



STATE OF WASHINGTON  
**DEPARTMENT OF CORRECTIONS**  
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March 19, 2020

**TO:** Community Corrections Staff

**FROM:** Mac Pevey, Assistant Secretary  
Community Corrections Division

**SUBJECT: Drug Testing Protocols**

Many of you have asked questions as to the safety concerns relative to taking urinalysis (UA) tests or breathalyzer (BA) tests from individuals on supervision. We have conferred with our local medical staff as well as the agency assigned Assistant Attorney General.

The advice provided around the suspension or limiting of UA monitoring is that DOC should have discretion to suspend UA monitoring if DOC determines that the UA monitoring poses too great a risk of transmission of COVID-19 at the current time. There are statutory requirements for individuals on supervision to submit to UA testing as directed by a Community Corrections Officer (CCO). For example, those with a DOSA sentence may have a court ordered requirement to submit to urinalysis or other testing to monitor the use of controlled substances.

However, even though the statute mandates the individual to submit to such monitoring, the statute does not direct when DOC must conduct the testing. Rather, DOC has the discretion to determine when testing occurs, which is addressed by [DOC Policy 420.380](#).

Medical staff have indicated that although there is very little research available at this time, they do have a level of confidence that the COVID-19 virus is not being transmitted through urine. They believe taking UAs is a low risk activity as long as staff wear gloves and employ universal precautions. If an individual is sick, or gives the appearance of being sick, please use your discretion as to whether or not a UA is absolutely needed at that time. We are aware of the limited size of UA restrooms, so as best as possible, social distancing concepts should apply when administering a UA.

Under current policy requirements, individuals being supervised on a DOSA are required to submit to weekly drug testing for the first 3 months following release from Prison or residential treatment. Effective immediately, the requirements to drug test these individuals are reduced to once per month during this public health crisis. All other individuals on supervision will be drug

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tested in alignment with the modified contact standards for those individuals still requiring face to face contact. Please note that staff still have the ability to test for cause as specified in the current policy.

Oral swabs are also an option for use as current protocol, as the primary method of collection requires the individual on supervision to collect and store their own sample under the visual guidance of the CCO. However, this could be considered a higher risk activity, as evidence currently demonstrates that COVID-19 is present in saliva droplets. If this method is chosen or the only method available, please ensure that all universal precautions are in place and that social distancing of at least 6 feet from the individual is adhered to.

In regards to the use of a Breathalyzer test, this is considered a high risk activity due to the potential for droplets to be released into the air during the period of time the test is being administered. Effective immediately, please cease the use of BA test. Staff are authorized to utilize the UA and laboratory confirmation process for alcohol testing purposes.

We continue to be concerned for the health and safety of our staff, those in our care, and the community. Staff should act reasonably and safely in assuring that drug and alcohol testing is performed during this public health crisis to maintain community safety. Staff do, however, have the discretion to conduct these tests based on proper social distancing and the potential health risks. As such, please continue to document your case management decisions and activities relative to these processes.

As always, thank you for your continued dedication to the Department, each other and your communities. Please take care of yourselves and each other.

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