

106-02 DRUG AND ALCOHOL SCREENING FOR NURSING STUDENTS—PROCEDURAL GUIDELINES

1. PURPOSE

Based on the Rules of the Arizona State Board of Nursing, nursing education programs must “maintain policies or procedures that promote safe patient care during student clinical experiences” (ARS 32-1601, 1202 et seq., AZ Administrative Code R4-19-203 C6). A nursing student or nursing assistant student in a clinical assignment, who is under the influence of alcohol or drugs that impair judgment, poses a threat to the safety of clients. For these reasons, evidence of use of these substances, documented by positive drug and/or alcohol screening tests, will result in immediate withdrawal of the student from the nursing course or program. In the event of an appeal, Coconino Community College will make every effort to expedite the appeals process and assure the student of fundamental fairness.

2. PRE-CLINICAL DRUG SCREENING

1. Students will be informed of this process prior to admission to the nursing program and will be required to sign a consent form and return to the Department of Nursing a statement indicating understanding of the procedure.
2. All nursing and nursing assistant students may be required to submit to an oral or urine drug screening prior to the beginning of clinical laboratory experiences. Test samples will be analyzed by a qualified laboratory selected by the College.
3. Students will be advised of the procedure to follow to complete the urine drug screening prior to the beginning of clinical experiences.
4. Students will pay for this screening.
5. Students cannot begin clinical experiences until the test results are available.
6. Students receiving negative drug screens or positive drug screens due to permissible prescription drugs will be permitted to begin/continue experiences. In the latter case, medical review and documentation will be required.
7. Students testing positive for illegal substances or for non-prescribed legal substances will be dismissed from the nursing program or nursing assistant course. See Section 3 Positive Screening Test below.

3. “FOR CAUSE” TESTING

1. This procedure refers to the use/misuse of, or being under the influence of alcoholic beverages, illegal drugs or drugs which impair judgment while on duty in any health care facility, school, institution or other work location as a representative of the CCC Nursing Program.
2. The student will be asked to submit to an alcohol and drug screening at a

designated facility if the nursing faculty, clinical instructor, or staff at a clinical facility where the student is assigned:

- a. Have reasonable cause to suspect that the student is mentally or physically impaired due to alcohol or substance abuse immediately prior to or during the performance of his/her clinical duties, or
 - b. Perceives the odor of alcohol or observes physical signs and/or behavior including, but not limited to, slurred speech, unsteady gait, confusion, or inability to concentrate.
3. Students will have a blood or urine specimen collected according to current procedures.
 4. The student will be removed from client care assignments, pending results of the test(s).
 5. Test results will be sent to the Director of Nursing or designee.
 6. The student will pay for all costs associated with the “for cause” drug-screening test. If the student fails to pay for the costs associated with the drug-screening test, these costs will be added to his/her college account and a “hold” will be placed on the account.

4. POSITIVE SCREENING TEST

1. If the results of the drug screening test is positive and the student provides documentation of a prescription for the substance, the Director of Nursing and/or designee will consider the case in collaboration with the student and his/her health care provider. Each student will be asked to disclose prescription and over-the-counter medications he/she is taking at the time of testing.
2. If the results indicate a positive drug screen for alcohol, illegal substances, or medications not prescribed for that individual, the Director of Nursing and/or designee will withdraw the student from the nursing program or nursing assistant course for a period of one year.
3. If the student is a Certified Nursing Assistant or Licensed Practical Nurse, notification of positive screening results will be sent to the Arizona State Board of Nursing or other jurisdiction where the student is registered, certified, or licensed (ARS 32-1601, 1202 et seq., AZ Administrative Code R4-19-403).
4. After a one-year absence from the nursing program or course, the student may apply for readmission according to the guidelines below:
 - a. Must meet the current Coconino Community College and Department of Nursing requirements related to registration and admission to the nursing program/nursing assistant course. Readmission for returning students is contingent on space available in the class.
 - b. Must provide documentation of evaluation by an addiction counselor and

his/her determination as to whether the student is addicted to alcohol drugs. If positive, the student must provide evidence of rehabilitation related to the alcohol/drug illness to include all of the following:

1. Documentation of satisfactory completion of recognized substance abuse treatment program.
 2. Evidence of after-care attendance upon completion of the treatment program.
 3. Weekly attendance at a 12-step or other mutually agreed upon support group. Attendance will be documented by the student and submitted to the Director of Nursing by the last day of each month.
 4. Letter or other acceptable documentation from treatment facility and/or therapist stating that the student would be able to function effectively and provide safe and therapeutic care for clients in a clinical setting.
- c. Students requesting readmission must have a repeat screening for alcohol and/or drugs immediately prior to readmission.
5. Following readmission to the nursing program, the student will be required to submit to periodic drug screening at the student's expense.
 6. Following readmission to the nursing program, the student who has been evaluated as having an addiction must continue participation in a 12-step or other mutually agreed upon support group and submit quarterly documentation or he/she will be permanently dismissed.
 7. If a student, after being readmitted to the nursing program or course, has positive results on an alcohol or drug screening, he/she will be permanently dismissed from the nursing program/nursing assistant course without opportunity for readmission.

5. NEGATIVE SCREENING TEST

1. If the results of tests indicate a negative drug screen for alcohol or drugs, the student shall meet with the Director of Nursing or designee within two working days of the test results to discuss the circumstances surrounding the impaired clinical behavior.
2. If the indicator was the odor of alcohol, the student will be mandated to discontinue the use of the substance that may have caused the alcohol-like odor, before being allowed to return to the clinical setting.
3. If the indicator was behavioral, consideration must be given to a possible medical condition being responsible for the symptoms. A medical referral for evaluation, with a report provided to the Director of Nursing or designee, may be requested.

4. Based on the information presented in the meeting, and a medical report if required, the Director of Nursing or designee will make a decision regarding return to the clinical setting.
5. If readmitted, the student must make up clinical absences incurred for testing under Section III above.

6. CONFIDENTIALITY

All test results will be sent to the Director of Nursing or designee. All results will be kept separate from students' regular files and will be handled in accordance with the Family Educational Rights and Privacy Act (FERPA). The Director of Nursing or designee may consult with college deans, nursing faculty, and others for appropriate action/follow-up.

7. INABILITY TO SUBMIT TO A SCREENING

Inability to submit to a screening test in a timely manner, sections I and II above, or refusal to submit to a screening test, Sections I and II above.

If a student in the nursing program or nursing assistant course is unable to submit to a drug or alcohol screening test in a timely manner, unless due to a documented emergency situation, or refuses to submit to screening, the student will be removed from the nursing program or nursing assistant course for a period of one year.

8. APPEALS

Appeals follow the usual Coconino Community College appeals process, Policy 303-06 (Grade Appeals and Other Course Requirement Decisions).

9. BACKGROUND

1. References: ARS 32-1601, 1202 et seq., AZ Administrative Code R4-19-103 C6
2. Revision history: none
3. Legal review: none
4. Sponsor: Human Resources and Nursing Program

Guidelines effective: 11/10/2010

COCONINO COMMUNITY COLLEGE

**Coconino Community College
 Department of Nursing
 ALCOHOL/DRUG TEST RELEASE AND CONSENT**

I authorize Flagstaff Medical Center or Tuba City Hospital or other medical facility or health care professional designated by Coconino Community College, to obtain urine and/or blood specimens from my body for laboratory analysis for the purpose of alcohol and/or drug testing. I authorize release of the results of the test(s) to the Coconino Community College Department of Nursing.

This release and consent is subject to the terms and conditions of Coconino Community College Department of Nursing Procedure on Screening for Use of Alcohol and Drugs. A photocopy of this authorization may be used if the original is not available.

I understand that my refusal to authorize such examination will subject me to immediate discipline according to the aforementioned Procedure.

I state that the specimen I am providing is in fact from my own body given in this medical facility on this date.

Print name _____ Social Security Number _____
 Date of Birth _____

Signature _____ Date _____

I have used the following drugs or medications within the last 30 days. (Include medicines purchased over the counter and those prescribed by a physician or other licensed health care professional. If none, write "none.")

Name of Medicine	Name of Health Care Professional	Date last used

To be completed only if transport is required:
 I authorize personnel designated by Coconino Community College to transport me to Flagstaff Medical Center or Tuba City Hospital or other medical facility for drug and/or alcohol testing. After testing, I agree to accept arranged transportation to the Flagstaff location identified below. I understand that I will be responsible for payment for services rendered.

Signature _____ Date _____
 Address _____