

## Anesthesiology Policy

### Drug Screening of Anesthesiology Clinical Service Line Personnel

Effective Date	Month Year
Approval Date	Month Year
Supersedes	Month Year

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#### I. Purpose:

To outline the requirements and procedures for random and for-cause drug screening of Anesthesiology clinical service line personnel.

#### II. Policy:

Anesthesiology clinical service line personnel (full and part-time, as well as temporary employees) are tested for compliance with drug use policies following the guidelines specified within this policy.

#### III. Definitions:

- A. Chain of Custody Form (CCF) - Specimen collection and transport document used to ensure that urine cannot be tampered with or switched, either during the collection process, en route to the lab, or at the laboratory. The collector, donor, employer, lab, and Medical Review Officer each receive one copy of the CCF.
- B. Designated Employer Representative (DER) - Contact person for the employer regarding drug testing issues, to whom final test results, donor refusals, and safety concerns are reported. The DER may be contacted to assist the Medical Review Officer in reaching donors for discussion of lab results. The DER is authorized to determine the disposition of the applicant and who tracks the outcomes of the testing program for the organization. The DER for Anesthesia Clinical Service Line Personnel is the Director of Employee and Labor Relations.
- C. Business Process Manager - Contact for the department and who is responsible for notifying individual clinical service line personnel that they have been selected for random drug testing.
- D. Department of Transportation (DOT) - The DOT's regulations for the collection, testing, and interpretation of urine drug screens are thorough, detailed, evidence-based, and regularly updated. Following DOT procedures provides consistency and integrity. Vanderbilt follows DOT procedures for collection procedures, laboratory testing, and interpretation of findings. (See References.)
- E. Medical Review Officer (MRO) - A licensed physician specially trained and certified to knowledgeably interpret drug test results in the light of any relevant biomedical information. The MRO for the testing is the designated physician assigned by Vanderbilt Occupational Health.

#### IV. Initiating a Test:

- A. Random Testing:

1. Covered personnel are selected for random drug testing through a scientifically valid method as determined by the MRO.
  2. Random tests include commonly abused or diverted prescription drugs in addition to illegal drugs.
  3. Random tests are spaced throughout the year and are unannounced.
  4. The hiring official notifies new and existing personnel of the random drug testing requirement.
  5. The DER notifies the assigned Business Process Manager, who then notifies the selected clinical service line personnel. The assigned Business Process Manager is selected by the Vice Chair of Clinical Affairs.
  6. Clinical service line personnel who are notified of selection proceed immediately to the testing site and are expected to comply within 2 hours. The appropriate supervisor is also contacted to arrange coverage.
  7. Clinical service line personnel are not asked or expected to prospectively disclose the expected outcome of a random test. If an employee self-discloses that (s)he expects a positive screen, testing is conducted, and any subsequent action is informed by the drug test results.
    - a. When test results are received, appropriate steps are followed as outlined in "Consequences of Test Results" section of this policy.
    - b. DER manages next steps in the event a self-disclosed expected positive returns a result of negative without a safety concern.
  8. If a drug diversion is suspected, the DER follows the process for evaluation of suspected diversion.
- B. For-Cause Testing:
- If an employee's work performance, behavior, or other factors suggest the influence of drugs or intoxicants, the Vanderbilt University Medical Center (VUMC) policy, Alcohol and Drug Use policy is followed. Additionally, routine screening is initiated for a reported controlled substance record inaccuracy or discrepancy event of three or more over a 3-month period.

**V. Specimen Collection:**

- A. The donor presents at the collection site and a urine drug screen is collected by a certified urine drug screen collector using DOT guidelines.
- B. Split specimens are collected.
- C. Specimens are sent to a Department of Health and Human Services certified forensic drug-testing laboratory.
- D. The collector notifies the DER of any difficulties during the collection, such as discovery of an attempt to adulterate urine, a belligerent donor, or a refusal to complete the testing procedure.

- E. Current employees continue working pending the results of the random screen unless the employee discloses illicit use. If employee self-discloses, see section IV.A, Random Testing – self-disclosure step.

**VI. Result Reporting and Verification:**

- A. Specimens are tested according to certified laboratory guidelines. Confirmation testing is performed for any specimens that screen positive.
- B. The laboratory directs all results to the office of the MRO.
- C. The MRO reviews and certifies all results and reports a final verified result to the DER. The MRO follows DOT guidelines for test interpretation. (See Appendix for MRO procedures.)
- D. Result categories are as follows:
  - 1. Negative:
    - a. No substance of abuse found; or
    - b. Legitimate medical explanation found such as a valid medical prescription.
  - 2. Verified Positive:
    - a. Illicit substance found and the donor had an opportunity to provide a medical explanation or prescription and none was found; or
    - b. Donor refused to discuss positive test with MRO.
  - 3. Refusal to Test:
    - a. Specimen was substituted with another liquid, or employee admits such to MRO;
    - b. Specimen was adulterated with an identified chemical additive, or employee admits such to the MRO;
    - c. Adequate specimen was not provided, and no legitimate medical explanation found;
    - d. Donor refused to remain in testing facility and comply with test procedures; or
    - e. A refusal to test is treated as a verified positive test result.
  - 4. Cancelled Test:
    - a. Specimen was unsuitable for testing;
    - b. Donor unable to produce a sample for medically legitimate reason; or
    - c. Fatal flaw (uncorrectable error as defined by the DOT guidelines) existed in chain-of-custody procedures.
- E. If the MRO deems that a substance of abuse exists because of a legitimate prescription, and in the MRO's judgment the use of this medication constitutes a serious safety concern, the MRO certifies the drug screen as negative and reports a safety concern to the DER. The DER consults with Employee and Labor

Relations and, for faculty members, with the Department Chair to determine appropriate action.

- F. The Business Process Manager verifies that the donor arrived within the given timeframe.
- G. The DER communicates positive results to the appropriate clinical service line authority figure; negative results are communicated if a safety concern has been reported.
  - 1. DER provides positive or negative but safety concern results to the appropriate contact for the area assigned.
  - 2. Safety concerns reported by the MRO are referred to the Occupational Health Clinic (OHC) for evaluation. The OHC may consult with Work/Life Connections-Employee Assistance Program (EAP) for concerns of prescription drug abuse and/or Employee and Labor Relations for safety concerns.

**VII. Consequences of Test Results:**

- A. Negative Test: DER receives negative test results. Negative test results are not communicated to the employee unless a safety concern is reported.
- B. Negative Dilute Test: The MRO contacts the Business Process Manager to notify the employee of the need to report for a repeat collection under direct observation if the test meets the DOT criteria for such testing (dilute specimen with creatinine between 2 and 5 mg/dL).
- C. If employee self-discloses that (s)he may be positive and test results are negative, DER consults with Employee and Labor Relations regarding next steps, including possible OHC referral (if safety concern noted), EAP referral, and interim work status.
- D. Donor Did Not Present Within Timeframe Given:
  - 1. The Business Process Manager verifies that the donor arrived during the designated timeframe for collection.
  - 2. If the donor arrived late or not at all, the DER is notified.
  - 3. The department, at the discretion of the appropriate department contact, in consultation with Employee and Labor Relations, may elect one of the following options:
    - a. Accept a collection outside the timeframe given; or
    - b. Deem this a refusal to test and act accordingly.
- E. Cancelled Test:

Upon receipt of a cancelled random test, the MRO notifies the DER if repeat collection under direct observation is required. If this is not required, the DER takes no action and the employee is returned to the pool for random testing.
- F. Positive Test or Refusal to Test:

Current employees: the appropriate Clinical Service Line Department authority figure is notified of the refusal or positive test. Department may elect one of the following options in consultation with Human Resources:

1. The clinical service line personnel is subject to disciplinary action, up to and including discharge. If the clinical service line personnel is a member of the VUMC Medical Staff and/or a faculty member, the Department Chair is informed of the findings and any subsequent or resultant action must be consistent with the VUMC Medical Staff Bylaws and/or the Vanderbilt University Faculty Manual.
2. If the clinical service line personnel is a resident or fellow, the Program Director and Accreditation Council of Graduate Medical Education (ACGME) Designated Institutional Official is informed of these findings and subsequent or resultant action must be consistent with VUMC Medical Staff Bylaws and/or the VUMC House Staff Manual.
3. If the clinical service line personnel is not discharged, disciplinary action is determined and taken under the relevant governance documents, and the clinical service line personnel is required to:
  - a. Follow any and all recommendations and/or requirements of a Work/Life Connections – EAP substance abuse professional;
  - b. Complete treatment as recommended by the substance abuse professional at the clinical service line personnel’s own expense;
  - c. Attain a negative drug screen prior to resuming her/his job duties; and
  - d. Adhere to a contract for monitoring and recovery support administered by Work/Life Connections – EAP.

**VIII. Recordkeeping:**

- A. The DER is responsible for maintaining a record of all positive tests and refusals to test for at least 5 years. These records are maintained by OHC.
- B. The DER is responsible for maintaining records related to cancelled and negative tests for at least 1 year. These records are maintained by OHC.
- C. The Program Director maintains a record of the report of all positive tests or refusals for any resident or fellow in training. Likewise, the Program Director and the ACGME-Designated Institutional Official maintain responsibility for accurate reporting of this information, as requested or required by the ACGME, ABA, or authorized licensing or accrediting body.

**IX. Endorsement:**

Executive Committee, Department of Anesthesiology

March 2019

**X. Approval:**

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**XI. References:**

Medical Review Officer Procedures (See Appendix)

Procedures for Transportation Workplace Drug and Alcohol Testing Programs, United States Department of Transportation (DOT) (2015). Retrieved from <http://www.dot.gov/odapc/part40>

VUMC Policies. (2019). Retrieved from <https://vanderbilt.policytech.com>

Clinical Operations Category:  
[Alcohol and Drug Use](#)

Human Resources Category:  
[HR - Drugs and Alcohol](#)

## **Appendix: Medical Review Officer's (MRO) Procedures**

### Review Procedure

The principal responsibility of the MRO is to review and interpret non-negative test results received from the laboratory. A positive test result does not automatically identify an employee as an illegal drug user. The MRO, a licensed physician who is knowledgeable in the medical use of prescription drugs and the pharmacology and toxicology of illicit drugs, must review and interpret the test results. In accordance with federal regulations, he/she evaluates any alternative medical explanations that could account for a positive test result. In addition to information provided by the employee, this review includes considerations of chain of custody documents prepared at the time of collection and the laboratory processing of the specimen.

Upon receipt of a non-negative test result from the laboratory, the MRO conducts a medical interview with the individual and may review the individual's medical history or review other biomedical factors. This interview may be conducted by telephone. Accurate contact phone numbers are needed, which are supplied at the time of the sample collection on the Custody and Control form. If the MRO is unable to locate an employee in a reasonably short period of time, the DER is contacted for assistance. It is preferable, however, for the MRO to locate the employee through private contact numbers.

In the event the MRO receives a confirmed non-negative test result from the laboratory, he/she reviews any medical records the employee submits on his//her behalf. In addition, he/she advises the employee that he/she has 72 hours to request (at his/her own expense) a confirming test on specimen B, the split specimen, to be analyzed by a second DHHS certified drug testing laboratory.

If, after reviewing all pertinent information, the MRO determines there is a legitimate medical or other reason to account for a positive laboratory test result, the report is reclassified as a negative test result. The result reported to VUMC indicates that the test result was negative. On the other hand, if the MRO determines that there is no legitimate medical or other reason to account for a positive result, the report to VUMC indicates a positive test result. In any case, any medical information obtained by the MRO is treated as confidential unless such information reveals a problem that compromises the employee's ability to function in a safety/security position.

Personnel are expected to continue performing their job duties while a specimen result is being analyzed and reviewed, except in cases where reasonable

suspicion testing is warranted. For reasonable suspicion testing, the employee is placed on administrative leave pending the test results. In cases where the MRO concludes that safety is compromised, the MRO reports the safety concern to the DER, who ensures the employee is not working until a medical evaluation of fitness for duty is obtained.

**Review of Medical Records:**

The MRO reviews all medical records provided by the employee to determine if a confirmed positive test result was caused by legally prescribed medication. If, for example, the employee denies illegal or unauthorized drug use, the MRO asks the employee about any medications he is taking that might provide an explanation for the positive test. The employee must provide documentation (e.g., doctor's report, copy of a prescription) as proof of legitimate use of medication. The MRO sets a deadline for receipt of any medical information offered by the employee.