

## Federal Drug-free Workplace Mandatory Testing Guidelines Revised

Revised [Mandatory Guidelines](#) that apply to federal workplace urine drug testing programs went into effect Oct. 1, 2017.

The guidelines expand screening for illicit opioid use among federal employees in safety-sensitive positions. In a related action, federal custody and control forms (CCFs) have been updated to make them consistent with the revised guidelines.

### Guideline Revisions

Under the revised guidelines:

- Federal executive branch agencies are now required to test for four additional [Drug Enforcement Agency Schedule II substances](#): hydrocodone, hydromorphone, oxycodone and oxymorphone.
- Methylenedioxyethylamphetamine (MDEA) has been removed from the list of authorized drugs and added as an initial test analyte.
- The pH cutoff level is increased from three to four for identifying urine specimens as adulterated. The pH level in urine may influence enzymatic test methods or affect stability of the drug being tested.
- Medical Review Officer (MRO) re-qualification training and re-examination is required at least every five years after initial certification. MROs are physicians who are trained and certified to review drug screen results.
- Collection of an alternate specimen (e.g., oral fluid) will be allowed with MRO authorization when a donor is unable to provide a sufficient amount of urine at the collection site.

Officials say the revised guidelines and related educational efforts will improve workplace safety, especially in national security and public health and safety occupations.

### About the Substances

The term “opioids” generally refers to alkaloid compounds (e.g., codeine, heroin and morphine); semi-synthetic compounds (e.g., hydrocodone, hydromorphone, oxycodone and oxymorphone); and synthetic compounds (e.g., fentanyl). The drug panel already includes tests for the metabolite of heroin (6-acetylmorphine). The addition of four opioids to the testing panel is part of aggressive national, regional and local efforts to confront the nation’s prescription pain killer and heroin addiction epidemic.

The U.S. Department of Health and Human Services’ (HHS) establishes scientific and technical guidelines for federal workplace drug-testing programs and standards for certified labs that conduct urine specimen testing for federal agencies. Its recommendations are based on scientific research and input from the federal Drug Testing Advisory Board.



The number of positive MDEA specimens reported by HHS-certified laboratories did not support testing all specimens for MDEA in federal workplace drug testing programs. However, while MDA has a low incidence rate, the HHS determined that continued testing as an initial and confirmatory test analyte is warranted for deterrence.

Testing for fentanyl is not included in the revised guidelines for urine testing, but it can be included on a case-by-case basis. The Division of Workplace Programs reports it will track the prevalence rate of fentanyl in regulated specimens as part of its ongoing oversight of the federal Drug-Free Workplace Program and the National Laboratory Certification Program.

## Background

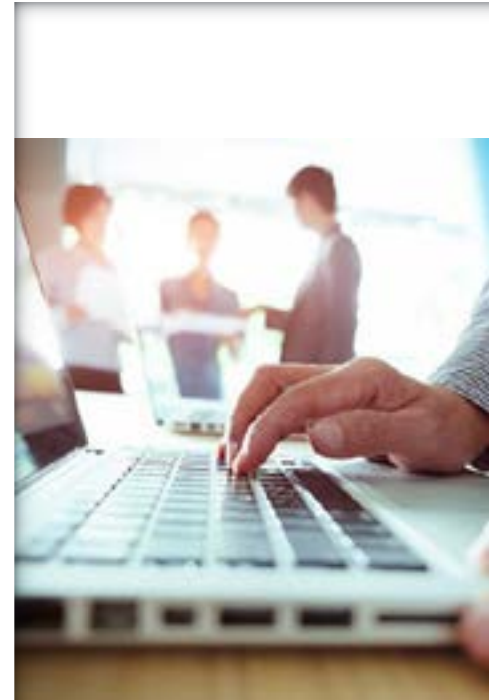
The Drug-Free Workplace Program covers all civilian employees in executive branch agencies. Only testing designated positions (TDPs) are subject to random testing; these include any positions where a momentary lapse in judgment could result in a catastrophic event. TDPs differ among agencies. There are approximately 400,000 employees in testing-designated positions, according to a [Substance Abuse and Mental Health Services Administration \(SAMHSA\) fact sheet](#) that applies to federal agencies covered by the guidelines.

The revised guidelines do not yet apply to specimens submitted for testing under U.S. Department of Transportation (DOT) [Procedures for Transportation Workplace Drug and Alcohol Testing Programs \(49 CFR, Part 40\)](#). In a [notice of proposed rulemaking](#), the DOT describes plans to make its drug-testing program consistent with the federal mandatory guidelines for urine testing. The DOT also proposes to clarify certain drug-testing program provisions and remove a requirement for employers and Consortium/Third Party Administrators to submit blind specimens. Action on the proposed rule is pending.

## Custody and Control Form

In a related initiative, the [Office of Management and Budget \(OMB\)](#) has approved use of a revised federal Custody and Control Form (CCF), which essentially links testing changes with required testing specimen documentation. (Refer to [www.reginfo.gov](http://www.reginfo.gov); search for 0930-0158). The new federal CCF may be used in a paper or electronic format, or a combination of both. For those using the paper version, industry experts recommend transitioning to the electronic format when adopting the new form.

The OMB will allow continued use the 2014 federal CCF without the four additional Schedule II substances until June 30, 2018. As of July 1, 2018, the updated CCF must be used for federally regulated specimens; testing laboratories will be required to treat use of the 2014 version of the federal CCF as a correctable discrepancy.



DOT-regulated employers and their service agents (collectors, laboratories, MROs) are directed to continue using the “old” CCF until further notice because the agency has not yet enacted proposed drug testing rule changes to achieve parity with the revised guidelines. When using the old CCF, a “memorandum for the record” will not be required. However, if the new CCF is used inadvertently and testing is consistent with Part 40, MROs are directed to verify and report the result.

The new CCF includes the following changes:

- In Step 1D: Removal of the checkbox, the letters “DOT” and hash line in front of the text “Specify DOT Agency”
- In Step 5A: Addition of the four new substances and removal of MDEA

An HHS [Q&A document](#) helps clarify a number of the changes, including the following:

1. The MRO Manual has been revised to reflect changes in guidelines for urine specimen testing and how test facilities report results. The manual is available on the SAMHSA website.
2. Certified labs and Initial Instrumental Testing Facilities (IITFs) must revise standard operating procedures (SOPs) to comply with the updated CCF, for example, in sections related to accessioning, chain-of-custody and reporting procedures. SOP manuals must apply to both old and new CCFs until July 1, 2018.
3. For all verified results, an MRO may fax, send by courier, mail or electronically transmit a legible image or copy of the report to the agency/employer. To complete the CCF, the MRO marks the appropriate checkbox(es) for the verified result and records information in the designated spaces to specify the test results. The MRO includes any explanatory comments on the “Remarks” line and signs and dates the CCF.

## Related Resources

1. [Drug & Alcohol Testing Industry Association \(DATIA\)](#)
2. [Substance Abuse Program Administrators Association \(SAPPA\)](#)
3. [CCF from the OMB Office of Information and Regulatory Affairs](#)
4. [Guidance for Using the 2017 federal CCF for urine specimens](#)
5. [2014 federal CCF](#)
6. [Guidance for Using the 2014 CCF](#)
7. [Federal eCCF: HHS/NLCP Oversight and Requirements](#)
8. [2014 Federal eCCF](#)

## Did You Know?

Recent data show that opioid-related overdose deaths in the U.S. outnumber overdose deaths involving all illicit drugs combined. In addition to overdose deaths, emergency department visits, substance treatment admissions and economic costs associated with opioid abuse have all increased in recent years.

Updated federal guidelines for urine drug screening are intended to help deter the illicit use of opioid drugs and encourage covered employees to seek opioid use disorder treatment.



*[WorkCare Fact Sheet on the Federal Motor Carrier Safety Administration's clearinghouse to track commercial drivers who have violated federal drug and alcohol training rules](#)*