



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index # 506.21

Page 1 of 16

Effective Date: March 1, 2019

Distribution: B

Supersedes: 506.21 (1/1/16)

Approved by: Tony Parker

Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 41-1-120, and TCA 41-21-237.
- II. PURPOSE: To uphold the safety and security of the correctional environment by specifying the conditions and procedures for conducting urinalysis testing of inmates.
- III. APPLICATION: All Tennessee Department of Correction (TDOC) and privately managed institutions and institutional staff and inmates.
- IV. DEFINITIONS:
  - A. Confirmation Test: A test to corroborate the result of the first test through the use of a second methodology.
  - B. Drug Testing Coordinator: Individual who shall be designated by the Warden/Superintendent to direct and monitor all necessary duties relating to inmate drug testing.
  - C. Facility Drug Screen: Any test for which all inmates at a facility are eligible, including random, reasonable suspicion and any other test not considered a Program Drug Screen. Results are entered into the offender management system (OMS).
  - D. Laboratory Drug Screen: A controlled laboratory test conducted to detect the usage (inhalation, ingestion, injection) of illegal drugs or alcohol detectable in the subject's system.
  - E. On-Site Drug Screen: Preliminary analytical testing procedure done at the institution to detect the presence or absence of alcohol in urine or saliva or illegal drugs or their metabolites in urine.
  - F. Random Selection: A sample drawn from the inmate population so that each member of the population has an equal chance to be selected.
  - G. Reasonable Suspicion: Knowledge sufficient under the circumstances to cause an ordinarily prudent and cautious person to believe someone has consumed illegal drugs or alcohol.
  - H. Substance Use Treatment Program Drug Screen: Any test in which only inmates participating in a substance use treatment program are eligible, which is limited to initial/discharge tests, random tests requested by the program manager in addition to facility random tests, and reasonable suspicion tests requested by the program counselors or manager. Results are stored in the inmate's clinical file and are not entered into the OMS.

Effective Date:	Index # 506.21	Page 2 of 16
Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS		

- I. Substance Use Treatment Program: Formal organized behavioral therapies such as individual or group counseling, cognitive skills therapy, or psychotherapy for inmates who have used alcohol and other drugs. These services are designed to address specific physical, mental, or social issues related to the use of mood altering substances.
  - J. Urinalysis Testing: The process of conducting a chemical analysis of urine to detect the presence or absence of alcohol or illegal drugs or their metabolites.
- V. POLICY: The TDOC is committed to a policy of zero tolerance of inmate drug/alcohol use within state correctional facilities. The TDOC shall operate a urinalysis-testing program based on drug/alcohol testing, graduated sanctions, and treatment interventions that deter the use of illegal drugs and alcohol by inmates.
- VI. PROCEDURES:
- A. Authority to Conduct Drug Testing:
    1. All inmates shall be subject to drug/alcohol testing at any time during their incarceration. This policy provides for nondiscrimination on the basis of race, religion, national origin, creed, sex, age, or disability.
    2. Urinalysis testing shall be used as the primary means to detect and deter illegal substance use and to determine treatment needs of inmates. Urinalysis testing will not be used for harassment of inmates.
    3. The following personnel within the TDOC can request inmate urinalysis testing:
      - a. Commissioner or designee (this includes privately managed facilities)
      - b. Deputy Commissioner of Administrative Services/General Counsel
      - c. Chief of Staff
      - d. Assistant Commissioner of Operational Support
      - e. Assistant Commissioner of Prisons
      - f. Assistant Commissioner of Rehabilitative Services
      - g. Assistant Commissioner of Community Supervision
      - h. Warden/Superintendent
      - i. Associate/Assistant Warden of Security (AWS) or Treatment (AWT)
      - j. Director of Behavioral Health Services
      - k. Director of Addiction Treatment and Recovery Services
      - l. Unit Manager
      - m. Behavioral Health Administrator
      - n. Health Services Administrator
      - o. Substance Use Program Manager or Alcohol and Drug Counselor
      - p. Shift Commander
      - q. Drug Testing Coordinator or the Warden's/Superintendent's designee
      - r. Institutional Investigator

Effective Date: March 1, 2019	Index # 506.21	Page 3 of 16
Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS		

4. The Warden/Superintendent shall ensure that inmates are notified in writing (inmate orientation manual, posted notices, etc.) of the TDOC's policy on zero tolerance of drug use within state correctional institutions. This notification shall also state that inmates are subject to drug or alcohol testing during their incarceration and subject to disciplinary action for the following:
  - a. Failure to submit to testing or to provide a urine sample within two hours of the request
  - b. Tampering or attempting to tamper with the specimen or test results
  - c. Receiving a positive test result for which there is no satisfactory explanation
  - d. Intoxication or inhalant overdose symptoms that are in no relation to any mental/medical illness or prescribed medication confirmed by physician and/or a physician assistant/nurse practitioner.
  - e. Self-admission of illicit drug use.
5. Only alcohol and drug kits on the statewide contract that have been approved for on-site drug and alcohol testing shall be used to conduct on-site urinalysis testing.
  - a. Urinalysis kits shall be used to test for:
    - (1) The active ingredients found in Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Methadone, Methamphetamine (including Ecstasy), Opiates, Oxycodone, Phencyclidine (PCP), Cannabinoids (THC, including marijuana), Buprenorphine (Suboxone).
    - (2) Adulteration based on, but not limited to, pH, Specific Gravity, Nitrates, Oxidation, Creatinine, Color/Appearance, and Temperature.
    - (3) Privately managed facilities must test for the eleven drugs listed above.
    - (4) The Warden/Superintendent/Designee may further test for other substances at his/her discretion.
  - b. All positive on-site drug test results shall be confirmed through a state approved contract laboratory.

Effective Date: March 1, 2019	Index # 506.21	Page 4 of 16
Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS		

- c. Any negative on-site drug test result which is deemed suspect may, with the written approval of the Warden/Superintendent/Designee, be forwarded to the state approved contract laboratory for further analysis. Reasons for suspecting the negative field test result is invalid shall be cited in the Warden's/Superintendent's/Designee's approval memorandum and in the comments field on the (OMS). These specimens shall be handled and forwarded for contract laboratory analysis in the same manner as positive field test specimens.
  - d. A second on-site alcohol test shall be used to confirm positive alcohol tests.
  - e. A comprehensive medical drug screen should only be used in cases of suspected overdose or intoxication when necessary for diagnostic and/or treatment purposes. The health staff shall also review the health record to rule out the presence of a medical condition or prescribed medication which can mimic symptoms of intoxication. (See Policy #113.94)
- 6. The following are examples of when an inmate may be subject to urinalysis testing [other than for reasonable suspicion as addressed in Section VI.(A)(8)]:
  - a. As part of the monthly drug-testing program, each institution's population shall be randomly selected for drug testing.
    - (1) At a minimum, each correctional facility shall test 2.5 percent of the institution's in-house inmate population each month. At the discretion of the Warden/Superintendent, any facility may request in writing to the Assistant Commissioner of Prisons permission to test a sampling larger than 2.5 percent, but may not exceed 10 percent.
    - (2) Each institution shall be provided with a computer-generated, randomly selected list of inmates to be tested every 30 days. This list will be generated by Decision Support: Research and Planning and made available no later than the seventh day of each month. This list will be sent to each facility by the Director of Behavioral Health Services or designee. Actual monthly test dates shall be at irregular intervals, shall include both weekdays and weekends, and should occur on all shifts during the month.
  - b. Upon initial admission to a TDOC diagnostic center or upon admission to a specialized correctional facility/program (boot camp, therapeutic community, technical violators program, youthful offender program), inmates shall receive an on-site drug screen.
    - (1) The Warden/Superintendent at the respective diagnostic center/facility shall be responsible for designating the appropriate staff to conduct on-site drug screening during initial classification.

Effective Date: March 1, 2019	Index # 506.21	Page 5 of 16
Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS		

- (2) All inmates entering a diagnostic center/facility shall be tested for the presence of all drugs and adulterants listed in Section VI.(A)(5)(a)(1-2) and any positive test result will be sent to laboratory for confirmation.
  - (3) All test results, including positive laboratory confirmations, shall be recorded in the inmate's medical record or treatment program file. No sanctions shall be issued for testing positive on an initial diagnostic drug screen.
- c. The following provides the guidelines for drug testing in substance use treatment programs and distinguishes between Facility Drug Screens and Substance Use Drug Screens:
- (1) All substance use treatment programs must provide an initial, random, and discharge drug screen to participants, which shall be considered a Substance Use Program Drug Screen and results are to be communicated with the program manager.
  - (2) Facility-wide random drug tests shall be considered a Facility Drug Screen, regardless of participation in a substance use treatment program. Additionally, any follow up drug screens as a result of a disciplinary or failed drug screen will be considered a Facility Drug Screen, regardless of participation in a substance use treatment program.
  - (3) Substance use treatment program managers reserve the right to request saturation testing of an entire treatment unit if drug use is suspected, which will be considered a Substance Use Drug Screen.
  - (4) In any case in which a substance use treatment program manager or counselor requests a reasonable suspicion test, it will be considered a Substance Use Treatment Program Drug Screen. Reasonable suspicion tests requested by any other staff, including security on the treatment unit, shall be considered a Facility Drug Screen.
  - (5) While participants failing a Substance Use Treatment Program Drug Screen will not receive a disciplinary for "Positive Drug Screen" or have their results entered on LIBS screen on OMS, they may, if after review and approval by the treatment team, be dismissed from their current program with a Class A "Refusal to Participate" based on the agreed upon rules of the program.
  - (6) Substance Use Treatment Program Drug Screen results will be stored in the inmate's clinical file and can be made available upon request in order to perform necessary job duties.

Effective Date: March 1, 2019	Index # 506.21	Page 6 of 16
Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS		

- d. Any time that an inmate is involved in an altercation, stabbing, or accident resulting in non-minor injuries, or any occupational incident resulting in injury other than minor self-limiting injuries, and/or property damage over \$50.00, a drug screen will be conducted.
  - e. Inmates returning from furlough, work release, or community work assignment with access to or potential contact with contraband, drugs, and/or alcohol may be subject to an on-site drug or alcohol screen.
  - f. Any time a canine unit or narcotic detection instrument indicates the presence of drugs during a search of inmates in the housing unit or work area, a drug screen shall be conducted.
  - g. Inmates who have been selected for pre-release or work release placement shall submit to a drug screen prior to the reclassification hearing and again in 30-45 days if the transfer has not occurred. All such inmates shall be subject to re-testing after arrival at the pre-release or work release program.
  - h. Urinalysis testing may be conducted prior to and after an inmate participates in an institutional visit.
7. Reasonable suspicion drug or alcohol screening:
  - a. Reasonable suspicion drug or alcohol screening may be conducted based upon circumstances arising from one or more of the following:
    - (1) Confidential information from a reliable source
    - (2) Observed unusual actions or behavior by the inmate
    - (3) Suspected intoxication of an inmate
    - (4) Discovery of drug paraphernalia or evidence that alcohol/drugs have been used
    - (5) Positive indication from a narcotic detection instrument or canine search.
    - (6) Any inmate requesting or placed in protective custody shall receive a drug screen upon request and/or placement.
  - b. Reasonable suspicion drug or alcohol screens shall require the approval of any of the following: Warden/Superintendent/Designee, AWS and/or AWT, or the shift commander.
8. Unannounced saturation testing may also be conducted on an annual basis or on an as needed basis.
9. All inmates being considered for release on parole supervision shall receive an on-site drug screen within 30 days prior to their parole hearing and a minimum of one on-site drug screen within the 30 day period prior to release from the institution. The test results shall be reported to the institutional parole officer (IPO).

Effective Date: March 1, 2019	Index # 506.21	Page 7 of 16
Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS		

B. Collection of Sample:

1. The Director of Behavioral Health Services, or designee, shall be responsible for coordinating all drug-testing activities for the Department.
2. Each institution shall appoint a drug testing coordinator to be responsible for the coordination, monitoring, and service provision of the drug-testing program within their respective institution. The coordinator shall report any program deficiencies to the Warden/Superintendent/Designee for resolution. The Warden/Superintendent, or their designee, will communicate to the Director of Behavioral Health Services, or designee, any change in status of a drug testing coordinator.
3. Before collecting the test sample, the designated staff shall positively identify the inmate by name and OMS identification number while using the issued identification card, and have the inmate sign Drug Screen Consent/Refusal, CR-3993, or if it is a Substance Use Treatment Program Screen, Drug Screen Consent/Refusal Substance Use Treatment, CR-3992. The Drug Testing Coordinator will sign as witness.
4. The designated staff shall examine the inmate's arms and hands, especially under the fingernails, before observing the specimen collection to ensure that the inmate does not have any foreign substances that could be used to adulterate the specimen. The inmate may be requested to wear gloves when providing a urine specimen.
5. The collection of the urine sample shall take place in any designated area, as determined by the Drug Testing Coordinator that does not permit the inmate to come in contact with any person other than staff members assigned to observe the collection, and witness the chain of custody process. The collection of the urine sample shall be observed only by one trained staff member of the same gender, unless there is a legitimate security need for the presence of additional staff. The inmate shall be instructed to position himself or herself in a manner that allows the staff member unobstructed observation of the urine voiding process. All inmates shall be required to wash, rinse, and thoroughly dry their hands prior to and after the collection of the sample.
6. Collection staff shall ensure that the designated area is clean and all potential contaminants are removed from the collection area.
7. The designated staff shall provide the inmate with a clear (when available), non-reusable container for the collection of the urine specimen.
8. The inmate must provide the urine sample within a reasonable time (two hours after entering testing area). Inmates shall be given up to eight ounces of water to assist in specimen production. Refusal to provide the urine sample is grounds for an immediate disciplinary report. Inmates who are unable to void after the above waiting time can be placed in a "dry room" for up to 24 additional hours or until a urine sample is obtained, subject to the following conditions:
  - a. Confinement is ordered by the Warden/Superintendent/Designee.

Effective Date: March 1, 2019	Index # 506.21	Page 8 of 16
Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS		

- b. The room of confinement is thoroughly searched prior to placement of the inmate.
  - c. The inmate is provided with toilet articles and a means of collecting body excretions.
  - d. The inmate remains under visual observation by staff.
  - e. The inmate may be given up to eight ounces of water every four hours, not to exceed a total of 32 ounces of water within a 24-hour period to assist in specimen production.
9. There may be extenuating medical (e.g., dehydration, kidney problems, medication, etc.) and psychological (e.g., social phobias) conditions that may preclude the giving of a sample. In such cases, the inmate must provide written evidence from the health care or mental health staff indicating such a condition. The Warden/Superintendent shall, in extreme cases, authorize the use of an alternative drug testing method for those inmates who have a documented medical condition that would prohibit the use of urinalysis testing. Approval of the Commissioner or his designee is required prior to the use of any alternate drug testing method or instrument.
  10. Inmates are responsible for informing the collection staff if they are taking any medication. The use of medically approved prescribed medication that would cause a positive test result shall be verified by the collection staff through the medical staff and recorded in the inmate's medical file.
  11. Any inmate found attempting to alter, contaminate, or adulterate the sample in any way shall be cited with a disciplinary report.

C. Testing Procedures:

1. Collection staff shall exercise universal precautions (gloves) when handling urine specimens.
2. Each specimen collected for urinalysis testing shall be tested at the institution by trained staff designated by the Warden/Superintendent, using kits designed for on-site testing. Prior to using test kits, expiration dates will be checked. Test kits will not be used beyond their expiration dates. When a full laboratory screen is being done, a field test is not required.
3. All positive urine specimens shall be forwarded to the clinical laboratory for analysis and confirmation through gas chromatography/mass spectrometry (GC/MS).
4. Specimens collected for alcohol testing shall be collected and tested at the institution by trained staff designated by the Warden/Superintendent, using field testing equipment designed for the detection of alcohol.
5. Collection staff shall immediately dispose of negative specimen and containers after testing has been completed according to the following procedures:



Effective Date: March 1, 2019	Index # 506.21	Page 9 of 16
Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS		

- a. Urine is to be emptied in toilet receptacle.
  - b. Plastic specimen containers will be disposed of in a lined trash receptacle or a trash bag. The trash receptacle shall have a lid cover for cleanliness and hygiene.
  - c. Trash bags containing drug testing specimen collection cups shall be tied securely and left in a trash receptacle for disposal.
  - d. The collection area shall be cleaned thoroughly when all testing is complete.
  - e. The collection staff shall wash their hands with soap and water after handling urine specimens.
  - f. Specimen containers will not be reused for another urine sample.
6. The testing of urine specimens at the institution by a field test kit is done solely as a means of minimizing the cost of unnecessary laboratory testing, and the failure to conduct a field test at the institution in and of itself does not require the dismissal of a disciplinary report resulting from a positive laboratory test.
  7. Alternative drug testing procedures shall be conducted in accordance with manufacturer's training manual instructions. A user's manual shall be available at each institution (when applicable).

D. Chain of Custody:

1. All specimens forwarded to the clinical laboratory for drug testing and confirmation shall be submitted in accordance with procedures recommended by the laboratory. A chain of custody form, as provided by the clinical laboratory, shall be completed on specimens forwarded to the clinical laboratory.
2. The collection staff shall ensure that all shaded areas on the chain of custody form are completed in accordance with the clinical laboratory's specifications.
3. When the sample is collected, the staff member(s) who receives the specimen from the inmate shall be responsible for:
  - a. Sealing the specimen collection container.
  - b. Placing the primary tamper seal label with barcode across the top of the specimen collection container. The label must match the barcode on the chain of custody form.
  - c. Placing the specimen container in the specimen collection bag.
  - d. Sealing the specimen collection bag with the secondary tamper seal.
  - e. Completing the chain of custody form.

Effective Date: March 1, 2019	Index # 506.21	Page 10 of 16
Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS		

4. The collection staff shall seal the specimen container under observation of the inmate. The inmate shall sign the laboratory chain of custody form and initial the specimen tamper seals, along with the staff member. If an inmate refuses to sign the chain of custody form or initial the specimen tamper seal, he/she shall be charged with "Refusing Drug Screen".
5. The collection staff member shall transport the sealed specimen to the specimen holding area.
6. The number of staff handling the specimen shall be kept to the minimum to maintain the integrity of what may become evidence in a disciplinary proceeding. A log book shall be kept in the vicinity of the refrigerator/freezer, and each person who accesses it shall note his/her name, rank, date, time, and reason for access.
7. Specimens shall be stored in a secured location until such time as it is turned over to the appropriate lab personnel for testing.
8. Test specimens and test kits shall be secured with a lock when the test area is not in use.
9. Specimens shall be transported to the laboratory within 72 hours of collection (or other time period acceptable by the clinical laboratory). When specimens cannot be transported within 24 hours, they shall be frozen and placed in a locked freezer until they can be transported to the laboratory.
10. The clinical laboratory shall retain, freeze, and place all positive specimens in a properly secured long-term storage for a period of 12 months. Specimens shall be destroyed by the clinical laboratory in accordance with Substance Abuse Mental Health Services Administration (SAMHSA) standards.
11. Urine specimens forwarded to the laboratory shall be rejected and therefore cannot be analyzed if any of the following procedural errors are identified:
  - a. Specimen container seal is broken/tampered.
  - b. There is less than 20 ml of specimen.
  - c. The primary tamper seal is missing.
  - d. Specimen identification number on specimen container and chain of custody form do not match.
  - e. Specimen shows obvious adulteration (color, odor, foreign objects, etc.).
12. When the specimen is rejected, the clinical laboratory shall notify the submitting location with the reason for the rejection, in writing.
13. Alternative drug testing kits forwarded to the laboratory for analysis shall comply with the following:
  - a. Must be accompanied by a chain of custody form.

Effective Date: March 1, 2019	Index # 506.21	Page 11 of 16
Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS		

- b. Must be placed in a specimen bag and sealed.
- c. A barcode label from the chain of custody form must be fixed to the specimen bag and the label must match the barcode labels on the chain of custody form.
- d. The security seal from the chain of custody form must be fixed to the specimen bag.

E. Reporting of Results:

1. A drug screen profile of each test sample submitted to the clinical laboratory for analysis shall be prepared by the clinical laboratory, indicating either positive or negative results, and returned to the designated institutional contact. The laboratory profile shall contain the following information:
  - a. Name and Address of Clinical Laboratory
  - b. Account Number
  - c. Specimen/Donor Identification Number
  - d. Name of Receiving Institution
  - e. Name of Institutional Contact
  - f. Collection Date
  - g. Test Methods by Drug Class and Detection Levels
  - h. Profile Results by Class and Confirmation Detection Levels
  - i. Name of Certifying Authority
  - j. Date of certification

Failure to include any of the information listed above does not automatically negate a “positive” drug screen.
2. All drug screen profiles shall expressly state that positive results are reported only after confirmation by Gas Chromatography/Mass Spectrometry.
3. The institutional drug testing coordinator shall maintain a copy of all positive confirmation test results and a copy of the chain of custody form from the laboratory in a confidential file, which will be stored in a locked cabinet behind a locked door at all times when unattended.
4. The results of each clinical laboratory examination shall be final and shall be grounds for disciplinary action in instances of positive reports.
5. Disciplinary action shall be handled in accordance with Policy #502.01.
6. The Warden/Superintendent/Designee shall notify the Board of Parole and institutional parole officer (IPO), through OMS, of inmates that test positive for drug/alcohol use when the inmate has a pending parole hearing, has had a hearing and a parole decision is pending, or parole has been granted. The drug testing coordinator shall forward copies of all drug testing supporting documentation, including laboratory test results, to the IPO.

Effective Date: March 1, 2019	Index # 506.21	Page 12 of 16
Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS		

7. Drug test results (positive or negative) from Substance Use Treatment Programs shall be considered confidential and not entered on LIBS screen on OMS. The drug test results of inmates who are assigned to a substance use treatment program shall be placed in the inmate's program file and if the result is positive, appropriate sanctions will be taken through the program as outlined in Section VI.(A)(6)(c)(5). The negative drug test results of all other inmate drug testing shall be entered on OMS and are not required to be placed in the inmate's institutional record. The positive drug test results of all other inmate drug testing shall be entered on OMS and placed in the IIR along with the disciplinary.
8. Participation in a substance use treatment program does not exclude an inmate from being selected for or participating in any Facility Drug Screen, which will follow all standard drug testing procedures, regardless of program participation.

F. Staff Training:

1. All staff involved in the collection, documenting, transport, or other handling of urine specimens shall receive training on inmate drug testing procedures and sanctions. Documentation of staff training will be placed in staff's training files.
2. The drug testing coordinator shall be responsible for training staff involved in specimen collection and chain of custody procedures.
3. Each institution shall designate and train a staff member to serve as back up for the drug testing coordinator in his/her absence.

G. Sanctions:

1. In all instances where an inmate is convicted of the charges of Drugs – Possession/Selling/Use (DPO), Positive Drug Screen (PDR), Drug Paraphernalia (DRP), Refusal of/or Attempt to Alter Test (RAA), Intoxicants-Use, Sell, Exchange, Possess (IUS), or Conspiracy to Violate State Law (CVS) (when related to alcohol or drug related charges), or the inmate is in possession of or has ingested any controlled drug not specifically prescribed, see Policy #502.02 for appropriate disciplinary action.
2. Inmates who refuse to provide a specimen, attempt to adulterate, or alter a drug screen shall be charged in accordance with Policy #502.02 and the inmate shall be assessed a fee of \$25. Visitation privileges shall be suspended in accordance with Policy #502.02 and inmates shall submit to mandatory monthly drug testing for a period of three consecutive months.
3. Inmates with a positive confirmation test or overdose as determined by a medical provider, shall be required to:
  - a. Incur the cost of the confirmation for each drug charged for confirmation (i.e., if an inmate has two separate drug classes confirmed on the same test, they will be charged for two costs of confirmation). Inmates will incur the cost of any ambulance or hospital services due to the use of illegal substance, unidentifiable intoxicants, or inhalants that resulted in health associated risk of an overdose.

Effective Date: March 1, 2019	Index # 506.21	Page 13 of 16
Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS		

- b. Visitation privileges shall be suspended in accordance with Policy #502.02.
- c. Inmates shall also submit to mandatory monthly drug testing for a period of three consecutive months, which will start following the initial positive confirmation. When the inmate is initially re-tested will be based on what he/she tested positive for and the timeframes below:

SUBSTANCE	DETECTABLE	RE-TEST AFTER
Amphetamines	24-72 Hours	5 Days
Barbiturates	14-21 Days	30 days
Benzodiazepines	1-7 Days	10 days
Cocaine	48-72 Hours	5 Days
Methadone	72-96 Hours	7 Days
Methamphetamine (including Ecstasy)	24-72 Hours	5 Days
Opiates	72-96 Hours	7 Days
Oxycodone	72-120 hours	10 Days
Phencyclidine (PCP)	72-96 Hours	7 Days
Cannabinoids (THC, including marijuana)	14-21 Days	30 Days
Buprenorphine (Suboxone)	24-60 Hours	5 Days

- d. Should mandatory follow up testing result in an additional positive test, subsequent mandatory follow up testing will run concurrently with any previous requirements and will not exceed three months.
4. In addition to Sections VI.(G)(1) through (G)(3)(c) above and any other sanctions imposed by Policies #502.01, #502.02, and #507.02, the following escalating sanctions for convictions on drug related charges shall be imposed:
- a. First Offense: Referral to institutional substance use treatment program where resources permit.
  - b. Second Offense (within 18 months of first offense): All sanctions for the second offense shall run concurrently to any similar sanction for the first offense.
    - (1) Mandatory monthly drug testing for a period of six months
    - (2) Loss of audio/visual equipment for six months
    - (3) Termination from treatment program if applicable.
    - (4) Referral to Substance Use Recovery Education (SURE) at WTSP if the positive test is for opioid use.
  - c. Third and Subsequent Offenses (within 24 months of the first offense) : All sanctions for the third or subsequent offenses shall run concurrently to any similar sanction for the second offense.
    - (1) Mandatory monthly drug testing for nine months

Effective Date: March 1, 2019	Index # 506.21	Page 14 of 16
Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS		

(2) Loss of audio/visual equipment for 12 months

5. The Warden/Superintendent has the discretion to cancel an inmate's suspended visitation restrictions and reinstate visitation privileges or any other imposed sanction provided the inmate has met all of the following conditions:
  - a. Completed a written request to the Warden/Superintendent for reinstatement of privileges
  - b. Enrolled and is actively participating in the recommended substance use treatment program. (First offense only)
  - c. Submitted to monthly urinalysis testing.
  - d. No positive urinalysis tests during the last three months.
6. Any inmate that tests positive on a drug screen who has been approved for parole shall be referred to the institutional parole officer. The names of inmates that test positive on a drug screen that have a pending parole hearing or decision shall be referred to the institutional parole officer for review.
7. The Board of Parole, at its discretion, may deny or rescind, if known or anticipated, the release of any inmate who tests positive for drug use.

H. Investigation and Reports:

1. Each institution shall submit to the Director of Behavioral Health Services or designee a monthly summary of all substance use testing and interdiction activities. This report shall be due in central office no later than the tenth working day of the month, unless otherwise instructed by the Director of Behavioral Health Services or designee. The report shall include the following information:
  - a. Number of inmates drug tested during the month (by test type)
  - b. Number and type of disciplinary sanctions imposed for positive drug screen
  - c. Number and type of treatment program sanctions imposed for positive drug screen
2. All positive drug or alcohol tests of inmates not assigned to a substance use treatment program shall be entered on OMS conversation LIBS and shall cause an inquiry to be conducted by designated institutional staff to determine how the drugs/alcohol were introduced into the institution. The Warden/Superintendent may request assistance from the Director of the Office of Investigations and Compliance (OIC).
3. In addition to drug testing inmates, the Warden/Superintendent may employ other drug detection methods to enforce the Department's zero drug tolerance policy. Other drug detection methods shall include, but not be limited to:

Effective Date: March 1, 2019	Index # 506.21	Page 15 of 16
Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS		

- a. Random and routine searches of inmates, employees, visitors, Department facilities, inmate housing units, visitors' and employees' vehicles, inmate property, and inmate mail. (See Policy #506.06)
  - b. Monitoring inmate telephone calls
  - c. Employee orientation and training regarding the presence and use of drugs in the workplace
  - d. Where available, the use of narcotic detection canines
4. The Director of Behavioral Health Services or designee shall compile, on a quarterly basis, a summary of the program-related drug testing. This summary report shall be submitted to the Assistant Commissioner of Rehabilitative Services. The Assistant Commissioner of Rehabilitative Services shall review and forward the information to the Assistant Commissioner of Prisons.

VII. ACA STANDARDS: 4-4437.

VIII. EXPIRATION DATE: March 1, 2022.



**TENNESSEE DEPARTMENT OF CORRECTION**  
**DRUG SCREEN CONSENT/REFUSAL**

**Name:** \_\_\_\_\_ **TDOC Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Facility:** \_\_\_\_\_

I \_\_\_\_\_, Number: \_\_\_\_\_, hereby ☐ Consent / or  
☐ Refuse to allow a ☐ blood sample, ☐ urine specimen to be drawn/collected for the purpose  
of alcohol or drug screening.

I understand that this is the only opportunity I will be granted for blood to be drawn or urine to  
be collected prior to possible disciplinary proceedings. I further understand that, if I refuse, this  
refusal will be considered in the disciplinary proceedings.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

	<u>Positive</u>	<u>Negative</u>	<u>N/A</u>		<u>Positive</u>	<u>Negative</u>	<u>N/A</u>
AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			

Disciplinary Board Ordered \_\_\_\_\_  
Inmate Involve in Altercation \_\_\_\_\_  
Pre-Parole Hearing \_\_\_\_\_  
Program Testing (Non-Substance Abuse) \_\_\_\_\_  
Random List \_\_\_\_\_  
Reasonable Suspicion \_\_\_\_\_  
Within 30-Day Release \_\_\_\_\_  
Other Reason, please specify: \_\_\_\_\_  
Temperature: \_\_\_\_\_  
Start Time: \_\_\_\_\_  
End Time: \_\_\_\_\_





**TENNESSEE DEPARTMENT OF CORRECTION**  
**DRUG SCREEN CONSENT/REFUSAL**  
**SUBSTANCE USE TREATMENT/DO NOT ENTER IN OMS**

**Name:** \_\_\_\_\_ **TDOD ID#:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Facility:** \_\_\_\_\_

I \_\_\_\_\_, Number: \_\_\_\_\_, hereby ☐ Consent / or  
☐ Refuse to allow a ☐ blood sample, ☐ urine specimen to be drawn/collected for the purpose  
of alcohol or drug screening.

I understand that this is the only opportunity I will be granted for blood to be drawn or urine to  
be collected prior to possible disciplinary proceedings. I further understand that, if I refuse, this  
refusal will be considered in the disciplinary proceedings.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date


\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

	<u>Positive</u>	<u>Negative</u>	<u>N/A</u>		<u>Positive</u>	<u>Negative</u>	<u>N/A</u>
AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			

Disciplinary Board Ordered \_\_\_\_\_  
Inmate Involved in Altercation \_\_\_\_\_  
Pre-Parole Hearing \_\_\_\_\_  
Program Testing (Non-Substance Abuse) \_\_\_\_\_  
Random List \_\_\_\_\_  
Reasonable Suspicion \_\_\_\_\_  
Within 30-Day Release \_\_\_\_\_  
Other Reason, please specify: \_\_\_\_\_  
Temperature: \_\_\_\_\_ Initial \_\_\_\_\_  
Start Time: \_\_\_\_\_ Random \_\_\_\_\_  
End Time: \_\_\_\_\_ Exit \_\_\_\_\_

**TO BE PLACED IN THE INMATES TREATMENT FILE**

 <div style="text-align: center;"> <b>ADMINISTRATIVE POLICIES AND PROCEDURES</b>          State of Tennessee          Department of Correction       </div>	Index: #506.21	Page 1 of 1
	Effective Date: September 1, 2019	
	Distribution: B	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS		

POLICY CHANGE NOTICE 19-58

INSTRUCTIONS:

Please change VI.(C)(3) to read:

- “3. All positive urine specimens shall be forwarded to the clinical laboratory for analysis and confirmation through gas or liquid chromatography combined with mass spectrometry”.

Please cross through CR-3993 on page 16 and insert the attached page 17. Renumber policy pages accordingly.



**TENNESSEE DEPARTMENT OF CORRECTION**  
**DRUG SCREEN CONSENT/REFUSAL**

**Name:** \_\_\_\_\_ **TDOC ID:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Facility:** \_\_\_\_\_

I \_\_\_\_\_, Number: \_\_\_\_\_, hereby ☐ Consent / or  
☐ Refuse to allow a ☐ blood sample, ☐ urine specimen to be drawn/collected for the purpose  
of alcohol or drug screening.

I understand that this is the only opportunity I will be granted for blood to be drawn or urine to  
be collected prior to possible disciplinary proceedings. I further understand that, if I refuse, this  
refusal will be considered in the disciplinary proceedings.

\_\_\_\_\_  
Inmate Signature


\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

	<u>Positive</u>	<u>Negative</u>	<u>N/A</u>		<u>Positive</u>	<u>Negative</u>	<u>N/A</u>
AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			

Disciplinary Board Ordered \_\_\_\_\_  
Inmate Involve in Altercation \_\_\_\_\_  
Pre-Parole Hearing \_\_\_\_\_  
Program Testing (Non-Substance Use) \_\_\_\_\_  
Random List \_\_\_\_\_  
Reasonable Suspicion \_\_\_\_\_  
Within 30-Day Release \_\_\_\_\_  
Other Reason, please specify: \_\_\_\_\_  
Temperature: \_\_\_\_\_  
Start Time: \_\_\_\_\_  
End Time: \_\_\_\_\_

 <div style="text-align: center;"> <b>ADMINISTRATIVE POLICIES AND PROCEDURES</b>          State of Tennessee          Department of Correction       </div>	Index #: 506.21	Page 1 of 1
	Effective Date: March 1, 2021	
	Distribution: B	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: INMATE DRUG/ALCOHOL TESTING SANCTIONS		

POLICY CHANGE NOTICE 21-6

INSTRUCTIONS:

Please change Section VI. (A)(6)(b) to read as follows:

- “b. Upon initial admission to a TDOC diagnostic center or upon admission to a specialized correctional facility/program (boot camp, therapeutic community, technical violators program, youthful offender program, transition center, or therapeutic residential center) inmates shall receive an on-site drug screen.”

Please change Section VII. to read as follows:

“VII. ACA STANDARDS: 5-ACI-5E-11.”

Please strikethrough the CR-3992 & CR-3993 on page 16 of this policy and insert the attached page 17. Renumber policy pages accordingly.



# TENNESSEE DEPARTMENT OF CORRECTION

## DRUG SCREEN CONSENT/REFUSAL SUBSTANCE USE TREATMENT

**\*\*DO NOT ENTER IN OMS\*\***

Name: \_\_\_\_\_ TDOC ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Facility: \_\_\_\_\_

I \_\_\_\_\_, TDOC ID: \_\_\_\_\_, hereby ☐ Consent /  
or ☐ Refuse to allow a ☐ blood sample, ☐ urine specimen to be drawn/collected for the  
purpose of alcohol or drug screening.

I understand that this is the only opportunity I will be granted for blood to be drawn or urine to  
be collected prior to possible disciplinary proceedings. I further understand that, if I refuse,  
this refusal will be considered in the disciplinary proceedings.

\_\_\_\_\_  
Inmate Signature Date

\_\_\_\_\_  
Witness Signature Date

\_\_\_\_\_  
2<sup>nd</sup> Witness Signature (Refusal Only) Date

	<u>Positive</u>	<u>Negative</u>	<u>N/A</u>		<u>Positive</u>	<u>Negative</u>	<u>N/A</u>
AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			

Disciplinary Board Ordered \_\_\_\_\_  
Inmate Involved in Altercation \_\_\_\_\_  
Pre-Parole Hearing \_\_\_\_\_  
Program Testing (Non-Substance Abuse) \_\_\_\_\_  
Random List \_\_\_\_\_  
Reasonable Suspicion \_\_\_\_\_  
Within 30-Day Release \_\_\_\_\_  
Other Reason, please specify: \_\_\_\_\_  
Temperature: \_\_\_\_\_ Initial \_\_\_\_\_  
Start Time: \_\_\_\_\_ Random \_\_\_\_\_  
End Time: \_\_\_\_\_ Exit \_\_\_\_\_

**TO BE PLACED IN THE INMATE'S TREATMENT FILE**



**TENNESSEE DEPARTMENT OF CORRECTION**  
**DRUG SCREEN CONSENT/REFUSAL**

**Name:** \_\_\_\_\_ **TDOC ID:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Facility:** \_\_\_\_\_

I \_\_\_\_\_, TDOC ID: \_\_\_\_\_, hereby ☐ Consent /  
or ☐ Refuse to allow a ☐ blood sample, ☐ urine specimen to be drawn/collected for the  
purpose of alcohol or drug screening.

I understand that this is the only opportunity I will be granted for blood to be drawn or urine to  
be collected prior to possible disciplinary proceedings. I further understand that, if I refuse,  
this refusal will be considered in the disciplinary proceedings.

\_\_\_\_\_  
Inmate Signature


\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

	<u>Positive</u>	<u>Negative</u>	<u>N/A</u>		<u>Positive</u>	<u>Negative</u>	<u>N/A</u>
AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			

Disciplinary Board Ordered \_\_\_\_\_  
Inmate Involved in Altercation \_\_\_\_\_  
Pre-Parole Hearing \_\_\_\_\_  
Program Testing (Non-Substance Use) \_\_\_\_\_  
Random List \_\_\_\_\_  
Reasonable Suspicion \_\_\_\_\_  
Within 30-Day Release \_\_\_\_\_  
Other Reason, please specify: \_\_\_\_\_  
Temperature: \_\_\_\_\_  
Start Time: \_\_\_\_\_  
End Time: \_\_\_\_\_

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 506.21	Page 1 of 1
	Effective Date: September 26, 2023	
	Distribution: B	
	Supersedes: N/A	
Approved by: Frank Strada		
Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS		

POLICY CHANGE NOTICE 23-10

PURPOSE: This Policy Change Notice (PCN) revises the policy to delete reference to a fee amount assessed for inmates convicted of failing or refusing to provide a urine sample for drug testing. Rather, the fee amount is specifically authorized by Policy #502.02, *Disciplinary Punishment Guidelines*, Sec. VI.P.

INSTRUCTIONS: Print this PCN and attach it to the front of all hardcopy versions of Policy #506.21, *Inmate Drug/Alcohol Testing and Sanctions*.

CHANGES TO POLICY:

SECTION VI.G.2. is revised as follows (~~deleted text~~; added text):

2. Inmates who refuse to provide a specimen, attempt to adulterate, or alter a drug screen shall be charged and sanctioned in accordance with Policy #502.02 ~~and the inmate shall be assessed a fee of \$25.~~ Visitation privileges shall be suspended in accordance with Policy #502.02 and inmates shall submit to mandatory monthly drug testing for a period of three consecutive months.