College of Nursing Policy for Substance Screening

Applicability
Students in the CON are subject to all applicable drug/alcohol policies set for by the Federal Government, State of Arizona, Board of Regents’ Code of Conduct and Rules for Maintenance of Public Order, University of Arizona, the College of Nursing and those agencies with whom the university has contractual agreement.

Protocol & Procedure – Advanced Practice Programs (DNP & NP Certificates)

Drug/Alcohol Screening
A substance/drug/alcohol screen is required of all students in the Doctor of Nursing Practice & Post-Master’s Certificate programs prior to beginning clinical practica. Payment for the test is the responsibility of the student. A negative screen must be uploaded to the college’s clinical document compliance system (Castlebranch) 60 days prior to the first date of class. Site specific policies may dictate an earlier test – students should contact their Graduate Coordinator for details.

Applicants who refuse to have a drug/alcohol screen will not be placed in a clinical site. Inability to complete required clinical practica may result in dismissal from the program. Applicants on prescription drugs that may result in a positive drug screen are advised to complete the following actions prior to the screen:

- Ensure their contact information is correct on all required forms from the testing lab
- Be ready to provide prescriptions and/or a doctor’s note as necessary to the Medical Review Officer (MRO) for review

Students taking substances other than prescription drugs such as over the counter substances or some foods (e.g. poppy seeds) are advised to determine whether these substances may result in a positive drug/alcohol screen prior to having the drug/alcohol screen.

Beginning with the 2018-2019 academic year, students in the Doctor of Nursing Practice Program (nurse practitioner specialties) will be required to complete a pre-clinical drug/alcohol screen in the semester prior to their first clinical management course. A negative screen must be uploaded to the college’s clinical document compliance system (Castlebranch) by October 1st. Effective immediately (January 22, 2018), students in the Doctor of Nursing Practice Program – Nurse Anesthesia specialty who are enrolled in clinical management courses will be required to upload a negative drug/alcohol screen by April 15th.

Students in all clinical programs may be required to complete additional drug/alcohol screens as required by the specific clinical agency, and at the student’s cost. Failure to comply with agency requirements may result in dismissal from the site, class and program.

Time Frame & Implementation
Students will receive a reminder email from the college approximately 30 days prior to the deadline to complete the requirement.

Students have 48 hours from the time the drug/alcohol screen is requested to complete the screen. Failure to comply may result in dismissal from the clinical site, class and program.

Policy effective January 2018.
Current Student Drug/Alcohol Test Results

Drug/alcohol test results will be evaluated by the dean’s substance abuse designee:

- Current & continuing students whose drug/alcohol test results are negative may proceed with their program of study.
- The dean’s substance abuse designee will consult with the MRO to determine whether positive drug/alcohol test results represent substance abuse.
- Current & continuing students, whose drug/alcohol test results are positive, and who did not submit data about prescription drugs that may result in positive drug/alcohol test results, will be removed from the clinical setting pending evaluation and/or a retest.
- Inconclusive tests results, regardless of the cause, require retesting at the student’s expense. Inconclusive findings may include test results that are negative for stated drugs and alcohol, but reflect dilution of urine. Applicants with inconclusive drug/alcohol test results who refuse to be retested will be denied admission to the college and program. Repeat inconclusive test results will be evaluated by the dean’s substance abuse designee, in consultation with the MRO, to determine the meaning of the inconclusive test result. Applicants whose repeat test results are inconclusive will be dismissed from the program.

College of Nursing “For Cause” Testing

This policy refers to the use/misuse of, or being under the influence of: alcoholic beverages, illegal drugs or drugs that impair judgment while on duty in any health care facility, school, institution or other work location as a representative of the College of Nursing. Students in the College of Nursing are expected to adhere to the American Nurses’ Association’s Code of Ethics, which includes safeguarding the patient from harm (citation).

College of Nursing students may be subject to “for cause” testing at any time at the discretion of the clinical site, faculty member or preceptor. “For cause” testing may occur when:

1. When a faculty/clinical instructor perceives the odor of alcohol or observes behaviors such as, but not limited to, slurred speech, unsteady gait, or confusion and
2. These behaviors cause the faculty or clinical instructor to suspect the student is impaired by alcohol or drugs.

In all circumstances, site-specific safety protocols must be followed. Additionally:

1. The preceptor/clinical supervising faculty must review the Technical/Essential Qualifications document with the student. The review should highlight components of the qualifications document the student is in violation of.
2. The instructor will remove the student from the patient care or assigned work area and notify the clinical agency supervising personnel.
3. Upon student’s verbal consent, the instructor will contact a transportation service and arrange for student transport to a designated medical service facility.
4. If the student admits to alcohol or drug use, he/she will still require drug screening within 48 hours. The instructor should send a brief email to the student to remind them of the 48-hour deadline.
   a. If the results of the test(s) are negative for alcohol, illegal substances, or non-prescribed legal substances, the student shall meet with the dean’s substance abuse designee within 24 hours of the test results to discuss the circumstances surrounding the impaired clinical behavior.
• If the indicator was the odor of alcohol, the student will be mandated to discontinue the use of whatever may have caused the alcohol-like odor before being allowed to return to the clinical setting.
• If the indicator was behavioral, consideration must be given to a possible medical condition being responsible for the symptoms. A medical referral for evaluation may be indicated.
• Based on the information provided and further medical evaluations if warranted, the dean’s substance abuse designee will make a decision regarding return to the clinical setting.
  b. If the results of the test(s) are positive for alcohol, illegal substances, or for non-prescribed legal substances, the dean’s substance abuse designee will collaborate with the Program Coordinator & faculty to withdraw the student from all clinical practica immediately.
  c. The student will pay for all costs associated with the for-cause drug-screening test.

5. If a student refuses “for Cause” Testing:
   a. The instructor will remove the student from the clinical setting pending a full investigation.
   b. Failure to comply with any aspect of this policy will result in withdrawal from the program.

Students who hold license as a CNA, LPN or RN have an obligation to self-report under Arizona law. Arizona law (A.R.S. § 32-3208) requires licensed health professionals and healthcare professionals seeking licensure to report certain criminal charges to their professional licensing boards within ten (10) working days after a charge is filed. Healthcare professionals subject to these reporting obligations must make these reports irrespective of whether they believe that patient safety has been compromised or could be compromised by behavior giving rise to such charge. Failure to make a report to the appropriate licensing board is considered unprofessional conduct. A list of all reportable offenses can be obtained from your own professional licensing board.

32-3208. Criminal charges; mandatory reporting requirements; civil penalty
A. A health professional who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony after receiving or renewing a license or certificate must notify the health professional's regulatory board in writing within ten working days after the charge is filed.

B. An applicant for licensure or certification as a health professional who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony after submitting the application must notify the regulatory board in writing within ten working days after the charge is filed.

C. On receipt of this information the regulatory board may conduct an investigation.
D. A health professional who does not comply with the notification requirements of this section commits an act of unprofessional conduct. The health professional's regulatory board may impose a civil penalty of not more than one thousand dollars in addition to other disciplinary action it takes.

E. The regulatory board may deny the application of an applicant who does not comply with the notification requirements of this section.
F. On request a health profession regulatory board shall provide an applicant or health professional with a list of misdemeanors that the applicant or health professional must report.

Substance/drug/alcohol tests are ordered through the Castlebranch system, and at cost to the student. The student must initiate the request to test – and complete within 48 hours of the request entering the system. A student who misses the initial 48-hour window will be provided with one additional opportunity to test, which must be completed within 48 hours of the missed window. Refusal to test will result in dismissal from the program, as testing is a requirement of our clinical partner agencies. Test results are reviewed by a private, third-party Medical Review Officer (MRO).