

DOT Drug Testing Flight Attendant Rights and Responsibilities

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To all AFA-CWA members:

AFA-CWA members, as well as all other safety professionals in the transportation industry, are subject to federally mandated and regulated drug testing, commonly called "DOT" testing.

This booklet answers basic questions about DOT testing. It is important to remember that employers may have their own company drug testing program which may vary from and be in addition to DOT testing. **The information contained in this booklet does not cover your company policy.**

You are strongly encouraged to review your company policy. Violation of your airline's rules may lead to disciplinary action. You may also be permanently barred from working as a flight attendant if you violate the DOT testing standards.

DOT alcohol testing began in January 1995 after it was mandated by Congress. It is important to note that this pamphlet does not cover alcohol testing.

Please review the information contained in this pamphlet. If you have any questions regarding your airline's drug testing program, policies and procedures, call your local AFA leaders. If you have any questions about DOT testing regulations or a concern about drug use, you are invited to call the International AFA EAP Department at 800-424-2406. All of your questions and concerns will be confidential

Fly safe....

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BACKGROUND ON DRUG TESTING

Why is DOT drug testing being done?

▶ The United States Congress passed the Omnibus Transportation Employee Act of 1991. This act requires Department of Transportation (DOT) agencies, like the Federal Aviation Administration (FAA), to implement drug and alcohol testing of safety-sensitive transportation employees.

How many drug testing programs are flight attendants subject to?

▶ As a flight attendant and employee of a company, you may be subject to two (2) separate and distinct drug testing programs including:

- DOT – As a flight attendant, a safety-sensitive designated position, you are subject to drug testing developed by the Department of Transportation (DOT) and regulated by the Federal Aviation Administration. For simplicity purposes, the term “DOT drug testing” will be used throughout the balance of this pamphlet.
- Your company – As an employee, you may also be subject to a company drug testing program as a part of their drug free workplace commitment. Know your company’s drug testing policies, procedures and consequences.

How do I know if I am taking a DOT or a company drug test?

All DOT drug tests are completed using a Federal Drug Testing Custody and Control Form (CCF). Look for those words at the top of your copy of the CCF given to you as the employee donor. Company tests cannot be put on the Federal CCF. You can also ask the collector what type of test you are taking.

Who developed the DOT drug testing rules?

▶ Within the DOT, the Office of the Secretary’s Office of Drug and Alcohol Policy and Compliance (ODAPC) publishes rules on:

- How to conduct DOT tests
- What procedures to use when testing
- The process to return an employee to safety-sensitive duties
- Authoritative interpretations of the testing rules

► Each agency within the DOT develops industry specific regulations. The FAA has established testing rules for safety-sensitive designated positions within the aviation industry, including flight attendants. These rules identify:

- Who is subject to testing
- When and what situations cause testing
- Prohibitions around drug use

Where can I find the DOT drug testing rules?

► DOT's drug testing rules and interpretations can be found in 49 Code of Federal Regulation (CFR) Part 40 at www.dot.gov/ost/dapc

► The FAA's industry-specific drug test regulations can be found at 14 CFR Part 121 Appendix I, Drug Testing Program at www.faa.gov

What substances will I be tested for?

As of the date of this publication, DOT drug tests for safety-sensitive employees in the aviation industry are conducted only using urine specimens. As of the date of this publication, urine specimens are analyzed for evidence of the following five (5) drugs/metabolites.

1. Amphetamines (including methamphetamine, MDMA)
2. Cocaine metabolites
3. Marijuana metabolites/THC
4. Natural Opiates (including codeine, heroin (6-AM), morphine)
5. Phencyclidine (PCP)

*Under your company testing program, you could be tested for other drugs/metabolites.

What situations may result in testing?

Pre-Employment: Testing is conducted before beginning performance of safety sensitive functions for the first time either as a new hire or as a transfer from a non-safety sensitive function to a safety sensitive function. FAA has interpreted that pre-employment testing must be conducted and a negative test result must be received prior to the initiation of training individuals who have been hired for safety-sensitive positions. (May 31, 2005.) It is also conducted when more than 180 days lapse between conducting the pre-employment test and hiring or transferring the individual into a safety-sensitive function. Pre-employment testing is permitted but not required if an employee was removed from the random testing pool for reasons other than a violation and is returning to a safety-sensitive function.

Post-Accident: This type of testing is conducted as soon as possible but not longer than 32 hours after an accident if an employee's performance contributed to an accident or cannot be completely discounted as a contributing factor to the accident. The employee may receive medical attention before being tested.

Random Testing: This type of testing is conducted on an unannounced and random basis. Each employer must select employees using a scientifically valid random method where each covered employee has an equal chance of being tested each time selections are made.

Reasonable Cause: This testing is conducted when there is a reasonable belief that an employee has violated the prohibitions concerning the use of drugs. Such determinations cannot be based on hunches or guesses. They must be based on observations concerning your appearance, behavior, speech, and smells that are usually associated with drug use. Two management representatives, one of whom is trained in recognizing symptoms associated with drug misuse, must reasonably believe that you are under the influence of drugs.

Return-to-Duty: This type of testing is conducted on employees who have violated the DOT drug and alcohol rules before returning to safety sensitive functions for any DOT-regulated employer. **All return-to-duty and follow-up testing must be conducted under direct observation.**

Follow-Up: This type of testing is conducted on an unannounced basis for DOT testing rule violators following return to safety-sensitive functions for any DOT-regulated employer. Follow-up testing is in addition to random testing. It must be conducted at least six (6) times within the first 12 months following return to active safety-sensitive service and may continue for up to five (5) years. A Substance Abuse Professional (SAP) determines the number, length and type (i.e. drugs, alcohol or both) of testing. The SAP is a credentialed chemical dependency assessor who evaluates the educational and/or treatment needs of each DOT rule violator as a part of the return-to-duty process. For more information on the return-to-duty process, see the "Violation Consequences" section of this pamphlet. **Follow-up testing is conducted under direct observation.**

What does 'split testing' mean?

All DOT drug tests, whether pre-employment, post-accident, random, return-to-duty, or follow-up, are 'split tests'. That means that each donated urine specimen is divided or split into two bottles -- bottles A and B. Bottle A is tested by the lab. Bottle B is stored as part of the donor's due process rights should she/he choose to challenge the results of the test of bottle A. For more information on employees' rights around the test of the split, see the MRO process.

Can I be DOT drug tested outside the United States?

DOT regulation does not allow any part of the testing process (collection, lab analysis, and MRO actions) to be conducted outside of the territory of the United States.

Can I refuse a test?

Refusing a test is considered a DOT testing violation, similar to getting a positive test result. Don't refuse a test. You are considered to have refused a test if you:

- (1) Fail to appear for any test within a reasonable time after being directed to do so. (Reasonable time is determined by your airline);
- (2) Fail to remain at the testing site until the testing process is complete;
- (3) Fail to provide a urine specimen for any drug test required by the FAA;
- (4) In the case of a directly observed or monitored collection in a drug test, fail to permit the observation or monitoring of your provision of a specimen;
- (5) Fail to provide a sufficient amount of urine when directed, and it has been determined, through a medical evaluation, that there was no adequate medical explanation for the failure;
- (6) Fail or decline to take a second drug test when directed to do so.
- (7) Fail to undergo a medical evaluation or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER;
- (8) Fail to cooperate with any part of the testing process (e.g., refuse to empty pockets when directed by the collector or behaving in a confrontational way that disrupts the collection process).
- (9) Fail to sign step #2 of the ATF;
- (10) Provide a specimen that is verified as adulterated or substituted;
- (11) Fail to follow the instructions for a direct observation test (raise your clothing above the waist, lower clothing and underpants, and turn around to permit the observer to determine if you have any type of prosthetic device that could be used to interfere with the collection process;
- (12) Admit to the collector or MRO that you adulterated or substituted the specimen.

***Cooperate now, complain later:** Refusing to be tested is a violation. If you have concerns regarding your testing process, take the test, then contact a union representative.

Can the company share my testing information?

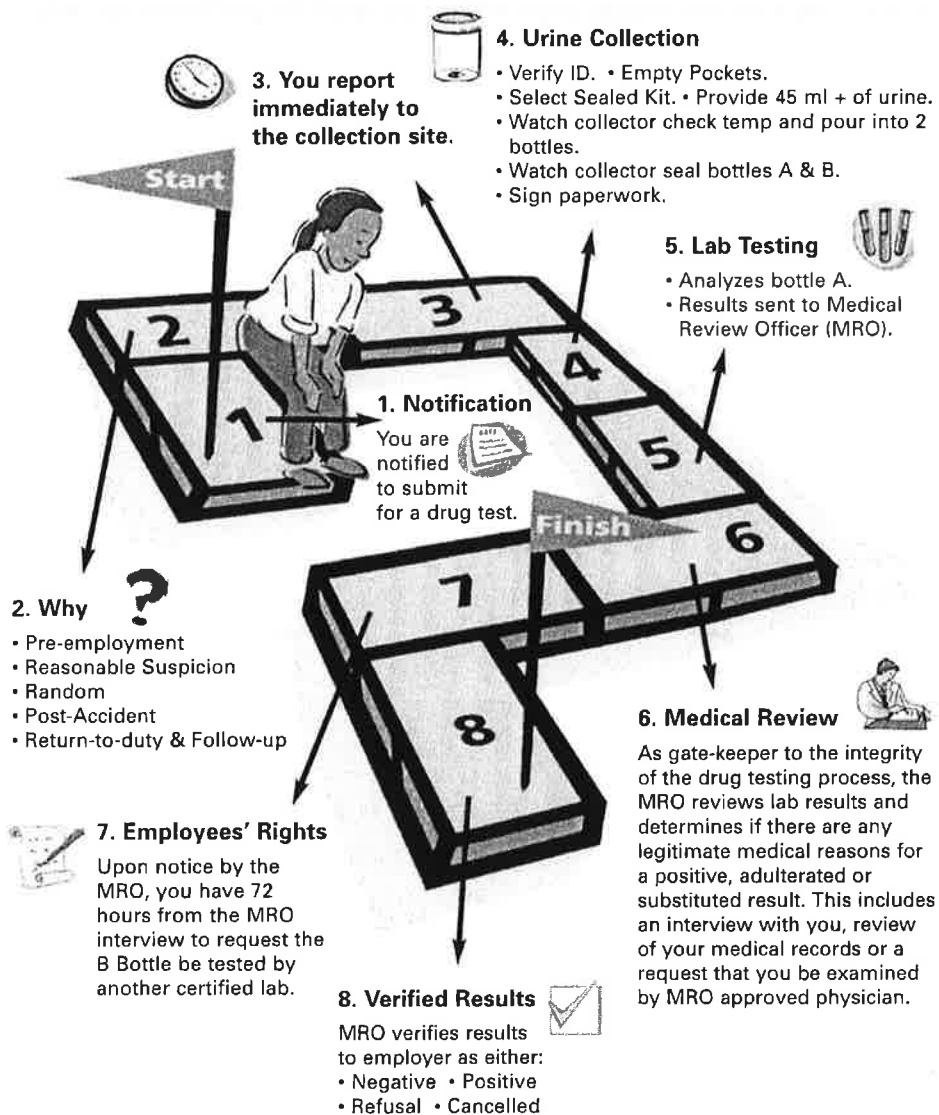
DOT has interpreted that an employer and its service agents (those involved in the testing process like Collectors, Laboratories, MROs and SAPs) are able to share drug and alcohol testing information amongst themselves without the employee's written consent when required by DOT regulation. For example, the

MRO does not need a release from an employee to report drug test results to the employer. Typically, each company has a "Designated Employee Representative" (DER) who receives the test results from the MRO and has responsibility for the overall management of the DOT drug testing program at your company. Your test information may also be released (without your consent) in certain situations such as: legal proceedings, grievances, or administrative proceedings brought by you or on your behalf, which resulted from a positive test result or refusal.

Your company, however, is not permitted to disclose your test results to outside parties without your written consent. For example, if you get hired by another airline, the new employer is required to check on your previous two years of drug and alcohol testing results where you were last employed in a safety-sensitive position. Your new airline needs your written consent to get these records.

STEPS IN DRUG TESTING

Overview of DOT Drug Testing



THE COLLECTION PROCEDURE

The drug testing process consists of three (3) procedures - Collection, Testing and Review. The basics of these procedures are explained here.

A urine specimen collector will:

- Verify your identity using a current valid photo ID
- Create a secure collection site by:
 - Restricting access to the site to those being tested.
 - Securing all water sources and placing blue dye in standing water.
 - Removing / securing all cleaning products/fluids.
- Afford you privacy to provide a urine specimen. Exceptions to this generally surround issues of attempted adulteration or substitution of a specimen or other questions of validity.
- Ask you to empty your pockets and remove unnecessary garments. (You may retain your wallet.)
- Instruct you to wash and dry your hands.
- Select and open a sealed collection kit in your presence.
- Request you provide a urine specimen (45 mL minimum).
- Check the temperature and color of the urine.
- In your presence, pour the urine into two separate bottles (A or primary and B or split), seal them with tamper-evident tape, and have you sign the seals on both bottles.
- Complete the Federal Drug Testing Custody and Control Form (CCF).
- Give you the employee copy of the CCF.
- Package and ship both bottles and the completed CCF to a certified testing lab.

Specific Collection Security and Integrity procedures are outlined in Part 40 and the “DOT Urine Specimen Collection Guidelines.” For each and every collection, collectors have to:

- -Pay careful attention to employees throughout the collection process.
- -Ensure that there is no unauthorized access into the collection areas.
- -Make sure that employees show proper picture ID, empty pockets, remove outer garments (e.g., coveralls, jacket, coat, hat), and leave briefcases, purses, and bags behind.
- -Maintain personal control of the specimen and CCF at all times during the collection.

In addition, collectors must:

- Secure any water sources or otherwise make them unavailable to employees (e.g., turn off water inlet, tape handles to prevent opening faucets, secure tank lids);
- Ensure that the water in the toilet and tank (if applicable) has bluing (coloring) agent in it. Tape or otherwise secure shut any movable toilet tank top, or put bluing in the tank;
- Ensure that no soap, disinfectants, cleaning agents, or other possible adulterants are present;
- Inspect the site to ensure that no foreign or unauthorized substances are present;
- Ensure that undetected access (e.g., through a door not in your view) is not possible;
- Secure areas and items (e.g., ledges, trash receptacles, paper towel holders, under-sink areas) that appear suitable for concealing contaminants; and
- Recheck items (1) through (6) following each collection to ensure the site's continued integrity.

Should I tell the collector about medications I am taking?

No. The collector has no responsibility for collecting or managing personal medical information. There is no place on the form where that information can even go. You should only discuss that information with the Medical Review Officer (MRO).

What if I can't provide enough urine?

If you are unable to provide 45 ml of urine on the first attempt, the time will be noted, and you will be:

- Required to remain in the testing area under the supervision of the collection site personnel, their supervisor, or a representative from your company;
- Urged to drink up to 40 oz. of fluid, distributed reasonably over a period of up to three hours;
- Asked to provide a new specimen (into a new collection container).

If you do not provide a sufficient specimen within three hours, you must obtain a medical evaluation within five days to determine if there is an acceptable medical reason for not being able to provide a specimen. If it is determined that there is no legitimate physiological or pre-existing psychological reason for not providing a urine specimen, it will be considered a refusal to test.

Note: The physical exam is scheduled after the Designated Employer Representative (DER) consults with the Medical Review Officer. The

physician chosen to complete the evaluation must have expertise in the medical issues raised and be acceptable to the Medical Review Officer.

When is observed testing required?

In certain situations, you can be directed to submit to a collection under direct observation. **This means that a collector of the same gender or a selected observer will watch you urinate into the collection cup.** Read below how the direct observation testing is conducted. This type of testing will be directed by the collector if the employee's pocket material or conduct indicates intent to tamper with the specimen or when the specimen appearance or temperature is out of range. The MRO will mandate observed testing when a specimen is invalid with no medical explanation, when a positive, adulterated or substituted test is cancelled because the test of the split could not be conducted, or when a specimen has a creatinine level between 2.0 and 5.0 mg/dL. Direct observation testing is also required for all return-to-duty and follow-up testing.

How is observed testing conducted?

The employee must raise his or her shirt, blouse, or dress/skirt, as appropriate, above the waist; and lower clothing and underpants to show the observer by turning around, that the employee does not have a prosthetic device. After the observer has determined that the employee does not have such a device, the observer may permit the employee to return clothing to its proper position for observed urination. The observer must watch the employee urinate into the collection container. Specifically, the observer must watch the urine go from the employee's body into the collection container.

Remember: Neither you nor the collector should let the specimen out of your sight until it has been poured into two separate bottles, sealed, and signed. Never leave the testing facility until the entire testing procedure is completed.

THE LABORATORY TESTING PROCEDURE

Personnel at the laboratory will:

- Determine if there are any fatal flaws. If yes, the specimen is rejected for testing. The CCF is forwarded to the Medical Review Officer (MRO) who then cancels the test.
- Open only the A bottle and conduct an initial screening test. Specimens that screen positive will be analyzed again using a different type of testing methodology to confirm the results.
 - If the specimen tests negative in either test, the result will be reported as a negative
 - If the specimen tests positive under both methods, it is reported as a positive
- Report the findings of the analysis of bottle A to the designated Medical Review Officer (MRO).
- Store bottles A and B for any reported positive, adulterated, or substituted result for at least 12 months.

What are the screening and confirmatory levels for the DOT drugs?

Drug	Initial Screening	Confirmatory Screening
Marijuana metabolites	50 ng/ml	15 ng/ml
Cocaine	150 ng/ml	100 ng/ml
Amphetamines	500 ng/ml	250 ng/ml
Opiates		
(Codeine/Morphine)	2,000 ng/ml	2,000 ng/ml
(6-Acetylmorphine)	10 ng/ml	10 ng/ml
Phencyclidine	25 ng/ml	25 ng/ml

What are specimen validity tests (SVT)?

Adulteration Testing: The laboratory may conduct specimen validity testing to determine if a foreign substance has been introduced into the specimen in an attempt to mask the detection of drugs. If foreign substances are detected, the lab will report the specimen as adulterated. If a substance that is naturally in human urine, but not at the concentrations levels detected, the lab will report the sample as adulterated to the MRO. An adulterated test may be considered a refusal to test.

Substitution Testing: The laboratory will also analyze the specific gravity and creatinine level of each sample to determine if it is consistent with human urine. Those samples having a creatinine concentration ≤ 2 mg/dL and a specific gravity \leq to 1.001 or \geq to 1.020 are reported as substituted to the MRO.

Invalid Results: If a laboratory cannot conduct an analysis of a specimen due to the presence of an interfering substance, the lab will reject the specimen for testing. The MRO will be alerted to an "invalid result" which is neither negative nor positive. The MRO will contact the employee to determine if there is a legitimate medical explanation for the presence of the interfering substance. If the employee has been taking a known medication that causes this, the test will be cancelled without further action, unless a negative test is required under regulation (like pre-employment). If no medical explanation exists, an immediate recollection under direct observation will be required.

Medical Review Officer (MRO) Process

MROs are licensed physicians with knowledge and clinical experience in substance abuse disorders. **They receive all lab test results for verification before a company is informed of the results. The MRO must complete this process before contacting the company with test results. . The only exception to this is if the company has secured a special waiver from the DOT called a "stand-down waiver."** For non-negative lab results, the MRO verification process is the means of offering an employee the opportunity to present medical information that may explain the lab reported result.

Upon receipt of the test result from the laboratory, the MRO will review the paperwork for accuracy. Then, depending on the lab results, the MRO will act and report accordingly:

If the lab result is negative, the MRO will report to the DER a **negative**.

If the lab result is negative and dilute, the employee will be required to undergo an immediate recollection under direct observation if the creatinine level is ≥ 2 mg/dL but less ≤ 5 mg/dL.

If the lab result is negative and dilute with a creatine > 5 mg/dL but less than 20 mg/dL the employer may, but is not required to, direct the employee to take another test immediately. Such recollections are not done under direct observation (unless there is another basis for use of direct observation). An employer must have established a policy around this retesting practice; must be applying the policy equally for all employees but can vary the policy based the type of testing involved (i.e. conduct retests in pre-employment situations but not random).

If the lab result is positive, the MRO will conduct an interview with the employee to determine if there is a legitimate medical reason for the result. **If a legitimate reason is established** the MRO will report to the DER a **negative**.

If the lab result is positive, the MRO will conduct an interview with the employee to determine if there is a legitimate medical reason for the result. **If no legitimate medical reason is established**, the MRO will report the result to the DER as a **positive**.

If the lab result is adulterated or substituted, the MRO will conduct an interview with the employee to determine if there is a legitimate medical reason for the result. **If a legitimate medical reason is established**, the MRO will report the results as **cancelled**.

If the lab result is adulterated or substituted, the MRO will attempt to conduct an interview with the employee to determine if there is a legitimate medical reason for the result. If the employee **admits to substituting or adulterating the specimen or a legitimate medical reason is not established**, the MRO will report to the DER a **refusal to test**.

Should I tell the MRO about medications I am taking?

Yes. If you test non-negative (positive, adulterated, substituted, or invalid), you will have an opportunity to provide relevant personal medical information to legitimately explain a test result to the Medical Review Officer. This may protect you from being reported by the MRO as a DOT rule violator.

Is there a list of over the counter and prescribed drugs that I can and cannot take?

No. If there were, it would be outdated before the ink dried considering the market distribution of drug products today. Flight attendants are not medically certified. The lists that are available to pilots as directives for what they can and cannot take should not be interpreted as flight attendant mandates. You and your doctor should evaluate your individual needs and reactions to any medications.

Can the MRO give my medication information to my employer?

The rules afford some important protection concerning confidentiality. However, the protection is not complete. To the extent the MRO acquires information which s/he believes conflicts with the safe performance of your duties, even if your drug test is verified as negative, the rules require the MRO to report your information. Below is the exact language of this requirement.

§ 40.327 When must the MRO report medical information gathered in the verification process?

(a) As the MRO, you must, except as provided in paragraph (c) of this section, report drug test results and medical information you learned as part of the verification process to third parties without the employee's consent if you determine, in your reasonable medical judgment, that:

(1) The information is likely to result in the employee being determined to be medically unqualified under an applicable DOT agency regulation; or

(2) The information indicates that continued performance by the employee of his or her safety-sensitive function is likely to pose a significant safety risk.

(b) The third parties to whom you are authorized to provide information by this section include the employer, a physician or other health care provider responsible for determining the medical qualifications of the employee under an applicable DOT agency safety regulation, a SAP evaluating the employee as part of the return to duty process (see §40.293(g)), a DOT agency, or the National Transportation Safety Board in the course of an accident investigation.

(c) If the law of a foreign country (e.g., Canada) prohibits you from providing medical information to the employer, you may comply with that prohibition.

What are my rights during the MRO verification process?

You have the right to talk directly to the MRO about your test results.

You have the right to provide timely medical information which may help explain those results.

You have the right to know and get a copy of your test results

You have the right to request a test of your split (bottle B) at another certified lab (at your own expense). You must request a test of your split within 72 hour of first receiving notice of a positive test. The DOT does not require this request to be made in writing; however, some employers require a written request.

VIOLATION CONSEQUENCES

If you test positive, refuse a test, or violate DOT drug and alcohol rules, the following actions must happen for all safety-sensitive employees regardless of employer or employer policies. AFA encourages all airlines to make available to flight attendants the return-to-duty process constructed by the DOT for test violators.

Removal From Functions: You will be immediately removed from DOT-regulated safety-sensitive functions.

Return-to-Duty Process: You can return to performing DOT safety-sensitive function for any employer once you have:

- Undergone a evaluation by a Substance Abuse Professional (SAP)
- Successfully completed any education, counseling or treatment prescribed by the SAP.
- Provided a negative return-to-duty test.
- Upon return to safety-sensitive job, you will be subject to follow-up" testing as prescribed by the SAP.

****Know your employer's policy regarding consequences for violating DOT drug and alcohol rules or company drug and alcohol rules. The DOT does offer a return-to-duty process, but DOT regulations do not require employers to offer it. If you are unsure of the drug testing policies of your employer, contact your union leadership.**

Permanent Disqualification: A flight attendant who has engaged in prohibited drug use during the performance of a safety-sensitive function is permanently precluded from performing that safety-sensitive function for an employer. If a flight attendant has two (2) **DOT** drug test violations, she/he is precluded from performing the safety-sensitive duties of a flight attendant for any employer.

What should I do if I test positive?

- Cooperate with your employer's instructions.
- Contact your union representative as soon as possible.
- If you question the results or testing process, request a test of your split within 72 hours of notification. You must request this of the MRO. This can be done either verbally or in writing.
- Call your local AFA EAP committee for confidential assistance with any questions or health needs. You can reach your EAP representative by calling 1-800-424-2406 or by locating their number at www.afanet.org under the EAP department section of the website.

Will my testing record follow me to the next employer?

Employers are required to check on the previous two years of drug and alcohol testing background of new hire flight attendants. New employers need the written consent of the flight attendant applicant to obtain these records.

Guidance for Members

Prescriptions Use:

- Only use medications for which you have a current and valid prescription and for which you are actively being treated.
- Never exceed the recommended dosage amount or the interval level for taking the medication.
- Make sure the treating doctor knows about your safety-sensitive duties and has approved the use of these medications while performing these duties.
- Don't take medications prescribed for past conditions or for conditions that you are not actively receiving treatment from a licensed provider.
- Never share your medications or borrow medications from others.
- Even if you have a legitimate prescription for a medication, you are still at risk of being pulled from the line under the MRO mandate to report safety concerns based on information gathered during the verification process. Make sure your medical provider has a firm grasp on your safety sensitive duties and is prepared to defend your use of a medication.

Medical Marijuana:

Marijuana has been legalized for use in some states under certain situations. Federal law and policy do not recognize any legitimate medical use of marijuana. If you use medically prescribed marijuana, you will still be considered a DOT rule violator. Bottom line - **do not use marijuana**.

Hemp:

Two studies published in the Journal of Analytical Toxicology showed positive cannabinoid drug tests following the ingestion of commercially available cold-pressed hemp seed oil. Under DOT guidance, however, MRO's must not accept an assertion of consumption or other use of hemp as a basis for verifying a marijuana test negative. Don't get stuck in the crossfire. Avoid hemp use to the extent possible.

Over-the-Counter Products (Especially herbs and homeopathic remedies):

Buyer beware: you are responsible for what is contained in the products you use. Unfortunately, some products have no labels. Some ingredient labels are incomplete, unreadable and incomprehensible at best. **This is especially important overseas**, where many products, like herbal remedies and teas, contain chemicals which are illegal in the United States. If you are not absolutely

sure what ingredients are present in a product, check with a pharmacist or physician. If you are unable to come up with a definitive answer, don't use the product.

Internet Prescriptions.

In July 2006, the DOT provided guidance to MROs for accepting an employee's prescription for medication obtained over the internet. The guidance states that an "MRO is authorized to accept an employee's prescription for medication obtained over the internet if there is proof that a legitimate doctor-patient relationship has been established. Four elements generally serve as an indication that such a relationship exists: A patient has a medical complaint; a medical history has been taken, a physical exam has been performed, and there is a logical connection between the complaint, the medical history, the physical examination and the drug prescribed. Standing alone, the completion of an online questionnaire reviewed later by a pharmacy-employed doctor fails to establish a proper doctor-patient relationship. At a minimum, the MRO should consider the following items when verifying test results: 1) The name, physical location, and state(s) of licensure of the prescribing practitioner 2) Whether the employee was professionally evaluated for the current medical complaint by the prescribing practitioner and the last time the employee was in direct contact with the prescribing practitioner 3) Whether the employee initiated the request to the pharmacy for a particular medication and 4) whether a proper doctor-patient relationship existed. Finally, it is the employee's responsibility to provide sufficient documentation to address MRO inquiries about a doctor-patient relationship.

How do I get help for a substance use problem.

If you have a substance use problem or if you're unclear if you have a substance use problem, the most proactive thing you can do to prevent yourself from violating the testing rules is to get a professional evaluation. Your AFA EAP is a confidential resource for you. You can contact your local EAP peer representative or call the International EAP office at 1-800-424-2406.

How do I get help for my flying partner?

If you're concerned about the well-being of your flying partner, especially when it comes to a progressive and potentially fatal disease process like alcoholism and drug addiction, we urge you to contact your local EAP peer representative for confidential guidance. You can find your local EAP representative by calling the International EAP office at 1-800-424-2406 or locate them at www.afanet.org under the EAP department section of this website.

Terms and Acronyms

Adulterated specimen: A specimen that contains a substance that is not expected to be present in human urine, or contains a substance expected to be present but is at a concentration so high that it is not consistent with human urine.

Cancelled test: A drug test that has a problem identified that cannot be or has not been corrected or which is otherwise required to be cancelled. A cancelled test is neither positive nor negative. A cancelled test may result in a recollection.

CCF: Chain and Custody Form.

CFR: Code of Federal Regulation. The DOT drug and alcohol testing rules can be found in 49 CFR Part 40.

DER: See Designated Employer Representative.

Designated Employer Representative (DER): A company employee authorized by the employer to take immediate action(s) to remove employees from safety-sensitive duties, or cause employees to be removed from these covered duties, and to make required decisions in the testing process. The DER also receives test results and other communications for the employer consistent with the requirement of the DOT regulation.

Department of Transportation (DOT): One of the departments of the federal government which regulates interstate transportation.

Dilute specimen: A specimen with creatinine and specific gravity values that are lower than expected for human urine.

DOT: See Department of Transportation

FAA: See Federal Aviation Administration.

Federal Aviation Administration: The Federal Aviation Administration is an agency which falls under the Department of Transportation and regulates the aviation industry.

Invalid drug test: The result of a drug test for a urine specimen that contains an unidentified adulterant or an unidentified interfering substance, has abnormal physical characteristics, or has an endogenous substance at an abnormal concentration that prevents the laboratory from completing or obtaining a valid drug test result.

Medical Review Officer (MRO): A person who is a licensed physician and who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results.

MRO: See Medical Review Officer

ODAPC: See Office of Drug and Alcohol Policy Compliance

Office of Drug and Alcohol Policy Compliance: The office under DOT's Office of the Secretary responsible for publishing and interpreting DOT drug testing rules.

Primary specimen: The urine specimen bottle that is opened and tested by a first laboratory to determine whether the employee has a drug or metabolite in his or her system and for the purpose of validity testing.

SAP: See Substance Abuse Professional

Specimen Validity Testing (SVT): Tests the laboratory may conduct to determine if the specimen was adulterated or substituted.

Split Specimen: A part of the urine specimen that is sent to a first laboratory and retained unopened, and which is transported to a second laboratory in the event that the employee requests that it be tested following a verified positive of the primary specimen or a verified adulterated or substituted test result.

Stand-down: The practice of temporarily removing an employee from the performance of their functions based only on a report from a laboratory to the MRO of a confirmed positive test from a drug or drug metabolite, an adulterated test, or a substituted test, before the MRO has completed verification of the test result.

Substance Abuse Professional (SAP): The person who evaluates any safety sensitive employee who violates the drug testing regulations. The SAP makes recommendations concerning the education, treatment, follow-up testing, and aftercare of the violator.

Substituted Specimen: A specimen with creatinine and specific gravity values that are so diminished that they are not consistent with human urine.

SVT: See Specimen Validity Testing

Verified Drug Test: A drug test result or validity testing result from an HHS-certified laboratory that has undergone review and final determined by the MRO.

REMEMBER

If you or a flying partner needs assistance with a substance use issue, contact your AFA Employee Assistance Program. You can find a local EAP committee member at www.afanet.org or by calling the AFA EAP department at 1-800-424-2406.

Help is Confidential

Help is a phone call away.

