
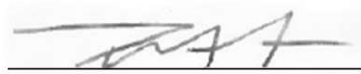


POLICY TITLE: DRUG AND ALCOHOL TESTING		PAGE 1 OF 13
POLICY NUMBER: 20.2 (AF)		
CHAPTER 20: RESIDENT DISCIPLINE		
 <p>STATE of MAINE DEPARTMENT of CORRECTIONS</p> <p>Approved by Commissioner:</p> 		ACA STANDARDS: See Section VIII
EFFECTIVE DATE: July 9, 2002	LATEST REVISION: April 27, 2026	CHECK ONLY IF APA [X]

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. section 1402.

II. APPLICABILITY

All Adult Correctional Facilities

III. POLICY

It is the policy of the Department to conduct drug and alcohol testing of residents to try to identify those individuals who are using drugs and alcohol in violation of the resident discipline policy and to facilitate appropriate treatment and the use of appropriate intervention strategies.

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V. DEFINITIONS

1. Confirmation testing – confirmation testing refers to drug testing performed at an independent laboratory utilizing technology that is more advanced than that used in facility drug testing to assess the accuracy and validity of a drug test performed at the facility.
2. Drug – for purposes of this policy, drug means any scheduled drug; any drug, even if not a scheduled drug, that is not allowed to residents (such as synthetic hallucinogenic drugs, synthetic cannabinoids or their derivatives, etc.); inhalants; or marijuana.

3. Refusal to submit to testing – refusal to submit to testing consists of any conduct that would constitute the disciplinary violation of “Test, Refusing to Take Alcohol, Inhalant, Marijuana, or Drug Test” as described in Department Policy (AF) 20.1, Adult Resident Discipline.
4. Tampering with a test – tampering with a test consists of any conduct that would constitute the disciplinary violation of “Test, Tampering with Alcohol, Inhalant, Marijuana, or Drug Test” as described in Department Policy (AF) 20.1, Adult Resident Discipline.

VI. ATTACHMENTS

Attachment A: Resident Admission Form (paper/online)

VII. PROCEDURES

Procedure A: Drug and Alcohol Testing, General

1. This policy governs only drug and alcohol testing of residents by facility security staff.
2. It is intended to supplement, not replace, other traditional means by which the use of drugs and alcohol by residents can be detected, including, but not limited to, searches of residents, searches of housing and program areas, resident behavior, etc.
3. Refusal to submit to testing; tampering with a test; a negative test for a drug prone to trafficking that was prescribed to the resident by the facility health care staff and that should have produced a positive result (such as suboxone, opioid pain killers, stimulants, and benzodiazepines); or a positive test (other than for a drug or medication prescribed to the resident by a facility health care provider) may result in a resident being disciplined as set out in Department Policy (AF) 20.1, Adult Resident Discipline.
4. Nothing in this policy prevents other criminal justice agencies from collecting and testing specimens for alcohol or drugs in accordance with their own policies, whether or not requested to do so by Department staff, or the facility from using those test results in disciplining a resident.
5. Nothing in this policy prevents drug testing by facility health care staff as ordered by a facility health care provider for treatment purposes; the reporting of those results to the facility Chief Administrative Officer, or designee, if the resident’s safety, the safety of other residents, or security is at risk as shown by the testing results, e.g., indication of a near lethal dose of a drug, indication of trafficking, etc.; or the Chief Administrative Officer, or designee from taking appropriate action based on those test results.
6. Nothing in this policy prevents the facility from disciplining a resident for violations that do not necessarily involve drug or alcohol use by that resident, including, but not limited to, “Trafficking, Alcohol, Inhalant, Marijuana, or Drug,” “Possession, Alcohol, Inhalant, Marijuana, or Drug,” or “Medication”, as described in Department Policy (AF) 20.1, Adult Resident Discipline.
7. Each facility Chief Administrative Officer shall designate a security staff person to serve as the facility Drug and Alcohol Testing Coordinator. The Coordinator shall be responsible for overseeing drug and alcohol testing for the facility.

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8. Each facility Chief Administrative Officer shall also designate a security staff person to serve as backup for the facility Coordinator in their absence.
9. At intake, each resident shall be informed of the Department's disciplinary policy as it relates to the use of drugs and alcohol.
10. Drug and alcohol specimen collection and testing shall be performed only by facility security staff and only by using drug and/or alcohol testing systems approved by the Commissioner, or designee.
11. Facility staff responsible for testing specimens for drugs or alcohol shall ensure, if applicable, that testing equipment is working properly. Equipment problems that cannot be corrected immediately shall be referred to the facility Drug and Alcohol Testing Coordinator, who shall ensure the equipment is repaired or replaced.
12. Facility staff handling biological specimens shall use Universal Precautions as set out in Department Policy (AF) 18.8.1, Communicable Disease and Infection Control, Bloodborne Pathogens and Other Infectious Body Materials.

Procedure B: Reasons for Drug and Alcohol Testing

1. A resident may be required to submit to intake drug and/or alcohol testing within 48 hours of arriving at the reception facility to assist in identifying substance risks and needs. No discipline shall be imposed on any resident for testing positive on an intake drug and/or alcohol test.
2. A randomly selected sample of 5% of the resident population at each facility shall be required to submit to drug testing monthly based upon a random list generated by a computer program.
3. A resident approved for entry into a substance use treatment program may be required to submit to drug and/or alcohol testing prior to entry into the treatment program as a condition of entry into the program.

Refusal to submit to testing or tampering with a test; a negative test for a drug prone to trafficking that was prescribed to the resident by the facility health care staff and that should have produced a positive result (such as suboxone, opioid pain killers, stimulants, and benzodiazepines); or a positive test (other than for a drug or medication prescribed to the resident by a facility health care provider) may result in withdrawal of approval for entry into the program.

The decision whether to withdraw approval for any of the above reasons shall be made by the facility Chief Administrative Officer, or designee, after consulting with the Department's Director of Behavioral Health and the Department's Medical Director.

4. A resident in a substance use treatment program shall be required to submit to testing on at least a monthly basis after entry into the program as a condition of continued participation in the program.

Refusal to submit to testing or tampering with a test; a negative test for a drug prone to trafficking that was prescribed to the resident by the facility health care staff and that should have produced a positive result (such as suboxone, opioid pain killers, stimulants,

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and benzodiazepines); or a positive test (other than for a drug or medication prescribed to the resident by a facility health care provider) may result in removal from the program.

The decision whether to remove the resident from the program for any of the above reasons shall be made by the facility Chief Administrative Officer, or designee, after consulting with the Department's Director of Behavioral Health and the Department's Medical Director.

5. A resident who has been approved for transfer to a minimum security facility or minimum security housing unit may be required to submit to drug and/or alcohol testing prior to the transfer as a condition of transfer to the facility or unit.

Refusal to submit to testing or tampering with a test; a negative test for a drug prone to trafficking that was prescribed to the resident by the facility health care staff and that should have produced a positive result (such as suboxone, opioid pain killers, stimulants, and benzodiazepines); or a positive test (other than for a drug or medication prescribed to the resident by a facility health care provider) may result in withdrawal of approval for transfer.

The decision whether to withdraw approval for any of the above reasons shall be made by the Department's Director of Classification, or designee, after consultation with the Chief Administrative Officers of the sending and receiving facilities.

6. A resident housed at a minimum security facility or in a minimum security housing unit shall be required to submit to drug and/or alcohol testing every three months as a condition of continued housing at the facility or in the unit.

Refusal to submit to testing or tampering with a test; a negative test for a drug prone to trafficking that was prescribed to the resident by the facility health care staff and that should have produced a positive result (such as suboxone, opioid pain killers, stimulants, and benzodiazepines); or a positive test (other than for a drug or medication prescribed to the resident by a facility health care provider) may result in transfer to a higher security facility or housing unit.

The decision whether to transfer the resident for any of the above reasons shall be made by the Department's Director of Classification, or designee, after consultation with the facility Chief Administrative Officer.

7. A resident in a community transition program (work release, education release, or public service release) or a resident on a work crew that goes into the community shall be required to submit to drug and/or alcohol testing on a monthly basis as a condition of continued participation in the program.

Refusal to submit to testing or tampering with a test; a negative test for a drug prone to trafficking that was prescribed to the resident by the facility health care staff and that should have produced a positive result (such as suboxone, opioid pain killers, stimulants, and benzodiazepines); or a positive test (other than for a drug or medication prescribed to the resident by a facility health care provider) may result in removal from the program.

The decision whether to remove the resident from the program for any of the above reasons shall be made by the Department's Director of Classification, or designee, after consultation with the facility Chief Administrative Officer.

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8. A resident may be required to submit to drug and/or alcohol testing upon return to the facility from a community transition program (work release, education release, or public service release); upon return to the facility from a work crew that goes into the community; or upon return from any other community program.

Refusal to submit to testing or tampering with a test; a negative test for a drug prone to trafficking that was prescribed to the resident by the facility health care staff and that should have produced a positive result (such as suboxone, opioid pain killers, stimulants, and benzodiazepines); or a positive test (other than for a drug or medication prescribed to the resident by a facility health care provider) may result in removal from the program.

The decision whether to remove the resident from the program for any of the above reasons shall be made by the Department's Director of Classification, or designee, after consultation with the facility Chief Administrative Officer.

9. A resident may be required to submit to drug and/or alcohol testing upon return to the facility from furlough pass, furlough leave, or supervised community confinement.

Refusal to submit to testing or tampering with a test; a negative test for a drug prone to trafficking that was prescribed to the resident by the facility health care staff and that should have produced a positive result (such as suboxone, opioid pain killers, stimulants, and benzodiazepines); or a positive test (other than for a drug or medication prescribed to the resident by a facility health care provider) may result in removal from the program.

The decision whether to remove the resident from the program for any of the above reasons shall be made by the Department's Director of Classification, or designee, after consultation with the facility Chief Administrative Officer.

10. A resident shall be required to submit to alcohol or drug testing when there is reasonable suspicion that the resident is under the influence of alcohol or drugs; is using alcohol or drugs (other than a drug or medication prescribed to the resident by a facility health care provider); or is in the possession of alcohol or drugs (other than a drug or medication prescribed to the resident by a facility health care provider).

Reasonable suspicion may arise from the following:

- a. refusal to submit to testing or tampering with a test within the last three months;
- b. positive drug test result (other than for a drug or medication prescribed to the resident by a facility health care provider) or positive alcohol test result within the last three months;
- c. negative test result for a drug prone to trafficking that was prescribed to the resident by the facility health care staff and that should have produced a positive result (such as suboxone, opioid pain killers, stimulants, and benzodiazepines) within the last three months;
- d. exhibiting symptoms of being under the influence of alcohol or a drug, e.g., dilated pupils, pinpoint pupils, slurred speech, lethargy, being "hopped up," etc.;
- e. finding in an area assigned to the resident (cell, room, work area, or locker, etc.) drugs or drug paraphernalia, alcohol, or food or drink that can be used to make alcohol;

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- f. finding in a common area over which the resident exercises control drugs or drug paraphernalia, alcohol, or food or drink that can be used to make alcohol;
 - g. canine alert on the resident;
 - h. reliable confidential informant information; or
 - i. any other circumstance sufficient to give rise to reasonable suspicion.
11. All of the residents in a housing unit or participating on a work crew or in a work or other program may be required to submit to drug and/or alcohol testing when there is reasonable suspicion of a high incidence of drug and/or alcohol use in the group of residents (e.g., a large quantity of drugs is found in a common area, a canine alert on a large number of residents in the unit, on the crew, or in the program, etc.).
 12. The facility Chief Administrative Officer, or designee, shall ensure that there are in place facility practices to determine when any of the above reasons for drug and/or alcohol testing exist and to ensure that designated staff enter into the Department's resident and client records management system the name of each resident to be tested and the reason for testing.

Procedure C: Urine Collection and Testing for Drugs and Alcohol

1. The staff responsible for urine collection shall positively identify the resident by matching the name of the resident to be tested with the resident's name on their identification card and the resident's appearance with the picture on their identification card.
2. The staff shall inform the resident that they are required to submit to urine testing and shall inform the resident which of the above reasons for the test applies.
3. The staff shall ask the resident if they are taking any drugs or medications prescribed to them by a facility health care provider and, if so, what the drugs or medications are. As necessary, the staff responsible for the urine collection shall contact the facility health care staff to verify the information provided by the resident.
4. The staff shall ensure that the specimen collection area is in a private and secure location.
5. The resident shall be pat searched prior to producing the specimen to ensure the resident is not carrying a false specimen or material which may be used to contaminate the specimen.
6. The pat search shall be conducted by security staff of the same gender as the resident, or if the resident is transgender, the pat search shall be conducted as set forth in Department Policy (AF) 23.08, Management of Transgender and Intersex Adult Residents.
7. The resident may be required to have an unclothed search prior to producing the specimen to ensure the resident is not carrying a false specimen or material which may be used to contaminate the specimen.
8. The unclothed search shall be conducted by security staff of the same gender as the resident in an area not visible to staff or other persons of the opposite gender, or if the

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resident is transgender, the unclothed search shall be conducted as set forth in Department Policy (AF) 23.08, Management of Transgender and Intersex Adult Residents.

9. The staff shall have the resident wash their hands or wear latex or similar gloves prior to producing a specimen.
10. The staff shall give the resident a direct order that they are required to produce a urine specimen in an amount conforming to the specifications of the manufacturer of the drug or alcohol testing system.
11. The resident shall remain under the direct observation and control of security staff until the urine specimen has been collected and tested, and, if applicable, the specimen container sealed for confirmation testing, unless safety or security considerations, which shall be described in an entry in the Department's resident and client records management system, dictate otherwise.
12. The security staff observing the production of the specimen shall be of the same gender as the staff conducting the unclothed search of the resident, or, if no unclothed search was conducted, of the same gender as staff who would have been allowed to conduct an unclothed search. The specimen shall be produced in an area not visible to staff or other persons who are not of the same gender as the staff observing the production of the specimen.
13. If the resident refuses to produce a specimen, they shall be informed that refusal to submit to testing shall result in a Class A disciplinary violation, but that producing a specimen that tests positive is only a Class B disciplinary violation.
14. If the resident does not cooperate with any instructions in relation to the testing (e.g. washing hands, submitting to an unclothed search, etc.), they shall be informed that this shall be considered the equivalent of a refusal to submit to testing and shall result in a Class A disciplinary violation, but that producing a specimen that tests positive is only a Class B disciplinary violation.
15. If the resident fails to provide an adequate urine specimen immediately, the staff shall inform the resident that failure to produce a specimen within two (2) hours shall be considered the equivalent of a refusal to submit to testing and shall result in a Class A disciplinary violation, but that producing a specimen that tests positive is only a Class B disciplinary violation.
16. If the resident still fails to produce an adequate specimen immediately, they shall be allowed two (2) hours to produce one. The resident shall be allowed eight (8) ounces of water at the start of the two (2) hour window to help produce an adequate specimen. If the resident fails to provide a urine specimen in an amount conforming to the specifications of the manufacturer of the drug testing system within two (2) hours of having been provided the water, this failure shall be considered the equivalent of a refusal to submit to testing and shall result in a Class A disciplinary violation.
17. If the resident claims that their failure to provide a specimen or an adequate specimen is due to a physical or mental condition, the staff responsible for the urine collection shall contact facility health care staff for verification of the condition, unless the condition has

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already been verified by an entry in the Department's resident and client records management system. If the staff responsible for the urine collection is unable to obtain the verification, the staff shall handle the matter as a refusal to submit to testing.

18. If the health care staff or a the Department's resident and client records management system entry provides verification that the resident has a documented mental condition that would interfere with the resident's ability to provide a specimen or an adequate specimen, the resident shall be subject to an unclothed search, placed in a dry cell or other secure area without observation by other persons, and be allowed two (2) hours to produce an adequate specimen, if the claim was made by the resident at the time they were given the direct order to produce an adequate specimen. If the claim was made later, the time in the dry cell or other secure area shall be reduced by the amount of time the resident delayed making the claim.
19. If the facility health care staff or a the Department's resident and client records management system entry provides verification that the resident has a documented physical condition that would interfere with the resident's ability to provide a specimen or an adequate specimen, the staff responsible for the urine collection shall determine from the health care staff or from the Department's resident and client records management system entry what, if any, reasonable measures could be taken to enable the resident to provide an adequate specimen. The facility Drug and Alcohol Testing Coordinator, or designated backup staff, shall determine whether to take any such measures.
20. Once the staff collecting the urine specimen is confident that the urine specimen is adequate and uncontaminated, the staff shall direct the resident where to place the specimen and the staff shall ensure the test is activated.
21. Once the test is activated, the resident shall not touch the specimen.
22. The staff shall follow the testing process specified by the manufacturer of the testing system.
23. The specimen shall be in view of the resident during the entire facility collection and testing process, and the facility testing process shall take place in the presence of the resident, unless safety or security considerations, which shall be described in an entry in the Department's resident and client records management system, dictate otherwise.
24. The staff shall read the results of the test per the instructions of the manufacturer of the testing system.
25. The staff shall as soon as possible thereafter, document the results in the Department's resident and client records management system and, if applicable, on the Resident Admission Form (Attachment A).
26. If the results show a positive test for a drug not prescribed to the resident by the facility health care staff or for alcohol, the staff shall notify the resident of the positive result; show them the positive result if asked; inform the resident that if they admit that the test is correct, it might be a mitigating factor with respect to discipline, other actions that may be taken as a result of a positive test result (such as a privilege level drop decision, etc.), and approval for programs in the future; and give the resident the opportunity to sign the

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Resident Admission Form voluntarily admitting that the test is correct in indicating a positive result for a drug not prescribed to the resident or for alcohol.

27. If a resident claims that the reason their result for a drug or alcohol test is positive is due to the retention life of a drug or alcohol that they have previously tested positive for, the staff shall review the previous drug or alcohol test result and, if necessary, shall consult with the confirmation testing laboratory or other reliable source to confirm the detection period for the drug or alcohol.
28. If the results show a negative test for a drug prone to trafficking that was prescribed to the resident by the facility health care staff and that should have produced a positive result (such as suboxone, opioid pain killers, stimulants, and benzodiazepines), the staff shall notify the resident of the negative result; show them the negative result if asked; inform the resident that if they admit that the test is correct, it might be a mitigating factor with respect to discipline and other actions that may be taken as a result of a negative test result (such as a privilege level drop decision, etc.), and approval for programs in the future; and give the resident the opportunity to sign the Resident Admission Form voluntarily admitting that the test is correct in indicating a negative result for a drug prescribed to the resident.
29. If the results show that the specimen has been tampered with, the staff shall notify the resident of the result; show them the result if asked; and give the resident the opportunity to sign the Resident Admission Form voluntarily admitting that the test is correct in indicating a specimen that has been tampered with.
30. The resident shall not be allowed to touch the results, bicker with the staff about the proper reading of the results or the accuracy or validity of the results, or otherwise disrupt the drug or alcohol testing process.

Procedure D. Confirmation Testing of Urine Test Results

1. There shall be confirmation testing of all facility urine tests showing positive test results for a drug not prescribed to the resident by the facility health care staff and of all facility urine tests showing tampering, unless the resident has signed the Resident Admission Form or there is enough other evidence to substantiate a drug or alcohol related disciplinary violation, such as that the resident is found to be in possession of drugs or drug paraphernalia, the resident is obviously under the influence, etc.
2. There shall be confirmation testing of all facility urine tests showing negative test results for a drug prone to trafficking that was prescribed to the resident by the facility health care staff and that should have produced a positive result, unless the resident has signed the Resident Admission Form or there is enough other evidence to substantiate a drug or alcohol related disciplinary violation, such as that the resident has been observed giving the drug to another resident, etc.
3. The Chief Administrative Officer, or designee, may authorize confirmation testing of any other facility urine test in their discretion. This may include, but is not limited to, when there is suspicion that a resident prescribed a drug is trafficking some of it, a negative result is false, a specimen is contaminated, or a specimen has been tampered with.

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4. If there is to be confirmation testing, the specimen container shall be sealed, in the presence of the resident, with evidence tape or similar item as provided by the manufacturer of the testing system. All necessary chain of custody practices shall be followed, and the specimen shall be stored, handled, and transported in accordance with the instructions of the testing laboratory which will be conducting the confirmation testing.
5. The confirmation testing shall be conducted only by a certified testing laboratory approved by the Commissioner. The testing laboratory may handle and test specimens for alcohol or drugs in accordance with its own policies and procedures.
6. A resident may be transferred to a higher security facility pending confirmation testing. The decision whether to transfer the resident shall be made by the Department's Director of Classification, or designee, after consultation with the facility Chief Administrative Officer.

Procedure E: Breath Collection and Testing for Alcohol

1. The staff responsible for breath collection shall positively identify the resident by matching the name of the resident to be tested with the resident's name on their identification card and the resident's appearance with the picture on their identification card.
2. The staff shall inform the resident that they are required to submit to testing and shall inform the resident which of the reasons set out in Procedure B for the test applies.
3. The staff shall ask the resident if they are taking any drug or medications prescribed to them by a facility health care provider and, if so, what the drug or medications are. As necessary, the staff responsible for the breath collection shall contact the facility health care staff to verify the information provided by the resident.
4. The staff shall give the resident a direct order that they are required to produce a breath specimen in an amount conforming to the specifications of the manufacturer of the alcohol testing system.
5. The resident shall remain under the direct observation and control of security staff until the breath specimen has been collected and tested, unless safety or security considerations, which shall be described in an entry in the Department's resident and client records management system, dictate otherwise.
6. If the resident refuses to produce a specimen, they shall be informed that refusal to submit to testing shall result in a Class A disciplinary violation, but that producing a specimen that tests positive is only a Class B disciplinary violation.
7. If the resident does not cooperate with any instructions in relation to the testing (e.g., blowing steadily into the testing device, etc.), they shall be informed that this shall be considered the equivalent of a refusal to submit to testing and shall result in a Class A disciplinary violation, but that producing a specimen that tests positive is only a Class B disciplinary violation.
8. If the resident fails to provide an adequate breath specimen immediately, the staff shall inform the resident that failure to produce a specimen shall be considered the equivalent

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of a refusal to submit to testing and shall result in a Class A disciplinary violation, but that producing a specimen that tests positive is only a Class B disciplinary violation.

9. If the resident still fails to provide an adequate breath specimen, this failure shall be considered the equivalent of a refusal to submit to testing and shall result in a Class A disciplinary violation.
10. Once the staff collecting the breath specimen is confident that the breath specimen is adequate and uncontaminated, the staff shall ensure the test is activated.
11. The staff shall follow the procedure specified by the manufacturer of the testing system.
12. The testing process shall take place in the presence of the resident, unless safety or security considerations, which shall be described in an entry in the Department's resident and client records management system, dictate otherwise.
13. The staff shall read the result of the test per the instructions of the manufacturer of the testing system.
14. The staff shall as soon as possible thereafter document the result in the Department's resident and client records management system and, if applicable, on the Resident Admission Form (Attachment A).
15. If the result shows a positive test for alcohol, the staff shall notify the resident of the result; show them the positive result if asked; inform the resident that if they admit that the test is correct, it might be a mitigating factor with respect to discipline and other actions that may be taken as a result of a positive test, such as a privilege level drop decision, etc., and approval for programs in the future; and give the resident the opportunity to sign the Resident Admission Form voluntarily admitting that the test is correct in indicating a positive result for alcohol.
16. If a resident claims that the reason their result for an alcohol test is positive is due to the retention life of alcohol that they have previously tested positive for, the staff shall review the previous alcohol test result and, if necessary, shall consult with a reliable source to confirm the detection period for alcohol.
17. If the resident does not sign the form and there is not sufficient other evidence of a disciplinary violation related to alcohol, a photograph, photocopy, or printout of the positive result shall be taken and retained in order to provide it to the resident as part of the disciplinary process.
18. The resident shall not be allowed to touch the results, bicker with the staff about the proper reading of the results or the accuracy or validity of the results, or otherwise disrupt the alcohol testing process.
19. There shall be no confirmation testing of alcohol breath test results.

Procedure F: Documentation of Test Results

1. For each drug or alcohol test, regardless of the result, designated staff shall enter into the Department's resident and client records management system the following, as applicable:

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- a. resident name and MDOC number;
 - b. reason for the test (if reasonable suspicion, describe the basis);
 - c. any refusal of the resident to provide a specimen;
 - d. name of staff collecting the specimen and conducting the test;
 - e. date and time the test was conducted;
 - f. type of test (urine or breath);
 - g. any problems with collecting the specimen, the testing process, or testing system;
 - h. specific test results (the name of each substance tested for and the result, whether positive or negative, for each substance);
 - i. whether the resident signed a Resident Admission Form;
 - j. any other evidence of a drug or alcohol related disciplinary violation;
 - k. whether the specimen was sent out for confirmation testing; and
 - l. any other relevant information.
2. If the reason for the test was reasonable suspicion and describing the basis for the reasonable suspicion would reveal the identity of a confidential informant, that part of the Department's resident and client records management system entry shall be designated as confidential and that information shall not be revealed to the resident, except in the form of a summary that does not reveal the identity of the informant.
 3. If the specimen was sent out for confirmation testing, the specific test results from the confirmation testing (the name of each substance tested for and the result, whether positive or negative, for each substance) shall be entered into the Department's resident and client records management system as soon as the results are known.

Procedure G: Actions Taken as a Result of Testing

1. A resident who refuses to submit to testing; tampers with a specimen; produces a urine or breath specimen that tests positive (unless for a drug or medication that the resident was prescribed by a facility health care provider); or produces a urine specimen that tests negative (when it should have tested positive due to the drug being prescribed to the resident by a facility health care provider) is subject to discipline in accordance with Department Policy (AF) 20.1, Adult Resident Discipline.
2. If the violation is "Test, Positive Alcohol, Inhalant, Marijuana, or Drug Test," "Test, Negative Drug Test," or "Test, Tampering with Alcohol, Inhalant, Marijuana, or Drug Test," the time frame for the submission of the disciplinary report begins at the time of the observation by facility staff of the facility test result or, if applicable, at the time of the receipt by facility staff of the confirmation test result, whichever is later.
3. In addition to any other applicable action described above, a resident described in Procedure G.1. may be subject to other actions not in the nature of punishment, including, but not limited to, change in housing, drop in privilege level, increase in custody level, removal from a program, transfer to another facility, etc.

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4. If a resident's conduct might constitute a crime, the resident may also be subject to referral for criminal prosecution.
5. A resident who has tested positive for alcohol or for a drug that the resident was not prescribed by a facility health care provider shall not be allowed to operate any equipment or machinery or engage in any other dangerous activity until such time that the effects of the alcohol or drug have clearly worn off.

Procedure H: Training

1. All staff involved in drug and/or alcohol collection and/or testing shall:
 - a. receive training on this policy; and
 - b. complete all relevant manufacturer recommended training.
2. The facility Drug and Alcohol Testing Coordinator shall be responsible for ensuring the staff are trained.
3. Documentation of the training shall be entered in the staff's training records.

VIII. PROFESSIONAL STANDARDS

None

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
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