupying a TDP immediately prior to this position change will not be subject to random testing for at least 30 calendar days following issuance of the notice.

(2) Each employee in a TDP will be required to acknowledge in writing that:

(a) He/she has received and read the notice stating that the employee's position has been designated for random drug testing.

(b) He/she understands that refusal to submit to testing will result in the initiation of disciplinary action, up to, and including, removal from the Federal Service. If the employee refuses to sign the acknowledgment, the employee's supervisor will note on the acknowledgment form that the employee received the notice and forward the form to the CHR. An employee's failure to sign the notice will not preclude testing of the employee.

c. Random Testing Procedures.

(1) Testing Rate. A minimum of one half or 50% of the TDP pool will be tested per year.

(2) Procedures Prior to Collection.

(a) Selection Process. The DPC will randomly select employees to be tested from the TDP pool using a computer program to generate random selection. All information is strictly guarded to ensure that employees do not know in advance that random testing will be conducted.

(b) Scheduling. The DPC will schedule the selectees for testing, preferably in the morning, at a rate which allows the collection team to process efficiently and effectively.

(c) Supervisor Notification.

1 The DPC will notify each selected employee's supervisor approximately one to two hours prior to the actual time of collection. If the supervisor is unavailable, the department head will be contacted.

2 The supervisor should review the supervisor checklist (Appendix B).

3 The DPC will note on the list the date and time the supervisor was contacted.

d. Employee Notification.

(1) Approximately 15 to 30 minutes prior to the scheduled collection, the supervisor will privately provide the employee with the exact time and location of the test.

(2) The supervisor will explain to the employee that he/she is under no suspicion of taking drugs and that the employee's name has been randomly selected. The supervisor will attempt to respond to the employee's questions to avoid any misunderstanding. The supervisor will provide the employee with an employees' checklist similar to the one given to the supervisor (Appendix C).

(3) The employee will be instructed to take an appropriate photo identification (i.e., a valid state driver's license, a valid Department of Motor Vehicle identification, or valid Department of Defense identification pass) to the test site.

(4) The supervisor will discuss with his/her department chairperson/activity head any problems that arise with regard to the employee's reporting for the test as scheduled. If a deferral is necessary, the DPC will be notified as soon as possible.

e. Deferral of Testing.

(1) An employee selected for drug testing (random and follow-up) may be given a deferral from testing if the employee's immediate supervisor and department head concur that a compelling need necessitates a deferral on the grounds that the employee is:

(a) In a non-duty status such as annual leave, sick leave, suspension, absent without leave, continuation of pay, etc.

(b) In an official travel status away from the test site or is about to depart on official travel scheduled prior to the testing notification.

(c) Performing a task or project that requires the employee's presence at work during the time that the test is scheduled. The supervisor will inform the DPC of the concern and attempt to reschedule for the same day at a different time.

(2) In the event of deferral, the DPC will reschedule the employee for an unannounced test within 60 calendar days from the date of deferral or on the next date when random testing is scheduled.

f. Exemptions During Treatment and Rehabilitation.

While undergoing initial treatment or rehabilitation through the EAP, and at the request of the EAP counselor, the employee may be exempted from random testing for a period not to exceed 60 calendar days or for a time period specified in an abeyance agreement or rehabilitation plan. Upon completion of the stipulated exemption, the employee will be included in a separate testing pool for follow-up testing to counseling or treatment for illegal drug use for a period of one year. If the employee occupies a TDP, he or she will be subject to the TDP random tests in addition to those of the separate pool.

3. VOLUNTARY TESTING

a. In order to demonstrate a commitment to the goal of a drug-free workplace and to set an example for others, an employee not in a TDP may volunteer to be included in the random testing program. This employee will then be included in the pool of TDPs and will be subject to the same conditions and procedures for random testing.

b. Volunteers will remain in the TDP pool for the duration that the employee holds the position, or until the employee withdraws from participation by notifying the DPC, in writing, prior to being notified of any scheduled drug test.

4. REASONABLE SUSPICION TESTING

a. Reasonable Suspicion Testing. Reasonable suspicion testing may be required of any employee in a position that is designated for random testing when there is a reasonable suspicion that the employee uses illegal drugs whether on, or off, duty. Reasonable suspicion testing may also be required of any employee in any position when there is a reasonable suspicion of on-duty use or on-duty impairment.

b. Determination of Reasonable Suspicion.

(1) A test may be authorized when management has a reasonable suspicion that an employee is using drugs illegally. This belief must be based on specific objective facts, with reasonable inferences drawn from those facts.

(2) Reasonable suspicion testing may be based upon other things:

(a) Observable phenomena, such as direct observation of drug use or possession and/or the physical symptoms of being under the influence of a drug.

(b) A pattern of abnormal conduct or erratic behavior.

(c) Arrest or conviction for an on, or off-duty, drug-related offense, or the identification of an employee as the focus of a criminal investigation on illegal drug possession, use, trafficking or distribution.

(d) Information provided either by reliable and credible sources or independently corroborated.

(e) Newly discovered evidence that the employee has tampered with a previous drug test.

(f) The temperature or color of the urine sample, or other evidence, indicates probable adulteration, tampering or substitution.

(3) Although reasonable suspicion testing does not require certainty, mere "hunches" or "rumors" are not sufficient to meet this standard.

c. Authorization. If an employee is suspected of the illegal use of drugs, the appropriate supervisor will gather all information, facts, and circumstances leading to, and supporting, this suspicion and provide such to his/her chairperson/activity head. If they concur, he/she will forward the case to the appropriate Dean or President. Approval for reasonable suspicion testing must be received from the President, USUHS and/or appropriate Dean. In the case of AFRRI employees, approval for reasonable suspicion testing must be received from the Director, AFRRI. If practical, the decision to conduct a test will be made on the same day the event or behavior occurred or as soon as the President, appropriate Dean, or the Director, AFRRI, becomes aware of the event or behavior. The DPC must be immediately notified of the requirement to arrange for a test.

d. Types of Drugs. In addition to testing for cocaine, marijuana, amphetamines, opiates and PCP, the University is authorized to include any drug on Schedules I and II of the Controlled Substance Act. The drug(s) must be specified for which the employee is being tested.

e. Documentation. As an immediate follow-up procedure to the test, the appropriate supervisor or department head will detail, in writing, the circumstances that warranted the test. At a minimum, the report will include the appropriate dates and times of reported drug-related incidents, reliable and/or credible sources of information, reasons leading to the test, the second-level concurrence, findings of the test, and the approval of the President, appropriate Dean, or the Director, AFRRI. Upon receipt of the findings of the test, the MRO will prepare a supplemental report describing the results of any action taken. The DPC will retain a copy of this documentation.

f. Scheduling. The DPC will generally arrange for the collection to be conducted on the same day as the test was approved by the President, appropriate Dean, or the Director, AFRRI. This test may be conducted without regard to the employee's regular work hour, etc., and overtime pay or compensatory time will be provided as needed.

g. Notification.

(1) Supervisor

(a) The supervisor, if not directly involved in the reasonable suspicion determination, will be notified by the DPC that an emergency collection procedure has been initiated. If the immediate supervisor is not available, the department head will be contacted.

(b) The DPC will provide the supervisor with the estimated time and location of the collection and written notification to the employee that he/she has been scheduled for reasonable suspicion testing.

(2) Employee

(a) After the DPC confirms the time and location, the supervisor or department head will notify the employee of the test and issue a specific written notice that he/she is being tested for reasonable suspicion.

(b) The employee will be informed of the exact time and location of the test and directed to take an appropriate photo identification to the test site. The supervisor, or other management official will escort the employee to the site.

h. Collection Procedures.

(1) The employee will provide the urine sample under direct observation.

(2) Direct observation collection procedures must be followed to ensure that strict chain of custody and specimen control are adhered to.

5. ACCIDENT OR UNSAFE PRACTICE TESTING

a. Injury, Illness, Unsafe, or Unhealthy Practice Testing.

The USUHS/AFRRI is committed to providing a safe and secure work environment. It also has a legitimate interest in determining the cause of serious accidents so that it can undertake appropriate corrective measures. Post-accident drug testing may provide invaluable information in furtherance of that interest. Accordingly, employees may be subject to testing when, based upon the circumstances of the accident, their actions are reasonably suspected of having caused or contributed to an accident that meets the following criteria:

(1) The accident results in a death or personal injury requiring immediate hospitalization.

(2) The accident results in damage to government or private property estimated to be in excess of \$10,000.

If an employee is suspected of having caused or contributed to an accident meeting the above criteria, the appropriate supervisor will present the facts leading to this suspicion to the appropriate Dean and/or President, USUHS, for approval. In the case of AFRRI employees, the appropriate supervisor will present the facts leading to this suspicion to the Director, AFRRI. Once approval has been obtained and arrangements made for testing, the supervisor will prepare a written report detailing the facts and circumstances that warranted the testing.

6. FOLLOW-UP TESTING

Any employee who is referred to the EAP for counseling or rehabilitation because of illegal drug use will be subject to unannounced testing for a period of one year. Such employees will be subject to follow-up testing within 60 calendar days from the date of the verified positive test result or as specified in the abeyance contract. Such employees will be tested as the amount stipulated in the abeyance contract, or, in the alternative, at an increased frequency up to 12 tests within a one year period through a separate random pool. Such testing is distinct from testing that may be imposed as a component of the EAP.

7. APPLICANT TESTING

a. Objective.

To maintain high professional work force standards at the USUHS/AFRRI, it is imperative that individuals who use illegal drugs be screened out before entrance on duty at USUHS/AFRRI. This practice will have a positive effect on reducing instances of illegal drug use by employees working within the USUHS/AFRRI and will provide for a safer working environment.

b. Vacancy Announcements.

Every vacancy announcement for positions designated as TDPs will state:

All applicants tentatively selected for this position will be required to submit to urinalysis to screen for illegal drug use prior to appointment. In addition, the applicant will be notified that appointment to the position will be contingent upon a negative drug test result. Failure of the vacancy announcement to contain this statement will not preclude applicant testing if advance written notice is provided to the applicants in some other manner.

c. Procedures.

(1) The DPC will direct applicants to the selected collection facility. The drug test must be undertaken as soon after notification as possible, and no later than 48 hours from the notice to the applicant. Where appropriate, applicants may be reimbursed for reasonable travel expenses.

(2) Any applicant selected for a TDP who fails to appear for a test will have his/her tentative offer of employment withdrawn.

(3) Applicants will be advised of the opportunity to submit medical documentation that may support a legitimate use for a specific drug and that such information will be reviewed only by the MRO, or the staff of the MRO, to determine whether the individual is legally using a controlled substance.

(4) Any applicant for a testing designated position who refuses to be tested will have his/her tentative offer of employment withdrawn.

d. Civilian Personnel.

Upon notification that an individual has been tentatively selected for employment with USUHS/AFRRI, the DCP will ensure that the individual is drug tested and that a negative test result is verified before the individual enters on duty (EOD).

e. Consequences.

USUHS/AFRRI will decline to extend a final offer of employment to any applicant with a verified positive test result; and, such applicant may not reapply to the USUHS/AFRRI for a period of six months. If the candidate has been certified from an OPM register, the personnel specialist will be directed to object to the applicant on the basis of failure to pass the physical, a lack of personal characteristics necessary to obtain public employment, or for failure to support the goals of the USUHS/AFRRI. The applicant will be informed that confirmed presence of drug in his/her urine precludes the USUHS/AFRRI from hiring him/her. CHR does not inform other Federal agencies if an applicant fails a drug test.

C. GENERAL PROCEDURES DURING COLLECTION.1. STANDARD COLLECTION PROCEDURES

Standard collection procedures will be followed according to the HHS Mandatory Scientific and Technical Guidelines for Federal Workplace Drug Testing Programs. (*See reference g.*)

2. PRIVACY DURING URINE COLLECTION

a. Unobserved. Generally, an individual who is subject to testing will be permitted to provide a urine specimen privately in a restroom stall or similar enclosure so that the employee is not visually observed while providing the sample, except as provided below. Collection site personnel (DPC, CSC, or Observer) of the same gender will escort the employee or applicant to the restroom and remain outside of the stall during the collection.

b. Observed. If a supervisor or the CSC has reason to believe that an individual has or may alter or substitute a specimen, the individual may be required to provide the specimen under direct

visual observation. Examples of situations calling for direct visual observation include the following:

- (1) Facts and circumstances suggest that the individual is under the influence of drugs at the time of the test.
- (2) The submitted urine specimen temperature is outside of the range of 32-38 degrees Celsius/90-100 degrees Fahrenheit.
- (3) The individual has previously been found by USUHS/AFRRI to be an illegal drug user and is undergoing follow-up testing, including employees with "safe harbor" agreements.
- (4) Facts and circumstances suggest that the individual has equipment or materials capable of tampering with or adulterating a urine sample.
- (5) The individual has previously tampered with a sample. Any such reason must be documented in writing and retained with the collection records by the DPC or with the adverse action files.

3. FAILURE TO REPORT TO THE DESIGNATED COLLECTION SITE

- a. If an employee fails to appear at the collection site at the assigned time, the DPC will note the fact in the record and immediately notify the supervisor. If the collection is being managed by a CSC, that individual will immediately notify the DPC who will, in turn, notify the supervisor.
- b. The supervisor shall solicit an explanation from the employee. If the supervisor finds the employee's explanation to be legitimate for failing to report, the employee shall be rescheduled for testing.
- c. If the supervisor does not find the employee's explanation to be legitimate, the supervisor shall initiate disciplinary/adverse action in accordance with Section E. 3. a, of this Instruction.

4. FAILURE TO PROVIDE PHOTO IDENTIFICATION (ID) AT THE TEST SITE

- a. An employee who fails to provide appropriate photo ID to the CSC, will be unable to be tested. The employee will be requested to obtain or provide appropriate photo ID before being tested.
- b. If an employee refuses to obtain or provide appropriate photo ID, the DPC will note the fact in the record and immediately notify the supervisor of the employee. If the collection is being managed by a CSC, that individual will immediately notify the DPC, who will notify the supervisor.
- c. The supervisor shall solicit an explanation from the employee. If the supervisor finds the employee's explanation acceptable for failing to obtain or provide appropriate photo ID, the employee shall be rescheduled for testing.
- d. If the supervisor finds the employee's explanation unacceptable, the supervisor shall initiate disciplinary/adverse action in accordance with Section E. 3. b, of this Instruction.

5. REFUSAL TO BE TESTED

- a. If an employee refuses to be tested when required, the DPC will document the refusal and immediately notify the supervisor of the employee. If the collection is being managed by a CSC, that individual will immediately document the refusal and notify the DPC, who will notify the supervisor.
- b. The employee shall be instructed to report back to his/her work site supervisor.

c. After collecting the information regarding the refusal to be tested, the supervisor shall initiate disciplinary/adverse action in accordance with Section E. 3. c, of this Instruction.

6. TAMPERING, ADULTERATION, OR SUBSTITUTION OF A URINE SPECIMEN

a. Should the CSC, in his/her professional judgment believe that an employee has tampered, adulterated, or substituted his/her sample, the CSC shall:

(1) Request that the employee remain at the collection site.
(2) Immediately contact the supervisor and the DPC to detail the reason(s) for the belief.

(3) Proceed with the collection of a second specimen under direct observation if authorized by the DPC.

b. The DPC shall take the following actions:

(1) Authorize the collection under direct observation if the circumstances establish a reasonable suspicion. In questionable cases, the DPC shall consult with the Chief, Employee Relations Division, CHR.

(2) Document the CSC reason(s) for requesting observation, and the final decision, including the rationale for the decision.

7. FAILURE TO PROVIDE A SPECIMEN

If an employee fails to provide the required urine quantity (a minimum of 30 milliliters when using the single specimen collection procedure or a minimum of 45 milliliters when using the split specimen collection procedure), he/she will be given a reasonable amount of time to provide a second urine specimen and the following steps should then be taken:

a. The initial partial specimen will be discarded.

b. The employee will be asked to drink sufficient fluids (e.g., an 8 oz glass of water every 30 minutes, but not to exceed a maximum of 24 oz) and will remain at the collection site within view of the DPC or CSC until he/she is able to provide a second specimen.

c. If for any reason the employee is still unable to provide the required quantity, this inability shall be recorded by the CSC and the DPC.

d. The DPC shall solicit the reason from the employee and, if the employee's reason is acceptable, reschedule the employee. If the employee is unable to provide the required quantity during the second time he/she is tested, the employee shall be requested to provide medical evidence to support his/her reasons for this inability. In the absence of medical reasons, the supervisor will be notified and it shall be considered a refusal to take the drug test.

8. COLLECTION EXTENDING BEYOND REGULAR WORK HOURS

If the collection extends beyond the employee's regular working hours, following a discussion with the employee's supervisor and/or higher level department head, the following options are available depending on the assessment of the situation by the DPC:

a. The supervisor/department head may require the employee to remain at the collection site and pay overtime or provide compensatory time as the situation may warrant.

b. The supervisor/department head may release the employee, which will not be considered the same as a deferral; no special test will be scheduled.

D. REVIEW OF DRUG TEST RESULTS.

1. RECEIPT OF TEST RESULTS

The selected laboratory will send or deliver all drug test results, positive and negative, to the MRO with a certified copy of the original Chain of Custody Control Document.

2. PROCEDURES

a. Negative Drug Test Results. The MRO will immediately forward all negative drug test results to the DPC.

b. Positive Drug Test Results. The medical review of positive test results by the MRO will be initiated immediately upon receipt of the laboratory test report, and shall be completed within 3 workdays after receipt of all information pertinent to the review. There may be circumstances in which formal verification cannot be immediately made because of the need to obtain additional information. In such situations, the MRO will obtain the documentation needed for a final decision in as expeditious a manner as possible. The purpose of the review is to determine if the positive result is evidence of illegal drug use. It will not address the issue of innocent ingestion, as this is a matter to be considered by the appropriate management/supervisory official.

(1) The MRO will evaluate alternative medical explanations of a positive test result. This may include conducting a medical interview with the individual, review of the individual's medical history or consideration of other relevant biomedical factors.

(2) Any requests for medical information will be made by the MRO directly to the individual to ensure maximum confidentiality. The MRO will review all medical records, including valid prescriptions made available by the tested individual when a positive test could have resulted from legally prescribed medications. The individual will have an opportunity to discuss the test results with the MRO, although a face-to-face interview is not required. Individuals are not entitled to present evidence to the MRO in a "hearing" or other similar administrative proceedings, although the MRO has the discretion to accept evidence in any manner deemed efficient or necessary.

(3) The MRO is authorized to order a reanalysis of the original specimen should questions arise as to the accuracy or validity of a positive test result. Since some drug levels may deteriorate or are lost during freezing and/or storage, the retest must only show that the drug or its metabolite is present to reconfirm its presence during retesting.

c. Verified Positive Drug Test Results. If the MRO determines there is no medical justification for the positive result, such result will be considered a verified positive test result. The MRO will report all verified positive test results to the DCP. The DCP will notify the supervisor and/or department head.

E. CONSEQUENCES OF A FINDING OF ILLEGAL DRUG USE.

1. MANDATORY ADMINISTRATIVE ACTIONS

a. EAP Referral. Any employee who is found to use illegal drugs must be referred to the EAP by their immediate supervisor or department head within 7 working days after being informed of the employee's illegal drug use.

b. Position Actions.

(1) If the employee occupies a sensitive position, the employee must immediately be removed from the position through appropriate personnel action. The employee will be assigned to a non-sensitive position (same pay or same grade), if available.

(2) The President, USUHS, may return the employee to duty in a sensitive position as part of a rehabilitation and counseling program, if it would not endanger public health, safety or national

security. In making this determination, the President should consider information obtained from the DPC, the MRO, EAP personnel and the employee's supervisors.

2. DISCIPLINARY/ADVERSE ACTION

A supervisor or department head shall initiate disciplinary/adverse action against any employee who is found to use illegal drugs, except for an employee who voluntarily admits to illegal drug use in accordance with Instruction 1012, Enclosure 3, section B. 1.

a. First Verified Positive Urinalysis Finding or First Determination of Illegal Drug Use.

(1) Upon the first verified positive urinalysis finding that an employee uses illegal drugs or a first determination that an employee uses illegal drugs, the supervisor or department head will initiate disciplinary/adverse action against the employee and refer the employee to the EAP. Such disciplinary/adverse actions range from a written reprimand to removal, but some form of disciplinary/adverse action must be initiated.

(2) If the employee agrees to obtain counseling or rehabilitation through the EAP or through an outside counseling or rehabilitation program, in writing, within 15 calendar days from the date of referral, the employee shall be informed that his/her removal or disciplinary action may be held in abeyance pending successful completion of counseling or rehabilitation. Successful completion of treatment shall be completed within one year from the date of referral for counseling or rehabilitation and shall be confirmed by written notification to the Agency from the counseling or rehabilitation program that provided the treatment. Abeyance of any removal or disciplinary action is at the discretion of the appropriate management official.

(3) If the employee refuses or fails to obtain counseling or rehabilitation within 15 calendar days from the date of referral for counseling or rehabilitation, the supervisor or management official shall proceed with appropriate disciplinary/adverse action.

b. Mandatory Removal Action. A supervisor or department head shall initiate action to remove from the Federal Service any employee:

(1) Who is found to use illegal drugs and refuses to obtain counseling or rehabilitation within 15 calendar days from the date of referral to the EAP.

(2) For a second verified positive urinalysis finding or a second determination of illegal drug use.

3. ACTIONS BASED ON FAILURE TO COMPLY WITH PROCEDURES DURING COLLECTION

a. Failure to Report to the Designated Collection Site. An employee who fails to appear for testing, when required, will be subject to the full range of disciplinary/adverse actions, up to and including removal from the Federal Service. The supervisor shall initiate disciplinary/adverse action against an employee who refuses or fails to appear for a scheduled drug test. Due to the nature of this offense, there is no requirement for referral to the EAP.

b. Failure to Provide Photo ID at the Test Site. An employee who refuses to obtain or provide an appropriate photo ID for testing shall be subject to the full range of disciplinary actions, up to, and including, removal. The supervisor shall initiate disciplinary/adverse action against an employee who refuses to provide or obtain an appropriate photo ID for testing. Due to the nature of this offense, there is no requirement for referral to the EAP.

c. Refusal to be Tested. An employee who refuses to be tested, when required, shall be subject to the full range of disciplinary/adverse actions, up to, and including, removal. The supervisor shall initiate disciplinary/adverse action against an employee who refuses to provide a

urine specimen when required. Due to the nature of this offense, there is no requirement for referral to the EAP.

d. Tampering, Adulteration, or Substitution of a Urine Specimen. An employee who has been found to, or attempts to, substitute, adulterate or tamper with a urine specimen, testing equipment or related supplies shall be subject to the full range of disciplinary actions up to, and including, removal. The supervisor shall initiate disciplinary/adverse action against an employee who attempts to, or substitutes, adulterates or tampers with, a urine specimen, testing equipment or related supplies. Due to the nature of this offense, there is no requirement for referral to the EAP.

e. Failure to Provide a Specimen. An employee who fails to provide a specimen when required shall be subject to the full range of disciplinary/adverse actions, up to and including removal. Upon notification that an employee failed to provide the required quantity of urine, the supervisor shall solicit the reason from the employee, e.g., medical reasons. The DPC will reschedule the employee for testing if circumstances warrant. If a rescheduled employee still fails to provide the required quantity of urine, the supervisor shall document the details and initiate disciplinary/adverse action. Due to the nature of this offense, there is no requirement for referral to the EAP.

Guidance and assistance on initiating disciplinary or adverse actions will be provided by the Employee Relations Division, CHR, as necessary.

F. RECORDS AND REPORTS.

1. RECORDS

All drug testing information on specific individuals is confidential and should be treated as such by anyone authorized to review or compile Drug-Free Workplace Program records. Records and information that remain confidential must be marked "For Official Use Only," and retained in a secure device with only authorized individuals who have a "need-to-know" having access. These records will be retained for 3 years unless otherwise covered by another record keeping system such as the Employee Medical File.

a. CHR. In order to efficiently implement this Instruction and to make information readily retrievable, the CHR will maintain all records relating to Drug-Free Workplace Program including drug testing and any other authorized documentation necessary to support the program. Disciplinary and adverse action records resulting from employee verified positive test results will be maintained by CHR.

b. EAP. If appropriate, drug test results may be retained in the employee counseling records maintained by the EAP. The EAP Coordinator will maintain only those records necessary to comply with this Instruction. After an employee referral, the EAP will maintain all records necessary to carry out its duties. All medical and/or rehabilitation records concerning the employee's drug abuse, including EAP records of the identity, diagnosis, prognosis, or treatment are confidential, must be marked "For Official Use Only," and may be disclosed only as authorized by reference (I), including the provision of written consent by the employee. By written consent, the patient may authorize the disclosure of these records to his/her employer for verification of treatment or for a general evaluation of the treatment progress.

2. MAINTENANCE OF RECORDS

The CHR will maintain the records of its Drug-Free Workplace Program consistent with reference (f) (*see Enclosure 1*), and with all applicable Federal laws, rules and regulations regarding

confidentiality of records. If necessary, records may be maintained as required by subsequent administrative or judicial proceedings, or at the discretion of the President, USUHS.

3. EMPLOYEE ACCESS TO RECORDS

Any employee (including any applicant who is a Federal employee) who is the subject of a drug test will, upon written request to the CHR, have access to any records relating to:

- a. Such employee's drug test.
- b. The results of any relevant certification, review or revocation of certification proceedings, as referred to in reference (d) (*see Enclosure 1*).

Except as authorized by law, an applicant who is not a Federal employee will not be entitled to this information.

4. STATISTICAL REPORT

As requested, the CHR will collect and compile anonymous statistical data for reporting the number of:

- a. Random tests, reasonable suspicion tests, accident or unsafe practice tests, follow-up tests, or applicant tests administered.
- b. Employees tested.
- c. Employees with verified positive test results.
- d. Applicants tested.
- e. Applicants with verified positive test results.
- f. Voluntary drug counseling referrals.
- g. Involuntary drug counseling referrals.
- h. Disciplinary actions, terminations, employee applicant on-selection, or denials of employment offers from a verified positive drug test result.
- i. Disciplinary actions, terminations, or denials of employment offers resulting from refusal to submit to testing.
- j. Disciplinary actions, terminations, or denials of employment offers resulting from alteration of specimen.
- k. Disciplinary actions, terminations, or denials of employment offers resulting from failure to complete a drug abuse counseling program.
- l. Employees who successfully complete rehabilitation under the EAP.

APPENDIX A

CODE OF FEDERAL REGULATIONS, TITLE 21, § 812.
SCHEDULES OF CONTROLLED SUBSTANCES

Establishment

There are established five schedules of controlled substances, to be known as Schedules I, II, III, IV, and V. Such schedules shall initially consist of the substances listed in this section. The schedules established by this section shall be updated and republished on a semiannual basis during the two-year period beginning one year after October 27, 1970, and shall be updated and republished on an annual basis thereafter.

Placement on schedules: findings required

Except where control is required by United States, obligations under an international treaty, convention, or protocol, in effect on October 27, 1970, and except in the case of an immediate precursor, a drug or other substance may not be placed in any schedule unless the findings required for such schedule are made with respect to such drug or other substance. The findings required for each of the schedules are as follows:

1. Schedule I.-
 - a. The drug or other substance has a high potential for abuse.
 - b. The drug or other substance has no currently accepted medical use in treatment in the United States.
 - c. There is a lack of accepted safety for use of the drug or other substance under medical supervision.
2. Schedule II.-
 - a. The drug or other substance has a high potential for abuse.
 - b. The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.
 - c. Abuse of the drug or other substances may lead to severe psychological or physical dependence.
3. Schedule III.-
 - a. The drug or other substance has a potential for abuse less than the drugs or other substances in Schedules I and II.
 - b. The drug or other substance has a currently accepted medical use in treatment in the United States.
 - c. Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.
4. Schedule IV.-
 - a. The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule III.
 - b. The drug or other substance has a currently accepted medical use in treatment in the United States.

c. Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule III.

5. Schedule V.-

a. The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule IV.

b. The drug or other substance has a currently accepted medical use in treatment in the United States.

c. Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule IV.

Initial schedules of controlled substances

Schedules I, II, III, IV, and V shall, unless and until amended pursuant to section 811 of this title, consist of the following drugs or other substances, by whatever official name, common or usual name, chemical name, or brand name designated:

Schedule I

1. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:

- (1) Acetylmethadol.
- (2) Allylprodine.
- (3) Alphacetylmethadol.
- (4) Alphameprodine.
- (5) Alphamethadol.
- (6) Benzethidine.
- (7) Betacetylmethadol.
- (8) Betameprodine.
- (9) Betamethadol.
- (10) Betaprodine.
- (11) Clonitazene.
- (12) Dextromoramide.
- (13) Dextrorphan.
- (14) Diampromide.
- (15) Diethylthiambutene.
- (16) Dimenoxadol.
- (17) Dimepheptanol.
- (18) Dimethylthiambutene.
- (19) Dioxaphetyl butyrate.
- (20) Dipipanone.
- (21) Ethylmethylthiambutene.
- (22) Etonitazene.
- (23) Etoxeridine.
- (24) Furethidine.
- (25) Hydroxypethidine.

- (26) Ketobemidone.
- (27) Levomoramide.
- (28) Levophenacymorphan.
- (29) Morpheridine.
- (30) Noracymethadol.
- (31) Norlevorphanol.
- (32) Normethadone.
- (33) Norpipanone.
- (34) Phenadoxone
- (35) Phenampromide.
- (36) Phenomorphan.
- (37) Phenoperidine.
- (38) Piritramide.
- (39) Propheptazine.
- (40) Properidine.
- (41) Racemoramide.
- (42) Trimeperidine.

2. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, their salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Acetorphine.
- (2) Acetyldihydrocodeine.
- (3) Benzylmorphine.
- (4) Codeine methylbromide.
- (5) Codeine-N-Oxide.
- (6) Cyprenorphine.
- (7) Desomorphine.
- (8) Dihydromorphine.
- (9) Etorphine.
- (10) Heroin.
- (11) Hydromorphenol.
- (12) Methyl-desorphine.
- (13) Methylhydromorphine.
- (14) Morphine methylbromide.
- (15) Morphine methylsulfonate.
- (16) Morphine-N-Oxide.
- (17) Myrophine.
- (18) Nicocodeine.
- (19) Nicomorphine.
- (20) Normorphine.
- (21) Pholcodine.
- (22) Thebacon.

3. Unless specifically excepted or unless listed in another schedule, any material,

compound, mixture, or preparation, which contains any quantity of the following hallucinogenic substances, or which contains any of their salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) 3, 4-methylenedioxy amphetamine.
- (2) 5-methoxy-3, 4-methylenedioxy amphetamine.
- (3) 3, 4, 5-trimethoxy amphetamine.
- (4) Bufotenine.
- (5) Diethyltryptamine.
- (6) Dimethyltryptamine.
- (7) 4-methyl-2, 5-dimethoxyamphetamine.
- (8) Ibogaine.
- (9) Lysergic acid diethylamide.
- (10) Marihuana.
- (11) Mescaline.
- (12) Peyote.
- (13) N-ethyl-3-piperidyl benzilate.
- (14) N-methyl-3-piperidyl benzilate.
- (15) Psilocybin.
- (16) Psilocyn.
- (17) Tetrahydrocannabinols.

Schedule II

1. Unless specifically excepted, or unless listed in another schedule, any of the following substances, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

- (1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate.
- (2) Any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in clause (1), except that these substances shall not include the isoquinoline alkaloids of opium.
- (3) Opium poppy and poppy straw.
- (4) Coca leaves except coca leaves and extracts of coca leaves from which cocaine, ecgonine, and derivatives of ecgonine or their salts have been removed; cocaine, its salts, optical and geometric isomers, and salts of isomers; ecgonine, its derivatives, their salts, isomers, and salts of isomers; or any compound, mixture, or preparation which contains any quantity of any of the substances referred to in this paragraph.

2. Unless specifically excepted, or unless listed in another schedule, any of the following opiates, including their isomers esters, ethers, salts, and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:

- (1) Alphaprodine.
- (2) Anileridine.
- (3) Bezitramide.

- (4) Dihydrocodeine.
- (5) Diphenoxylate.
- (6) Fentanyl.
- (7) Isomethadone.
- (8) Levomethorphan.
- (9) Levorphanol.
- (10) Metazocine.
- (11) Methadone.
- (12) Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenyl butane.
- (13) Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid.
- (14) Pethidine.
- (15) Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine.
- (16) Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate.
- (17) Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid.
- (18) Phenazocine.
- (19) Piminodine.
- (20) Racemethorphan.
- (21) Racemorphan.

3. Unless specifically excepted, or unless listed in another schedule, any injectable liquid which contains any quantity of methamphetamine, including its salts, isomers, and salts of isomers.

Schedule III

1. Unless specifically excepted, or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:

- (1) Amphetamine, its salts, optical isomers, and salts of its optical isomers.
- (2) Phenmetrazine and its salts.
- (3) Any substance (except an injectable liquid) which contains any quantity of metamphetamine, including its salts, isomers, and salts of isomers.
- (4) Methylphenidate.

2. Unless specifically excepted, or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system:

- (1) Any substance which contains any quantity of a derivative of barbituric acid; or any salt of a derivative of barbituric acid.
- (2) Chorhexadol.
- (3) Glutethimide.
- (4) Lysergic acid.
- (5) Lysergic acid amide.
- (6) Methypylon.
- (7) Phencyclidine.
- (8) Sulfondiethylmethane.

(9) Sulfonethylmethane.

(10) Sulfonmethane.

3. Nalorphine.

4. Unless specifically excepted, or unless listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or any salts thereof:

(1) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium.

(2) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(3) Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium.

(4) Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(5) Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(6) Not more than 300 milligrams of ehtylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(7) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(8) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

Schedule IV

(1) Barbital.

(2) Chloral betaine.

(3) Chloral hydrate.

(4) Ethchlorvynol.

(5) Ethinamate.

(6) Methohexital.

(7) Meprobamate.

(8) Methylphenobarbital.

(9) Paraldehyde.

(10) Petrichloral.

(11) Phenobarbital.

Schedule V

Any compound, mixture, or preparation containing any of the following limited quantities of narcotic drugs, which shall include one or more non-narcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation valuable medicinal qualities other than those possessed by the narcotic drug alone:

- (1) Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams.
- (2) Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams.
- (3) Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams.
- (4) Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit.
- (5) Not more than 100 milligrams of opium per 100 milliliters or per 100 grams.

APPENDIX B

RANDOM DRUG TESTING PROGRAM
CHECKLIST FOR SUPERVISORS

On the date that random drug testing is scheduled to be conducted, the Drug Program Coordinator (DPC) or Collection Site Coordinator (CSC) will notify supervisors which of their employees have been selected for drug testing and the proposed schedule. This information is confidential. The following procedures should be followed in notifying employees of the collection process.

_____ Approximately 15-30 minutes prior to the actual collection, inform the employee verbally and privately that he or she has been identified through a random selection process for drug testing by urinalysis. Clearly inform the employee of the time and exact location to report for testing and instruct him or her to take appropriate photo ID (i.e., valid state driver's license, valid Department of Motor Vehicle identification, or a valid Department of Defense identification pass).

_____ Employees normally will be scheduled to report to the collection site at 15-minute intervals. Coordinate any scheduling changes necessary to maintain work operations. If a problem arises, inform your supervisor and the DPC/CSC. Do not make any unilateral changes.

_____ Advise employees to be prepared to provide a urine specimen at the scheduled collection time.

_____ You may provide the Checklist for Employees, Appendix C, which offers helpful information about the collection process to scheduled employees.

_____ When an employee selected for random testing is unavailable for legitimate reasons (e.g., travel, leave), you must inform the DPC/CSC. Once an employee has been notified of testing, any leave requests submitted for the same time as the test should be carefully scrutinized.

_____ Immediately report any problems encountered during employee notification to the DPC/CSC. Employees who fail to cooperate with the collection procedures will be subject to disciplinary action consistent with USUHS regulations.

_____ If you have any questions or concerns, you should share them with your DPC.

APPENDIX C

RANDOM DRUG TESTING PROGRAM
CHECKLIST FOR EMPLOYEES

You have been identified through a process of random selection for drug testing by urinalysis. Your selection for such drug testing in no way reflects that this activity has any specific cause to suspect the usage of illegal drugs. Please take a few minutes to read the following information, which describes your responsibilities in the collection process.

_____ Present required photo ID (i.e., valid state driver's license, valid Department of Motor Vehicle identification, or a valid Department of Defense identification pass) to the collector.

_____ When instructed by the collector, provide the information required on the Chain of Custody Control Form. On this form, you may list any prescription and over-the-counter drugs that you use.

_____ Remove any unnecessary outer garments, e.g. coat, jacket, coveralls. All personal belongings (e.g., purse, briefcase) must remain with your outer garment(s). You may retain your wallet.

_____ When instructed by the collector, wash and dry your hands.

_____ You may provide the specimen in the privacy of a stall or otherwise partitioned area that allows for individual privacy. It will be necessary for you to provide a urine specimen of at least 30 milliliters when a single specimen collection procedure is used or at least 45 milliliters when a split specimen collection procedure is used. If you are not able to provide the required quantity of urine, you will be asked to drink sufficient fluids to facilitate urination. You will be required to remain at the collection in the presence of the DPC/CSC until the second specimen is provided.

_____ You should observe the entire collection procedure.

_____ When instructed, read and sign the statement on the Chain of Custody Control Form that certifies that this is your urine specimen.

_____ If you have any questions or concerns, speak with your supervisor or the DPC/CSC.