

Training Essential to Reducing/Eliminating Common Drug and Alcohol Collection Site Errors

Proper training and consistent retraining are critical to preventing accidents, incidents and even fatalities in public transportation. They are no less important in ensuring you have a comprehensive and compliant drug and alcohol testing program. It is commonly said collection sites can be the “weakest link” in the entire process. FTA auditors, finding this to be true, compiled a list of the most frequent procedural errors performed by collectors during DOT-regulated drug tests. The only way to address and eliminate these errors is to incorporate a mock collection as part of your regular and refresher trainings. FTA Section 5311 subrecipients, and other agencies subject to FTA’s D&A program requirements, are encouraged to share this information with collection site personnel.

Below are 12 of the most common errors found by FTA auditors, in order of frequency:

1. Collectors do not explain testing procedures to donors as the collection begins (74%), such as showing donors the instructions on the back of the Custody and Control Form (CCF). Collection sites are also permitted to reproduce the back of the form and post it in the collection area.
2. Collectors complete Step 4 of the CCF before donors are instructed to fill out Step 5 (69%). Thus, collectors are prematurely certifying that Step 5 has been completed, effectively providing false statements.
3. Donors are instructed to write the date on the bottle seals in Step 3 (55%). Collectors, not donors, are required to complete this step.
4. Enclosures are not fully secured and contain areas to conceal paraphernalia, adulterants such as cleaning supplies, or even specimens from previous donors (44%). This is one of the most serious infractions within the program.
5. Donors are not instructed to empty their pockets before entering an enclosure (38%). Requiring pockets to be emptied protects against donors using unauthorized materials.
6. Collectors do not put bluing in the toilet (32%). Bluing prevents donors from using clear water to dilute their specimen or to reconstitute a synthetic urine specimen.

7. Donors are not required to wash their hands before the collection begins (32%).
8. Collectors do not check the enclosure before the collection begins (30%). Checking the enclosure before the collection secures potential concealment areas and removes potential adulterants. It also protects donors from accusations of interference since existing materials or paraphernalia secreted in by a previous donor will not be regarded as having been left by the current donor.
9. Donors are not required to remove their outer garments before entering the enclosure (28%). Removing outer garments like jackets or other loose-fitting outer clothing protects against donors using unauthorized materials.
10. Donors are instructed to initial the bottle seals (Step 3) while the seals are still affixed to the CCF (23%). Each step in the chain of custody process is critical in maintaining the integrity and defensibility of the test. The seals are not to be completed until they are attached to the bottles, indicating that both the collector and the donor agree that the specimen within the bottle belongs to the donor. (Evidence of this practice can be found by observing shadow markings of numbers and letters in Step 7 on the Employer Copy).
11. Donors are not allowed to keep their wallet or cash when emptying their pockets (21%). This step protects both the donor and the collector from accusations of theft or risk of loss.
12. Collectors do not check what donors write in Step 5 (20%). Errors can include inaccurate or transposed dates or omitted names or signatures.

Except for number 10 in the previous list, there is no way to know if these errors are being made without actually conducting and participating in mock collections.

The previous list, however, is not all inclusive. There are many other common mistakes, to be aware of and address, such as:

- Using a non-Federal or outdated CCF.
- Requiring the donor to sign a release or waiver of liability agreement before they can proceed with testing.

- Not asking the donor to empty all pockets, including back pants and shirt pockets to reduce the chance of adulterants being carried into the testing enclosure. (This point was also presented under #5 above)
- Not inspecting the collection enclosure after the donor gives the collection cup to the collector.
- Not informing the donor what is permitted or forbidden during the three-hour “Shy Bladder” waiting period, such as not being allowed to leave the collection site for any reason.
- Errors on Step 1 of the CCF
 - In Section A: MRO, Collection Site or Clinic name, address and phone/fax number is written or printed instead of the Employer information.
 - In Section D: Incorrectly marking “Specific DOT Authority.” Always mark FTA for transit testing.
 - In Section E: Incorrectly marking “Reason for Test” or marking “Other,” which is never allowed for a DOT test.
 - In Section F: Not marking the correct box “Drug Tests to be Performed.” The correct box is always “THC, COC, PCP, OPI, AMP.”
- Errors on Step 2 of the CCF
 - Not adding adequate information in Remarks when a “Shy Bladder” incident occurs, for example, when the time begins, how many attempts are made, amount of fluid given the donor, etc. The collector could use a separate “Shy Bladder Log” to monitor the information and attach to each copy of the CCF.
 - Not marking “Split” box as the type of collection. All DOT tests are split collections.
- Errors on Step 4 of the CCF
 - The Time of Collection does not include circling either AM or PM
 - The Name of Delivery Service is not specified (e.g., FedEx, Quest Diagnostic Courier, etc.). Writing “Courier” is not sufficient.
- Errors on Step 5/Copy 2 of the CCF
 - The donor transposes the date of the collection with their date of birth.

- No evening phone number provided.
- The donor's name or signature is missing and the collector has not made a remark under Step 2.
- Directly observed collection is conducted by a collector or observer who is not the same gender as the donor. Using a medical professional (doctor or nurse) is not an excuse.

Common Errors in Breath Alcohol Tests

Breath Alcohol Technicians (BATs) may also make many common errors during breath alcohol tests, including:

- Using a non-DOT Alcohol Testing Form (ATF) for a DOT test.
- Not adequately explaining the testing process, including not showing the instructions on the back, similar to the number one drug collection error.
- Not requiring the employee to sign Step 2 before conducting the breath test. This is a very big deal! It is the only way the employee gives consent.
- Not updating the time on the EBT following the end or beginning of Daylight Saving Time.
- Failing to enter information in the Remarks section (Step 3) if the employee declines to sign Step 4 following a non-negative confirmation test result. Note: Failing to sign Step 4 is NOT a refusal to test. However, the BAT must make a note of this action.
- Other errors in Step 4
 - Marking either "15-Minute Wait" box with no confirmation test occurring;
 - Writing the test number, device information or any result with the screening result attached; and
 - Writing the confirmation result after the EBT failed to print the evidential test result. Confirmation tests must always be machine-printed by the EBT. If no machine-printed result is affixed to the ATF following a confirmation test, the test is canceled.

In most cases, these mistakes can be corrected or properly documented by contacting the respective urine specimen collector or BAT and requiring them to complete a Memorandum for the Record (often termed an Affidavit of Correction). An example of these forms can be found on the New Hampshire RTAP website under “Resources (Compliance tab).” The document must identify the error, how it will be corrected, and list the steps that will be taken to prevent future errors of this type. If the error resulted in the cancellation of either a drug or alcohol test, the collector or BAT must participate in Error Correction Training within 30 days of the date of notification of the error. The program manager should be informed by the collection site or TPA when this training is completed.

What’s the First Step? The first step in addressing and eliminating these errors is to recognize that humans make mistakes. And, with dozens of steps to follow in DOT drug or alcohol collections, there are bound to be a few of them. However, these should be rare exceptions, not common occurrences. Errors in the collection process can lead to issues with DOT regulators and employers could find themselves out of compliance, facing serious consequences. And what about the donor/employee who might have an inaccurate test result reported due to an error? At best, the donor could be asked to submit to another specimen collection; which will annoy both the donor and employer. If the error results in a fatal flaw, you certainly will not want to pay for the mistake of the collection site.

This article closes as it began. The key to consistent, professional outcomes is training and refresher training. Equally important is keeping up with changes in Federal regulations. The Drug and Alcohol Program Manager (DAPM) plays an active role in the success of any DOT drug and alcohol testing program. And, for your program to achieve and remain in compliance, you must have a working partnership with your collection provider. But the collection site is not the only place where serious mistakes can happen. Maintaining a compliant policy supported by efficient program management takes effort as well. Look for an article in a subsequent Newsletter about Common Mistakes Made by Employers/DAPMs.