

SOUTHEASTERN LOUISIANA UNIVERSITY
Kinesiology and Health Studies Department

EMPLOYEE AND STUDENT
DRUG TESTING PROTOCOL

INTRODUCTION

The Kinesiology and Health Studies Department of Southeastern Louisiana University, in response to clinical agency protocol and in support of a drug-free workplace, has initiated a drug testing program.

KINESIOLOGY AND HEALTH STUDIES DEPARTMENT EMPLOYEE AND STUDENT DRUG TESTING PROTOCOL

I. Approved Date: July 31, 2005

II. Effective Date: August 1, 2005

III. Approved by: _____
Dr. Randy Moffett, President

Dr. John Crain, Provost and
Vice President of Academic Affairs

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IV. Revised Date: _____ Signature _____
Date

Date Signature

Date Signature

TABLE OF CONTENTS

OVERVIEW

Purpose
Scope of Testing.....
Who is Affected by Policy
What Substances are to be Tested for
What is the Testing Methodology
Who Performs the Urine Testing.....
Who Receives the Test Results.....
What is the consequence of a Confirmed Positive
Financial

DRUG-FREE WORKPLACE POLICY

Definitions.....
Policy
Scope
Statement of Confidentiality.....
Consequences of Non-Compliance/Confirmed
Positive Test Result.....
Challenging a Positive Test

COLLECTION PROCEDURES CHECKLIST

Prior to Collection
Collection (Unobserved)
Collection (Reasons for Direct Observation).....
Collection (Observed).....
After Collection

MEDICAL REVIEW OFFICER

APPENDIX A - FORMS

APPENDIX B - MRO PROTOCOL

APPENDIX C - DRUG INFORMATION

OVERVIEW

I. PURPOSE

Drug testing in the Kinesiology and Health Studies Department is being done pursuant to La. R.S. 49:1015 as Kinesiology and Health Studies faculty and students occupy both safety and security sensitive positions. In addition, Health, Fitness, and Sport Management professionals deal with patient/client care situations where critical thinking and judgment making must occur in a split second and where human life can be in jeopardy. Individuals practicing in a clinical setting who are impaired by drugs and/or alcohol may be placing themselves, as well as, the public at risk.

Southeastern Louisiana University's Kinesiology and Health Studies Department is committed to providing a safe, productive, and healthy environment for the public, patients, clients, and employees. Southeastern Louisiana University's Kinesiology and Health Studies Department is committed to creating and maintaining a drug-free workplace pursuant to the federal Drug-Free Workplace Act of 1988, the Louisiana Drug Testing Act of 1990, the Drug-Free Public Housing Act of 1988 and the Drug-Free Schools and Communities Act of 1986.

II. SCOPE OF TESTING

- A. All new clinical faculty hired after an offer has been made and as a condition of employment before starting work
- B. All new students admitted to a clinical, senior level practicum, senior internship, or any field experience course
- C. After reasonable suspicion of substance abuse by a current clinical faculty or student (also known as "for cause")
- D. Post accident for current clinical faculty or students
- E. Randomly in the Fall, Spring, and Summer semesters of each academic year for current clinical faculty/students

III. WHO IS AFFECTED BY POLICY?

Any person, paid or unpaid, in the service of the employer (SLU) in accordance with and pursuant to La. Statute # R.S. 49:1001.

- A. All W-2 employees of the Kinesiology and Health Studies Department in a clinical faculty capacity (clinical, internship, practicum, or field experience)
- B. All students in the Kinesiology and Health Studies Department enrolled in clinical, senior level practicum, senior level internship or any field experience course.

IV. WHAT SUBSTANCES ARE TO BE TESTED FOR?

- A. Amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, opiates, phencyclidine, and propoxyphene ((9) nine panel screen)
- B. Alcohol may be added at the discretion of the University

V. WHAT IS THE TESTING METHODOLOGY?

- A. Urine testing for (9) nine drug panel
- B. Blood testing for alcohol
- C. Nine panel initially screened using immunoassay or EMIT technology
- D. Any drug initially testing positive is sent to a confirmation test using gas chromatography/mass spectrometry (GC/MS) technology
- E. Alcohol is tested using the GC/MS technology directly

VI. WHO PERFORMS THE URINE TESTING?

An independent toxicology laboratory that has SAMHSA (formerly NIDA) and/or CAP-FUDT certification.

VII. WHO RECEIVES THE TEST RESULTS?

All results will be reported to a Medical Review Officer (MRO) within (72) seventy-two hours, who will then follow approved protocol.

VIII. WHAT IS THE CONSEQUENCE OF A CONFIRMED POSITIVE?

- A. New hires who have a confirmed positive will have their employment offer rescinded.
- B. Students who have a confirmed positive will have their acceptance to the clinical component rescinded or those in practicum, internships and field experience classes will be dropped/withdrawn from the course.**
- C. Currently employed faculty/enrolled students, having a confirmed positive, will be removed from the practicum, internship or field experience site for the remainder of the affected semester and referred to the Comprehensive Counseling Center.
- D. Faculty/students may apply for reemployment/reenrollment after the first confirmed positive subsequent to completion of an approved treatment program.
- E. Confirmed positives in two separate incidents will result in disciplinary action up to and including permanent termination of employment for faculty and disciplinary action up to and including permanent termination of enrollment in the clinical component of the program for students.

IX. FINANCIAL

- A. The cost of drug testing will be covered by both general operating funds and student lab fees.
- B. A second testing after a confirmed positive may be at the applicant's/employee's/student's expense.

DRUG-FREE WORKPLACE POLICY

I. DEFINITIONS

- A. CAP-FUDT Laboratory - a laboratory certified for forensic drug testing by The College of American Pathologists
- B. Chain of Custody - procedures to account for the integrity of each urine specimen by tracking its handling and storage from point of specimen collection to final disposition of the specimen
- C. Clinical Student - a student enrolled in a clinical, internship, practicum or field experience course
- D. Confirmatory Test - a second analytical procedure to identify the presence of a specific drug or metabolite which is independent of the initial test and which uses a different technique and chemical principle from that of the initial test in order to ensure reliability and accuracy.
- E. Employee - any person, paid or unpaid, in the service of an employer
- F. Employer - any person, firm, or corporation, including any governmental entity, that has one or more workers or operators employed, or individuals performing service, in the same business, or in or about the same establishment, under any contract of hire or service, expressed or implied, oral or written; however, "employer" shall not include any person, firm or corporation that is subject to a federally mandated drug testing program
- G. Illegal Drug - includes narcotics, hallucinogens, depressants, stimulants, look-alike drugs, or other substances that can affect or hamper the senses, emotions, reflexes, judgment, or other physical or mental activities. Included are controlled medications requiring prescriptions by a licensed practitioner in a medical setting to address a specific physical, emotional or mental condition
- H. Initial Test - an immunoassay screen to eliminate "negative" urine specimens from further consideration
- I. Legal Drug - includes drugs prescribed by a licensed practitioner and over-the-counter drugs which have been legally obtained and are being used solely by the individual and for the purpose for which they were prescribed or manufactured in the appropriate amount.
- J. Job-Related Accident/Injury - any employee/student behavior (action or inaction) that resulted in an accident, injury, or illness. Usually the accident/incident results in loss work time by an employee/student, serious or significant injury or illness to a patient, visitor, or co-worker, or an accident involving a vehicle, equipment or property.
- K. Medical Review Officer (MRO) - a licensed physician responsible for receiving laboratory results generated by employer or testing entity's drug testing program who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's positive test result together with his medical history and any other relevant biomedical information.
- L. NIDA Laboratory - a laboratory certified for forensic urine [and/or blood and hair] drug testing by the National Institute on Drug Abuse. (Now SAMHSA)
- M. New student - any student accepted for admission to the first clinical course(s) of the Athletic Training Education curriculum or any student applying to reenter a clinical Athletic Training Education course after being out of school for one year or more. Any student applying for a senior level internship, senior level practicum, or any field experience for the first time or applying after returning after being out of school for one year or more.
- N. Non-Employees - Those who do not receive W-2's from the University including but not limited to all contract and subcontract workers, [faculty, residents, interns] volunteers, students, laborers or independent agents who are conducting business on behalf of or providing services for the University.

- O. Reasonable Suspicion Testing - any employee/student may be tested who is suspected of being under the influence of alcohol or drugs where the suspicion is based on any or any combination of the following - observable phenomena, direct observation, physical symptoms, a pattern of abnormal or erratic behavior, reliable objective information/observation from independent sources or evidence of drug tampering or misappropriation.
- P. SAMHSA - Substance Abuse and Mental Health Service Administration.
- Q. Split Sample - one urine specimen from one individual that is separated into two specimen containers.
- R. Student - any individual who is enrolled either part-time or full-time at the University in the Department of Kinesiology and Health Studies
- S. Substance Abuse - is the term used to indicate excessive and/or inappropriate use as defined by this policy of a drug [alcohol] regardless of whether an individual has reached the point of true dependence on it.
- T. Supervisor - a manager/supervisor/faculty who, based on objective criteria, knowledge or training, has a reasonable suspicion that an employee/student may be under the influence of a drug [alcohol].
- U. Supposed to be Working - includes all time from the beginning to the end of an employee's/student's scheduled work period/class or clinical including overtime work, meals, and rest breaks.
- V. Under the Influence - being unable to perform work in a safe and productive manner, being in a physical or mental condition which creates or is likely to create a risk to the safety and well-being of the individual, other employees, patients, the public, or hospital property. Receiving a positive test result.
- W. While at Work - includes all times when an employee/student is involved in the aspects of actual or simulated clinical experiences.

II. **POLICY**

Drug testing in the Kinesiology and Health Studies Department is being done pursuant to La. R.S. 49:1015 as the Department of Kinesiology and Health Studies faculty and students occupy both safety and security sensitive positions. Responsibilities include but are not limited to Health, Fitness, and Sports Management Professionals ability to deal with patient/client care situations where critical thinking and judgment making must occur in a split second and where human life can be in jeopardy. Individuals practicing in a clinical setting who are impaired by drugs and/or alcohol may be placing themselves as well as the public at risk.

The use of illegal drugs and/or the abuse of legal drugs [or alcohol] by our employees (faculty/students) is incompatible with our goal of delivering the highest quality patient /client care. It is the policy of Southeastern Louisiana University's Kinesiology and Health Studies Department to provide an environment that is free from the adverse effects of these substances. Such an environment benefits all providers and recipients of our service.

We are committed to taking the steps necessary to provide this type of surrounding for our university and clinical communities. The University will provide literature and in-services concerning the dangers of these substances, counseling and referrals, and conduct testing for drugs and alcohol. Drug testing will include the following drugs: marijuana, opioids, cocaine, amphetamines, phencyclidine, barbiturates, benzodiazepines, methadone and propoxyphene. Alcohol may be added at the discretion of the University.

III. **SCOPE**

This policy applies to all applicants for the clinical component of the Athletic Training Education curriculum, applicants for faculty positions that involve clinical teaching, clinical students, as well as any student enrolled in a senior level internship or practicum course, faculty supervising senior level internships and practicums and clinical faculty of Southeastern Louisiana University's Kinesiology and Health Studies Department.

- A. Applicants - Following an employment/enrollment offer, and prior to becoming an active clinical faculty/clinical student, the successful candidate will be required to provide a urine sample to screen for drugs. The candidate must test free of drugs as a condition of employment/enrollment.
- B. Clinical Faculty/Students - Drug testing as defined above, will occur in the following situations:
 - 1. Reasonable Suspicion:
Drug testing may be made only on the basis of a reasonable suspicion, based on specific objective facts and reasonable inferences drawn from those facts in light of experience that the clinical faculty/student is then under the influence of drugs or alcohol or that the clinical faculty/student has used a controlled substance within the twenty-four hour period prior to the required test. Southeastern Louisiana University's - Kinesiology and Health Studies Department reserves the right to require a drug test of any clinical faculty/student who is reasonable suspected by a supervisor of being under the influence of an illegal drug or is impaired on the job because of use/consumption of legal or illegal drugs and alcohol. When a faculty/student is reasonably suspected by one or more supervisors of violating this policy and on the express authority of the highest officer present in the institution, the faculty/student will be directed to cooperate in testing. The reasons for the testing will immediately be made known to the faculty/student.
 - 2. Post Accident/Incident:
Any clinical faculty/student involved in either a job-related accident or a job-related incident involving safety or patient care will be subject to drug testing.
 - 3. Periodic/After-care:
Upon return from any absence for outpatient or inpatient treatment for substance abuse, whether it was at the recommendation of the University or voluntary on the part of the clinical faculty/student, she/he will be required to submit to periodic and/or random testing and close performance monitoring by supervisors as part of a monitoring program established by the employer to assure compliance with a treatment protocol agreement. The clinical faculty/student may also be tested in accordance with established guidelines
 - 4. Random Testing:
Clinical faculty/students will be selected for drug testing pursuant to a scientifically valid random number program.

A faculty's/student's refusal to submit to a drug test will result in termination. Faculty/students who tamper with the testing process will be subject to re-testing and/or appropriate disciplinary action up to and including termination/dismissal.

IV. STATEMENT OF CONFIDENTIALITY

Except as otherwise provided by this policy, all drug testing under this policy will be done in strict confidence. Qualitative information regarding results, such as the identification of a substance, will be provided only to the designated Medical Review Officer pursuant to current law who will report final results to the appropriate university official. Results of the test will be released to appropriate licensing agencies (i.e., Louisiana State Board of Medical Examiners) on a need to know basis. All drug test results will be maintained in separate health files with restricted access.

V. CONSEQUENCES OF NON-COMPLIANCE/CONFIRMED POSITIVE TEST RESULTS

- A. Applicants:
Confirmed positive test results or refusal to undergo post-offer drug screening will result in non-consideration for immediate employment/enrollment or withdrawal of any existing job/enrollment offer. Applicants testing positive may reapply in [(1) one year] following the date of previous positive drug result.
- B. Reasonable Suspicion/Post Accident:

1. Faculty will be sent on leave, pending the result of the drug test. If the results are negative, the employee will be paid for the scheduled work time lost.

If the results are confirmed positive, corrective action will be taken in accordance with the aforementioned policies and University policy. Faculty will be removed from the clinical component of the curriculum, and continued employment may be offered to faculty who have completed their probationary employment period, contingent upon entry into and successful completion of a specified treatment protocol and/or EAP program approved by the University or licensing agency

Evidence of non-compliance with treatment guidelines, incomplete treatment, subsequent drug related misconduct, a subsequent confirmed positive test result, refusal to test or failure to abide by any part of a Return to Work Agreement between employee and employer will be grounds for immediate termination.

2. Students will not be allowed to return to clinical until results of the drug test are available. Students will be allowed to make up work missed if results are negative. If the results are positive, corrective action up to and including dismissal from the clinical component of the curriculum will be initiated. Following completion of the required treatment protocol, the student will be eligible to reenroll/reapply for the clinical portion (internship, practicum, or field experience) required by their respective degree plan.

A second incident of a confirmed positive drug test will result in disciplinary action up to and including permanent termination of enrollment in the clinical component of the program.

C. Random

1. Faculty:

If the results are confirmed positive, corrective action up to and including termination will be initiated. Faculty will be removed from the clinical component of the curriculum, and continued employment may be offered to faculty who have completed their probationary employment period, contingent upon a complete assessment and successful completion of the recommendations set forth in the assessment and/or EAP program approved by the University or licensing agency.

Evidence of non-compliance with treatment guidelines, incomplete treatment, subsequent drug related misconduct, a subsequent confirmed positive test result, refusal to test or failure to abide by any part of a Return to Work Agreement between employee and employer will be grounds for immediate termination.

2. Students:

If the results are confirmed positive, corrective action up to and including dismissal from the clinical component of the curriculum will be initiated. A student will be removed from their current clinical assignment and must complete the necessary treatment protocol. Following completion of the required treatment protocol, the student will be eligible to reenroll/reapply for the clinical portion(internship, practicum, or field experience) required by their respective degree plan.

A secondary incident of a confirmed positive drug test will result in disciplinary action up to and including permanent termination of enrollment in the clinical component of the program.

VI. CHALLENGING A POSITIVE TEST

- #### A. Applicant:

In the event of a confirmed positive test result in the post-offer drug test, the employee (clinical faculty/student applicant) will not be considered for immediate employment/enrollment. He/she will be notified of the test results and informed that she/he will no longer be considered for immediate employment/enrollment. The applicant may reapply only after (12) twelve months have expired.

All applicants with a confirmed positive drug test will be allowed to challenge the results of the test within (7) seven working days of notification and in the following manner(s):

- If the individual wishes to challenge the test results, it is his/her responsibility to notify the MRO in writing.
- If the test of the first bottle is confirmed positive, and a split sample is collected, the faculty/student may request that the medical review officer direct that the second bottle be tested, at the faculty's/student's own expense, in an NIDA-certified or CAP-FUDD-certified laboratory (or one which meets current state/federal certification requirements as outlined by appropriate laws) for presence of the drug(s) for which a positive result was obtained in the test of the first bottle. The result of this test is transmitted to the medical review officer without regard to the cutoff values as listed in the NIDA guidelines. The medical review officer shall honor such a request if made within **(72) seventy-two hours** (excluding weekends and holidays) of the faculty's/ student's having actual notice that he or she tested positive.
- The second test must be equal to or of greater sensitivity for the drug in question as was the initial test. A copy of the second test result must be submitted to the MRO before the applicant can be reconsidered for employment/enrollment.
- Action taken by the employer as the result of a positive drug test such as removal from performing a safety-sensitive function is not stayed pending the result of the second test.
- If the result of the second test is negative, the medical review officer shall cancel the positive results of the first test.

B. Current Faculty:

If the faculty wishes to challenge a confirmed positive test result he/she may do so in writing within (7) seven working days of notification and with the understanding that he/she will be placed on leave until the challenge is resolved.

All faculty with a confirmed positive drug test may contest the results in the following manner:

- A written request for such is submitted to the Medical Review Officer within (7) seven working days. (Faculty who are on legally prescribed and obtained medication for a documented illness, injury or ailment may be considered for continued employment only upon receiving clearance from the Medical Review Officer.)
- If the test of the first bottle is confirmed positive, and a split sample is collected, the faculty may request that the medical review officer direct that the second bottle be tested, at the faculty's own expense, in an NIDA-certified or CAP-FUDD-certified laboratory (or one which meets current state/federal certification requirements as outlined by appropriate laws) for presence of the drug(s) for which a positive result was obtained in the test of the first bottle. The result of this test is transmitted to the medical review officer without regard to the cutoff values as listed in the NIDA guidelines. The medical review officer shall honor such a request if made within (72) seventy-two hours of the faculty's having actual notice that he or she tested positive.
- The second test must be equal to or of greater sensitivity for the drug in question as was the initial test. A copy of the second test result must be submitted to the MRO before the applicant can be reconsidered for employment/enrollment.
- Action taken by the employer as the result of a positive drug test such as removal from performing a safety-sensitive function is not stayed pending the result of the second test.
- If the result of the second test is negative, the medical review officer shall cancel the positive results of the first test.
- If the results of the second test are negative, the faculty member will be paid for the scheduled work time lost.

C. Current Students:

In the event of a confirmed positive test result once a student is enrolled he/she may be offered continued enrollment subject to successful completion of a substance abuse treatment protocol program approved by the University or licensing agency.

If the student wishes to challenge the test results he/she may do so within (7) seven working days of notification and with the understanding that he/she will be removed from clinical until the challenge is resolved.

All students with a confirmed positive test may contest the results in the following manner:

- A written request for such is submitted to the Medical Review Officer within (7) seven working days. (Students who are on legally prescribed and obtained medication for a documented illness, injury or ailment may be considered for continued enrollment only upon receiving clearance from the Medical Review Officer.)
- If the test of the first bottle is confirmed positive, and a split sample is collected, the student may request that the medical review officer direct that the second bottle be tested, at the student's own expense, in an NIDA-certified or CAP-FUDT-certified laboratory (or one which meets current state/federal certification requirements as outlined by appropriate laws) for presence of the drug(s) for which a positive result was obtained in the test of the first bottle. The result of this test is transmitted to the medical review officer without regard to the cutoff values as listed in the NIDA guidelines. The medical review officer shall honor such a request if made within (72) seventy-two hours of the student's having actual notice that he or she tested positive.
- The second test must be equal to or of greater sensitivity for the drug in question as was the initial test. A copy of the second test must be submitted to the MRO before the applicant can be reconsidered for employment/enrollment.
- Action taken by the employer as the result of a positive drug test such as removal from performing a safety-sensitive function is not stayed pending the result of the second test.
- If the result of the second test is negative, the medical review officer shall cancel the positive results of the first test.

COLLECTION PROCEDURES CHECKLIST

Prior to Collection:

- **Collection site facilities are clean, well lighted, and dedicated solely to collection during collection process.**
- **Collection site has enclosure where private urination can occur.**
- **Toilet for completion of urination or single use container with sufficient capacity to contain void.**
- **Suitable clean surface for writing.**
- **Toilet bluing agent put in toilet bowl. (If no bluing agent available, faculty/student is not to flush toilet until specimen is delivered to collection site person.**
- **No other source of water in enclosure where urination occurs.**
- **Secure site, i.e., lock any rear entrances and limit access to enclosure to one person at a time.**
- **Request photo identification from faculty/student. If no photo identification, identification by supervisor or manager who can give positive identification**
- **Fill out chain of custody form. Do NOT have faculty/student sign before specimen given.**
- **Be sure laboratory has been instructed that all results go to MRO, not employer.**
- **Designate only one or a limited number of persons at employer to receive results from MRO.**

COLLECTION PROCEDURES CHECKLIST

Collection (Unobserved):

- Have faculty/student remove unnecessary outer garments such as coat or jacket.
- Leave personal belongings such as purse or briefcase with outer garments.
[Note: May retain wallet.]
- Faculty/student instructed to wash and dry hands.
- If using a public rest room, collection site person remains in the rest room, but outside the stall. Collection site person should be same gender as faculty/student. If collection takes place where faculty/student goes into a separate room, with a fully closeable door, collection site person need not be same gender as faculty/student.
- Collection site person receives specimen from faculty/student.
- Faculty/student and collection site person sign chain of custody form and seal specimen.
- If testing for alcohol and/or additional drugs (beyond (5) five major ones), must have separate collection of specimen.
- Protocol for receipt of a split sample includes:
 - The donor shall urinate into a collection container, which the collection site person, in the presence of the donor, after the initial examination, pours into two specimen bottles.
 - The first bottle is to be used for the employer-mandated test, and at a minimum shall contain the quality specified by the NIDA guidelines. If there is no additional urine available for the second specimen bottle, the first specimen bottle shall nevertheless be processed for testing.
 - Up to 60 ML of the remainder of the urine shall be poured into the second specimen bottle.
 - All requirements of this Part shall be followed with respect to both samples, including the requirement that a copy of the chain of custody form accompany each bottle processed under split sample procedures.
 - The first sample of the split sample collection may be forwarded to an NIDA-certified or a CAP-FUDT-certified laboratory in compliance with the NIDA guidelines for initial and confirmatory testing in compliance with the regulations of this Chapter or pursuant to statutory or regulatory authority under R.S. 23:1081 et seq. or R.S. 23:1601.
 - The second sample may be sealed, labeled, and stored for future use or used for testing for drugs not listed in the regulations of this Chapter. Any specimen collected under split sample procedures must be stored in a secured, refrigerated environment and an appropriate entry made in the chain of custody form.

COLLECTION PROCEDURES CHECKLIST

Collection (Reason for Direct Observation):

Under circumstances where there is reason to believe an individual may alter or substitute the specimen, collection under direct observation is permitted as per La. R.S. 49:1006. Direct observation of the individual during collection of the urine specimen may be allowed under any of the following conditions:

- There is reason to believe that the individual may alter or substitute the specimen to be provided.
- The individual has provided a urine specimen that falls outside the acceptable temperature range as listed in the NIDA guidelines.
- The last urine specimen provided by the individual was verified by the medical review officer as being adulterated based upon the determinations of the laboratory.
- The individual has previously been determined to have a urine specimen positive for one or more of the drugs testing of which is regulated by this Chapter, and is being tested for purposes of follow-up testing upon or after return to service.
- The type of drug testing is post-accident or reasonable suspicion/cause.

COLLECTION PROCEDURES CHECKLIST

Collection (Observed):

- A designated representative of the entity authorizing the drug testing shall review and concur in advance with any decision by a collection site person to obtain a specimen under direct observation. All direct observation shall be conducted by a same gender collection site person.
- Observer is same gender as faculty/student.
- Collection site person informs faculty/student that collection will be under direct supervision.
- Faculty/student washes and dries hands.
- Observer verifies that the specimen passes directly from faculty's/ student's body into a container.
- Follow protocol for split sample if a split sample is required.
- Faculty/student is encouraged to wash hands after urination.
- Collection site person documents on chain of custody form that collection was done under direct observation.
- Faculty/student and collection site person sign chain of custody form and seal specimen.

COLLECTION PROCEDURES CHECKLIST

After Collection:

- Insure specimen is 60 ml (2 oz.)
- Measure temperature of specimen within 4 minutes of urination.
- Acceptable range is 90.5 to 99.8 degrees F.
- Inspect specimen's color and look for any signs of contaminants.
- Note any unusual findings on chain of custody form.
- Collection site person and faculty/student shall keep specimen in view at all times prior to it being sealed and labeled.
- Place tamper-proof seal on bottle.
- Complete chain of custody form. Faculty/student and collection site person sign form.
- Place specimen in proper mailing container, if appropriate.
- On tape sealing container, collection site person shall sign and date.
- Mail or deliver specimen to laboratory
- Follow protocol for split sample if a split sample is required.

MEDICAL REVIEW OFFICER (MRO)

- Licensed physician responsible for receiving laboratory results generated by employer or testing entity's drug testing program who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individuals' positive test result together with his medical history and any other relevant biomedical information.
- Should not be an employee of laboratory unless the laboratory establishes a clear separation of functions to prevent any appearance of a conflict of interest.
- May be an employee of the agency, but must have final authority without input from persons involved in hiring or discipline decisions.

MRO DUTIES

- Shall receive all results from the laboratory.
- Shall give faculty/student opportunity to discuss a positive test result prior to a decision to verify result. Will contact faculty/student directly.
- May place faculty/student on temporary medical leave or on temporary medically unqualified status if unable to contact faculty/student.
- May verify a test as positive if faculty/student declines the opportunity to discuss results, or if faculty/student is contacted and fails to contact MRO within (7) seven working days.
- After verifying a test as positive, refer faculty/student to the Comprehensive Counseling Center, if applicable, or recommend to University that administrative action is taken, or both.
- MRO may authorize reanalysis of original sample and shall do so if faculty/student requests it within (72) seventy-two hours of the faculty's/student's having received actual notice of his/her positive test.

- **MRO shall report a test as negative if there is a legitimate medical explanation for a positive test result or if the evidence is scientifically insufficient.**
- **MRO shall keep medical information confidential.**
- **MRO will report all results to the appropriate university official.**

APPENDIX A

FORMS

APPLICATION CONSENT FORM

Applicant Name: _____ W#: _____

Applicant Consent

I, _____ authorize _____ physicians and staff to collect urine [and/or blood and hair] to screen for drug abuser as part of my enrollment/ employment. I realize that if I do not pass the standards established I will be disqualified as a student/applicant. I am also aware that I may be subject to random drug testing during the course of my enrollment/employment.

Prescription drugs with additional potential may appear in the urine [and/or blood and hair].
Example: Cough medicine with Codeine, tranquilizers, pain pills such as Darvon, headache pills such as Fiorinal and/or sleeping pills, etc. I understand that I must list at the bottom of this form any of these medications, if I have taken one or more in the last 30 days. I may also be required to provide proof that these drugs were legally prescribed for and obtained by me.

Signature of Student/Employee Date Witness Signature

Also, PARENT SIGNATURE (if minor under 18) _____

Please list all prescription and over-the-counter drugs taken during the last 30 days.

SIGNATURE OF APPLICANT **DATE**

application consent form/DB/amc
revised September 2003/BM/amc

**AGREEMENT TO SUBMIT TO DRUG SCREEN BY A URINE
[and/or BLOOD AND HAIR] TEST**

**AND AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION
TO THE KINESIOLOGY AND HEALTH STUDIES DEPARTMENT, SOUTHEASTERN LOUISIANA UNIVERSITY**

I have been requested to submit to a drug screen by a urine [and/or blood and hair] test and medical assessment.

I have been informed and I understand, that my agreement to submit to the requested drug screens by a urine [and/or blood and hair] test is completely voluntary on my part, and that I have the right to refuse to submit to the test. I am aware and have been told that my refusal to submit to the drug screen by a urine [and/or blood and hair] test and/or medical assessment may be grounds for disciplinary action against me up to and including termination/dismissal.

I have also been informed and am aware and hereby authorize that the results of this drug screen by a urine [and/or blood and hair] test and/or medical assessment may be released to the Director of the Kinesiology and Health Studies Department and such other University officials as may be determined necessary. I understand that the information so released to the University will be used to determine whether I was fit to perform my job duties, and/or whether I had violated the university's work rules concerning drug use and that the results of such test(s) may form the basis for disciplinary action against me, up to and including termination/dismissal.

With full knowledge of the above information, I have decided to voluntarily agree and submit to the requested drug screen by a urine [and/or blood and hair] test and/or medical assessment.

DATE

FACULTY/STUDENT SIGNATURE

NOTE: A witness other than the supervisor who has requested that the faculty/student submit to a drug screen by a urine [and/or blood and hair] test and/or medical assessment should also sign the consent form.

DATE

WITNESS SIGNATURE

SUPERVISOR OF FACULTY/STUDENT SIGNATURE

**REFUSAL TO SUBMIT TO DRUG SCREEN BY A URINE
[and/or BLOOD AND HAIR] TEST**

I hereby refuse to authorize testing of my urine [and/or blood and hair] for drugs. I understand that my refusal means that I cannot complete a medical exam/drug screen. If I am an applicant, I understand I will not be considered further for employment/enrollment. If I am a faculty/student, such refusal will result in disciplinary action up to and including termination/dismissal.

DATE

FACULTY/STUDENT SIGNATURE

DATE

WITNESS SIGNATURE

DATE

SUPERVISOR SIGNATURE

_____ Faculty/Student refused to sign

DATE

WITNESS SIGNATURE

DATE

SUPERVISOR SIGNATURE

**RETURN TO WORK
CONTINUATION OF EMPLOYMENT AGREEMENT**

I, _____ affirm that I am recovering from an addiction to or abuse of _____. I understand that my continued recovery is my responsibility and that in support of my recovery Southeastern Louisiana University will allow me to continue my employment as a faculty member in the Kinesiology and Health Studies Department under the following conditions:

I understand that in addition to fulfilling all of my normal employment obligations and satisfactorily discharging all of the duties and responsibilities of my position including attendance, I consent and agree to the following conditions:

1. To abstain from using, possessing or trafficking in drugs;
2. To cooperate in an evaluation for chemical dependency and to complete successfully all recommended treatment, including aftercare, and to provide documentation of such treatment and care as may be required by the University;
3. To authorize all persons involved in evaluating or treating me to disclose to my employer that evaluation, and evidence that I am using drugs [and/or alcohol], and whether I have successfully completed treatment;
4. To cooperate in any and all random follow-up tests (including periodic testing) for evidence of drug [and/or alcohol] use requested by the University in the next _____ months;
5. That refusal to test will result in immediate termination of my employment;
6. That a confirmed positive test result of an illegal drug, [alcohol, or abusive use of a legal drug] will result in immediate termination of my employment;
7. Any on or off the job accident, injury, illness, or medical procedure requiring prescription drugs will be reported to my treatment care supervisor, Employee Assistance Program Representative, Human Resource Director and Supervisor immediately. Failure to make full disclosure may result in disciplinary action up to and including termination. Full disclosure will minimally consist of the following:
 - a. Nature and severity of accident, injury, illness or medical procedure
 - b. Name of treating physician.
 - c. All drugs prescribed, amounts and number of days supply
 - d. Expected duration of need for medication
 - e. Authorization to physician to release and verify information

I further understand that Southeastern Louisiana University will bear no financial responsibility for my recovery as is the case with any other illness.

Any failure on my part to fully comply with and participate in this Agreement will be grounds for immediate termination of my employment.

Compliance with this Agreement in no way implies a guarantee of employment and I understand that I may be terminated with or without cause or for lack of work, attendance or performance problems, rule violations, business necessity or other reason, notwithstanding my compliance with this Agreement.

I understand that if any one or more of the conditions or portions of this Agreement become unenforceable, null, or void, it will in no way impact the enforceability of the remaining components of this agreement.

I have read and understand this Agreement and certify that I am competent to execute it and that I am entering into it freely and voluntarily after a reasonable opportunity for deliberation and consultation.

EMPLOYEE SIGNATURE

DATE

EMPLOYER REPRESENTATIVE SIGNATURE

DATE

WITNESS SIGNATURE

DATE

APPENDIX B

MRO PROTOCOL MEDICAL REVIEW OFFICER (MRO) DUTIES AND SERVICES PRINCIPAL MRO DUTIES

- **Receive all test results**
- **Review and verify confirmed positive test(s)**
- **Notify faculty/student of results within “reasonable time”**
- **Contact should be directly between MRO and faculty/student**
- **Provide faculty/student opportunity to discuss result**
- **Review faculty’s/student’s medical history**
- **Review medical records and other biomedical factors as appropriate**
- **Examine faculty/student as appropriate**
- **Verify laboratory report and assessment**
- **Notify designated official or employer of confirmed positives as well as those that are negative**
- **Process retest request of faculty/student(s), if a request is made in appropriate time frame**
- **Follow procedure as listed above for retest**
- **Make return-to-work decisions**

RECEIPT OF LABORATORY TEST RESULTS

- All results (positive and negative) are transmitted directly to MRO
- Results can be transmitted by secure electronic means or by mail
- Results may not be transmitted over the phone
- MRO does not necessarily review negative reports but receives negative reports and reports them to designated official of employer

VERIFICATION AND REPORTING

- Enter a signed verification statement on laboratory test report
- Provide copies of verified report to faculty/student and appropriate official(s) of employer
- Maintain documents that support the determination

RETEST REQUEST

- “Confirmed” positive faculty/student may request retest
- Retest only after MRO has confirmed test as positive to employer
- Request must be in writing to MRO within 7 days to contest a confirmed positive
- Retest of split sample must be requested by faculty/student within 72 hours of being notified of the confirmed positive
- Faculty/student may be requested to pay for retest
- MRO notifies faculty/student of results of second test

**RECORD KEEPING BY THE
MEDICAL REVIEW OFFICER**

- **Laboratory test results**
- **Custody and control forms**
- **Certified copy of custody and control form**
- **Verification statement**
- **Laboratory performance testing results**
- **Follow-up testing results**
- **MRO verification worksheet**
- **Medical records and information (confidential)**
- **Restricted release of information**

APPENDIX C

DRUG INFORMATION*

* This is for information and educational purposes. Subject to change based on latest research and laboratory testing protocol.

DRUGS OF ABUSE

ALCOHOL

Central nervous system depressant and anesthetic

ORIGIN AND APPEARANCE:

Made synthetically or produced naturally by fermentation of fruits, vegetables, or grains.

Liquid

GENERAL FACTS:

Alcohol is the oldest and the most widely used social drug in the world. Depending on the concentration consumed, alcohol acts as an analgesic, tranquilizer, sedative-hypnotic, soporific, intoxicant, anesthetic, or narcotic.

USAGE:

Swallowed

EFFECTS:

Loss of inhibitions, loss of judgment, personality change, memory impairment, loss of coordination.

HIGHER DOSE SYMPTOMS:

Stupor, coma, possible death

SCREENING CUTOFF LEVEL:

20 mg/dl (.02%)

CONFIRMATION CUTOFF LEVEL:

20 mg/dl (.02%)

RETENTION TIME:

3-10 hours

THERAPEUTIC USES:

Given for Methanol poisoning

AMPHETAMINES/METHAMPHETAMINES

Central nervous system stimulants

GENERAL FACTS:

An estimated 2 million Americans use stimulants without medical supervision. Many “designer” amphetamines have appeared on the illicit market. Designer drugs are synthetic drugs, chemically related to legitimate drugs, which are produced inexpensively and sold (sometimes legally) as substitutes for the legitimate products they imitate. The term was originally used to describe drugs designed to the tastes of particular clients. Some of the most popular designer amphetamines are “Ecstasy” and, more recently, “ice.”

The screening process will identify some common over-the-counter drugs, including ephedrine and phenylpropanolamine (PPA). These compounds are commonly found in diet, allergy and cold medications, such as Nyquil, Primatene Mist, Robitussin, Dexatrim, and others. However, CG/MS confirmation can differentiate the illegal amphetamine/methamphetamine from the legal compounds.

USAGE:

Usually administered orally.

EFFECTS:

Euphoria, elevation in mood, increased alertness and energy, loss of appetite.

HIGHER DOSE SYMPTOMS:

Increased heart rate, high blood pressure, tremor, anxiety, hyperirritability, restlessness, bizarre behavior, weight loss and suspiciousness.

SCREENING CUTOFF LEVEL:

1000 ng/ml

CONFIRMATION CUTOFF LEVEL:

Amphetamines	500 ng/ml
Methamphetamines	500 ng/ml

RETENTION TIME:

2 days

THERAPEUTIC USES:

Once prescribed for obesity, amphetamines are no longer widely used, due to the potential for abuse; still prescribed for narcolepsy (sleep disorder) and attention-deficit disorder. Sometimes, in rare instances, prescribed for depression.

BARBITURATES

Central nervous system depressants

ORIGIN AND APPEARANCE:

Manufactured drug. Tablets, capsules, liquid, white powder

GENERAL FACTS:

Since first used in 1903, over 2,500 barbiturates have been produced, but only 50 commercial brands are now available and only 12 widely used. In 1970, barbiturates and their substitutes accounted for 28.6 percent of all prescriptions for psychoactive drugs in America. Although still considered indispensable in medicine, their medical applications have declined primarily due to the availability of other drugs with similar effects such as antianxiety tranquilizers and other nonbarbiturate sedative-hypnotics.

USAGE:

Swallowed or injected

EFFECTS:

In small doses they are effective in sedation and in relieving tension and anxiety, and like tranquilizers, they do not cause much drowsiness.

HIGHER DOSE SYMPTOMS:

Loss of consciousness, coma, or death

SCREENING CUTOFF LEVEL:

200 ng/ml

CONFIRMATION CUTOFF LEVEL:

Short acting	24 hours
Intermediate	1-4 days
Long Acting	2-3 weeks

RETENTION TIME:

Used as sedatives

BENZODIAZEPINES

Central nervous system depressants

ORIGIN AND APPEARANCE:

White or pale yellow crystalline powders, tablets, capsules, liquid (injectable)

GENERAL FACTS:

A family of depressants that relieve anxiety, tension, and muscle spasms, produce sedation and prevent convulsions. They are marked as mild tranquilizers, sedatives, hypnotics or anticonvulsants.

USAGE:

Swallowed or injected

EFFECTS:

Sedation, drowsiness, blurred vision, fatigue, mental depression, loss of coordination.

HIGHER DOSE SYMPTOMS:

Confusion, somnolence, slurred speech, hypotension, diminished reflexes.

SCREENING CUTOFF LEVEL:

300 ng/ml

CONFIRMATION CUTOFF LEVEL:

300 ng/ml

RETENTION TIME:

3-5 days if therapeutic dose injected

THERAPEUTIC USES:

Minor tranquilizers, anti-anxiety/sedation

COCAINE (*Erythroxylon coca*)

Central nervous system stimulants

ORIGIN AND APPEARANCE:

An alkaloid extracted from the coca plant; most comes from Columbia or Peru. Cocaine is usually a white crystalline powder, sold in envelopes. "Crack" cocaine is sold in "rocks," and is so named because of the popping sound the crystals make when heated.

GENERAL FACTS:

Once considered the "champagne of drugs," cocaine use now crosses all strata of society. There is no evidence of physical dependence, although psychological dependence does occur. Cocaine's popularity results probably from the instantaneous onset of action and the brief duration of the "high." It has a reputation of enhancing social interactions. An estimated 30 million Americans have tried cocaine, and 5 million regularly use it.

USAGE:

Cocaine is usually administered intranasally by "snorting;" it can be smoked, injected or taken orally.

EFFECTS:

Euphoria, overalertness, sense of overconfidence that encourages risks, loss of appetite.

HIGHER DOSE SYMPTOMS:

Paranoia, weight loss, inability to concentrate, anxiety, restlessness, extreme irritability, hallucinations.

SCREENING CUTOFF LEVEL:

300 ng/ml

CONFIRMATION CUTOFF LEVEL:

150 ng/ml

RETENTION TIME:

24-48 hours

THERAPEUTIC USES:

Local vasoconstrictive anesthetic. Used in certain dental and otolaryngologic procedures and sometimes bronchoscopy. A licensed physician must order its use, so an employee's statement that a positive test resulted from medical use can easily be verified.

MARIJUANA (*cannabis sativa*)

ORIGIN AND APPEARANCE:

Derived from the hemp plant. Usually appears as chopped, dried vegetable matter.

GENERAL FACTS:

Psychoactive substances in the plant are called "cannabinoids." Highest concentrations occur in the flowering tops and the lowest in the seeds. Most commonly used illegal substance in the United States. An estimated 50 million people have tried marijuana once; 18 million people are current users.

USAGE:

Usually smoked or ingested orally.

EFFECTS:

Effects vary based on dose, personality and expectations of the user, environmental and social factors. Includes euphoria, passivity, relaxation, increased auditory/visual perceptions, increased appetite, blood-shot eyes.

HIGHER DOSE SYMPTOMS:

More intense levels of above symptoms, impairment of short term memory, diminished learning abilities, disturbances in thought processes, attention lapses. Even larger doses can lead to disorientation, depersonalization, paranoia, delirium, hallucinations.

SCREENING CUTOFF LEVEL:

100 ng/ml; eliminates possibility of "passive inhalation."

CONFIRMATION CUTOFF LEVEL:

15 ng/ml

RETENTION TIME:

Light smokers, 2-7 days; Moderate smoker, 2 weeks; Heavy smoker, 3-6 weeks

THERAPEUTIC USES:

Approved antiemetic for cancer chemotherapy patients with intractable vomiting.

METHADONE

A synthetic opiate

ORIGIN AND APPEARANCE:

Manufactured narcotic. White crystalline powder, tablets, or liquid

GENERAL FACTS:

It is a synthetic narcotic which prevents withdrawal symptoms and the craving to use another opiate.

USAGE:

It is effective orally, though it can be administered intravenously.

EFFECTS:

Euphoria, drowsiness

HIGHER DOSE SYMPTOMS:

It blocks the effects of heroin through cross-tolerance thus canceling the pleasurable effects of heroin.

SCREENING CUTOFF LEVEL:

300 ng/ml

CONFIRMATION CUTOFF LEVEL:

150 ng/ml

RETENTION TIME:

3 days (chronic user)

THERAPEUTIC USES:

This opioid is largely used in the maintenance treatment of heroin dependency.

OPIATES

Narcotic analgesic; central nervous system depressants

ORIGIN AND APPEARANCE:

The drug is derived from unripe seed capsules of the opium poppy. It can be sold as an intravenous solution or in capsule/tablet format.

GENERAL FACTS:

The main opiate compounds are morphine and codeine, a very widely prescribed painkiller. Derivations include heroin and hydrocodone. There are approximately 800,000 daily heroin users in the United States. Heroin is used by 90% of narcotic addicts.

Poppy seeds contain trace amounts of morphine and codeine. A Medical Review Officer must find that a positive result for morphine or morphine and codeine does not demonstrate drug abuse unless other signs are present. A CG/MS confirmation result for 6-monoacetylmorphine confirms heroin use.

USAGE:

Usually administered intravenously, though it may be taken orally or nasally.

EFFECTS:

Warm flush of the skin, long-lasting dream-like state, feelings of relaxation, contentment, apathy, tranquility, constricted pupils, head nodding, needle tracks.

HIGHER DOSE SYMPTOMS:

Signs of addiction are malnutrition, infections, unattended diseases or injuries, watery eyes, runny nose, yawning, perspiration.

SCREENING CUTOFF LEVEL:

300 ng/ml

CONFIRMATION CUTOFF LEVEL:

Morphine	300 ng/ml
Codeine	300 ng/ml

RETENTION TIME:

2 days

THERAPEUTIC USES:

Commonly prescribed as painkillers, including Dilaudid, Darvon, Demerol. Heroin has no legal use. Morphine is used in the treatment of heroin addiction.

PHENCYCLIDINE (1-phenylcyclohexyl piperidine)

Hallucinogen

ORIGIN AND APPEARANCE:

Once used as a surgical anesthetic in the 1950s, it was removed from the market because of its hallucinogenic side effects. Usually appears in powder, capsule or tablet form.

GENERAL FACTS:

The prevalence of PCP is difficult to estimate, because the drug is often sold under other names. It is often misrepresented to the purchaser, usually as cocaine or LSD.

USAGE:

Powder is snorted or smoked after mixing it with marijuana or other vegetable matter. Tablets and capsules are ingested.

EFFECTS:

User thinks and acts swiftly, mood swings from euphoria to depression, visual hallucinations, poor perception of time and distance.

HIGHER DOSE SYMPTOMS:

Mood changes are unpredictable; sense of unreality; irrational and violent actions. Self-injurious behavior is leading cause of death from PCP intoxication.

SCREENING CUTOFF LEVEL:

25 ng/ml

CONFIRMATION CUTOFF LEVEL:

25 ng/ml

RETENTION TIME:

3-10 days

THERAPEUTIC USES:

None