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Legal References:

## **POST-ACCIDENT TEST PROTOCOL**

Post-accident tests may be administered when the circumstances of the accident involve:

- 1. Death: or
- 2. Serious personal injury requiring immediate emergency room or urgent care center treatment; or
- 3. Damage to government or private property estimated in excess of \$5,000.

[Police personnel involved in critical incidents shall follow applicable departmentrules for testing.]

Call: Accurate at 877-809-1356

The information below is required when you place your call:

- Employee's Name
- The Reason for the Test Post-Accident
- Your Organization's Name: City of Boise
- Your Phone #
- Your Supervisor Name and Phone Number
- Location Address
- Donor/Employee info Name, Employee ID number, Phone Number, Address (zip code required)
- Type of Test Needed Drug and/or Breath Alcohol Test
- DOT or Non-DOT
  - o If DOT, modality is **FMCSA**
- Drug Partner Account number: 121068

If a post-accident test is needed between 7:00pm - 7:00am CST, calls will be routed to the after-hours support team. If issues are experienced connecting, call 800-733-1676, option 2.

- Once the above information is obtained, the after-hours support team will contact the Afterhours Coordinator (AFC) with the information.
- Call backs not received within 15 minutes, please call back and inform the afterhours support team you have yet to receive a call from the AFC.

- The AFC will contact the caller and verify information. The AFC will also confirm if the donor/employee is able to go to a testing facility or if an onsite collection is required.
  - o If the donor is able to go to a collection site, the AFC will attempt to locate a facility in the area that is able to conduct all required services. If the AFC is unable to locate a facility in the area, the AFC will default to an onsite collector.
  - o If the donor is not able to go to a collection site, the AFC will coordinate an onsite collection.
- Once the collection site or onsite collector is identified, the AFC will contact the caller with the clinic information or on-site collector name and ETA.