Drug and Alcohol Testing Policy

Scope

This policy applies to all residency and fellowship programs at CCHS.

Purpose:

The Sponsoring Institution has a policy and procedures for pre-appointment and reasonable suspicion drug and alcohol testing of Residents and Fellows involved in all Graduate Medical Education (GME) programs at the College of Community Health Sciences.

Policy and Guidelines

I. Statement of Policy

The University of Alabama (UA) and The College of Community Health Sciences (CCHS) encourages and maintains workplaces free from drug and alcohol abuse. A n y R e sident/ Fellow who uses, possesses, sells or transfers illicit drugs, or who offers to buy or sell such substances, will be subject to disciplinary action up to and including dismissal from the training program. Likewise, any Resident/Fellow who uses alcohol during work hours or whose use of alcohol off duty affects their performance in the training program will be subject to disciplinary action up to and including dismissal from the training program. "Illicit drugs" includes, but is not limited to, street drugs such as THC; Opiates; Amphetamines; Cocaine; Phencyclidines (PCP); Barbiturates; Methadone; Benzodiazepines; Methamphetamines/MDMA; Propoxyphene, Oxycodone, and lawful medications used without a valid prescription from a treating provider or used for a non-therapeutic purpose.

I. <u>Procedure</u>

A. Pre-Appointment Testing

Candidates for selection and appointment into all CCHS GME programs will receive a copy of this Drug and Alcohol Testing policy during the interview process. All candidates will sign a Receipt of Drug and Alcohol Testing Policy Form which will be retained by either the University of Alabama Family Medicine Residency-Tuscaloosa program (UAFMR-T) administrative office for all residents or by the Program Coordinator for all fellowship programs. A copy of this policy is also referenced in the respective residency and fellowship handbooks.

For Residents: As stated in the Residency Agreement, pre-appointment drug and alcohol testing and confirmation of negative test results as certified by a Medical Review Officer, are a condition of appointment for all entering PGY 1 Residents, plus any other Residents subsequently transferring into the UAFMR-T for the first time. *Testing is conducted after the Resident is Matched into a position with the UAFMR-T, but prior to the Resident and University executing the Residency Agreement, and prior to the Resident beginning the training program.* PGY 1 Residents will be screened at the beginning of New Resident Orientation, which is held prior to the first clinical rotation. Transferring Residents will be tested on a schedule determined by the UAFMR-T Office. Exceptions may be made for an applicant under any type of Visa, wherein the applicant may undergo testing at an accredited lab in their current location in order to facilitate processing of the Visa

application per ECFMG guidelines. Residents must complete a consent form and present a valid photo ID prior to drug and alcohol testing. Any resident on a prescribed medication must bring their validly prescribed medications with them at the time of testing, or promptly provide valid prescription(s) as soon as requested. Failure to submit to, or pass, the drug and alcohol tests, or failure to comply with this policy, will result in withdrawal of the appointment.

For Fellows: As stated in the Fellowship Agreement, pre-appointment drug and alcohol testing and confirmation of negative test results as certified by a Medical Review Officer, are a condition of appointment for all entering Fellows, but prior to the University executing the Fellowship Agreement, and prior to the Fellow beginning the training program. Exceptions may be made for an applicant under any type of Visa, wherein the applicant must undergo testing at an accredited lab in their current location in order to facilitate processing of the Visa application per ECFMG guidelines. Fellows will be screened either prior to or during the first week of the first month of their fellowship. Fellows must complete a consent form and present a valid photo ID prior to drug and alcohol testing. Any fellow on a prescribed medication must bring their validly prescribed medications with them at the time of testing, or promptly provide valid prescription(s) as soon as requested. Failure to submit to, or pass, the drug and alcohol tests, or failure to comply with this policy, will result in withdrawal of the appointment.

All drug and alcohol testing will be conducted at, or coordinated by, the clinical laboratory within the University Medical Center (UMC), 850 Peter Bryce Blvd, Tuscaloosa, Alabama or in an accredited lab as noted above for applicants with a Visa status. All testing procedures will adhere to federal guidelines that address specimen collection and chain-of-custody requirements. The testing procedure also includes, in the event of a positive drug screen, an automatic confirmation of the original sample by a referenced toxicology lab. The individual GME programs within CCHS will bear the cost of the drug and alcohol tests unless earlier testing at an outside accredited lab is required, in which case the resident or fellow bears the cost of testing and submitting the results to CCHS

The UMC Lab will follow their current policies and procedures regarding preappointment drug testing as applicable for the MEDTOX Drug Screen¹ and the Blood Alcohol Test. Notification of all results will follow procedure, but will also include notification to the appropriate Program Director and the Designated Institutional Official (DIO).

If the drug and alcohol tests result are confirmed negative, the appropriate Program Directors will be notified and the Residency/Fellowship Agreements will be fully executed and the Resident/Fellow will continue with orientation and/or training.

If the drug or alcohol test result is confirmed positive after following standard drug and alcohol chain of custody testing and medical review officer review and concurrence with results, the Resident/Fellow will not be medically cleared to join the respective training program. The results of the positive test(s) will be communicated to the appropriate Program Director and the DIO. Appointment to the respective GME training program will be immediately withdrawn for

¹ MEDTOX Drug Screen for THC, OP12, AMP, COC, PCP,BAR,MTD,BZO,PPX,MAMP,MDMA,OXY

failure to meet pre-appointment requirements and the Residency/Fellowship Agreement will not be executed by UA and CCHS on behalf of the GME training programs.

Notification of confirmed positive test results will be communicated to all participating sites that were expecting the resident/fellow, as well as the Alabama Board of Medical Examiners and any other agencies as appropriate.

All information received from the drug and alcohol test process will be maintained in confidential secure files with access allowed only to those who have a need to know.

B. Reasonable Suspicion Testing

The Program Directors are charged with the responsibility for removing any appointed Resident/Fellow from the worksite where there is reasonable suspicion that the Resident/Fellow may be under the influence of illicit drugs or alcohol at work.

Reasonable suspicion may be based on reports or direct observation of appearance, behavior, or conduct that includes, but is not limited to: slurred speech; glassy eyes; inability to perform tasks; sleeping or inability to stay awake; accident occurring on University or affiliated agency property/premises; agitated or violent behavior; disorientation; loss of coordination; possession of alcohol or illegal drugs; unauthorized or inappropriate possession of controlled substances; discrepancies regarding narcotic counts or administration; odor of alcohol/drugs on breath or clothing; other abnormal, inappropriate, disruptive or erratic behavior that is consistent with impairment. Any such observance must be reported to the appropriate Program Director. Reasonable suspicion testing applies to all levels of Residents/Fellows.

The Program Director (or designee) will accompany the Resident/Fellow to the UMC Lab (or any other approved testing site as necessary) for evaluation and completion of reasonable suspicion drug and/or alcohol testing. The Resid ent/Fellow will be relieved of all duties pending the results of drug and/or alcohol testing. The Resident/Fellow should not be sent home unless a safe means of transport can be arranged. The UMC or outside Lab will follow their current policies and procedures regarding reasonable suspicion drug and/or alcohol testing as applicable for the MEDTOX Drug Screen² and the Blood Alcohol Test. Notification of all results will follow procedure, but will also include notification to the appropriate Program Director and the DIO.

Depending on the outcome of the tests, the Resident/Fellow will either be allowed to return to duty with minimal to no follow-up, or the Resident/Fellow will be advised by the appropriate Program Director to remain offsite and away from all training program assignments. The Program Director will consult with the DIO and CCHS Dean regarding next steps, which could include following the Impaired Physician procedures as described in the Sponsoring Institution Policy Manual. One possible outcome from these discussions could include dismissal from the GME training program.

² MEDTOX Drug Screen for THC, OP12, AMP,COC,PCP,BAR,MTD,BZO,PPX,MAMP,MDMA,OXY

CCHS reserves the right to coordinate and develop a Fitness for Duty evaluation process establishing the means and mechanisms for how Residents/Fellows are to be evaluated and determined ready to return to work.

C. Consent

Residents/Fellows are expected to complete the CCHS Drug and Alcohol Testing Consent Form when requested.

The University of Alabama College of Community Health Sciences Drug and Alcohol Testing Consent Form

By signing this form, I certify that I am aware that my appointment to a residency/fellowship graduate medical education training program is subject to the College of Community Health Sciences Drug and Alcohol Testing Policy. I am aware that the policy is referenced in the respective GME training program handbooks. I agree, as a condition of appointment to a CCHS GME training program to be bound by the terms, conditions and provisions of this policy.

I am aware that my appointment as a Resident/Fellow in a CCHS GME training program is conditional and that I must submit to a drug and alcohol test during the time period required by my specific GME training program. I understand that if I fail to submit to, or pass, the drug and alcohol test, the conditional appointment will be terminated.

I understand that I must be able to provide a current, valid picture ID in order to participate in the drug and alcohol test and that I will provide any/all valid prescriptions for prescribed medications I am on when undergoing testing.

Applicant Name (Please Print)

Signature

Date

The University of Alabama College of Community Health Sciences Tuscaloosa Family Medicine Residency Program Drug and Alcohol Testing Acknowledgement Form

By signing this form, I certify that I have received a copy of the College of Community Health Sciences – Tuscaloosa Family Medicine Residency Program Drug and Alcohol Testing Policy. I am aware that if appointed as a Resident with the TFMRP, my appointment is conditional and that I must submit to a drug and alcohol test during the time period required by the TFMRP. I understand that if I fail to submit to, or pass, the drug and alcohol test, the conditional appointment will be subject to revocation.

I understand that I must be able to provide a current, valid picture ID in order to participate in the drug and alcohol test.

Applicant Name (Please Print)

Signature

Date

The University of Alabama College of Community Health Sciences

Drug and Alcohol Testing Acknowledgement Form – Fellowship Program

By signing this form, I certify that I have received a copy of the College of Community Health Sciences' Drug and Alcohol Testing Policy. I am aware that if appointed as a Fellow within one of the College's fellowship programs, my appointment is conditional and that I must submit to a drug and alcohol test during the time period required by the College. I understand that if I fail to submit to, or pass, the drug and alcohol test, the conditional appointment will be subject to revocation.

I understand that I must be able to provide a current, valid picture ID in order to participate in the drug and alcohol test.

Applicant Name (Please Print)

Signature

Date