



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES
OCCUPATIONAL HEALTH, SAFETY AND THE ENVIRONMENT UNIT

**The Employees' Intoxicants and Prohibited Substance
Abuse Procedure and the General Test Procedures**

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1. OBJECTIVE

The University of the West Indies (The UWI), St. Augustine Campus is committed to providing a safe and healthy work place that enables employees to perform to their most productive levels. This is clearly articulated in the Campus OHSE policy statement. Consistent with that commitment and with its commitments under The OSH Act, 2004 (as amended), The UWI has developed this procedure regarding the implications for the use of Intoxicants and Prohibited Substances and their effect in the workplace. This Employees' Intoxicants and Prohibited Substance Abuse Procedure and the General Test Procedures incorporated in this Procedure are designed to establish and maintain a work environment that is free from the adverse effects of Intoxicants and Prohibited Substances.

2. SCOPE

This procedure applies to All UWI personnel; Academic, Professional, ATSS, Monthly paid, Daily paid, Casual and any individual who directly receives a salary from The UWI, St. Augustine Campus.

3. INTENT

The UWI's policy is that no Intoxicant or Prohibited Substance shall be used in such a way as to affect safe behaviour or work performance. Compliance with this Policy is the responsibility of every employee working on The UWI premises or elsewhere on behalf of The UWI.

The UWI recognizes that dependency on any Intoxicant or Prohibited Substance is a condition requiring care and support. Management as well as medical staff will give appropriate support to an employee who has been identified as having a dependency.

The UWI may undertake Intoxicants and Prohibited Substances Abuse testing in accordance with the Procedures to ensure that the expectations of this Policy are being met.

4. DEFINITIONS

- i. "UWI Premises" include all premises, property, installations and other sites owned, operated, leased, controlled and used by The UWI and shall also include The UWI vehicles and equipment used by The UWI for any purpose.

- ii. "Substance Testing" means the analysis of breath, urine and blood specimens and any other testing methods used to determine the presence of Intoxicants and Prohibited Substances.
- iii. "Contractor" includes Individual Contractors, Associates, Consultants and Service Providers.
- iv. "Chain of Custody" means that combination of procedures and documentation which provides a faithful and accurate written record of the process of chain of custody transfer of a biological specimen from the time of initial collection of a specimen up to the time of final testing.
- v. "Witnessed Collection" means the collection of a specimen in the presence of another person to minimize attempts at substitution or contamination of that specimen.
- vi. "Management" means The UWI St. Augustine Senior Management Team.
- vii. "Intoxicant" as defined by The OSH Act, 2004 (as amended) shall mean any alcohol, medicament, narcotics or psychotropic substances.
- viii. "Prohibited Substances" includes any prescription or over-the-counter drug and any other legally or otherwise obtained substance which, in the opinion of a UWI designated physician, is being used in a manner which is likely to impair judgment or cause risk to a person's own safety, health or welfare at work or that of any other person.

5. GENERAL PROVISIONS

- 5.1 Any employee who reports to work, is on UWI premises or non UWI sites for the purpose of working for The UWI, or is reporting to work and has used or is under the influence of any Intoxicant or Prohibited Substance, is in violation of this Policy. An employee is deemed to have used or be under the influence of an Intoxicant or Prohibited Substance if

the Intoxicant or Prohibited Substance is determined by testing in accordance with the Procedures to be present in the employee's body at or above the levels set out in **Appendix 1** or, in the case of substances not listed in **Appendix 1**, at or above a level determined by a UWI designated physician at which impairment is deemed to occur.

- 5.2 The use, sale, possession, distribution or promotion of Intoxicants or Prohibited Substances while on The UWI's premises or non UWI sites for the purpose of UWI's work, is strictly prohibited and is a violation of this Policy. Notwithstanding the provisions of this Section, at the discretion of the Campus Registrar based on the guidance of the Campus Alcohol Committee, the use of Alcohol may be permitted at The UWI's premises under specified circumstances. In such cases, the Campus Registrar will provide written notice of the exemption and the conditions attached to that exemption. Persons will not be allowed to return to work after the event and this process will be managed via the Campus Alcohol Policy.
- 5.3 Any employee who is accused of being under the influence of an Intoxicant or Prohibited Substance may be subject to testing and action in accordance with this Policy.
- 5.4 All staff shall be responsible for and obligated to report immediately incidents where there are violations or suspicion of violations of this Policy. Upon receipt of such report, The UWI in consultation with the appropriate Human Resources personnel would refer the employee to a UWI Service Provider for an evaluation that must include tests for Intoxicants and Prohibited Substances.
- 5.5 Any employee in breach of this Policy may be subject to disciplinary action in accordance with **The UWI's HR Policies** and, where there is suspicion of criminal behaviour or conduct, this may be reported to the appropriate State authorities.
- 5.6 Additionally, an employee may be referred to the Employee Assistance Program (EAP) in accordance with **The UWI's EAP Policy**.

5.7 This Policy and the Procedures may be amended from time to time as the law or other circumstances and conditions warrant.

5.8 All individuals and other contractor personnel, associates, consultants and other persons working for or on behalf of The UWI but not governed by this Policy shall be required to comply with the terms of The UWI Contractor OHSE Requirements.

6. INTOXICANTS AND SUBSTANCE ABUSE

Testing for Intoxicants and Prohibited Substances

Testing in accordance with the Procedures, to detect the presence of a substance is an integral part of this Policy and may be necessary to identify cases of substance abuse or misuse. Opportunities for testing for Intoxicants and Prohibited Substances will include: pre-employment testing in accordance with existing policies; testing for cause; post-accident testing, including testing after vehicular accidents; follow-up testing after previously testing positive and/or after self-referral; random selection for testing (“random testing”); mandatory testing; and any other testing mandated by law or required for compliance with this Policy or the law:

6.1 Pre-employment

Prior to being made an Offer of Employment all potential employees will be tested as part of The UWI pre-employment testing. Persons failing the pre-employment medical may be allowed to re-apply for employment under such conditions as The UWI may from time to time determine.

6.2 For Cause Testing

Employees may be tested for Intoxicants and Prohibited Substances following accidents or incidents which have the potential to cause, or do cause, personal injury, death, damage to property, equipment or the environment. Management may at its discretion test employees at the location of the accident or incident. The decision to test must be based on a reasonable and articulate belief that the employee is under the influence of alcohol or is using a prohibited drug on the basis of specific, contemporaneous physical,

behavioural, or performance indicators of probable drug use or alcohol consumption. The employee's supervisor shall substantiate and concur in the decision to test an employee. The concurrence by the supervisor can be accomplished by telephone.

6.3 Random Selection for Testing

The list of employees randomly selected for testing will be generated by The UWI using an appropriate method of random selection of persons for Intoxicants and Prohibited Substances testing. This process should be based on an employee's ID number and not name to avoid any claims of prejudice.

This part of the process specifically relating to random testing, will only be implemented after six (6) months of this document being approved. This will allow for sufficient time for the programme to be effectively communicated and employees educated regarding its intent.

6.4 Routine Testing

Employees may from time to time (and in accordance with the **Occupational Health Surveillance Policy**) be required to undergo routine medical examinations which are designed to monitor for any work related health impacts. These medicals may include a check for Intoxicants or Prohibited Substances abuse. The frequency of the medicals will vary based on the health risks associated with the job category.

6.5 Reasonable Suspicion

Management may require employees to undergo testing in the following circumstances:

- i. An Intoxicant or Prohibited Substance is found at the premises;
- ii. There is evidence relating to Intoxicants or Prohibited Substances Abuse by an employee;
- iii. An employee is suspected on reasonable grounds to be, in possession, or under the influence, of an Intoxicant or Prohibited Substance;
- iv. An employee's behaviour is deemed to be detrimental to other personnel, operations, or the environment.

Under this Policy, consent to sampling and testing pursuant to the provisions of this Policy is a pre-condition of employment and condition of continued employment.

6.6 Inspections

The UWI may inspect any of its premises and an employee's personal property on The UWI premises for Intoxicants and Prohibited Substances. Inspections will include, but are not limited to, the inspection of lockers, desks, vehicles, pockets, shoes, handbags, briefcases, tote bags, or other similar or like effects.

Inspection of clothing and personal items shall be conducted by first requesting the employee to reveal the contents of these effects. Strip searches shall not be conducted by The UWI. Entry or attempting to enter onto The UWI's Premises, including its car parks, is deemed consent by an employee to an inspection of person, vehicle, and personal effects at any time while entering, being on, or leaving The UWI Premises. The UWI may, with the consent of the site owner or occupier, inspect non-UWI premises or other sites.

6.7 Education Program

An important element in the administration of this Policy is the education of The UWI employees regarding the law relating to Intoxicants and Prohibited Substances, the problems and dangers relating to their use and the effects of improper use or abuse. All existing and newly recruited staff are expected to participate from time to time in programs designed to enhance their awareness of this Policy.

6.8 Rehabilitation

The UWI will, where appropriate and within the limits set out in this Policy, support employees with rehabilitation through its Employee Assistance Programme (EAP) or other appropriate means. This support will not preclude the right to administer disciplinary action in accordance with existing policies for situations where employees are in breach of this or any other Policy or fail to meet appropriate performance standards. Employees who request a rehabilitation opportunity shall not by that fact alone be in breach of this Policy. **Appendix 2** outlines the Self-Referral Process.

7. GENERAL TEST PROCEDURES

Testing Outcomes

All test results will be reported via The UWI Service Provider or The UWI designated physician. The UWI designated physician will review confirmatory test outcomes with positive results. Following review and confirmation by The UWI designated physician, positive confirmatory test results will be notified to Management and appropriate action taken in line with the Company's Code of Conduct, Policies and Procedures.

Testing

The following provisions shall apply to all testing carried out under this policy.

- a. Consent to sampling and testing pursuant to the provisions of this Policy is a condition of employment. Consent to sampling and testing shall be consent to the testing of the sample or samples provided by the employee only for the purpose of testing by The UWI for Intoxicants and Prohibited Substances and for no other purpose.
- b. Each employee will be required to sign the Employee Consent for Intoxicants and Prohibited Substances Testing Form (**Exhibit A**). In the case of the random selection of an employee for testing, that employee will be issued a Notification of Random Selection for Testing and Consent Form as set out in **Appendix 3**, which the employee will be required to sign prior to testing. A refusal to sign the forms or signing "under protest" shall be deemed a refusal to give consent to sampling and a refusal to undergo testing.
- c. A refusal to undergo testing will result in the employee not being allowed to report for work for whatever time is necessary to review the matter and determine what action, if any, will be taken. Actions that may be taken against the employee could include disciplinary action, up to and including discharge.
- d. All employees may be tested to determine the presence of Intoxicants and Prohibited Substances in any one or more of their urine, breath, saliva and, if necessary, blood. The results of these examinations will be revealed to the appropriate Human Resources

personnel, and a negative test result will be a necessary condition for remaining on the job.

- e. All testing will be conducted by The UWI designated personnel and screening and other analyses will be conducted by a UWI designated physician or The UWI designated laboratory.
- f. Employees may be required to provide their UWI identification to the person conducting an Intoxicants and Prohibited Substances test.
- g. Prior to collecting urine, breath, saliva and if necessary, blood samples, The UWI designated personnel shall ask the employee if he or she is taking prescribed, over-the-counter or any other medication so that the information can be taken into account in interpreting the test results. In addition, the employee shall complete a Medication History Form (**Appendix 4**). *This information shall be given to The UWI designated physician and the diagnostic information so acquired by The UWI designated physician with respect to prescribed medications will be held in strict confidence by The UWI designated physician and shall not be disclosed to The UWI.* Positive test results explained by the employee's legitimate use of a prescribed, over-the-counter or other medication as determined by The UWI designated physician will be treated as negative upon which the Post Testing Return to Work Procedure (**Appendix 5**) will apply.
- h. Employee's urine and blood samples will be screened in Trinidad and Tobago at a UWI approved laboratory. The basic screening tests on urine samples for drugs will be **Enzyme Multiplied Immunoassay Test (EMIT) or Radio Immunoassay Test (RIT)**. If that initial screen is negative, no further testing will be necessary.
- i. A positive initial screen will result in the sample being confirmed at another independent approved UWI laboratory by means of a Gas Chromatography/Mass Spectrometry (GC/MS) or other confirmation tests. Save as provided in (k) below, no action will be taken against the employee until a confirmed positive test result is obtained.

- j. The UWI designated physician shall obtain the laboratory result and immediately following review shall advise the appropriate Human Resources personnel of the test results. The Human Resources will communicate the results of the test to the employee.
- k. Where the employee has successfully passed the substance test but is taking prescribed, over-the-counter or other medication, which in the opinion of The UWI designated physician may impair the employee's ability to perform his or her job safely or otherwise, The UWI physician may impose restrictions to any particular job in light of that medication as outlined in the Post Testing Return to Work Procedure (**Appendix 5**).
- l. The employee will provide samples in the privacy of a bathroom or a partitioned area which allows for individual privacy. In cases where it is reasonably suspected that the employee may substitute or contaminate the sample, it may be necessary to have a staff person of the same sex actually present in a position which is discrete but sufficient to minimize attempts at substitution or contamination of the specimen while it is being voided. In the event an employee submits an altered sample or otherwise interferes with the testing procedure, the employee will be subject to disciplinary action, up to and including discharge. The UWI in consultation with The UWI designated physician may refuse to test any sample it believes has been altered, tainted or otherwise provided in a manner inconsistent with the required procedures.
- m. The employee will observe the collection and chain-of-custody (CoC) procedure of the urine specimen until the box containing the specimen is sealed. (**Appendix 6**)
- n. An alcohol test will be conducted using a Breathalyzer.
- o. If the first breathalyzer test is positive for alcohol, then the employee will be required to submit a second breathalyzer test immediately. If the second breathalyzer test is positive, the employee shall be deemed to have tested positive for alcohol and notwithstanding any other provision of this policy, no other confirmatory test shall be required. However, the

employee may immediately request The UWI designated physician to take a sample of the employee's blood and to have the sample submitted for GC/MS testing at a UWI approved laboratory in Trinidad and Tobago or elsewhere. The employee will not be allowed to continue working until the result of the blood test is known.

8. ADMINISTRATION

The Human Resources Division shall be responsible for developing and overseeing this Policy. Administration of the Intoxicants and Prohibited Substances Procedures shall be the responsibility of the OHSE Manager or his designate. It is required that an Occupational Nurse be hired to assist in administering this program.

Additionally it is the responsibility of the Occupational Nurse to:

- a. Arrange for the testing of employees and potential employees.
- b. Implement follow-up procedures to verify that tests have been conducted. This will include working with medical and other personnel, including The UWI Service Providers to ensure that tests were completed and results obtained and documented.
- c. Where a scheduled test is not undertaken, ensure that an investigation is undertaken to determine the reason why the test was not taken and to take the appropriate action to ensure that the test is undertaken.
- d. Maintain the integrity of the random selection process.
- e. Develop appropriate safeguards to ensure that persons involved in the random selection process are tested when required.
- f. Ensure follow-up testing of employees testing presumptive positive.
- g. Develop appropriate practices and protocols to assist in compliance with this Policy, in particular protocols to:
 - Avoid donor adulteration or substitution of samples;
 - Ensure chain of custody of each sample throughout the collection and testing process, and provide assurance that the sample provided cannot be confused with other samples or tampered with after collection.
- h. Provide support in the interpretation of this Policy and assistance in its implementation. Where appropriate, modifications or amendments may be made to this Policy to ensure its compliance with the Laws of the Republic of Trinidad and Tobago.

Appendix 1: Presumptive Positive (Screening) and Confirmatory Positive Levels for Intoxicants and Prohibited Substances

Substance	Screening	Confirmation
Amphetamines/Methamphetamines	1000 ng/ml	500 ng/ml
MDMA	500 ng/ml	250 ng/ml
Cocaine	300 ng/ml	150 ng/ml
Cannabinoids	50 ng/ml	15 ng/ml
PCP	25 ng/ml	25 ng/ml
Opiates	300 ng/ml	300 ng/ml
Oxycodone/Methadone	300 ng/ml	300 ng/ml
Propoxyphene	300 ng/ml	300 ng/ml
Barbiturates, Benzodiazepines	200 ng/ml	200 ng/ml
Alcohol	0.02g/100g	0.02g/100g

Appendix 2: Self-Referral for Rehabilitation

1. Introduction

The UWI encourages its employees to assume responsibility for their health. The use or abuse of an Intoxicant or Prohibited Substance may impact on the safety and health of an employee or present a risk to fellow employees and the operations of the Campus. The UWI therefore encourages employees to utilize the benefits and resources available to gain the assistance they need, including self-referrals to the EAP for assessment/rehabilitation, for problems relating to the use or abuse of Intoxicants and Prohibited Substances. This Appendix outlines the support of which an employee can avail him or herself through self-referral to the EAP and the conditions attached thereto. If, at any time following initial assessment and/or rehabilitation through self-referral, an employee feels that additional help is necessary, the employee may be afforded subsequent opportunities for rehabilitation. Employees will continue under the care and monitoring of the EAP rehabilitation centre, and/or UWI designated physician, which may include testing and appropriate after care programs.

2. Confidentiality

- a. Save as provided in this Policy, all discussion with EAP or rehabilitation counsellors as a result of self-referral are confidential and will not become part of an employee's personnel file. If an employee needs time off from work for treatment or is not fit to return to duty following initial treatment, the EAP will consult with the appropriate Human Resources personnel who will advise the employee's Supervisor of medical leave, but shall not reveal the reason for such actions.
- b. An employee who seeks assistance through his or her Supervisor shall be referred to the EAP, in accordance with **UWI's EAP Policy**. Although the employee's Supervisor will know of the self-referral in this case, all reasonable efforts shall be made to keep the self-referral as confidential as possible and to treat the employee as if that person had directly self-referred (i.e. they shall not be treated as if they had originally tested positive).

- c. When the EAP determines that any individual's condition constitutes a hazard to others if the employee remains on the job, either during treatment or during the after-care process, the EAP will notify The UWI designated physician who will in turn notify the appropriate Human Resources person. Since there is no rule to cover multiple complex situations, the EAP counsellor will use clinical judgment to determine when an employee's level of impairment could jeopardise safety. The employee will be told in advance that such notification will take place. Restrictions on duty will be determined by The UWI designated physician in consultation with the appropriate Human Resources personnel.

- c. The employee shall be entitled to the same leave benefits as are set out elsewhere in this Policy to cover absences from work as a result of self-referral.

3. Substance Testing

- a. It will be the responsibility of the EAP and The UWI designated physician together, to determine that the employee remains fit-for-work through post-rehabilitation monitoring. Such monitoring will be conducted by the EAP and will normally include both a substance test prior to returning to duty, and periodic substance screens as part of the after-care program. The results of these tests will not be communicated to The UWI.

- b. If the employee tests positive in either of the above instances, The UWI designated physician shall either declare the Employee as unfit for duty or restrict the duties of the employee for medical reasons so as to enable The University to restrict the employee from working in a safety sensitive position or from reporting to work for a period of time as the case may be. The EAP and The UWI designated physician shall jointly determine whether and when the employee should return to work following the employee's rehabilitation or during treatment, and whether the employee should remain on the job during the after-care/follow-up period.

- d. Employees, who have completed treatment for Intoxicant or Prohibited Substance abuse or misuse and subsequently refuse testing as part of their monitoring and return to work process, will be considered to have voluntarily remained unfit for duty and will not be

certified fit to return to work by The UWI designated physician. The UWI may review the matter to determine what action, if any, may be taken against the employee. Action may include disciplinary action up to and including discharge.

- d. Conflicts over treatment shall be referred to The UWI designated physician for resolution.

4. Disciplinary Implications

- a. Rehabilitation and disciplinary action are parallel and separate approaches to handling problems arising from breach of this Policy. When an employee makes self-referrals, either directly or through supervisors, corrective action does not become suspended because of EAP or treatment participation. Likewise, employees utilizing the EAP or any rehabilitative services will not jeopardize their jobs or upward career mobility because of their participation in the EAP.
- b. If an employee tests positive for Intoxicants or Prohibited Substances as part of the follow up to a self-referral for rehabilitation and there has been no other positive result in the past on a UWI - mandated test, this would count as a first positive test. The employee would then be dealt with in accordance with the procedures for a first positive test. A second positive test (whether from a mandatory, random, "for cause", follow-up test or otherwise) may result in termination.

5. Positive Test Result

- 5.1 Upon receipt of a confirmed positive test result, The UWI designated physician will make a reasonable attempt to contact the employee to determine if there is any acceptable medical reason for the positive result. If after such reviews there is no acceptable medical reason for the result, The UWI designated physician shall notify the appropriate Human Resources person of the positive result. The appropriate Human Resources person shall inform the relevant Department Manager of the result, who, shall in turn, as soon as practicable, communicate the result to the employee and, on a first positive test result, shall refer the employee to the EAP for an assessment to determine whether and what, if

any, treatment is recommended. If there is a medical explanation for the positive result, the test will be deemed to be negative.

- 5.2 Subject to the provisions of this section, any employee whose test is a confirmed positive result shall not be allowed to report for work until the employee has been assessed, by the EAP and the EAP has recommended that the employee be returned to work. During the period of this assessment, the employee shall be permitted to utilize such leave as may be available including unpaid leave.
- 5.3 In “for cause” testing and post-accident situations, appropriate action following a substance test result may include disciplinary action up to and including discharge. In all other instances of testing, the Employee shall be referred to the EAP if the positive result is the first positive test result for the Employee or the deemed first positive of the employee.
- 5.4 When an employee is referred to the EAP or other resource recommended by the EAP and the assessment determines that no treatment is necessary, then unless otherwise advised by the EAP, the employee will be allowed to return to work and the employee shall be required to submit to another test not less than thirty (30) days after the date of the initial test (excluding the day of the test in counting such period). If the second test is positive, appropriate disciplinary action will be taken. If an employee refuses to be assessed, The UWI will review what action, if any, may be taken against the employee. Action may include disciplinary action up to and including discharge.
- 5.5 Outpatient treatment may be prescribed by the EAP. In some cases an employee will be able to continue working throughout the treatment process. Where an Employee needs time off from work in order to participate in such treatment, Management will make reasonable attempts to accommodate and support the employee who has been prescribed outpatient care, through reassigning the employee to a non-safety related job (if available and if a work schedule can reasonably be arranged) and allowing the employee time off with pay charged against the employee’s sick leave and vacation leave. The appropriate Human Resources person in consultation with the EAP and The UWI designated

physician, in conjunction with the employee, will examine the treatment schedules in order to facilitate needed time off and to avoid abuse of the accommodation.

- 5.6 Employees, who are prescribed inpatient rehabilitation, as recommended after the assessment, will be eligible to utilize their sick leave. Thereafter, the employee may be permitted to utilize any unused vacation leave at the discretion of the Director, Human Resources Division.
- 5.7 When rehabilitation is prescribed after an assessment, an employee must complete the recommended treatment or testing. If the employee refuses or fails to complete the recommended treatment or testing, The UWI may review the matter to determine what action, if any, may be taken against the employee. Action may include disciplinary action up to and including discharge.
- 5.8 Upon completion of the recommended rehabilitation program, the employee must submit to a medical examination by The UWI designated physician and be re-tested prior to returning to work; if the test results are negative, the employee, upon approval of The UWI designated physician, may be returned to their regular job taking into account such recommendations that the physician may make.
- 5.9. Where an employee who has tested positive returns to work after assessment and/or rehabilitation, any subsequent positive test results for an Intoxicant or Prohibited Substance will result in discharge. If, however, an employee volunteers for further treatment (before that employee has been tested by The UWI and records a second confirmed test result), the employee will be granted another opportunity for rehabilitation. If the employee tests confirmed positive for an Intoxicant or Prohibited Substance after volunteering for further treatment as aforesaid and upon completion of a recommended rehabilitation program, appropriate disciplinary action will be taken.

Appendix 3: Notification of Random Selection for Intoxicants and Prohibited Substances Testing and Consent Form

Dear Colleague,

You have been randomly selected for testing as per The UWI's Intoxicants and Prohibited Substances Policy.

If you need to inform your supervisor/employer of your delayed arrival at the worksite or any change in your work arrangements, please ask Human Resources personnel for assistance.

Please note that failure to consent to this testing will be treated as a breach of the University's Policies and will be dealt with in accordance with the procedures for refusal to undergo testing.

Thank you for your cooperation in this exercise which is one of the measures being taken to ensure the continued safety of our people and operations.

CONSENT FORM

I hereby consent to Intoxicants and Prohibited Substances testing in accordance with The UWI's policies regarding the same. It is my understanding that the sample I will submit will be used ONLY for the purposes of this testing.

Further, I give my consent for release of the test results to the appropriate members of The UWI's Management.

(SIGNATURE)

(DATE)

Appendix 4: Donor Medication History Form

Indicate all medications, prescriptions or non-prescription; you have taken in the last two weeks. On the line next to the kind of medication, indicate the specific name.

CHECK () IF BEING TAKEN	KIND OF MEDICATION	SPECIFIC NAME OF MEDICATION
_____	ALLERGY	_____
_____	ASTHMA	_____
_____	COLD	_____
_____	COUGH	_____
_____	DEPRESSION	_____
_____	DIET	_____
_____	HEART	_____
_____	INFLAMMATION	_____
_____	LAXATIVES	_____
_____	MOOD ELEVATORS	_____
_____	MUSCLE RELAXERS	_____
_____	NAUSEA, VOMITING, DIARRHEA	_____
_____	PAIN	_____
_____	SEIZURE	_____
_____	SINUS	_____
_____	SLEEPING	_____
_____	STOMACH	_____
_____	TRANQUILIZERS	_____
_____	OTHER	_____

SIGNATURE _____ DATE _____

This form should be returned to the appropriate tester.

Appendix 5: Post Testing Return to Work

1. PURPOSE

When undertaking screening tests for Intoxicants and Prohibited Substances, a non-negative result may occur which is the result of a reaction within the test apparatus caused by a substance that is neither an Intoxicant nor a Prohibited Substance. Such reactions can be caused by some legitimate medications and other substances known to mimic the Intoxicant or Prohibited Substance because of their similar chemical constitution. Such a non-negative result at screening is known as a false positive. Gas Chromatography/Mass Spectrometry (GC/MS) analysis allows us to determine whether or not a non-negative result at screening for Intoxicants and Prohibited Substances is caused by an actual Intoxicant or Prohibited Substance, or by a medication or other substance which mimics the substances that the test is designed to detect. The process of GC/MS analysis takes some time to complete and the result may not be known for several days, during which time the person taking the legitimate medication or other substance may not be permitted to work. This procedure allows an assessment of the circumstances surrounding a potential false positive test result, taking account of disclosure, previous test history and other medical information. This information may be used to decide whether an individual returning a non-negative test result would be permitted to continue to work in the short term on behalf of The UWI.

2. PROCESS

The decision as to allow an individual to continue to work on behalf of The UWI following a non-negative screening test result is predicated on the following factors:

- Disclosure – did the individual disclose the medication or other substance on the medication history form prior to their screening test;
- Congruence – is the non-negative result consistent with the known potential mimicking effect of the declared medication or substance;
- Fitness for work – would the medication or substance in itself constitute a potential detriment to the individual's ability to work safely without posing a risk to themselves or others, including the ability to respond to an emergency situation;

- History – has the individual been tested in the past with negative results; or a non-negative result for the same medication; or have clearance from The UWI designated physician through case management of a chronic or other long term ailment that in itself does not disqualify the individual from being fit for work; and
- Criticality – were the individual allowed to continue to work on behalf of The UWI, what could be the potential impact of that person being under the influence of an Intoxicant or Prohibited Substance i.e. the safety criticality of the position in which the individual works.

Disclosure

The procedure for Intoxicant and Substance Abuse testing includes pre-screening of the subject through self-completion of a medication history form. This requires the individual to disclose to the Collection Officer any medications, prescription or otherwise, that they have taken in the previous two (2) weeks. Failure to declare a medication or other substance on this form prior to testing would reduce confidence that a non-negative test result could be attributed to a mimic response. The person would not be allowed to continue to work on behalf of The UWI until confirmation GC/MS analysis results were available.

Congruence

Certain legitimate medications and other substances are known to mimic Intoxicants or Prohibited Substances within the test apparatus and induce a false positive result. These relationships are well understood and it is possible to track these effects to known test outcomes: specific legitimate medications cause specific known false positive test results. For example: a medication known to contain significant quantities of codeine could cause a false positive result for morphine. Where a medication is declared and a non-negative result is obtained, then there would be an expectation of a corresponding false positive. Where the non-negative result is inconsistent with the known mimicking effect of the medication or substance, the person would not be allowed to continue to work on behalf of The UWI until confirmation GC/MS analysis results were available.

Note: Certain medications contain alcohol. The detection of alcohol per The UWI testing protocols, whether from medication or other sources, will be regarded as a confirmed positive outcome and will be managed accordingly.

Fitness for Work

Some medications or other substances in themselves can impact the level of ability of an individual to work safely and to respond effectively to emergency situations.

Where a non-negative result could be attributable to a disclosed medication and that medication is known to impact a person's ability to work safely, and then the person would not be allowed to continue to work on behalf of The UWI in the short term. This is consistent with The UWI policy on fitness for work. The individual would be subject to follow-up screening tests for Intoxicants and Prohibited Substances on their subsequent return to work.

History

Some employees would have been screened for Intoxicants and Prohibited Substances in the past with known recorded results. Others could have medical conditions that require long term treatment through medication. In these cases The UWI will satisfy itself that the employee is not abusing Intoxicants or Prohibited Substances but is taking a disclosed medication to treat a genuine condition.

Previous history of negative screening test results

Some employees would have been screened for Intoxicants and Prohibited Substances in the past and returned negative results. Where an employee has disclosed a medication that has known mimicking effects at screening, and those effects (and only those effects) are realized in a non-negative test result, there is a reasonable likelihood that the result is a false positive. If the employee had been tested within the previous three (3) months and the tests found that the particular medication had given a presumptive positive result which proved to be false positive, that employee would be allowed to continue to work on behalf of The UWI, unless The UWI designated physician determines that there are reasons why the employee should not be allowed to work.

Previous history of testing non-negative for same medication

Some employees would have been screened for Intoxicants and Prohibited Substances in the past and returned non-negative results which through GC/MS analysis have been attributed to taking certain disclosed medications. Where an employee has disclosed the same medication known to have mimicking effects at screening, and those effects (and only those effects) are realized in a non-negative test result, there is a reasonable likelihood that the result is a false positive. Under these circumstances an employee may be allowed to continue to work on behalf of The UWI after it has been determined by The UWI designated physician that the declared substance present does not affect the employee's ability to perform his/her job safely.

Case Management

An employee may suffer from a chronic or other medical condition that requires long term treatment through medication. Where the medication has a known mimicking property then such an employee would return a non-negative result every time they are screen tested for Intoxicants and Prohibited Substances.

Employees on long term medication for chronic or other conditions should consult with The UWI designated physician, firstly for case management (including an evaluation of the potential impact on the person's fitness for work) and secondly for an evaluation of the potential for false positive results from screening of their medication(s). Where the condition does not in itself affect the individual's ability to work safely, and where a medication used for long term management of the condition is known to mimic an Intoxicant or Prohibited Substance, The UWI designated physician will issue an exemption letter to the employee for them to declare to the Collecting Officer at testing. The letter will confirm that the employee is taking the disclosed medication as part of a long term therapy (without specifying the condition), identify the expected mimicking effect, and specify time limits for validity of the exemption. Where the donor shows to the Collection Officer at the time of testing such valid exemption letter that pertains to the donor *and* which indicates the medication as disclosed, that person would be allowed to continue to work on behalf of The UWI unless The UWI designated physician determines that there are reasons why the employee should not be allowed to work.

Criticality

Certain employees may be in roles where the potential impact on health and safety of that person being under the influence of an Intoxicant or Prohibited Substance in the workplace is high; this would include any role considered to be safety critical e.g. drivers, laboratory technicians, machine operators, workshop personnel, medical professionals etc.

Unless an employee has been exempted by The UWI designated physician, that employee would not be permitted to work on behalf of The UWI until the results of GC/MS analysis becomes known and confirms the absence of Intoxicants and Prohibited Substances.

3. FOLLOW-UP CONFIRMATORY TESTING

In all cases of non-negative test results at screening, there will be confirmatory GC/MS analysis to determine with certainty the presence or absence of Intoxicants or Prohibited Substances:

- Where the GC/MS analysis confirms the absence of Intoxicants or Prohibited Substances, this will be indicated to the employee and their supervisor. No further action is required.
- Where the GC/MS analysis confirms the presence of Intoxicants or Prohibited Substances, this will be indicated to the employee and their supervisor. The tested employee shall be prevented from working for The UWI and action taken in accordance with this Policy.
- This monitoring will be sustained and used to provide assurance of the effectiveness of the process, and to allow for interventions as required.

Appendix 6: General Testing Protocols

1. INTRODUCTION

The purpose of this document is to define the protocols for Intoxicants and Prohibited Substances testing within The UWI.

2. SCOPE

This document will apply to all The UWI designated personnel involved in the testing process.

3. DEFINITIONS

OHSE	Occupational Health, Safety and the Environment
CO	Collection Officer, who carries out the testing procedure.
CoC	Chain of Custody process and relevant documentation.
NEDS	Non-evidential drug screen is an instant screening test., results of which may not be defensible in a court of law.
EDS	Evidential drug screen is a quantitative drug testing procedure conducted by an accredited laboratory, providing results that are legally defensible if the case is challenged within a court of law.
Donor	The person from whom the sample has been taken.

4. PROCEDURE

Chain of Custody Procedure

Chain of Custody process and relevant documentation (CoC) is a legally defensible system of control, which documents the process of a specimen from the point of collection to the reporting of the results. It is designed to link the specimen to the donor and the result to the specimen.

- Samples taken under the CoC condition are treated as evidence. Two (2) sample bottles are given to the laboratory. Should the laboratory identify any substance in the urine, the second bottle, seal intact, will be kept for a minimum of one (1) year. This second sample can be reanalyzed at a forensic laboratory of the donor's choice, should the result be disputed.

- Keep all testing kit components secure; the Collection Officer must ensure that no unauthorized person has access to the kit or part of it and no person is able to interfere with a specimen or sample.
- The completed and signed Employee Intoxicant and Prohibited Substances Testing Consent Form (**Exhibit A**); Notification of Random Selection for Testing and Consent Form (**Appendix 3**); Medication History Form (**Appendix 4**); NEDS step-by-step checklist (**Exhibit B**) and the EDS step-by-step checklist (**Exhibit C**) (“the Forms”) is evidence of the process followed and accordingly, the Collections Officer should take care to avoid discrepancies or omissions on the Forms or during the collecting procedure which could be used to invalidate the test results.
- If the Collection Officer is not able to follow the procedure exactly, a record must be kept to provide any explanation for use of alternative procedures.
- If there are any problems or questions at any time during the collection, the Collection Officer should contact The UWI designated physician for advice.

Site Preparation

The main components of the site preparation are to ensure that the donor’s privacy is maintained and reassurance is given by the Collection Officer in what can be a potentially stressful situation. It is important however that there is not any opportunity provided for a donor to ‘cheat’ the system.

The ideal conditions are:

1. A private toilet area to which no unauthorized person can gain access during the collection period and a secure area where drug screening products can be locked away.
2. Space within this area to complete testing and paperwork and where the samples can be bottled and packaged.
3. The key requirements are:
 - Privacy: to protect the donor’s dignity and maintain confidentiality.
 - Security: to ensure that no unauthorized person can gain access to the areas, kits or paperwork.
 - Visibility: the Collection Officer must be able to keep the donor in sight at all times during.

the collection process, except – in the majority of cases – when they are voiding the specimen.

4. Certain safety controls to ensure the validity of samples for testing:

- The water in the toilet must be colored with blue agent.
- No access to the toilet cistern.
- No cleaning agents in the toilet area.
- No 'clean urine' or other adulterants in the toilet area.
- Adequate signage instructing the donor not to flush the toilet until the specimen is handed to the Collection Officer.

5. NON-EVIDENTIAL DRUG SCREENING (NEDS) PROCEDURE

1. Collection Officer obtains a copy of the NEDS step-by-step checklist (**Exhibit B**).
2. Collection Officer to welcomes donor and explains that as part of the Intoxicants and Prohibited Substances Abuse Policy, they are required to provide a sample for testing.
3. Collection Officer checks photographic identification. This should have a photograph and the donor's name, e.g. national identification card, driver's license or passport. If there are any doubts regarding the individual's identity, refer to The UWI Director, Human Resources Division.
4. The Collection Officer explains the process and ensures that the donor fully understands the process. The Collection Officer asks the donor to read and complete the Intoxicants and Prohibited Substances Testing Consent Form (**Exhibit A**).
5. The Collection Officer also ensures that the Donor completes the Medication History Form (**Appendix 4**).
6. Collection Officer obtains storage cupboard key for toilet area from key safe in the medical records storage room.
7. Collection Officer ensures that the donor is able to pass a urine sample of more than 60mls, noting all specimens must come from a single voiding. If unable to void, offer the donor 250mls of water and record amount and time in medical notes. This can be repeated every twenty (20) minutes until a sample can be passed.
8. Collection Officer asks donor to leave any baggage or outer clothing they have brought with them in the main waiting area whilst carrying out the NEDS.

9. Collection Officer takes the donor to the toilet area.
10. Collection Officer visually checks the sock and belt area (and brassiere for women) to ensure nothing is being held there.
11. Collection Officer unlocks the storage cupboard utilizing the correct key from the key safe.
12. Collection Officer removes the cleaner sanitizer from the cupboard and adds enough powder to the toilet water to ensure the water is blue. Explain the rationale behind this to the donor.
13. Collection Officer removes the box containing the 10-point sure screen multipanels; allows the donor to choose one multipanel, and asks the donor to verify that the multipanel is fully sealed and has not been tampered with. Collection Officer notes the expiry date of the multipanel on the consent form.
14. Collection Officer asks the donor to also choose two (2) sealed urine temperature cups from a selection and asks the donor to verify that the seals on both cups are intact and has not been tampered with.
15. Collection Officer locks the cupboard.
16. Collection Officer asks the donor to wash their hands.
17. Collection Officer asks the donor to remove the seal from one of the urine temperature cups.
18. Collection Officer asks the donor to void a sample of urine into the temperature cup and to **not** flush the toilet, wash their hands **or** lock the toilet door whilst passing the sample. The Collection Officer should ensure this is clearly understood.
19. Unless there is a reason to suspect the donor will adulterate the specimen, then the Collection Officer should remain outside the toilet door to allow privacy.
20. The Collection Officer should don protective gloves prior to receiving the sample from the donor.
21. As soon as the specimen is given to the Collection Officer, he/she checks the temperature scale on the side of the specimen container and records this on the Employee Intoxicant and Prohibited Substances Testing Consent Form (**Exhibit A**) under test results. The temperature should be within the prescribed temperature range of 32.5°C to 37.7°C. At this point, the time should also be documented on the Form.

22. Collection Officer asks the donor to remove the secure lid from the second temperature cup.
23. Collection Officer asks the donor to observe while you carry out the transfer of a small amount of urine from the first temperature cup to the second.
24. The rest of the urine should remain uncontaminated in the first temperature cup. In the event that the non-evidential test results are positive, the remainder of the urine must be utilized for laboratory testing. The EDS procedure should be followed in this event.
25. Utilizing the multipanel, the Collection Officer should insert the test device into the urine sample, only as far as the maximum urine level indicator on the device. The Collection Officer should ensure that the testing strips are dipped in the urine for approximately 20 seconds; the cap should then be replaced.
26. Collection Officer records the time of test on the Employee Intoxicant and Prohibited Substances Testing Consent Form (**Exhibit A**).
27. If carrying out a routine medical, the rest of the sample can be kept until the end of the process to allow routine multistix testing; otherwise this can now be discarded in the toilet.
28. The Collection Officer should wait for up to five (5) minutes to guarantee the results if there are any doubts. Each window on the multipanel should have two lines (one control line and one test line) in each window to indicate a negative result. One line would indicate a positive result and the EDS procedure should then be carried out.
29. However, in the unlikely event that no control line appears in the window, this should be treated as an invalid result. The urine should be discarded and the donor should provide another sample.
30. The Collection Officer must complete the details on the Employee Intoxicant and Prohibited Substances Testing Consent Form (**Exhibit A**), documenting that magenta lines were visible on the multipanel.
31. Collection Officer completes the step-by-step checklist and asks the donor to sign the NEDS checklist confirming their agreement that the procedure was followed as documented. The Collection Officer must also sign the Forms.
32. The donor can now wash their hands.

33. Collection Officer disposes of any spent material in a suitable receptacle.

6. EVIDENTIAL DRUG SCREENING PROCEDURE (FOLLOWING A POSITIVE NON-EVIDENTIAL RESULT) – GUIDANCE FOR COLLECTION OFFICER

1. Obtain a copy of the EDS step-by-step checklist (**Exhibit C**).
2. Collection Officer to welcome donor and explain that as part of the Intoxicants and Prohibited Substances Abuse Policy, they are required to provide a sample for testing.
3. Collection Officer checks photographic identification. This should have a photograph and the donor's name, e.g. national identification card, driver's license or passport. If there are any doubts regarding the individual's identity, refer to The UWI Director, Human Resources Division.
4. Ask the donor for information to allow completion of the Forms.
5. Ensure that the donor fully understands the process and ask them to read and sign the Employee Intoxicant and Prohibited Substances Testing Consent Form (**Exhibit A**).
6. Explain to the donor that some medications may give positive results in Intoxicants and Prohibited Substances Testing. In order to eliminate this, the donor must complete the Medication History Form (**Appendix 4**). The medication to be listed will include prescription and non-prescription medication, injections or local anaesthetics. The Collection Officer will record the time and date of all medications taken on the Form. If none are declared then write 'none' in the box.
7. Obtain storage cupboard key for toilet area from key safe in the medical records storage room.
8. Remove the box containing the drug screen kits and allow the donor to choose a sealed kit. Ask the donor to verify that the kit is fully sealed and has not been tampered with. Lock the storage cupboard.
9. Open the plastic bag containing the drug screen kit.
10. Apply the bar codes provided within the kit to the three (3) copies (white, blue and yellow) of the Forms. Apply the final bar code to the EDS step-by-step checklist (**Exhibit C**).
11. Ask the donor to observe while you carry out the transfer of urine from the urine temperature cup to the two specimen bottles. Verify tamper seals are intact on both

bottles. Decant enough urine to fill at least up to the first line in both bottles. Snap close both bottles to ensure a secure seal.

12. Ask the donor to initial and date the bottle seals. The Collection Officer must also initial and apply the seals over the lids and down both sides of the bottles
13. Check all the Forms have been completed correctly.
14. Place urine bottles and top white copy of the completed form in the bag.
15. Ask the donor to initial and date the seal on the bag, then seal and put into the mailing envelope. This should also be sealed in the presence of the donor.
16. Complete the EDS step-by-step checklist (**Exhibit C**) and ask the donor to sign the checklist confirming their agreement that the procedure was followed as documented. The Collection Officer must also sign the Form.
17. Give the blue copies of the completed Forms to the donor for their reference.
18. The yellow copies and the signed step-by-step checklist should be filed in the donor's medical notes.
19. Dispose of any spent material in a suitable receptacle.

7. EVIDENTIAL DRUG SCREENING PROCEDURE (EDS) – GUIDANCE FOR COLLECTION OFFICER

1. Obtain a copy of the EDS step-by-step checklist (Exhibit C).
2. Collection Officer to welcomes donor and explains that as part of the Intoxicants and Prohibited Substances Abuse Policy, they are required to provide a sample for testing.
3. Check photographic identification. This should have a photograph and the donor's name, e.g. national identification card, driver's license, or passport. If there are any doubts regarding the individual's identity, refer to The UWI Director, Human Resources Division.
4. The Collection Officer explains the process and ensures that the donor fully understands the process. The Collection Officer asks the donor to read and complete the Intoxicants and Prohibited Substances Testing Consent Form (**Exhibit A**).
5. Collection Officer explains to the donor that some medications may give positive results in Intoxicants and Prohibited Substances Testing. In order to eliminate this, the donor must complete the Donor Medication History Form (Appendix 4). The

medication to be listed will include prescription and non-prescription medication, injections or local anaesthetics. The Collection Officer will record the time and date of all medications taken on the Form. If none are declared then write 'none' in the box.

6. Obtain storage cupboard key for toilet area from key safe in the medical records storage room.
7. Ensure that the donor is able to pass a urine sample of more than 60mls, noting all specimens must come from a single voiding. If unable to void, offer the donor 250mls of water and record amount and time in medical notes. This can be repeated every twenty (20) minutes until a sample can be passed.
8. Ask donor to leave any baggage or outer clothing they have brought with them in the main waiting area whilst carrying out the EDS.
9. Take the donor to the toilet area.
10. Visually check the sock and belt area to ensure nothing is being held there.
11. Unlock the storage cupboard utilizing the key from the key safe.
12. Remove the cleaner sanitizer from the cupboard and add enough powder to the toiler water to ensure that the water is blue. Explain the rationale behind this to the donor. Lock the sanitizer back in the cupboard before continuing.
13. Remove the box containing the drug screen kits and allow the donor to choose a sealed kit. Ask the donor to verify that the kit is fully sealed and has not been tampered with. Lock the storage cupboard.
14. Open the plastic bag containing the drug screen kit.
15. Apply the bar codes provided within the kit to the three copies (white, blue and yellow) of the Forms. Apply the final bar code to the EDS step-by-step checklist (Exhibit C).
16. Ask the donor to wash their hands.
17. Ask the donor to check that the seal is intact on the plastic specimen container and, if satisfied, ask to remove the foil lid. Remove the two (2) bottles and plastic envelope inside.

18. Ask the donor to provide a sample of urine into the plastic specimen container. Ask the donor to not flush the toilet, wash their hands or lock the toilet door whilst passing the sample. The Collection Officer should ensure this is clearly understood.
19. Unless there is a reason to suspect the donor will adulterate the specimen, the Collection Officer should remain outside the toilet door to allow privacy.
20. The Collection Officer should don protective gloves prior to receiving the sample from the donor.
21. As soon as the specimen is given to the Collection Officer, check the temperature scale on the side of the specimen container and record this on the Intoxicants and Prohibited Substances Testing Consent Form (**Exhibit A**). The temperature should be within the prescribed temperature range of 32.5°C to 37.7°C. At this point, the time should also be documented on the Form.
22. Ask the donor to observe while the Collection Officer carries out the transfer of urine from the container to the two specimen bottles. Verify tamper seals are intact on both bottles. Decant enough urine to fill at least up to the first line in both bottles. Snap close both bottles to ensure a secure seal.
23. The rest of the sample can now be discarded in the toilet.
24. Ask the donor to initial and date the bottle seals. The Collection Officer must also initial and apply the seals over the lids and down both sides of the bottles.
25. Check all Forms have been completed correctly.
26. Place urine bottles and top white copy of the completed form in the bag.
27. Ask the donor to initial and date the seal on the bag, seal and put into the mailing envelope. This should also be sealed in the presence of the donor.
28. Complete the EDS step-by-step checklist (Exhibit C) and ask the donor to sign the checklist confirming their agreement that the procedure was followed as documented. The Collection Officer must also sign the checklist.
29. Give the blue copies of the completed and signed Forms to the donor for their reference.
30. The yellow copies and the signed step-by-step checklist should be filed in the donor's medical notes.
31. Dispose of any spent material in a suitable receptacle.

8. CHAIN OF CUSTODY PROBLEMS

1. The CO must report any suspicious findings to The UWI designated physician.
2. If the donor flushes the toilet before handing the specimen to the Collection Officer, the donor must provide another specimen. The test must be suspended and a further test begun when the donor is ready to provide another sample.
3. If the urine temperature is out with the prescribed temperature range, the test must be suspended and a further test begun when the donor is ready to provide another sample.
4. If an insufficient sample amount is voided, the Collection Officer must discard the specimens. The donor should be offered 250mls of water every twenty (20) minutes. Dates and times should be documented in the medical notes. All paperwork should be kept secure at all times.
5. Should damage or tearing occur to the tamper evident bottle seals, another complete set of documents, kit and new seals should be utilized. The old records should be destroyed and this should also be documented within the medical notes.
6. If the donor admits to having used illegal drugs in the recent past the test can continue, only if the Intoxicants and Prohibited Substances Testing Consent Form (**Exhibit A**) is signed. The information should be recorded in the comments section on the Form.
7. If the donor refuses to sign the Intoxicants and Prohibited Substances Testing Consent Form (**Exhibit A**) the process must be stopped.

9. DONOR INFORMATION SHEET

As part of the pre-employment process, potential employees will be asked to provide a urine sample.

This sample will be tested for the presence of the following drugs:

- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine
- Methamphetamines

- MDMA (Ecstasy)
- Methadone
- Opiates
- Phencyclidine
- THC (cannabis)

If the initial part of the test is found positive a second procedure will be carried out and the sample of urine sent to a UWI designated laboratory to be tested. Two (2) bottles will be filled with the sample provided, these will be security sealed in the donor's presence and sent to the laboratory in a tamper evident bag. Only one (1) sample will be analyzed and if the result is positive, the second bottle will be kept in storage for one year and will be available for any further analysis.

Any person who is required to undergo testing will be asked to disclose any medication they may have taken in the last fourteen (14) days. This includes cold preparations, over-the-counter medication, medication given to you from your doctor, injections or local medication.

10. AMENDMENTS

Where appropriate, modifications or amendments may be made to these Protocols to ensure its compliance with the Laws of the Republic of Trinidad and Tobago.

11. FORMS

Exhibit A: Employee Intoxicants and Prohibited Substances Testing Consent Form

Exhibit B: Step-by-step Checklist – Non-evidential Testing

Exhibit C: Step-by-step Checklist – Evidential Testing

Exhibit A: Employee Intoxicants and Prohibited Substances Testing Consent Form		
Name:		
Date of birth:		
Job title:		
Identification (type, #):		
Test expiry date:		
Employee Statement		
<p>I hereby consent to the following screening test for the detection of Intoxicants and Prohibited Substances and/or their metabolites from a sample of urine. I am fully aware of the Employees' Intoxicant and Prohibited Substance Policy that should a positive result for any Intoxicant and Prohibited Substance be detected. I accept the interpretation of my test results by the assessor.</p>		
Signature of donor: _____	Date: _____	
Test Results		
Time test started: _____		
Time test read: _____		
Temperature of urine: _____ °C		
Collection Officer's interpretation of test windows:		
	Test line present	Control line present
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	<input type="checkbox"/>
Mathamphetamines	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	<input type="checkbox"/>	<input type="checkbox"/>
Tricyclic antidepressants	<input type="checkbox"/>	<input type="checkbox"/>
<p>For the test to be valid, all of the control lines must form. If all the lines form for each substance tested the employee can be considered free of the substances shown above. Where lines do not form, the employee should be considered non-negative. Confirmation will be by laboratory analysis.</p>		
The employee was found to be negative for all classes of Intoxicants and Prohibited Substances drugs listed above:		<input type="checkbox"/>
The employee was found to be non-negative for the following:		
Signature of Collection Officer: _____		Date: _____

Exhibit B: Step-by-step Checklist – Non-evidential Testing

Tick the boxes below as you proceed to ensure the process of collection has been followed.
Normal hygiene precautions should be followed

- Prepare facilities for specimen collection
- Establish identity of donor s
- Check the donor has read and understood the Form
- Ensure Forms have been understood and completed
- Collection Officer to ensure toilet water is colored blue
- Ensure the donor has selected their own multipanel and two urine temperature cups
- Visually check the sock and belt area to ensure nothing is being held there
- Ask donor to wash their hands
- Donor must not flush toilet, wash hands or lock door whilst passing sample
- Collection Officer to don gloves
- Collection Officer to read temperature of urine immediately on receipt of sample
- Decant small amount of urine into second temperature cup; this must be used to carry out multipanel test
- If the non-evidential test is positive, the urine in the first temperature cup can be utilized for the evidential test

The donor has observed all actions during the procedure and sign below that he/she is satisfied that there has been no opportunity for contamination of the urine, which has been in their sight at all times.

Donor name:

Signature of Donor:

Date:

Signature of Collection Officer:

Date:

Notes:

Exhibit C: Step-by-step Checklist – Evidential Testing

Tick the boxes below as you proceed to ensure the process of collection has been followed.
Normal hygiene precautions should be followed.

- Prepare facilities for specimen collection
- Establish identity of donor
- Check the donor has read and understood the Forms
- Ensure Forms have been understood and completed
- Collection Officer to ensure toilet water is colored blue
- Have one specimen kit ready (chosen by the donor)
- Donor has verified that the kit is intact, Collection Officer to open collection kit
- Apply bar codes to Forms
- Ask donor to wash hands
- Ask donor to provide specimen in plastic collection cup
- Collection Officer dons gloves
- Check the temperature of the urine sample and record on Consent Form
- Show donor that tamper seals are intact on both collection bottles
- Transfer urine equally into both collection bottles, snap on lids
- Collection Officer and donor to initial and date security seals
- Signed seals to be applied to both bottles, Collection Officer to show donor both seals are intact
- Check Forms are completed correctly and signed
- Place both sample bottles in plastic, tamper-evident envelope and seal pouch
- Put white copies of Forms in the pocket of the envelope
- Ask donor to initial and date the bag and seal
- Place the samples into mailing envelope and seal
- Give the donor the blue copies of the Forms
- Collection Officer and donor to sign EDS step-by-step checklist
- Dispose of any spent material
- Yellow copies Forms filed in medical notes

The donor has observed all actions during the procedure and signs below that he/she is satisfied that there has been no opportunity for contamination of the urine, which has been in their sight at all times

Donor name: _____

Signature of Donor: _____

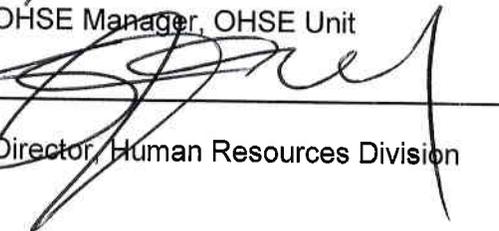
Date: _____

Signature of Collection Officer: _____

Date: _____

Notes:

AUTHORIZATION LOG

Authorized by:	 _____ Campus Registrar	<u>210314</u> DATE
Approved by:	 _____ OHSE Manager, OHSE Unit  _____ Director, Human Resources Division	<u>1/3/2014</u> DATE <u>04/04/14</u> DATE
Prepared by: OHSE Manager	 _____ Rajesh Kandhai	<u>27/9/2013</u> DATE

