


**DEPARTMENT OF HEALTH  
NURSING CARE QUALITY ASSURANCE COMMISSION  
PROCEDURE**

<b>Title:</b>	Drug and Alcohol Testing	<b>Number:</b>	W42.03
<b>Reference:</b>	<a href="#">RCW 18.130.160</a> <a href="#">RCW 18.130.175</a> <a href="#">WAC 246-840-750</a> through <a href="#">246-840-780</a> Procedures W03.02, W06.02, W11.02		
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<b>Approved:</b>	 <b>Jeannie Eylar, MSN, RN</b> <b>Chair</b> <b>Nursing Care Quality Assurance Commission</b>		

**PURPOSE:**

Washington Health Professional Services (WHPS) randomly tests body fluid, hair, nail or other biological samples to monitor contract compliance.

“Drug testing is a valuable tool for monitoring compliance with board orders and alternative program agreements and in assuring patient safety in a population who have a known substance use disorder who are or will be returning to nursing practice.” *Substance Use Disorder in Nursing*, National Council of State Boards of Nursing (NCSBN), 2011, p.140-141.

**PROCEDURE:**

- I. Random Testing
  - A. Urine testing frequency

Nurse Status	Minimum Per Year
Not practicing	12-18
Practicing	24-36
During Transition Contract	12-18

- B. The case manager may increase, decrease, or modify testing at their discretion. Examples of modified testing include adding hair, nail, or blood tests. The case manager may request additional testing any time there is reasonable cause to believe

the nurse may be at risk for relapse. From NCSBN's *Substance Use Disorder in Nursing*, the case manager considers these criteria when increasing drug testing frequency:

1. Length of time without use (longer sobriety equals less frequent testing).
  2. Identified or reported as unable to practice due to substance use disorder.
  3. Expert evaluator findings and recommendations from the treatment program.
  4. Severity of disease.
  5. Multiple drug use history.
  6. Prior treatment history and relapse history.
  7. Work setting (supervised, observed practice equals less frequent testing; isolated, independent work setting equals ore frequent testing).
- C. The nurse must activate their drug screening service account prior to their first scheduled check-in date. The nurse receives drug screening service information in their Program Participation Contract and the *WHPS Handbook*. Nurses must check-in daily (online, telephone, or mobile application), Monday through Friday, except on Washington State holidays.
- D. The nurse must test on the same calendar day as selected in order to maintain contract compliance.
- E. A collection site technician will observe the sample collection. However, not all collection sites offer observed collection services. If observed collection is not available, the nurse will submit a sample in a dry room setting.
- F. Nurses are responsible for payment of the drug screen and fees.

## II. Collection of Alternative Biological Samples

- A. Situations may necessitate alternative testing (saliva, nails, hair, blood, or breath) to augment evaluation or monitoring. Circumstances that may require alternative testing include, but are not limited to:
1. The nurse is unable to submit a urine toxicology screen on a regular basis due to physical limitations, health complications, or exigent circumstances.
  2. A third party evaluator (drug testing contractor or a treatment service) recommends hair testing.
  3. The nurse returns to active monitoring after a period of absence (e.g., an extended vacation).
- B. The case management team may schedule alternative testing when the nurse has particular work or personal circumstances that increase or point to the risk of relapse, including but not limited to:
1. Use history and past issues of non-compliance.
  2. Working in a high-risk setting.
  3. Frequent abnormal or dilute urine specimens.
  4. Working in high-risk profession (e.g., CRNA).
  5. Worksite monitor reports of concern.

## III. Monitoring Interruption Requests (MIR)

WHPS recognizes nurses in the program may request monitoring interruptions to travel away from their home area or for other reasons when testing may be challenging. Interruptions from monitoring must be balanced against the foundation daily check-ins provide, and accountability to achieve greatest success on the path to sustained recovery. Therefore, case managers will follow the procedure when considering a monitoring interruption for approval. To minimize the need for monitoring interruptions, the WHPS case management team and Recovery Trek may assist nurses in locating approved drug and alcohol testing sites nearest their location anywhere in the country.

- A. Nurses requesting a monitoring interruption must give their WHPS case management team a minimum of seven days' notice to allow adequate time for review, absent exigent circumstances.
- B. Case managers will not approve a monitoring interruption during the nurse's first year in the WHPS program.
- C. After the first year, case managers may approve no more than ten total monitoring days of monitoring interruption per year. Anything beyond ten monitoring days, such as an extended vacation out of the country or incarceration, will be time added to the length of the nurse's contract. Exceptions are limited to medical emergencies and deaths in the immediate family.
- D. Nurses who have had significant non-compliance within the previous year as defined in Procedure W32, or a repeated pattern of three or more missed check-ins within a three-month period as defined in Procedure W43 prior to their request, are not eligible for monitoring interruptions, except for medical emergencies or deaths in the immediate family.
- E. The case management team will schedule a nurse for a urine toxicology screen immediately upon their return from a monitoring interruption. They will schedule a PEth test within seven days upon return if the monitoring interruption lasted more than ten monitoring days. The case management team may add additional testing as appropriate depending on circumstances.

#### IV. Positive Drug Screen Results

- A. The case management team reviews positive drug test results daily, but not later than the next business day after posting.
- B. If the positive test is a result of a known prescribed medication and the nurse does not have a Prescription Information Form on file, WHPS immediately contacts the nurse.
  - 1. WHPS instructs the nurse to contact their prescriber to have them fax the Prescription Information Form to WHPS within 48 hours.
  - 2. If WHPS does not receive the Prescription Information Form within 48 hours:
    - a. The case management team will gather interim verification of the nurse's prescription, which may include contact with the prescriber, pharmacist, or review of the Prescription Monitoring Report.
    - b. WHPS may choose to inform the prescriber that WHPS may direct the nurse to cease practice unless the prescriber submits the form by the next business day.
    - c. Any unauthorized use may result in cease practice for the nurse.
  - 3. The case management team will document all activity in the nurse's monitoring file.
- C. If the positive test is not the result of a known, prescribed medication, and the nurse denies substance use:
  - 1. WHPS requires collection sites to divide samples into two, referred to as split samples. WHPS provides the nurse with the opportunity to have an independent laboratory test the split sample for confirmation.
  - 2. The nurse may request a Medical Review Officer (MRO) review.
  - 3. WHPS will direct the nurse to cease practice.

#### V. Dilute Samples

- A. Urine specific gravity below 1.003 in conjunction with a creatinine level below 20 mg/dl constitutes a dilute sample. Dilute samples may mask the presence of drugs and/or metabolites; therefore, all dilute sample submissions result in additional testing.

- B. The *WHPS Handbook* includes information on dilute samples and how nurses can avoid them.
  - C. All dilute sample submissions will result in a test (standard panel + EtG) scheduled for the next business day.
  - D. A second dilute sample within three months results in WHPS sending a non-compliance notice to the nurse, requires a written explanation from the nurse, and may require alternative testing.
  - E. Any combination of three dilute or abnormal sample submissions within a three-month period requires the nurse to undergo a medical evaluation to determine cause.
  - F. WHPS considers a positive dilute test as a valid positive test.
- VI. Abnormal Samples
- A. A urine creatinine level of less than 15 mg/dl constitutes an abnormal sample.
  - B. The *WHPS Handbook* includes information on abnormal sample submissions and how to avoid them.
  - C. All abnormal sample submissions will result in a test (standard panel + EtG) scheduled for the next business day.
  - D. A third abnormal sample submission within three months results in WHPS sending a non-compliance notice to the nurse, requires a written explanation from the nurse, requires a medical evaluation to determine possible cause, and may require alternative testing.
  - E. Following a medical evaluation that is negative for physical cause, subsequent dilute or abnormal sample submissions requires alternative testing and notification of the Work Site Monitor (WSM). WHPS may also require the nurse to cease practice and refer the nurse to the Substance Use and Abuse Team (SUAT).
  - F. WHPS considers a positive abnormal test as a valid positive test.
- VII. Out-of-Temperature Range Samples
- A. WHPS considers out-of-temperature range samples as invalid.
  - B. When the collection site receives an out-of-temperature range sample, the nurse must remain at the collection site and submit a second sample per the collection site's procedures.
  - C. WHPS considers the nurse's failure to submit a second sample under these circumstances as a positive test.
- VIII. Substituted or Adulterated Samples
- A. WHPS considers substituted or adulterated samples as positive tests.
- IX. Medical Review Officer (MRO) Review
- A. WHPS offers MRO services upon request through the case manager according to the Program Participation Contract and *WHPS Handbook*. The nurse is responsible for all MRO fees.
  - B. The MRO posts their opinion in the case notes for case manager review.