

A Manufacturer Reduces Testing Time by 70% with On-Site Saliva Testing

① A mid-size manufacturer with 600 employees across three facilities was struggling with slow, costly clinic-based drug and alcohol testing. By switching to a self-administered saliva testing program, they cut testing time by 70%, eliminated travel burdens, expanded after-hours coverage, and improved employee acceptance while maintaining compliance.

CASE STUDY

MANUFACTURING

OCCUPATIONAL HEALTH

Executive Summary

A mid-size manufacturing company with **600 employees across three facilities** transitioned from a clinic-based urine and breath testing model to a self-administered saliva drug and alcohol testing program.

The shift delivered measurable improvements across four critical dimensions: operational downtime, testing speed and coverage, employee experience, and post-incident decision-making — all while maintaining full compliance and deterrence.

Compliance Maintained

Traditional methods retained where legally required

Program Scope

Non-DOT roles transitioned to oral fluid testing

Key Outcomes

70%

Reduction in Testing Time

600

Employees Covered

3

Facilities Impacted

The Challenge

The company's existing program relied on **off-site, clinic-based testing** — a model that created compounding operational and employee-related friction across all three facilities.

Lab-Based Urine Testing

Off-site clinic visits required for all drug screening, creating travel time and scheduling dependencies.

Breath Alcohol Testing

Conducted at clinics or via contracted on-site collectors — limited availability and delayed results.

2-3 Hours Per Event

Each test event consumed significant productive time due to travel, wait times, and escort requirements.

After-Hours Gaps

Weekend and off-hours incidents required emergency mobile collectors or clinic visits — often unavailable.

Downtime & Cost Burden

- Excessive lost time
- Supervisor hours lost
- Overtime costs

Employee & Compliance Friction

- Employee dissatisfaction
- Resistance to random testing
- Post-incident delays

- ❑ **Critical Pain Point:** Delays in post-accident testing weakened workers' compensation claims defensibility and root-cause analysis.

The Solution: Self-Administered Saliva Testing

Examined implemented a **self-administered saliva (oral fluid) drug and alcohol testing program** for non-DOT roles, while retaining traditional methods where legally required.

BEFORE

Old Model

Lab-based urine testing at off-site clinics

Breath alcohol via contracted collectors

2-3 hours per test event

No after-hours coverage

Supervisor escort required

AFTER

New Model

Self-administered oral fluid collection on-site

Saliva-based alcohol screening on-site

~30 minutes per test event

24/7 coverage by trained supervisors

No external dependency

The redesigned program addressed every dimension of the prior model's deficiencies — from collection logistics and privacy to after-hours coverage and post-incident speed.



PROGRAM

DESIGN

Program Design: Four Core Elements

❑ Matrix Shift

Transition from urine to oral fluid for drugs in non-regulated roles. Shift from clinic-based breath testing to on-site saliva alcohol screening where permissible.

❑ Self-Administered Collections

Supervisors trained to oversee — not perform — collections. Employees self-collected samples in view of an observer, maintaining chain of custody while improving privacy.

❑ Instant Screening + Lab Confirmation

Rapid on-site screening devices used for initial results. All non-negative results sent to certified labs and reviewed by a Medical Review Officer (MRO).

❑ Clear Testing Protocols

Saliva testing applied across pre-employment, post-accident, reasonable suspicion, return-to-work, follow-up, and random (non-DOT). Urine and breath retained where regulated.

Training & Controls Infrastructure

How the program ensured integrity, compliance, and readiness across all three facilities



Reasonable Suspicion Identification

Recognizing behavioral and physical indicators of impairment



Device Operation & Protocols

Proper use of oral fluid collection kits and screening devices



Documentation Requirements

Chain-of-custody forms, result logging, and incident records



Non-Negative Result Handling

Escalation procedures, MRO referral, and employee communication



Secure Storage

Designated collection areas with locked storage for kits and documentation



DOT-Style Custody

Chain-of-custody protocols and device expiration tracking in place



Designated Collection Areas

Private, consistent spaces across all three facilities



Audit-Ready Records

Digital and physical documentation maintained for legal defensibility

These controls ensured that the transition to a self-administered model did not compromise program integrity, legal defensibility, or regulatory compliance.

Reduced Downtime and Cost

Before Implementation

2-3 Hours Per Event

Travel time, wait times, and clinic processing created significant per-event downtime

Supervisor Burden

Transportation, escorting, and wait time consumed supervisor productivity

70%

Reduction in Time Away from Work

Average per test event

After Implementation

30-45 Minutes

Complete testing including documentation — no travel or clinic delays

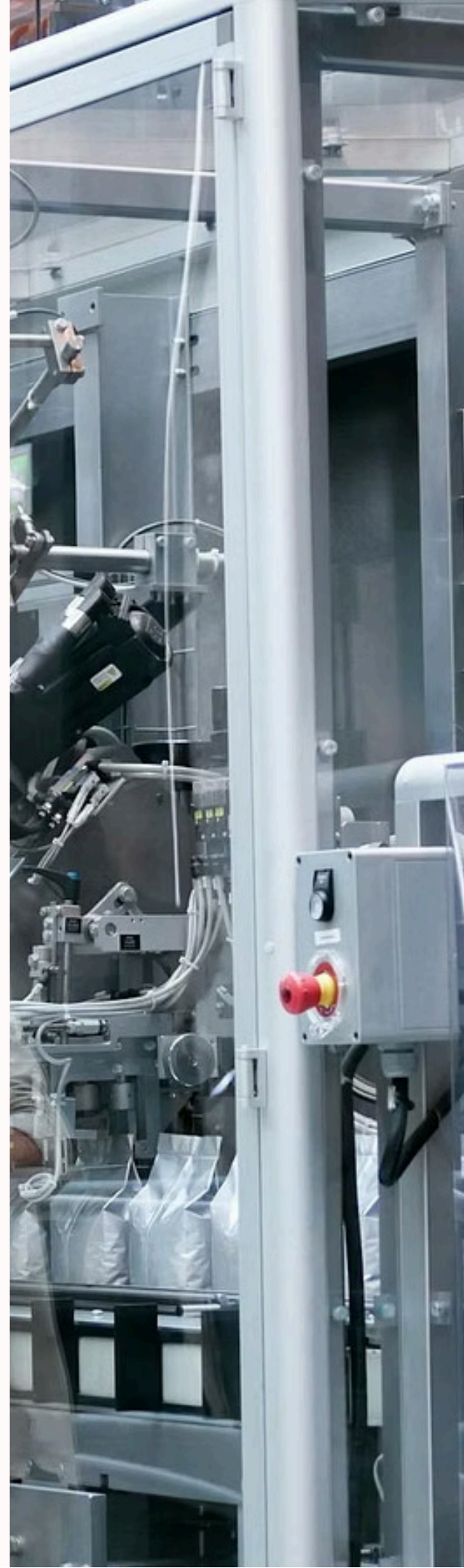
Zero Transit Time

Supervisors freed from transportation and escort duties entirely

30min

Average Test Duration

Down from 2-3 hours



Faster Decisions & Expanded Coverage

Faster Post-Accident Decision-Making

Saliva testing enabled rapid detection of recent drug and alcohol use — aligning test results more closely with the timing of incidents.

- **Immediate alcohol results** from on-site saliva screening — no waiting for collector or clinic
- **Drug testing timing** aligned with incident windows, improving evidentiary value
- **Faster removal** of impaired employees from the production floor
- **Stronger workers' comp defensibility** through timely, documented results

Impact Areas

- Improved root-cause analysis
- Accelerated incident response
- Enhanced legal defensibility
- Faster claims resolution

Expanded After-Hours Coverage

Clinic Dependency

Testing outside normal hours relied on external clinic availability

Coverage Gaps

After-hours and multi-site incidents were harder to handle consistently

Supervisor-Led Testing

On-site collection supported faster response across shifts

No External Dependency

Facilities could maintain testing continuity without waiting on clinics

- ☑ Result: Near-universal adherence to post-accident and reasonable suspicion testing timelines — across all shifts and facilities.

Employee Acceptance, Deterrence & Alcohol Screening

→ Improved Employee Acceptance

The transition to saliva testing produced a measurable shift in employee sentiment — reducing friction, complaints, and resistance across all three facilities.

→ Fewer Complaints

Significant reduction in testing-related grievances and HR escalations following program rollout.

→ Enhanced Privacy

Self-collection allowed observation without compromising dignity — reducing tampering risk while respecting employees.

→ Reduced Resistance

Lower resistance to random testing compared to urine-based program, improving overall compliance culture.

→ Greater Comfort

Employees reported greater comfort with oral fluid collection versus traditional urine collection procedures.

Deterrence for On-Duty Use

Saliva testing strengthened deterrence by focusing on recent on-duty use and making workplace expectations more visible and immediate.

Increased perception of fairness

Employees viewed the program as more directly tied to job performance and safety-sensitive behavior.

Stronger alignment with workplace safety objectives

The testing approach reinforced a culture of accountability and prevention on the production floor.

Alcohol Screening Capability

Rapid on-site screening extended the utility of the program beyond drugs, supporting timely alcohol detection across all facilities.

Comparable screening utility to breath testing

Oral fluid testing provided a practical alternative for identifying recent alcohol use in the field.

Improved accessibility across all shifts

Supervisors could conduct screening without relying on external clinics, improving coverage after hours.

Measurable Outcomes: 12-18 Month Results

Within 12-18 months of full program implementation, the company achieved quantifiable improvements across all key performance dimensions.

70%



Time Reduction Per Test Event

Average time away from work per test event

On-Time Testing Rate

Post-accident and reasonable suspicion testing adherence increased

Employee Satisfaction

Higher satisfaction scores and fewer testing-related complaints

Sustained Deterrence

Continued deterrence of on-duty drug and alcohol use maintained



Operational Efficiency

- 60-70% time reduction per test event
- Decreased overtime costs



Post-Incident Response

- Increased on-time testing
- Faster decision-making, stronger defensibility



Employee Experience

- Higher satisfaction, fewer complaints
- Reduced testing resistance



Compliance & Safety

- Sustained deterrence, full compliance
- Full MRO review retained

Conclusion & Strategic Takeaways

Transitioning from a clinic-centric model to a self-administered saliva program enabled this manufacturer to achieve a rare combination: **greater efficiency, broader coverage, and improved employee experience — without sacrificing compliance or safety integrity.**

Operational Efficiency

70% reduction in testing time per event;
eliminated travel costs and supervisor
escort burden

Accelerated Decisions

Immediate post-incident results improved
root-cause analysis and workers' comp
defensibility

Expanded Coverage

24/7 testing capability without dependency
on clinic hours or external collectors

Employee Experience

Higher acceptance, fewer complaints, and
reduced resistance to random testing

- ❏ **Key Principle:** Traditional methods were retained where legally required. The new approach created a more responsive, efficient, and employee-friendly program without compromising safety or compliance.