

UNC HEALTH CARE FIT FOR DUTY POLICY FOR ACGME TRAINEES

Purpose

UNC Health Care's mission is to provide all employees, other workers, patients and visitors a safe environment for delivery of the highest quality of patient care. We recognize that all forms of impairment may lead to increased unintentional injuries, risks to patient care, and decreased productivity. Our purpose is to identify and address problems associated with substance abuse or other impairment and encourage rehabilitation.

Covered Employees

This policy applies to all duly appointed residents and subspecialty residents appointed to ACGME accredited programs at University of North Carolina Hospitals and non-ACGME trainees appointed through the Office of Graduate Medical Education (all of whom will be hereinafter referenced as "trainees").

- UNC Health Care will refer Visiting Residents to the sponsoring institution for corrective action. UNC Health Care may restrict Visiting Residents or other non-UNC Health Care employees from working at UNC Health Care as a result of failure to comply with UNC Health Care's requirement that trainees report for work fit for duty and participate in a Fitness for Duty Assessment when requested.

Fit for Duty Policy

1. The following rules and practices apply to all trainees:

a. No trainee shall report to the work site impaired for any reason, including but not limited to, personal stress, medical condition, use of alcohol or controlled substances, including drugs prescribed by a physician, or by use of over-the-counter medication.

b. No trainee shall use, sell, possess, distribute, dispense, divert or manufacture alcohol, controlled substances or prescription drugs without a valid prescription on UNC Health Care property or UNC Health Care time. Such conduct is also prohibited during non-working time to the extent that it impairs a trainee's ability to perform his/her job upon arrival at work, interferes with regular attendance, or threatens the reputation or integrity of UNC Health Care.

c. Violations of criminal drug statutes occurring in the workplace will be reported to the appropriate law enforcement authority.

d. Operating a UNC Health Care vehicle or a personal vehicle while on UNC Health Care business after the consumption of any alcohol or controlled substance is prohibited.

e. Trainees who consume alcohol or controlled substances under any circumstances and return to UNC Health Care or resume UNC Health Care activities that work day are subject to evaluation under this policy.

f. In consideration of the clinical responsibilities and patient safety, trainees may not exceed .02 BAC 12 hours prior to any patient care.

g. Trainees must not consume alcohol while officially "on call" including "at home call".

h. A trainee convicted of any felony criminal drug or alcohol offense must notify his/her program director and the Office of Graduate Medical Education no later than five (5) calendar days after such conviction. Failure to provide notification may result in disciplinary action up to and including automatic dismissal for trainees and may result in automatic prohibition from returning to the work place for Visiting Residents.

i. UNC Hospitals, in accordance with North Carolina Physicians Health Program, Employee Assistance Program principles, and the Office of Graduate Medical Education will support the responsible action of an employee seeking help for an alcohol or controlled substance problem. An employee's efforts to obtain help through his/her department and the Office of Graduate Medical Education will be handled in confidence.

2. Sanctions for failure to abide by this policy include, but are not limited to:
 - a. Removal from the workplace;
 - b. Corrective action, if appropriate, up to and including termination;
 - c. Referral for criminal prosecution, if appropriate;
 - d. Reporting to licensing agencies or boards;
 - e. Referral to the Office of Graduate Medical Education and the NC Physicians Health Program for UNC Health Care residents and subspecialty residents and the EAP for other trainees appointed through the Office of Graduate Medical Education; and
 - f. Other action as deemed appropriate by UNC Health Care officials.
 - g. All trainees who test positive in a second drug or alcohol test shall be dismissed. Any trainee who is permitted to return to training at the work place after a positive drug or alcohol test and who tests positive in a second drug or alcohol test shall be prohibited from ever returning to the training program or the work place.
3. All UNC Health Care employees, workers, and trainees have a duty to report observed and suspected violations of this policy to their supervisor, department management, or attending physician.
4. Gifts of alcohol received on the UNC Health Care premises should not be opened and should be taken off the premises as soon as possible.

Definitions

Controlled Substances - Include, but are not limited to, marijuana, opiates, amphetamines, barbiturates, heroin, and similar drugs whose possession and use are prohibited under state or federal law; prescription drugs unless validly prescribed by an employee's physician and used as prescribed; so-called "designer drugs," "look-alikes," synthetic drugs, and similar substances; and other substances whose use may be abused although they are available legally (such as cough syrup and other over-the-counter medications, and substances not intended for human consumption (such as glue)).

Positive Test - Positive results from testing for the presence of controlled substances or an unacceptable level of alcohol or legally-prescribed drugs. For illicit substances, any positive test of a controlled substance in its pure form or its metabolites at or above the specified cutoff levels (Appendix 7) violates this policy. For alcohol, any positive test of at least 0.02 violates this policy.

Impaired - State of an individual who is affected by consumption of alcohol, or controlled substances, or personal stress, or medical condition as determined by a physician. Individuals taking medications prescribed by a physician or over-the-counter medications should adhere to the terms of the prescription and to any activity restrictions recommended by the physician or manufacturer.

Controlled substance examination - Any and all actions related to testing conducted for the purpose of determining if an individual has recently used or is using controlled substances or alcohol.

Screening - Initial examination performed for the purpose of assessing impairment.

Fit for Duty Testing Categories

A. Pre-Employment/Pre-Service Substance Testing

Testing for controlled substances and alcohol will be conducted on all trainees to whom an offer of appointment to Graduate Medical Education and employment has been made and to other trainees appointed or employed through the Office of Graduate Medical Education. All appointments and offers of employment are subject to the terms and conditions of this policy. Failure to cooperate in such a test will result in a withdrawal of the appointment or offer of employment. Any trainee who refuses to submit to or tampers with a controlled substance/alcohol test shall be ineligible for appointment or hire.

If the test is positive, the information will be forwarded to the Office of Graduate Medical Education, NC Physicians Health Program, if appropriate, and a Medical Review Officer for assessment. Unless satisfactory reasons exist for a “positive” test result (e.g., taking prescribed medications, false positive result, etc.), the offer of appointment to Graduate Medical Education or offer of employment for other trainees appointed through the Office of Graduate Medical Education will be withdrawn and the trainee will not be considered for training or employment. A trainee who suspects a false positive test result may request a follow-up test from the split sample. If satisfactory reasons appear for the false positive result, the individual may be subject to follow-up random testing for continued confirmation of appropriate use of medications. Test results will be reviewed in confidence by the Office of Graduate Medical Education, who will convey the results directly to those with a need to know.

Similarly, all UNC Health Care workers who provide patient care, whether they are employees of UNC Health Care or not, will be tested for controlled substances and alcohol prior to their providing any patient care. Failure to cooperate in such a test, or tampering with such a test will result in the worker’s employer being advised and the worker being told not to report to duty at UNC Health Care.

If a Visiting Resident tests positive, the information will be forwarded to the Office of Graduate Medical Education for assessment. Unless satisfactory reasons exist for a “positive” test result (e.g., taking prescribed medications, false positive result, etc.), the Visiting Resident will not be permitted to return to UNC Health Care and the training will end immediately. The Visiting Resident’s sponsoring institution will be notified. Further action and discussions will be the responsibility of the Visiting Resident’s sponsoring institution.

B. Accident-Related Testing

- Motor Vehicle Accident - A trainee involved in a motor vehicle accident while on duty or on UNC Health Care business is responsible for immediately notifying his/her Program Director and the Office of Graduate Medical Education. A trainee who is a driver involved in a motor vehicle accident as described above shall be escorted to or shall report to Occupational Health (or the ED after hours) for a fitness for duty assessment and, if appropriate, drug and alcohol testing.
- Unsafe Act - A trainee who is involved in an unsafe act resulting in harm or personal injury to self, a patient, a visitor, or a co-worker, or whose unsafe act results in damage to UNC Health Care property, under circumstances raising reasonable suspicion that the trainee is not fit for duty, shall be escorted to or shall report to Occupational Health (or the ED after hours) for a fitness for duty assessment and, if appropriate, drug and alcohol testing.
- Post-accident alcohol testing should be done within two (2) hours of the accident. If a test cannot be done within eight (8) hours, it should not be done. However, a sample of blood should be saved if consent for the testing cannot be obtained within the eight-hour period so that the trainee has a chance to consent at a later period.

- Post-accident controlled substances testing must be done within twenty-four (24) hours of the accident. If a test cannot be done within twenty-four hours, it should not be done. However, a sample of blood should be saved if consent for the testing cannot be obtained within the twenty-four-hour period so that the trainee has a chance to consent at a later period.

C. For Cause Testing

Reasonable suspicion that a trainee is impaired may be based upon indicators such as the following:

1. Direct observation by anyone and corroborated by a supervisor or designee of a trainee's abnormal, erratic, or otherwise problematic behavior, which may include, but is not limited to, difficulty with concentrating, confusion, tears, combativeness, holding onto objects for support, less than coherent speech, severe mood swings, overreactions to real or imagined criticism, safety violations, careless or reckless operation of equipment, actions inappropriate to the circumstances, chronic absenteeism, and reporting to work in an otherwise abnormal condition.
2. Direct observation by anyone and corroborated by a supervisor or designee of a trainee's use or possession of a prohibited substance or alcohol while on duty or on UNC Health Care business.
3. Suspicion of drug diversion based on a report of suspected drug diversion by pharmacy investigation, unit report, or hospital police investigation.

Fit for Duty Procedures

The following procedures shall be followed in each instance of violation of this policy.

The Program Director/designee shall:

- Document problematic behavior by completing the "Request for FFD Assessment Form" (see Appendix 1).
- During regular business hours, bring the "Request for FFD Assessment Form" to the Office of Graduate Medical Education and to OHS and escort the trainee to OHS.
- During non-business hours, bring the "Request for FFD Assessment Form" to the Emergency Department and escort the trainee to the Emergency Department. [See After Hours Screening Protocol.]
- Explain to the trainee why his/her behavior necessitates a fit for duty evaluation.

A member of OHS shall:

- Review the reason for the FFD assessment (reasonable suspicion).
- Explain that testing for controlled substances/alcohol is a required part of the FFD assessment.
- Explain that the trainee will be on paid administrative leave until the test results are received by the Medical Director of OHS/Medical Review Officer and a decision is made as to whether the trainee can return to work. Visiting Residents will be returned to their home institutions.
- Explain that the Medical Director of OHS/MRO shall contact the trainee at the telephone number on the consent form upon receipt of the test results.
- Describe the importance of cooperating with the collection site personnel.
- Describe the limited confidentiality of individual test results.
- Describe the consequences of refusing to sign the consent form, failing to submit to testing, failing to report for a specimen collection, tampering or attempting to tamper with a sample or test, failing to communicate with the Medical Director of OHS/MRO, or receiving a verified positive test.

- Advise the trainee of the method(s) of testing which may be used and the substances that may be identified.
- Review the “Substance Test Consent Form” (Appendix 2) with the trainee and obtain the trainee’s signature.
- Advise the DIO and Office of Graduate Medical Education that a FFD assessment is being initiated; inform the sponsoring institution of a Visiting Resident that a FFD assessment is being initiated.
- If psychiatric crisis is apparent, OHS will contact the DIO and Office of Graduate Medical Education and arrange for referral to the Crisis Intervention Team and accompany the trainee to the UNC Psychiatric Crisis Clinic.

If the trainee refuses to participate in the FFD Assessment:

OHS shall:

- Advise the trainee that he/she is being placed on paid investigatory suspension due to failure to follow UNC Health Care’s FFD policy. Advise a Visiting Resident that he/she is not on paid investigatory suspension but cannot return to the work place and that his/her sponsoring institution will be so notified.
- Advise the Program Director that the trainee refused to participate in the FFD Assessment.
- Advise the Director of the Office of Graduate Medical Education that the trainee refused to participate in a FFD Assessment.
- Ensure that the trainee has satisfactory transportation to the off-site destination. The trainee may leave or the trainee’s Program Director or hospital police may arrange for alternate transportation, if needed. Taxi vouchers will be available, if necessary, to assure safe transport of the trainee.

The Program Director shall:

- Place the UNC Health Care trainee on paid investigatory suspension.
- In consultation with the DIO and Director of the Office of Graduate Medical Education, initiate the appropriate corrective action/termination steps for UNC Health Care trainees.
- If the trainee is a Visiting Resident, the Program Director will provide relevant information to the Visiting Resident’s sponsoring institution and explain that the Visiting Resident’s training has been terminated.

If the trainee participates in the FFD Assessment:

OHS shall:

- Administer the FFD assessment, including a standard chemical test panel, following OHS’s internal protocol.
- Ensure that the trainee has satisfactory transportation to the off-site destination. The trainee may leave or the manager or hospital police may arrange for alternate transportation, if needed. Taxi vouchers will be available, if necessary, to assure safe transport of the trainee.
- Following screening, advise the Program Director that the trainee has participated in the drug/alcohol test.
- Advise the Program Director that the trainee will be on administrative leave until results of evaluation and any pertinent follow-up are completed by the Medical Director of OHS/MRO.

The Program Director and DIO and Office of Graduate Medical Education shall:

- Place the trainee on paid administrative leave pending receipt of FFD assessment. Advise the Sponsoring Institution that the Visiting Resident will not be permitted to return to work unless the results of the test are negative.

- Upon receipt of negative test results (i.e., no alcohol or controlled substances), the trainee will be advised as to when to return to duty.

Duties of the MRO/Medical Director of OHS:

- Advise the trainee and Program Director of the results of the FFD assessment and the chemical test. The MRO/Medical Director of OHS shall advise the trainee that he/she may return to work after coordinating a return-to-work date with the Program Director and Director of the Office of Graduate Medical Education.
- Advise the DIO and Office of Graduate Medical Education of the results of the FFD assessment and chemical test.
- If the MRO/Medical Director of OHS cannot reach the trainee at the designated phone number, the MRO/Medical Director of OHS will make one more attempt the following day. If the second attempt is unsuccessful, the MRO/Medical Director of OHS will so advise the DIO and Office of Graduate Medical Education.
- Note: If other information is identified that impacts the trainee's ability to return to work, the MRO/Medical Director of OHS may present such information to the Director of the Office of Graduate Medical Education
- Note: All records surrounding this incident shall be removed from the trainee's personnel file upon return of negative test results.

Duties of the DIO and Office of Graduate Medical Education:

- If the MRO/Medical Director of OHS has successfully contacted the trainee and the trainee may return to work, the DIO and Office of Graduate Medical Education will so advise the Program Director and have the Program Director arrange with the trainee for the return to work.
- If the MRO/Medical Director of OHS has presented other information that impacts the trainee's ability to return to work, the DIO and Office of Graduate Medical Education will identify applicable actions and resources that are outside of this procedure.

Duties of the Program Director

- Upon notification to do so by the DIO and Office of Graduate Medical Education , contact the trainee and coordinate his/her return to work
- Take the trainee off administrative leave, effective the date of the Medical Director of OHS/MRO's successful contact with the trainee.

Upon receipt of positive test results (i.e., alcohol or controlled substances identified):

Duties of the MRO/Medical Director of OHS:

- Advise the trainee of the results of the FFD assessment and the chemical test.
- If the MRO/Medical Director of OHS cannot reach the trainee at the designated phone number, the MRO/Medical Director of OHS will make one more attempt the following day. If the second attempt is unsuccessful, the MRO/Medical Director of OHS will so advise the DIO and Office of Graduate Medical Education.
- Advise the DIO and Office of Graduate Medical Education of the positive test results, including the substance identified.
- If other information is identified that impacts the trainee's ability to return to work, the MRO/Medical Director of OHS may present such information to the DIO and Office of Graduate Medical Education.

Duties of the DIO and Office of Graduate Medical Education:

- Advise the Program Director of the FFD assessment, including positive test results and the substance(s) identified.
- In consultation with the Program Director, determine the appropriate response, taking into consideration the guidelines below.
- If appropriate, advise the NC Physicians Health Program of a pending referral.
- If the MRO/Medical Director of OHS has been unable to successfully contact the trainee, the DIO and Office of Graduate Medical Education will advise the Program Director of the FFD assessment results and will advise the Program Director to follow the standard protocol for termination for cause. If the trainee is a Visiting Resident, the DIO and Office of Graduate Medical Education will advise the Program Director to contact the Visiting Resident's sponsoring institution to provide the test results and explain that the Visiting Resident's rotation is no longer approved at UNC Health Care.
- If other information is identified that impacts the trainee's ability to return to work or participate in customary treatment, the Office of Graduate Medical Education will coordinate other actions/resources outside of this policy, such as an accommodation, sick leave, short term or long term disability, etc.

Guidelines in response to impairment of a UNC Health Care trainee with no prior warnings, either verbal or written, for related issues (Note: These guidelines do not apply to Visiting Residents):

- If a trainee tests positive for alcohol or controlled substance(s), he/she shall be placed in remediation and probation, will be subject to random follow-up testing administered by the NC Physicians Health Program or the Office of Graduate Medical Education, shall successfully complete any return-to-duty requirements monitored by the NC Physicians Health Program, and shall participate in a Return to Work Agreement (Appendix 6) for continued training and employment. The test results will be reported to appropriate licensing organizations, such as the North Carolina Medical Board or Dental Licensing Board, by the Office of Graduate Medical Education. If the licensing organization revokes the trainee's license, the trainee's continued appointment with UNC Health Care will be terminated.
- If a trainee tests positive for a drug where there is indication that such drug has been diverted, the trainee shall be terminated. Such test results/actions will be reported to appropriate licensing organizations, such as the NC Medical Board and Dental Licensing Board, by the Office of Graduate Medical Education.
- A trainee who tests positive for legally prescribed medications will be referred to his/her own physician. The trainee may return to work when the physician provides appropriate information to the DIO and Office of Graduate Medical Education and MRO/Medical Director of OHS.
If a trainee is identified as impaired due to other medical issues, the MRO will consult with the DIO and Office of Graduate Medical Education to identify appropriate resources.

Guidelines in response to impairment of a trainee with prior warning, either verbal or written, for related issues:

A trainee who tests positive for alcohol or controlled substance(s) after having received any kind of prior warning for related issues shall be terminated.

Return to Work (This section applies only to UNC Health Care trainees.)

The Program Director shall:

- Prepare the Return to Work Agreement, as required, in consultation with the DIO and Office of Graduate Medical Education and the NC Physicians Health Program.
- Review the Return to Work, if required, with the trainee and obtain the trainee's signature on it. Refusal to sign a Return to Work Agreement shall result in termination.
- If required, direct the trainee to meet with the NC Physicians Health Program and explain that the NCPHP will manage and monitor the trainee's return to work.
- Direct the trainee to arrange a visit to Occupational Health to be released back to work by Medical Director.
- Direct the trainee to take a copy of the signed Return to Work Agreement to the NC Physicians Health Program.
- Submit one copy of the signed Return to Work Agreement to the program director and the Office of Graduate Medical Education.

Incapacity to Consent to Testing

If the trainee, while on duty or on UNC Health Care business, presents in the ED with red alert trauma under circumstances raising reasonable suspicion of controlled substance or alcohol use and is incapable of consenting to testing under this policy, when the trainee regains capacity to consent he/she shall consent to disclosing to his/her Program Director, the DIO, and the Office of Graduate Medical Education the relevant results of any blood or urine screens obtained during his/her treatment pursuant to the UNC Hospitals policy "Routine Lab Diagnostics for Trauma Alert" (see Appendix 8). Refusal to consent to disclosure will be treated in the same manner as refusal to consent to testing as described elsewhere in this policy.

Counseling and Rehabilitation

It has been recognized and accepted that early treatment is a key to rehabilitation for substance abusers. Trainees are encouraged to voluntarily request counseling or rehabilitation. No trainee will have job security jeopardized by a request for counseling or assistance, which requests are strictly confidential; however, a trainee will not avoid corrective action for policy violations which have already occurred or that may occur during or after counseling or rehabilitation. Requests for paid leave or time off without pay in order to participate in approved counseling and rehabilitation programs will be considered on a case-by-case basis.

Work time lost due to counseling or rehabilitation will be paid according to eligibility for Graduate Medical Education leave policies as appropriate and short-term and long term disability benefits.

**APPENDIX 1
REQUEST FOR FIT FOR DUTY ASSESSMENT FORM**

This form should always accompany a request for drug screening.

Trainee Name:	UNC Health Care Medical Record #:
Department:	Date:
Program Director:	Program Director phone #:
Date of Observation:	Time of Observation:

Please check all that apply

<p>1. Odor of alcohol present? Yes _____ No _____</p>	<p>2. Changes in behavior? Slurred speech _____ Stumbling/falling _____ Falling asleep at work _____ Confusion _____ Inattention to personal hygiene _____ Sudden changes in mood _____ Excessive crying _____ Anger _____ Loud speech patterns _____ Withdrawn _____, Disruptive _____ Other _____ Explain: _____ _____ _____</p>
<p>3. Errors in work judgment? Safety violations _____ Careless operation of equipment _____ Other _____ Explain:</p>	<p>4. Motor Vehicle accident while conducting hospital business? _____ Type of vehicle involved: UNC HC vehicle _____ Personal vehicle _____</p>
<p>5. Injury or incident causing personal injury requiring hospitalization? _____ Explain:</p>	<p>6. Suspicion of drug diversion? _____ Explain:</p>
<p>7. Post Rehabilitation testing? _____ Explain:</p>	<p>Additional comments:</p>

Disposition of trainee-(circle one) home, hospitalized, returned to work

Program Director/Designee (print name)

Date

Signature of Program Director/Designee

Corroborating Supervisor/OHS

Date

Signature of Corroborating Supervisor/OHS

APPENDIX 2

SUBSTANCE TEST CONSENT FORM

UNC Health Care

Part 1 – Completed by Representative of Occupational Health Services or Emergency Department

- I have explained to the trainee the reason for the FFD assessment based on the behaviors/circumstances indicated on the Request for FFD Assessment Form.
- I have explained that testing for alcohol and controlled substances is a required part of the FFD assessment.
- I have explained that the trainee will be on paid administrative leave until the test results are received by the Director of Occupational Health/Medical Review Officer. (I have explained to a Visiting Resident that he/she will not be on paid administrative leave until the test results are received, but cannot return to the work place unless negative test results are received.)
- I have explained that the Director of Occupational Health/Medical Review Officer will contact the trainee at the telephone number indicated below upon receipt of the test results.
- I have explained that failure to cooperate with the collection site personnel is considered a violation of this policy and will result in termination.
- I have explained the limited confidentiality of the test results, i.e., the test results may be communicated to the trainee's Program Director, the DIO, and the Office of Graduate Medical Education or designees, or others on a need to know basis.
- I have explained that refusing to sign the consent form, failing to submit to testing, failing to report for a specimen collection, tampering or attempting to tamper with a sample or test, failing to communicate with the Director of Occupational Health/MRO will result in termination. I have explained that a positive test will result in disciplinary action up to and including dismissal.
- I have explained the method(s) of testing which may be used and the substances that may be identified.

(Name)_____
(Date)

Part 2 – Completed by trainee

I, _____, do hereby give my consent to UNC Health Care to collect from me a sample of

- urine
- blood
- other (specify _____)

I further give my consent to UNC Health Care to forward the sample(s) to an approved laboratory for the performance of appropriate tests thereon to screen for the presence of drugs, alcohol, or other substances.

I furthermore give the approved laboratory my permission to release the results of such testing to UNC Health Care's Occupational Health Services, the DIO, the Office of Graduate Medical Education and also to release the results of such testing to:

For UNC Health Care Trainees:

I also understand that, if I refuse to consent to testing, I will automatically be placed on paid investigatory suspension while my training status is being considered.

Trainee Signature

Witness Signature

Date

Date

Trainee EID

Trainee Telephone number

APPENDIX 3

AFTER HOURS DRUG SCREENING PROTOCOL

The following steps should be taken when a trainee is suspected of being impaired during work hours or when a trainee has had a motor vehicle accident while on UNC HCS business either in a state-owned vehicle or their personal vehicle and such accident falls within the parameters described above (pages 2-3), and when the Department of Occupational Health Service (OHS) is unavailable (i.e. nights, weekends, holidays):

- Employees/trainees who believe that a co-worker's behavior is impaired or suggests drug/alcohol use must report their observations to an attending physician immediately. If the attending physician also observes the described behavior, the attending physician, or designee to whom the report is made, will complete the "Request for Fit for Duty Assessment Form" and will relieve the trainee of his/her duties.
- The attending physician, UNC Health Care Police, house supervisor or Department head, will escort the trainee to the Emergency Department (ED). The completed "Request for Fit for Duty Assessment Form" will be provided to the triage nurse or attending physician in the ED.
- The ED physician will evaluate the trainee. The physician should provide diagnosis and care for all diseases/illnesses as appropriate.
- The physician, after making sure informed consent has been obtained from the trainee, will order urine test #764875 based on OHS guidelines (see Lab Tests to be ordered per Protocol; Appendix 4) using pre-printed orders, or blood testing as appropriate.
- The attending physician or designee will be responsible for obtaining the informed consent from the trainee, obtaining the appropriate urine/blood specimens, completing the "Chain of Custody" form and transferring the COC form and evidence to Hospital Police (see Procedure for Collection, Appendix 5). If the trainee refuses to consent to testing, the attending physician or designee will advise the trainee that he/she is being placed on paid investigatory suspension due to failure to follow UNC Health Care's FFD policy. The attending physician or designee will also notify UNC Health Care Police, who shall notify the UNC Department of Public Safety. If the trainee is a Visiting Resident and refuses to consent to testing, the attending physician will provide relevant information to the Program Director and Office of Graduate Medical Education. The Program Director will explain to the Visiting Resident and the Visiting Resident's sponsoring institution that the Visiting Resident's training at UNC Health Care is no longer approved.
- The house supervisor will fax a copy of the "Request for Fit For Duty Assessment Form" to the Medical Director of OHS at 966-6326.
- UNC Health Care Police will be responsible for maintaining chain of custody of all specimens taken for testing. Such specimens will be placed in the locked refrigerator in OHS for transport to a testing facility the next working day.
- The trainee's supervisor or the UNC Health Care Police will be responsible for arranging safe transport home for the impaired trainee.

- The trainee will remain out of the workplace on paid administrative leave pending completion of lab testing. A Visiting Resident will remain out of the workplace until a negative test result is received.

APPENDIX 4

LAB TESTS TO BE ORDERED PER PROTOCOL

(Test packets are available in Nursing supervisor office, UNC Health Care Police office, and ED supervisor office):

Test#		Blood/Urine	Amount needed
764875 MedPro Profile	Amphetamines, Methamphetamine, Benzodiazepines (Alprazolam, Clonazepam, Flurazepam, Lorazepam, Nordiazepam, Oxazepam, Temazepam, Triazolam), Cannabinoids (THC Metabolite), Cocaine (as Benzoylconine), Ethanol (Alcohol), Meperidine, Methadone, Opiates (Codeine, Hydrocodone, Hydromorphone, Morphine, Oxycodone), Phencyclidine, Propoxyphene, Tramadol	Urine	45ml Urine collection Container (split specimen)
764340	Fentanyl (only if suspected)	Urine	May be included in above urine sample

Additional blood testing is available per the discretion of the OHS Medical Director. The above urine tests are to be used for all reasonable suspicion and post-accident screening.

Blood Testing Protocols

#766550 5-test screen	Amphetamines, Cannabinoids, Cocaine, Opiates, Phencyclidine (PCP)	Blood- 20mls Serum sep. tubes
#799700	Amphetamines, Cocaine Cannabinoids, Opiates, Phencyclidine (PCP), Alcohol	Urine
#766477 7-test screen	Amphetamines, Barbituates Benzodiazepines, Cannabinoids, Cocaine, Opiates, Phencyclidine (PCP)	Blood- 20mls Serum sep. tubes
#017996	Bld Ethanol (Alcohol) level	Blood- 10ml Serum sep. tube

APPENDIX 5

PROCEDURE FOR COLLECTION:

1. Complete Chain of Custody form and include:
 - Donor EID or PID
 - Reason for testing: “post-accident” or “reasonable suspicion”
 - Daytime and evening phone number of donor
 - Test requested
2. Obtain urine specimen from donor
 - Check specimen temperature (urine) within 4 minutes of collection
 - Mark temperature of specimen on COC form (step 3)
 - Affix numbered labels to specimens across the top of the specimen –**large label is for outside of collection bag. Use “A” AND “B” labels for urine samples. Be sure that the collector dates the seals and the donor initials the seals.**
 - **Check appropriate tests to be done**
3. Collector signs and dates the COC form (step 5)
The collection site location is:
UNC OCCUPATIONAL HEALTH SERVICE
101 MANNING DRIVE, CHAPEL HILL, 27514
919-966-4480
4. Donor completes COC form with printed name, signature, initials and date (Step 7).
5. Collector gives specimen and COC form to UNC Health Care Police and signs form to transfer the specimen (step 6).
6. **The COC forms are to remain with the specimen but should be accessible for transfer to LabCorp courier (KEEP THE COC FORM IN THE OUTSIDE UNSEALED POUCH OF THE SPECIMEN BAG).**
7. UNC Health Care Police receive specimen and COC form, sign for transfer (step 6) and put specimen into OHS locked refrigerator (PUT SIGN ON FRIDGE).
8. Specimen is sent to lab for testing by OHS staff the next business day.
9. Results of testing will be reported to the Medical Director of Occupational Health/MRO who will then notify the DIO and Office of Graduate Medical Education.
10. Trainee will be given results of testing by Medical Director/MRO or designee of OHS.

APPENDIX 6

RETURN TO WORK AGREEMENT

I, _____, hereby acknowledge that I have violated UNC Health Care’s Fit for Duty Policy. I recognize my obligation to meet appointment standards of UNC Health Care to maintain my eligibility for appointment. Therefore, I agree to satisfactorily participate in any evaluation, treatment, assistance, or counseling programs required. I also agree to refrain from consuming alcohol such that I will still be affected by it when I report to duty, and I agree to abstain from drugs unless medically prescribed.

I understand that I am responsible for providing a request for FMLA leave, which must include a start date and end date for treatment, if required. The request for FMLA leave must be signed by a health care provider at the selected treatment facility by a person who is knowledgeable regarding the length of my treatment program. My absence due to treatment or related follow-up will be managed in accordance with the provisions of the FMLA and UNC Health Care’s Leave Policy, i.e., I am responsible for exhausting any benefit time that I have accrued, and when my benefit time is exhausted, I will be on unpaid FMLA leave (if eligible). Failure to return to work at the completion of treatment will result in termination.

Further, when requested by UNC Health Care officials, I agree to submit to periodic unannounced drug/alcohol testing for two years from today’s date, and to cooperate with other investigative requests including, but not limited to, interviews and searches.

I further consent to release to the UNC Health Care Occupational Health Office, the NC Physicians Health Program, DIO, Office of Graduate Medical Education and to my Program Director information concerning my participation in treatment and abstinence from drugs and alcohol, to the extent that I will still be affected by it when I report to duty, and/or related information.

I understand that refusal or failure to submit to a drug/alcohol test or a positive finding on such test shall be cause for immediate discharge from my training program because of failure to meet UNC Health Care policies as well as the terms of this Agreement. I further understand that failure or refusal to cooperate with the terms of this Agreement or other violations of UNC Health Care’s Fit for Duty Policy will be cause for disciplinary action up to and including discharge.

I understand and agree to the above terms and conditions of appointment, and I understand that I am also responsible for complying with all other UNC Health Care rules and standards, including expected levels of job performance and attendance. I acknowledge that this Agreement does not constitute a contract or promise of appointment.

I understand that trainees undergoing rehabilitation or who have completed rehabilitation are required to abide by all UNC Health Care rules and standards, including expected levels of job performance.

Trainee Signature

Date

DIO Signature

Date

APPENDIX 7
TESTING CUTOFF LEVELS

Drug	LabCorp Standard Screening Cut-off Level	LabCorp Standard GC/MS Confirmation Cut-off Level	Detection Time in Urine
STIMULANTS			
Amphetamine Also known as: speed Pharmaceutical names: Dexedrine, Benzedrine	1000 ng/mL	500 ng/mL	1 to 2 days
Methamphetamine Also known as: speed, ice, crystal, crank Pharmaceutical names: Desoxyn, Methedrine	1000 ng/mL	1000 ng/mL	1 to 2 days
MDMA (Methylenedioxymethamphetamine) Also know as: ecstasy, XTC, ADAM, lover's speed	500 ng/mL	250 ng/mL	1 to 2 days
Cocaine Also know as: coke, crack, rock cocaine	300 ng/mL	150 ng/mL	2 to 4 days
HALLUCINOGENS			
Marijuana/Cannabinoids Also known as: dope, weed, hemp, hash, Colombian, sinsemilla Pharmaceutical name: Marinol	50 ng/mL	15 ng/mL	Single use: 2 to 7 days Prolonged use: 1 to 2 months
Phencyclidine Also known as: PCP, angel dust	25 ng/mL	25 ng/mL	14 days Up to 30 days in chronic users
NARCOTICS/ANALGESICS/OPIATES			
Codeine	2000 ng/ml	2000 ng/mL	2 days
Morphine and/or Heroin Heroin also known as: smack, tar, chasing the tiger Pharmaceutical names: Duramorph, Roxanol	2000 ng/mL	2000 ng/mL	2 days
Methadone Also known as: fizzies Pharmaceutical names: Amidone, Dolophine	300 ng/mL	300 ng/mL	3 days
Propoxyphene Pharmaceutical names: Darvon, Darvocet, Novopropoxyn	300 ng/mL	300 ng/mL	6 hours to 2 days
DEPRESSANTS/SEDATIVES/HYPNOTICS			
Barbiturates Also known as: downers, barbs, goof balls, reds, yellow jackets Pharmaceutical names: Amobarbital (Amytal), Butalbital (Fiorinal), Pentobarbital (Nembutal), Phenobarbital (Donnatal), Secobarbital (Seconal)	200 ng/mL	200 ng/mL	Short acting: 2 days
Benzodiazepines Also known as: bennies Pharmaceutical names: Diazepam (valium), Oxazepam (Serax), chlordiazepoxide (Librium), Alprazolam (Xanax), Chlorazepate (Tranxene), Temazepam (Restoril)	200 ng/mL	200 ng/mL	Therapeutic dose: 3 days Extended dosage or chronic use (1 or more years): 4 to 6 weeks
Ethyl Alcohol Also known as: liquor, distilled spirits, beer, wine, booze, hooch Pharmaceutical name: Ethanol	0.02% (20 mg/dL)	0.02% (20 mg/dL)	In urine: 1 to 12 hours In serum and plasma: 1 to 12 hour

Specimen Validity Testing			
Validity Marker	Commercial Product	Method of Introduction to Urine	Mode of Action
Creatinine	N/A	In vivo, or in vitro, this substance is always present in urine but is used to indicate dilute or substituted specimens.	Creatinine is excreted from the body at a constant rate and there are expected values for creatinine in urine. When abnormally large quantities of fluids are consumed (in vivo), the urine becomes dilute and the creatinine levels are substantially reduced, as well as other urine constituents including drugs and their metabolites. Alternately, a donor may try to beat a test by adding water to the urine cup (in vitro) to dilute the drug level. Creatinine levels are used in conjunction with a specific gravity determination to identify the specimen as dilute or substituted.
Nitrites	Klear, Whizzies	In vitro, donor adds potassium nitrite to urine in collection cup.	Nitrites are also oxidizing agents that attach the drug molecules when present at high concentrations. The key effect of nitrites is, when present, they will interfere with the GC/MS confirmation of a cannabinoid positive.
pH	N/A	In vivo by ingestion of materials that would change the urinary pH outside of a normal range (next to impossible), or in vitro, where the donor adds a substance to the urine to modify the pH of the specimen dramatically.	The pH of the sample may influence enzymatic test methods used in drug screening. An extreme pH, either very high (>11) or very low (<3) may depress the enzyme rate. Another influence is that extreme pH conditions may adversely affect the stability of the drug being tested, and the drug may not be detectable during retest or confirmation.
Specific Gravity	N/A	In vivo, donor consumes large quantities of liquids, or in vitro, the donor adds something to the urine in the cup.	Normal urine has an expected range of specific gravity values. When donors consume large quantities of liquids to dilute their urine, their urine specific gravity may dip to low levels.

NOTE: Many variables may affect duration of detectability, such as drug metabolism and half-life, subject's physical condition, fluid balance and state of hydration, and route and frequency of ingestion.

NOTE: Tests for other substances will be made if appropriate.

APPENDIX 8**UNIVERSITY OF NORTH CAROLINA HOSPITALS
LEVEL I TRAUMA CENTER****A. RED alert initial routine labs:**

- 1) ABG w/Hemoglobin and lactate
- 2) CBC w/ differential
- 3) Electrolytes (Na, K, Cl, CO₂, Glucose, BUN, Creatinine)
- 4) PTT/APTT
- 5) PT including INR
- 6) Urine Pregnancy (females >age 11)
- 7) Urinalysis
- 8) Blood Alcohol Screen (patients > age 12 unless indicated)
- 9) Urine Toxicology Screen (patients > age 12 unless indicated)
- 10) Type and Screen

B. Labs/ Order when indicated:

- 1) Amylase & Lipase
- 2) Cardiac Enzymes
- 3) Other labs as indicated, including type and cross

**C. YELLOW alert initial routine labs (FOR INTUBATED YELLOW ALERT PATIENTS
PLEASE DO RED ALERT LAB PANEL):**

- 1) CBC with differential
- 2) Electrolytes (Na, K, Cl, CO₂, Glucose, BUN, Creatinine)
- 3) PTT/APTT
- 4) PT including INR
- 5) Urine pregnancy (females >age 11)
- 6) Blood alcohol screen (patients >age 12 unless otherwise indicated)
- 7) Urinalysis
- 8) Urine Toxicology Screen (patients > age 12 unless otherwise indicated)
- 9) Type and screen unless cancelled by trauma resident

Reviewed and Approved by GMEC: 9/17/08
Reviewed and Approved by MSEC: 10/13/08