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I. PURPOSE

To define the procedure by which medical staff and certain advanced practice professionals (APPs) may be tested for intoxicants. The Stanford Hospital & Clinics medical staff is committed to provide an environment that protects patients from impairment of their care by our members due to substance abuse or other causes.

II. SCOPE

The policy applies to all SHC medical staff. It applies also to those APPs (i.e., nurse practitioners and physician assistants) who are not employed by SHC. APPs who are SHC employees are covered by employee testing policies.

III. PRINCIPLES

The SHC medical staff recognizes the necessity to establish a procedure through which members who behave in a manner consistent with intoxication can be tested for known intoxicants in a manner which respects the rights of the individual member while at the same time protecting our patients against impaired caregivers. This is termed “for cause testing.”

The SHC medical staff recognizes that substance abuse and other impairments of a medical staff member’s professional activities are often best dealt with through supportive and therapeutic interventions. We support diversion from a primarily disciplinary path to a therapeutic and supportive approach whenever the behavior of the medical staff member in question shows that this may be productive. However, this does not lessen the need to carefully document any evidence of intoxication while on duty.

IV. ROLES AND RESPONSIBILITIES:

The implementation, administration, and management of these procedures shall be the responsibility of the Chief of Staff, the Chief Medical Officer, and Stanford Occupational Health Services (OHS). Concerns about possible intoxication may be raised by members of the medical staff, co-workers, other employees, patients, family members, or visitors.

V. VALID CAUSE

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Valid causes for concern include the following:

1. Practitioner has sustained a work related accident or injury which alone, or in combination with other observations listed below, might lead a reasonable observer to suspect intoxication of some kind.
2. Practitioner has been involved in a clinical incident which alone, or in combination with other observations listed below, might lead a reasonable observer to suspect intoxication of some kind.
3. Practitioner has otherwise unexplained difficulty with movements, balance, or coordination which alone, or in combination with other observations listed below, might lead a reasonable observer to suspect intoxication of some kind.
 - a. Loss of balance
 - b. Stumbling
 - c. Staggering
 - d. Leaning on objects for support
4. Practitioner's conduct, speech, content of speech, or slurring of words which, if not otherwise explained, justifies a reasonable concern about intoxication of some sort.
5. Physical appearance which, if not otherwise explained, justifies a reasonable concern about intoxication of some sort; e.g.:
 - a. Eyes red or glassy
 - b. Pupillary changes (small-pinpoint or dilated)
 - c. Unkempt
6. Direct evidence of possible alcohol/drug use at work:
 - a. There is odor of alcohol on practitioner's breath
 - b. Practitioner observed or discovered to be in possession of intoxicants or related paraphernalia on day of accident/injury
 - c. Practitioner witnessed to be using alcohol or other intoxicants before or while on duty.
7. Practitioner appears to have impaired judgment, concentration or ability to attend to current patient care tasks.
8. Practitioner appears compromised and presents a hazard to patients, others, and/or self; or exhibits any pattern of behavior which justifies a reasonable concern about intoxication of any sort.

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VI. GENERAL PROCEDURES

Any SHC medical staff member or employee who is concerned about possible intoxication or other acute impairment of a medical staff member or APP, or who is informed of such a concern, should immediately activate the Chain of Command (COC; see Appendix A). OHS (available on SHC beeper 17849) should also be contacted immediately to initiate the procedures for for-cause testing. **It is critical to call OHS - not the SHC Clinical Laboratory.**

1. If the OHS representative arrives before a member of the Chain of Command, he/she should await instructions from a member of the COC.
2. While waiting for the arrival of a member of the COC, all reasonable attempts should be made to persuade the possibly impaired individual from leaving the area, including contacting security if it appears an impaired individual intends to operate a motor vehicle. The individual in question should not be left alone or unobserved. No physical force may be used to restrain the individual.
3. Determinations that for-cause testing is indicated should normally be made by two persons on the COC list, including at least one elected representative of the medical staff. However, if a good faith effort to contact a second person (or an elected representative) is unsuccessful and threatens to significantly delay testing, for-cause testing may then be invoked by a single member of the COC or by two or more non-elected members.
4. The person(s) responsible for determining that for-cause testing is necessary should document behaviors observed, decisions made, and witnesses to the event(s) and forward to the Chief of Staff.
5. Consent for testing should be obtained only by a member of the COC, after it is confirmed that testing is indicated. Consent may be verbal and is confirmed by the cooperation of the individual being tested.
6. If, after testing is determined to be indicated according to the above procedure, a medical staff member should refuse testing, the Chief of Staff or designee will be immediately informed. Refusal of testing may be considered in the overall assessment of any discipline warranted under the procedures outlined in the Medical Staff Bylaws.

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7. Chain of Command representative(s) will determine whether the medical staff member may return to duty pending the results of the confirmation testing.
8. Arrangements must be made for a member thought to be impaired by drugs or alcohol to be escorted by a colleague, friend, or family member to a treatment facility or home. If assistance is refused, the Security Dept. must be contacted to help prevent the individual from operating a motor vehicle while appearing impaired.

VII. SCOPE AND INTENT OF TESTING

Testing will be performed for all known and commonly used intoxicants for which reliable testing is available. Although currently available lab tests often are considered “positive” for levels of intoxicants which are clinically insignificant, the SHC Medical Staff will interpret a test as “positive”, for the purpose of assessing the cause of a specific incident, only when the test shows levels which it deems consistent with an intoxicating effect. Lower levels are of course significant for individuals who are already known to be in a diversion program for substance abuse, but otherwise will not in and of themselves be considered as evidence of acute or chronic impairment, nor used as the sole basis for Medical Staff disciplinary action.

Positive *screening* tests may, however, be used to justify *temporary* suspension of privileges even if they are not able to distinguish between remote use and current intoxication.

Whenever possible, testing will be done according to protocols for proper Chain of Custody (See “SHC Medical Staff For Cause Drug Testing Procedure.”).

VIII. CONFIDENTIALITY

All SHC employees and medical staff representatives involved in any of the procedures outlined in this policy shall maintain confidentiality to protect the privacy of the possibly impaired medical staff member. Documentation of reports of possible impairment and subsequent procedures will be treated as strictly confidential medical staff documents. Information shall be released to other individuals or entities only on a need-to-know basis and only with the approval of the Chief of Staff and/or the Medical Executive Committee.

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IX. APPEALS

Corrective action and termination decisions will be guided by the Medical Staff Bylaws of SHC and/or LPCH

IX. DOCUMENT INFORMATION

A. Legal Authority/References

B. Author/Original Date

This Policy was authored by the SHC Chief of Staff – Oct 2009

C. Gatekeeper of Original Document

The Director of Medical Staff Services (or designee), who will be responsible for initiating its review and revision. The Policy will reside in the Credentials Policy and Procedure Manual, a copy of which is kept in the Medical Staff Services Department.

D. Distribution and Training Requirements

The distribution and training requirements for this Policy will be handled through the Medical Staff Services Department.

E. Requirements For Review and Renewal

This Policy will be reviewed and/or revised every three years or as required by change of law or practice.

F. Local Approvals

SHC/LPCH Well Being Committee – October 2009

G. MEC and Hospital Board Approvals

SHC – MEC – July 2010

SHC – Hospital Board – July 2010

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Direct inquiries to:
Director, Medical Staff Services, (650) 497-8920

APPENDIX A: ACTIVATION OF THE CHAIN OF COMMAND:

Whenever a suspicion arises of acute impairment of a medical staff member or APP, the COC should be activated.

The first call should always be to the Chief of Staff. If response is delayed, call the next person on the COC primary call list or any other member of the COC who may be more readily available. Always remember to also call OHS (SHC pager 17849) – do not wait for a response from the COC member first.

The Chain of Command (COC) refers to individuals who are authorized to determine whether testing of a medical staff member is indicated, according to the For Cause Testing Policy. Members include all elected leaders of the medical staff, certain unelected medical staff leaders, the Administrator on Duty (AOD) and the Chief Medical Officer of SHC.

Determinations that for-cause testing is indicated should normally be made by two persons on the COC list, at least one of whom should be an *elected* leader of the medical staff. However, a if a good faith effort to contact a second COC member is unsuccessful and threatens to significantly delay testing, for-cause testing may then be invoked by a single member of the COC.

Consent for testing should be obtained only by a member of the COC, after it is confirmed that testing is indicated.

This list, with contact information, will be kept current by the Medical Staff Office and provided to the Occupational Health and Safety Office, Security, and the Paging office. Thus, one or more of the following individuals should always be readily available:

CHAIN OF COMMAND (COC) PRIMARY CALL LIST

- Chief of Staff (COS)
- Immediate Past COS
- Vice COS
- Chief Medical Officer
- Care Improvement Committee Chair

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QIPSC Chair
C&P Chair

FURTHER COC MEMBERS (ELECTED):

MEC Members at Large x 5
Deputy Chiefs of Service

FURTHER COC MEMBERS (NON-ELECTED):

Chiefs of Service
Non-elected Deputy Chiefs of Service
Administrator on Call