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Sheriff

HARFORD COUNTY SHERIFF'S OFFICE ADMINISTRATIVE POLICY

Random and Reasonable Suspicion Drug Testing

Distribution:	All Agency personnel	Index:	ADM 0501
Responsible Unit:	Human Resources	Rescinds:	ADM 0501 2/15/19
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1. Purpose

To provide members of the Harford County Sheriff's Office (HCSO) with guidelines regarding random and reasonable suspicion employee drug testing.

2. Policy

This policy applies to all members of the HCSO. The HCSO recognizes the importance of providing a safe and healthy work environment for all members. Therefore, the HCSO has adopted a zero-tolerance policy for drug abuse. All members will be required to submit to testing on a random, unannounced basis. All members are also subject to reasonable suspicion testing. The Harford County Sheriff's Office will ensure members' rights in testing. Assessment, counseling, and referral services for drug/substance abuse/dependency problems will be made available to all members.

3. Definitions

DRUG/SUBSTANCE ABUSE: the use of a substance where the user consumes an amount, or uses methods of obtaining the substance, that is harmful to the user or others.

CONTROLLED DANGEROUS SUBSTANCE (CDS): any substance subject to enforcement under the Maryland Uniform Controlled Dangerous Substances Act and those non-controlled substances inclusive, as enforceable under Maryland Criminal Law Title 5.

NON-PRESCRIPTION DRUGS: known as "over the counter" drugs and obtained without a doctor's prescription.

PRESCRIPTION DRUGS: any substance obtained by the user with a prescription issued by a physician.

POSITIVE DRUG TEST: a test administered to detect drugs or other substances, according to established Agency procedures, where there is an amount of illegal or controlled substance in the urine or blood of a member, while on duty, that is in excess of the cutoff limits for that substance; or where the member has tampered with or attempted to adulterate the specimen or collection procedure or failing to report to the collection facility within the time allotted.

RANDOM DRUG TESTING: a system of selecting members for drug testing, unannounced, using a computer-generated random sampling of employees. After testing, the employee is placed back into the pool and could be selected again.

REASONABLE SUSPICION: When a supervisor has an articulable belief that an employee uses illegal drugs, drawn from particularized facts and reasonable inferences from those facts. Reasonable suspicion is determined by specific, contemporaneous, articulable observations concerning the member's appearance, behavior, speech or body odor.

4. Procedures

A. Testing Selection Criteria

1. **Random Testing:** All members of the Agency will be subject to random testing. A minimum of ten percent (10%) of the Agency will be tested within any given twelve (12) month period.
2. **SID / SRT / K9 / PMU / HR testing:** In addition to being subject to random testing, Members of the Special Investigations Division (SID), Special Response Team (SRT), Canine (K9) Unit, Property Management Unit (PMU), and the Human Resources (HR) Specialist must be tested at least once in a twelve (12) month period.
3. **Reasonable Suspicion:** Any member may be ordered to submit to testing when facts and/or observations lead a Supervisor/Commander to believe that any member may be in violation of policy.

B. Notification of members for Random Drug Testing

1. Members to be tested shall be identified through an automated random sampling of the selection file.
2. All eligible members have an equal chance of being selected for testing.
3. The HR Specialist (HRS) randomly selects the members to be tested for the month using a computer-generated program.
4. The list is maintained as confidential until the names are released through the notification process.
5. The HRS maintains the Testing Notification Log containing:
 - a. The name and date that a member is randomly selected;
 - b. The name, date and time of notification to the selected member's supervisor;
 - c. The status of each notification (i.e. tested, deferred, etc.); and
 - d. Any other unusual circumstance or matter coming to the attention of the HRS during the selection or notification process.
6. The selected member's supervisor notifies the member after being contacted by the HRS and immediately completes Part I of the Drug Test Notification Form (AS- 021) and gives it to the selected member.
7. The member shall be directed to report to the testing facility.

8. The selected member acknowledges receipt of the notification with their signature on the form AS-021 and carries it to the testing facility, reporting at his scheduled time.
9. If the member is unable to report for drug testing within two hours of their notification, their supervisor shall contact the HRS, giving the reason for the delay and the member's approximate time of arrival at the test site.
10. Test deferral may be granted if the member is on authorized leave status or in an administrative status (e.g., In-service training, suspension with or without pay, official travel status requiring attendance away from the test site).
11. Notification of deferral shall be made by the member's supervisor to the HRS within two hours of receiving the selection notification.
12. Part II of the form AS-021 must be completed and approved by the member's supervisor and shall be forwarded to the HRS for filing.

C. Refusal

1. Notification of a drug test will be considered a direct order from the Sheriff, and refusal of such will result in an IA-28 being completed and an investigation conducted.
2. Refusal to submit to an ordered test will be treated as a failure to obey a direct order, as outline in the Harford County Sheriff's Office Manual of Operations, PER 0101 Code of Conduct.

D. Specimen Collection

1. Upon arrival at the testing facility, the member being tested must provide the proper photo identification and complete all necessary paperwork.
2. It is suggested if the member is taking prescribed medication(s) that may result in a "positive" in the panel being tested, that he should bring the actual prescription container or the written prescription with them so the information can be documented in the member's file to expedite the process.
3. A member of the facility will review the Drug Testing Notification Form (AS-021) for completeness and accuracy and sign, date, and place the time on the form.
4. The form shall be forwarded to the HRS.
5. A member of the facility shall complete the appropriate sections of the Drug Testing Custody and Request Form and issue a control number which is placed on all documents.

E. Testing Standards

1. Testing is to be conducted at minimum sensitivity levels in accordance with the National Institute on Drug Abuse (NIDA) guidelines for the following substances:

Marijuana Metabolites	PCP (Phencyclidine)	Amphetamines	Barbiturates
Benzodiazepines	Cocaine Metabolites	Methadone	Methaqualone

Opiate Metabolites Propoxyphene

F. Notification of Test Results

1. Any member testing positive will be notified of his test results by the HRS.
2. For members testing positive on a Random Drug Test or under Reasonable Suspicion, immediate notification shall be made by the HRS to the member's Division Commander and the OPS.

G. Request for Retest

1. Any member who has tested positive shall be notified in writing of their right to have an independent test conducted at an approved laboratory of the member's choice.
2. Members must make their request in writing to the HRS immediately and identify the testing facility.
3. All retest costs are the responsibility of the requesting member, unless the retest proves to be negative, at which time the Agency shall cover all costs.
4. The HRS shall verify if the testing facility can administer the retest and make necessary arrangements for immediate testing.
5. The lab must maintain the chain of custody in compliance with Federal guidelines.
6. The tested member may be present at the lab.

H. Accidental Ingestion or Contact

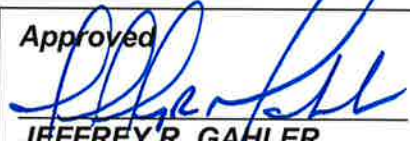
1. An affected member shall immediately notify his supervisor if accidental ingestion or contact occurs.
2. A detailed memorandum describing the incident shall be completed by the member as soon as possible after the incident.
3. The supervisor shall review the memo, comment accordingly and forward through the chain of command to the HRS.
4. All paperwork relating to the incident shall be completed prior to the end of the member's tour of duty.
5. The supervisor shall complete a Supervisor's Incident Report in accordance with line of duty incident procedures.
6. The member may be required to report to a medical facility for testing and analysis.

I. Voluntary Admission

1. Any member who makes a voluntary admission of drug use shall be placed on suspension per the Harford County Sheriff's Office Manual of Operations and referred to the Harford County Government Employee Assistance Program for counseling.
2. This provision only applies to members who voluntarily come forward prior to random selection or reasonable suspicion testing.
3. It is not available to any member who requests assistance after being notified or tested by random selection or is discovered to have used an illegal drug / substance by observation, circumstance, and / or investigation.
4. The decision regarding employment status will be made by the Sheriff on a case-by-case basis depending upon the facts and circumstances.

J. Records Security

1. The Human Resources Director (HRD) shall ensure the security and integrity of drug testing information.
2. Records on all drug tests shall be maintained by the HRS and shall be held strictly confidential.
3. All records regarding the random drug testing and reasonable suspicion drug testing shall be maintained for a period of five years.
4. The HRS is responsible for the proper disposal of all records.

Approved

JEFFREY R. GAHLER
SHERIFF
DATE 6/7/19

DRUG TEST NOTIFICATION

PART I

Name: _____

Employee Number: _____

You are hereby ordered to report to the testing facility listed below on _____ at _____ to participate in the Harford County Sheriff's Office drug testing program.

Prompt Occupational
998 Hospitality Way
Suite A
Aberdeen, MD 21001

Your acknowledgement of this directive is required. Please sign this form upon receipt of this order and proceed to the above-mentioned site for compliance. Photo Identification will be required at the time of the drug test.

Signature of Member

Date

Time

Signature of Notifying Supervisor

Date

Time



For Use by Testing Facility Only:

Date: _____ Time In: _____ Time Out: _____

Signature

DEFERRAL

PART II

Reason for Deferral:

Signature of Notifying Supervisor

Date

Time

Signature of Commander

Date