

## WorkSafe: Your industry expert

As WorkSafe continues to grow, we are now in two locations. Our administration office has moved to 3230 C St. All program management services such as results reporting, random list management and billing will be conducted out of the new administration office. WorkSafe will continue to serve our customers for drug test collection and IMED occupational health services at our 300 W. 36 Ave. clinic location. ■

### Products & Services

Drug & Alcohol Testing

IMED Occupational Health Services

Driver Qualification File Program

Collector's Desk Reference Guide®

Drug & Alcohol Awareness Training

Program Manager's Reference Guide®

Collection Personnel Training Course®

Compliance Toolbox CD

### WorkSafe Contacts

To contact WorkSafe during regular office hours, call 563-8378 (TEST).  
To request an after hours drug or alcohol test, call 888-227-8642.

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# WorkSafe ink

The official newsletter of WorkSafe, Inc. Providing workplace drug and alcohol testing. NOV/DEC 2007

## WorkSafe consistently passes federal training and protocol audits

By Matthew Fagnani, C-SAPA, C-SI, President, WorkSafe, Inc.



I say thank you to the U.S. Congress and the Transportation Subcommittee who on Nov. 1, 2007, heard testimony from the Government

Accountability Office (GAO) and others on loopholes and concerns regarding service agents who perform U.S. Department of Transportation (DOT) drug test collections. Since the beginning of the DOT-testing program, it has been understood that the collections process is the first, and potentially weakest, link in the chain of events that form the DOT sample testing process. If collectors do not collect the sample correctly,

then the whole process is for naught.

In 2001, the Office of Drug & Alcohol Policy & Compliance (ODAPC) attempted to address the collection problem by instituting collector certification and proficiency training. With this change, Third Party Administrators (TPA) like WorkSafe are required to receive statements of certification from collection sites acknowledging they have trained and certified collectors conducting the DOT sample collections.

One of the problems the industry faces is that very few collection facilities are like WorkSafe, whose primary focus is sample collection. For many, it is a loss

leader to get customers in the door in order to “up-sell” physical exams and other non-drug test services.

WorkSafe is proud of the fact that the Federal Transit Administration inspected the WorkSafe facility in early 2007 and found that our collection staff is fully trained and capable of handling unusual collection situations. I am told by our collectors that, on average, they identify three to four samples daily that are either out of temperature range, substituted or adulterated. The one question we are consistently asking ourselves as a TPA is, how can we help our collection site network stay proficient as well? Some collection sites may collect only

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## Congress seeks to tighten drug-testing loopholes

U.S. DOT oversight subcommittee identifies improvements to federal law

WASHINGTON, D.C. – Key members of a Congressional subcommittee expressed outrage over recent testimony from federal investigators and safety officials that detailed flaws found in detection protocols at randomly selected U.S. Department of Transportation (DOT)-certified drug and alcohol test collection sites in the Lower 48.

The committee also heard testimony about widely available adulterants, diluents and substitutes used to foil tests, and about the ability of commercial motor vehicle drivers to jump from job to job without notifying employers of previous positive drug test results.

“It’s shocking and it makes one angry,” said U.S. Rep. Jim Oberstar, D-Minn., chairman of the Transportation &

Infrastructure Committee and member of the Highways & Transit subcommittee, which held the Nov. 1 hearings. There has been no oversight of the rules Congress put in place in the 1980s, he said, noting there are gadgets available to beat the tests and dangerous drivers can go undetected because of a self-reporting loophole. “We’re going to follow up with action by this committee.”

Evidence of testing protocol breaches were brought to the attention of the committee in February 2007 after a reporter in Minneapolis, Minn., aired the results of an investigation of five local businesses that collect urine for DOT-mandated drug tests. In four-out-of-five collection facilities, they found conditions that afforded employees opportunities to cheat. After the story

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Among the changes to federal law considered by the committee are a national ban with criminal penalties on products designed to defraud drug tests



## SAD? Try Alaska winter lights

By Dave Popken, MS, BSHS, PA-C Clinical Director, IMED Occupational Health Services

Safety issues are typically defined as threats to physical well-being, but an often-overlooked root cause in many accidents is the state of mind of the worker. A depressed worker, whatever the source of the depression, is not as attentive and focused as one who is in a healthy frame of mind. And in Alaska, one factor that influences the mood of many workers is the relative lack of daylight through the winter months. When daylight is at its most scarce, from October through April, many people suffer from a condition known as Seasonal Affective Disorder, or SAD.

Sometimes called the “winter blues,” this form of depression can affect anyone. In the U.S., it is estimated that more than 10 million people have SAD. The cause of SAD is unknown, but experts believe it is related to body temperature and hormone regulation. Our bodies have an internal clock that is “programmed” for us to be active during daylight and to sleep at night. This clock is at least partly regulated by production of the sleep-related hormone, melatonin, in response



### What are the symptoms of SAD?

- A change in appetite, especially a craving for sweet or starchy foods
- Weight gain
- A heavy feeling in the arms or legs
- A drop in energy level
- Fatigue
- A tendency to oversleep
- Difficulty concentrating
- Anxiety
- Irritability
- Increased sensitivity to social rejection
- Avoidance of social situations (increased desire to be alone)

to changes in our exposure to light. The theory is that melatonin is produced at increased levels in the dark and causes symptoms of depression. When our Alaska days become shorter and darker, the production of this hormone increases.

### How can I treat my SAD?

One study found that a 60-minute walk in winter sunlight was as effective as 2.5 hours under regular artificial light. If this is not possible, many have used light therapy with good results. For light therapy you may use a specially-made light box that shines very bright, full-

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spectrum light. You can start by sitting in front of the light for 15 to 30 minutes, increasing to 30 to 45 minutes. Some employers purchase full-spectrum light bulbs to replace existing bulbs or fluorescent tubes at work. You can do the same at home. Recent research has found that blue wavelengths of light in full-spectrum products reduce melatonin.

Lastly, if your SAD isn't helped by the use of the full-spectrum lights, your medical practitioner may prescribe an antidepressant, such as Wellbutrin XL, which is currently approved for treating SAD. Counseling from your EAP or other mental health provider may help as well. Eating healthy meals, drinking plenty of water, minimizing alcohol consumption, exercising regularly and getting enough sleep are all helpful approaches too.

SAD can be managed to keep you alert, focused and safe on the job. ■

*WorkSafe's IMED is pleased to provide this wintertime health information to your company and employees. Find more information about full-spectrum light products online. Never hesitate to consult your medical practitioner.*

#### Sources:

American Academy of Family Physicians  
Light for Health  
Advance for NP.com

#### Resources:

[www.alaskafullspectrumlighting.com](http://www.alaskafullspectrumlighting.com)  
[www.mayoclinic.com/health/seasonal-affective-disorder/DS00195](http://www.mayoclinic.com/health/seasonal-affective-disorder/DS00195)  
[www.sada.org.uk/](http://www.sada.org.uk/)

that DOT is serious about the importance of collecting valid samples.

As your TPA and as company DERs, it is a best practice to conduct your own collection site audits. For questions about how to do so, contact Don Bisby, WorkSafe's General Manager, and he will walk you through the process. Stay tuned – we will report more as this story unfolds. ■

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aired, the committee requested the U.S. Government Accountability Office (GAO) investigate the practices of collection facilities that service commercial drivers, evaluate the Federal Motor Carriers Safety Administration's (FMCSA) oversight of the drug- and alcohol-testing program and assess ways to improve the program.

“We found breakdowns in all phases of the process,” testified GAO special investigator Gregory Kutz, who detailed the covert operations at randomly selected locations. “Twenty-two of the 24 sites failed at least two of 16 DOT protocols.”

The GAO conducted an in-depth, covert review of conditions at facilities that perform urine collections for DOT-regulated drug tests, said Kutz. Investigators posing as commercial truck drivers also examined weaknesses in the collection process that could allow drug-users to disguise their drug use.

Kutz said GOA investigators found 75 percent of the collection facilities they tested failed to secure the area of substances that could be used to adulterate or dilute the specimen. Facilities with cleaning fluids stored in the restrooms, restrooms with running water and collectors that allowed people to leave and return later to complete their drug tests violations federal requirements under 49 CFR Part 40 Procedures for Transportation Workplace Drug and Alcohol Testing Program. [See sidebar: “DOT's 10 Steps to Collection Site Security and Integrity.”]

The GAO also found that drug-masking products such as adulterants, dilutants and substitutes were widely available on the Internet. After purchasing drug-masking products from Web sites, said Kutz, GAO investigators used adulterants at four of the collection sites and substituted synthetic urine at another four sites without being caught by site collectors. He concluded that if the adulterants worked as advertised, a drug-user would likely be able to use the substances to obtain a passing result on his or her test.

Subcommittee Chairman Peter DeFazio, D-Ore., expressed concern that sub-

versive manufacturers get ahead of the tests. “It's unfathomable to me but [the Department of] Health & Human Services is apparently required to publish the list of adulterants and the tests developed for them in the Federal Register so that the manufacturers are able to change their formulas and prevent detection. That one is way beyond me.”

The committee heard from FMCSA Administrator John Hill and asked what the government is doing to implement a federal database of drivers who have failed drug tests and whether the agency decertifies collection sites through the Public Interest Exclusion process if flaws in procedures are found. Hill said FMCSA has an aggressive detection program and that the 4.2 million regulated transportation employees are among the safest on the road. He agreed the estimated 1 percent positive rate is too high and supported the efforts to outlaw products designed to circumvent tests.

Also testifying was Robert Stephenson, director of the Workforce Programs Division of Substance Abuse & Mental Health Services Administration (SAMHSA). He explained the agency is required by the Administrative Procedures Act to publish the substances the government tests for. “We would love a process where we didn't have to put out the playbook but I don't see a way around it.”

The committee seemed poised to provide some solutions to the quandary.

### Committee findings

Among the changes to federal law considered by the committee are a national ban with criminal penalties on adulterants and products designed to defraud drug tests and state bans on the same (modeled after existing law in Nevada, Texas, Illinois and South Carolina), provide FMCSA with more resources to create a dedicated drug and alcohol test inspector workforce, and state and national clearinghouses for positive drug and alcohol results. ■



### DOT's 10 steps to collection site security and integrity

1. Pay careful attention to employees throughout the collection process.
2. Ensure that there is no unauthorized access into the collection areas and that undetected access (e.g., through a door not in view) is not possible.
3. Make sure that employees show proper picture ID.
4. Make sure employees empty pockets; remove outer garments (e.g., coveralls, jacket, coat, hat); leave briefcases, purses and bags behind; and wash their hands.
5. Maintain personal control of the specimen and CCF at all times during the collection.
6. 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).
7. 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.
8. Ensure that no soap, disinfectants, cleaning agents, or other possible adulterants are present.
9. Inspect the site to ensure that no foreign or unauthorized substances are present.
10. Secure areas and items (e.g., ledges, trash receptacles, paper towel holders, under-sink areas, ceiling tiles) that appear suitable for concealing contaminants.

Source: Office of Drug and Alcohol Policy and Compliance  
U.S. Department of Transportation

