

Tidewater Youth Services Commission

Operating Instruction

#1.7

Subject: Procedures for Collection of Urine Drug Screens

Issued by: Shawn F. Sawyer, Executive Director

Effective Date: March 13, 2019 (Revised)

Issued to: TYSC Directors, TYSC Administrative Staff, and
Program Counselors

Expiration Date: When cancelled or superseded

Introduction:

As part of our treatment programs, we include the collection of urine samples to ascertain whether program clients have used alcohol or drugs. Since these results are reported to the court and they carry the potential of serious legal consequences for our clients, it is incumbent on us to use procedures which are standard in the substance abuse field. In developing this operating instruction we have studied the procedures used by the Department of Transportation, the Department of Health and Human Services (SAMHSA: Substance Abuse and Mental Health Services Administration), and the U.S. Department of Justice. Also considered in this procedure are the realities of completing collections in various settings such as in group homes, foster homes, office settings and client's homes.

There is a direct correlation between test validity and level of observation – the more direct the level of observation, the more valid the results. However, there is also a correlation between level of observation and agency liability. The more direct the level of observation, the more there is room for accusations made against the staff and program. The objective of this operating instruction is to have the most reliable drug testing possible while minimizing liability. In this instruction the term “parent” refers to any legal guardian or custodial entity. Foster parents are not considered staff and cannot collect urine specimens. However, they may be an observer of the collection.

1. Preliminary Procedures:

Before urine collection proceeds there are several safeguards that must be performed with every test to minimize/eliminate the possibility of adulteration:

- Ensure no soap, disinfectants, cleaning agents or other possible adulterants are present. If collecting in the home, have the parent check behind shower curtain, and open any cabinets and drawers.

- Have client remove unnecessary layers of clothes (such as hats, coats/jackets, shirt over a T-shirt, etc.)
- Have client empty all pockets and displays all items
- Client runs water, without soap, over fingers and under nails. The client is informed not to wash hands again until after the specimen is provided to the collector
- Client flushes toilet and is instructed not to flush again until after the specimen is collected.
- Counselor can drop food coloring or bluing agent into toilet before getting screen if the possibility of tampering is suspected.

If the client fails to comply with any of these procedures, it is considered a refusal to cooperate with the testing process.

2. Levels of observation:

- Observe stream: Counselor has view of stream of urine
- Direct: Counselor is inside the stall or room and has view of client, even if back is turned
- Monitored (Indirect Observation): Counselor is just outside cracked door, and can hear movements of client AND, if in the client's home, view parent's level of observation.
- Not present/supervised: Counselor is farther than just outside bathroom door

OBSERVATION LEVEL FOR <u>SAME GENDER</u> OF COUNSELOR AND CLIENT:				
Observation Level (OL):	Observe Stream (OS)	Direct (DIR)	Indirect (INDIR)	*Not present/Supervised
Routine collection in group home	OK (only with supervisor approval and second observer)	OK (only with supervisory approval and second observer)	USUAL PRACTICE	Never
Counselor in the client's home with parent observing (preferably parent does direct observation)	OK	OK	USUAL PRACTICE	Never
Counselor by him/herself in community	Never	Never	Never	Never
In office solo	With supervisory authorization	With supervisory authorization	USUAL PRACTICE	Never
Anywhere with PO or another TRGHC	PREFERRED PRACTICE	OK – higher level recommended	OK – higher level recommended	Never

Counselor				
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*Extraordinary circumstances and only with prior supervisory approval

OBSERVATION LEVEL FOR <u>DIFFERENT GENDER</u> OF COUNSELOR AND CLIENT
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Indirect (INDIR) is the only practice acceptable in this situation, and always with another competent adult, foster parent or staff member present

<u>PARENT</u> OBSERVATION LEVEL
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Parental prerogative - the higher level of observation, the better, gender considerations are part of their decision
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3. **“Shy Bladder” (“Cannot go”) Procedure**

- It may be helpful to suggest drinking something, but no more than an eight ounce drink is needed. This amount may help the process without the possibility of diluting the specimen.
- The staff’s cooperative approach should be one that allows the client to exercise their self determination. It may be useful to ask them how you can help explain their not fulfilling the program requirement and what conclusion the court might make no specimen is provided.
- There should be a program policy that limits discretionary privileges when a urine sample is not provided.
- In some cases discussing “shy bladder” should be done. It does not excuse not providing a specimen, but may lead to strategies that will lead to producing a specimen.
- Document the event fully (all attempts to assist the client with giving sample) in the client’s file.

4. **Chain of Custody:**

The testing service will specify procedures for ensuring the chain of custody on the urine sample. All staff are to be trained in how to handle the specimens. The Coordinator of the Tidewater Regional Substance Abuse Program (Assistant Director of the Community Based Clinical Services Program) should be consulted on questions regarding state of the art practice.