



**Tennessee Department of Children's Services**

# **Work Aid- Drug Screening for Individuals Receiving Services from DCS**

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| <p><b>A. Engaging the Parent/Caregiver</b></p> | <p><b>Drug Screening Discussion</b></p> <p>The case manager will:</p> <ul style="list-style-type: none"> <li>a) Discuss the Department’s drug screening practices (see DCS Policy <a href="#"><u>31.13, Drug Screening for Individuals Receiving Services from DCS</u></a> Section A,B, and D) with the individual;</li> <li>b) Attempt to engage the individual in the drug screening process without resorting to judgmental terms such as “clean or dirty” results, but instead will use terms such as “positive or negative” results;</li> <li>c) Allow the individual(s) the opportunity to self-disclose what the screening results may reveal, such as: <input type="checkbox"/> Current/previous use of illicit drugs;<br/><br/><input type="checkbox"/> Misuse of prescription drugs; <input type="checkbox"/> Previous pattern of drug use; and <input type="checkbox"/> Specific drugs used.</li> <li>d) Present a drug screen to the individual, explain form <a href="#"><u>CS-0831, Drug Screen Consent/Refusal and Results</u></a> and allow the individual to sign the appropriate boxes to consent to or refuse the screening.</li> </ul> |
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### Drug Screening Purposes and Potential Consequences

1. The case manager explains to the individual the purpose of drug screening in order to: a) Assist in case planning;  
and  
b) Monitor progress if substance abuse treatment is warranted.
2. The case manager assists the individual(s) in understanding the results of positive and negative drug screen results by discussing:
  - ☐ How the Department may interpret a refusal to undergo a screen;
  - ☐ How the Department uses the results in assessing child safety.

**Note:** In the event the individual(s) appears to need assistance in understanding the drug screening process and potential consequences for refusal, the case manager should consult with the supervisor and Regional General Counsel to determine the appropriateness in providing reasonable accommodations (e.g., interpreter, family friend, mental health professional, etc.) Refer to Policy [1.1, Providing Equal Access to Programs, Services, and Activities for Individuals with Disabilities under the Americans with Disabilities Act \(ADA\)](#) if applicable.

### Drug Screening Procedures

The case manager describes the Department's scheduled and random drug screening procedures to the individual(s) and provides information needed for completion of the drug screen.

1. External Scheduled Drug Screening

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|  | <ul style="list-style-type: none"><li><input type="checkbox"/> Provide the date and location for the screen; and</li><li><input type="checkbox"/> Inform the individual(s) that positive photograph identification is required before they may enter the screening area. A driver's license or any photographic identification may be used for this purpose.</li></ul> |
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|  | <p><b>Note:</b> It is helpful to provide a calendar that lists the individual(s) screening appointments. It is also important to provide written instructions and requirements in order for the information to be more easily understood by the individual(s).</p> <p>2. <u>Random Drug Screening</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In order to effectively assess substance use and safety concerns, the case manager informs the individual(s) that random drug screening may be required.</li> <li><input type="checkbox"/> The case manager explains the procedure for random drug screen collection to the individual(s).</li> </ul> <p><b>Note:</b> In the event the individual(s) appears to need assistance in understanding the drug screening process and potential consequences for refusal, the case manager should consult with the supervisor and Regional General Counsel to determine the appropriateness in providing reasonable accommodations (e.g., interpreter, family friend, mental health professional, etc.) Refer to Policy <a href="#"><u>1.1, Providing Equal Access to Programs, Services, and Activities for Individuals with Disabilities under the Americans with Disabilities Act (ADA)</u></a> if applicable.</p> |
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| <p><b>B. Drug Screening Children</b></p> | <ol style="list-style-type: none"> <li>1. As a part of an investigation, the Department must determine whether there is a threat of harm to the child and the nature, extent, and cause of harm to the child. <ul style="list-style-type: none"> <li>□ Unless the parent/custodian consents, prior to taking the child for a drug-related medical examination or diagnosis, the DCS employee must consult with his or her supervisor and Regional General (RGC)/designee to determine if such action is appropriate. If the nature of the child’s drug related injuries indicates a need for immediate medical examination or treatment, the Department may (with RGC/designee approval) take the child, any other children in the home, or any child under the care of the alleged perpetrator, or have the child(ren) taken for a medical examination for diagnosis by a licensed physician or other medical professional.</li> <li>□ In the case of a life-threatening and/or medical emergency, the DCS employee is to call 911.</li> </ul> </li> </ol> |
|  | <ol style="list-style-type: none"> <li>2. Unless the parent/custodian consents, if a situation should arise that would require a DCS employee to administer a drug screen to a non-custodial child as part of a DCS case, the DCS employee must consult with his or her supervisor and with the RGC/designee prior to administering the drug screen.</li> <li>3. If a situation should arise that would require a drug screening for a child in a custodial case, a DCS employee shall consult with his or her supervisor and follow the age guidelines for consent in DCS Policy <a href="#">20.24, Informed Consent</a> Section C. If the parent or youth refuses to consent to drug screening of the child, refer to Section K of <a href="#">Policy 20.24</a> or consult with the RGC/designee.</li> </ol> <p><b>Note:</b> Refer to DCS Policy <a href="#">13.12, Substance Abuse Screening for Youth on Probation and Aftercare</a> for guidance on drug screening youth on probation and after care.</p>  |

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| <b>C. Conducting Drug Screens</b> | <ol style="list-style-type: none"> <li>1. In addition to the steps outlined in DCS Policy <a href="#"><u>31.13, Drug Screening for Individuals Receiving Services from DCS</u></a> case managers may do the following to help avoid the tampering of drug screens:               <ol style="list-style-type: none"> <li>a) Prior to administering the screen, evaluate the immediate vicinity where the drug screen will occur. Look for chemicals or other supplies that could be used to adulterate the screen. Obtain consent before evaluating the environment using form <a href="#"><u>CS-0831, Drug Screen Consent Refusal and Results</u></a></li> <li>b) If the case manager is indirectly observing the drug screen (e.g., standing outside the door rather than watching the urine specimen be collected), the individual is instructed not to flush the commode or run water (e.g., sink, bathtub faucet) until the case manager has received the specimen.</li> <li>c) Follow all manufacturer instructions, as located in the drug screening kit, to administer the screen. Follow chain-of-custody and specimen instructions, as located in the drug screening kit, if confirmatory testing by a laboratory is needed.</li> </ol> </li> <li>2. If a DCS employee takes a picture of the drug screen results, upload the photo in TFACTS.</li> </ol> |
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**D. Types of Drug Screens and Drug Detection**

1. There are four (4) types of drug screens commonly used by the Department: ☐ Urine Analysis  
  
☐ Hair follicle Analysis  
  
☐ Saliva Analysis  
  
☐ Nail Bed Analysis
2. The length of time a drug is detectable in the system depends on a variety of factors, including:  
☐ The type of screen  
☐ Dose  
  
☐ Tolerance  
  
☐ Potency  
  
☐ Metabolism  
  
☐ The existence of medical conditions

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3. DCS Employees have access to both saliva/oral fluid and urine specimen drug screening. The following table contains approximate drug detection time frames for these methods:

| Drug Name              | Urine Detection Times <sup>1</sup> |               | Oral Fluid Detection Times <sup>2</sup> |                |
|------------------------|------------------------------------|---------------|---|----------------|
|                        | Minimum                            | Maximum       | Minimum                                 | Maximum        |
| Amphetamine (AMP)      | 2-7 hours                          | 2-4 days      | 1-2 hours                               | 1-3 days       |
| Cocaine (COC)          | 1-4 hours                          | 1-3 days      | Less than 1 hour                        | 1-2 days       |
| Ecstasy (MDMA)         | 2-4 hours                          | 2-3 days      | 1-2 hours                               | 1-3 days       |
| Methamphetamine (mAMP) | 2-7 hours                          | 2-4 days      | 1-2 hours                               | 1-3 days       |
| Opiates (OPI)          | 2 hours                            | 2-3 days      | Less than 1 hour                        | 1-2 days       |
| Phencyclidine (PCP)    | 4-6 hours                          | 3-10 days     | Unknown                                 | Unknown        |
| Marijuana (THC)        | 2 hours                            | 2-40 days     | Less than 1 hour                        | Up to 14 hours |
| Benzodiazepines (BZO)  | 4-6 hours                          | 2-10 days     | 2-4 hours                               | Up to 24 hours |
| Barbiturates (BAR)     | 4-6 hours                          | Up to 16 days | Unknown                                 | Unknown        |
| Methadone (MTD)        | 2-4 hours                          | 2-5 days      | 1-2 hours                               | 1-3 days       |
| Oxycodone (OXY)        | 2 hours                            | 2-3 days      | Less than 1 hour                        | 1-2 days       |

<sup>1</sup> Baselt, Randall Disposition of Toxic Drugs and Chemicals in Man. 7<sup>th</sup> edition (2004). Biomedical Publications, Foster City, CA.

<sup>2</sup> Various scientific sources include publications in the *Journal of Analytical Toxicology* and conference materials.

**Note:** For questions regarding drug screen results and potential drug reactivity, case managers may call the technical assistance number, located on the drug screening kit. In addition, if the individual being screened claims that the drug screen is providing a false positive, confirmatory testing may be used. For additional circumstances when confirmatory testing may be utilized for drug screening, refer to DCS Policy [31.13, Drug Screening for Individuals Receiving Services from DCS](#)

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|  | Section B, 3 (d).  |
| <b>E. Safety/Universal Precautions</b> | <p>1. Any case manager or designated employee that is trained to collect drug screen specimens should refer to the <a href="#"><u>Exposure Control Manual for Blood Borne Pathogens</u></a> to include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Washing their hands prior to and after the screening has been administered; and</li> <li><input type="checkbox"/> After the drug screen is complete, with results obtained and documented, ask the individual to dispose of the drug screening materials (e.g., specimen, screening kit) unless chain-of-custody is being completed and the materials are being sent to a laboratory for confirmatory testing.</li> </ul> <p>2. Any exposure to blood or bodily fluids can pose a risk to those coming in contact with it (refer to the <a href="#"><u>Exposure Control Manual for Blood Borne Pathogens</u></a>).</p> |

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| <b>F. Documentation</b> | <ol style="list-style-type: none"> <li>1. All drug screen results, to include the individual's <a href="#">CS-0831, Drug Screen Consent/Refusal and Results</a> form, must be documented and scanned into TFACTS.<br/><br/> <b>Note:</b> If an individual refuses to sign form <a href="#">CS-0831</a> the refusal is documented in TFACTS as "Refused Drug Screen".</li> <li>2. When completing documentation, list all observations noticed with regards to reasonable suspicion. Be as specific as possible, including when and where the behaviors occurred, what the person was doing at the time, and any witnesses of the events. Include any observations or changes in appearance, smell, speech, movement, or actions of the individual. <ol style="list-style-type: none"> <li>a) Documenting prescription medications: Observation and count of prescription medications is a form of evidence collection useful in assessment regarding possible drug use/misuse and should be used in conjunction with drug screening. Use form <a href="#">CS-1155, Caregiver Prescribed Medication Log</a> to document results.</li> <li>b) Prior to drug screening, request that the individual provide a list of current prescription medications and/or any medications taken recently.</li> </ol> </li> </ol> |
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|  | <p>c) If the individual reports a medication previously/recently prescribed, but has no prescription bottle, request the name of the prescriber and pharmacy where filled, if applicable, and have the individual sign form <a href="#"><u>CS-0559, Authorization 07 Release of Information of HIPAA Protected Health Information TO and FROM the Department of Children's Services and Notification of Release</u></a> in order to obtain information from the prescriber.</p> <p>d) Request the individual hand count their prescribed medication while you observe. Do not handle the medication yourself. If the individual refuses to conduct a hand count of their medications, document the refusal and details of your observations of the medication(s).</p> <p>e) Ensure the prescription label includes the prescribed individual's name, the date is current, and the pill description matches the physical pill. Watch out for pill substitutes (e.g., replacing white Hydrocodone pills with white Tylenol pills).</p> <p>f) Consider prescription instructions (e.g. 1 to 2 tablets every 6 hours as needed) when gauging shortages.</p> <p>g) Use the opportunity for discussion about the history and factors involving the use of the medications as it pertains to safety and risk assessment within the case. For example:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Why were you prescribed this medication 3 years ago?</li> <li><input type="checkbox"/> Do you have a mental health provider/receive counseling in relation to your anxiety medication?</li> <li><input type="checkbox"/> How do you feel when you take/don't take this medication?</li> </ul> <p><b>Note:</b> Medication overages can be as much of a concern as medication shortages.</p> |
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