**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 department rules for testing.]

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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
  - 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 after-hours 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.
  - 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.
  - 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 onsite collector name and ETA.