Drug Testing Policy

PURPOSE: The University of Massachusetts (UMass), Amherst College of Nursing (CON) is committed to maintaining a safe, healthy and productive environment. In order to uphold the highest standards of the nursing profession, students must remain free from the use of alcohol or any illegal or decriminalized (marijuana) drug while participating in sensitive clinical and lab experiences on UMass property or the property of any of its affiliating agencies. Furthermore, health care facilities affiliated with the CON are now requiring that students have a negative drug screen prior to beginning clinical experiences in their facility to help to ensure a climate of safety for their patients, families, and staff. Therefore, passing a drug screen prior to engaging in a clinical course will now be a requirement for all students in the CON. In addition, a clinical facility or the CON may require the student to submit and pass random drug screening analysis in order to remain at that facility.

I. POLICY STATEMENT:

To ensure the safety of patients, faculty, staff, and students, the use of illegal substances or alcoholic beverages by students is prohibited while participating in sensitive clinical and lab experiences on UMass property or the property of any of its affiliating agencies. Failure to comply with this policy will subject the student to disciplinary action up to and including academic dismissal from the CON. If a student fails drug screening, retesting using the second half of the original sample will occur within 24 hours of notification of results. Failure to pass a drug screen or refusal to submit to screening will make the student ineligible for clinical placement. Failure and/or refusal of drug screening are grounds for immediate removal from the CON. Students will be provided with the drug screen procedure in the Student Handbook, during student orientation, and in an e-mail with specific instructions prior to the start of each semester. Pre-clinical screening each semester will be at the student’s own expense. This cost will be included in the estimate of student fees each academic year.

II. DRUG/ALCOHOL EDUCATION AND COUNSELING:

Confidential drug and alcohol counseling, in addition to information, education, assessment and referral, are all available through University Health Services (UHS) at 413-577-5000.

A. The purpose of this drug education, screening and counseling program is to:

1. help students avoid improper involvement with drugs and alcohol,
   by insuring that they are well informed about them and the potential for abuse.
2. detect possible prohibited drug use through screening.
3. assist in the rehabilitation of students found to be misusing drugs and/or alcohol.
4. if necessary, to remove any student from a CON clinical course (and the associated content course) who is found to have violated the requirements of this policy.

III. TESTING REQUIREMENTS:

A. Procedure for Drug Screening:

The cost of all drug screening is the responsibility of the student. The cost of the test is $50. The drug screening includes testing for the following: Amphetamines, Barbiturates, Benzodiazepines, Opioid Analgesics, Marijuana, and Cocaine/Crack.

All testing will be conducted by a federally certified laboratory selected by the CON. Confidentiality of the student as well as the integrity of the urine sample will be protected. The procedure for collection will follow DOT guidelines and chain of custody procedures. Once the sample is analyzed by both a screening assay and confirmation, positive test results will be sent to the Medical Review Officer (MRO) selected by the CON for review. The MRO is an independent and impartial physician responsible for receiving and reviewing testing results generated pursuant to this Policy and determining whether there is a legitimate medical explanation for a positive drug test. The testing laboratory will notify the Dean of the College of Nursing or his designee with test results. The College of Nursing will ensure confidentiality of results by making the information available only to the student, and appropriate College of Nursing (or if warranted, University) administrators.

The Dean of the College of Nursing or his designee will notify a student who has a positive drug test. If the results of a student’s test confirms the presence of a prescribed drug, the student will be required to obtain a written statement from the prescribing physician stating that the drug level is within prescribed limits and that the level does not indicate abuse. The prescribing physician must indicate that the drug will not interfere with safe practice in the clinical area. The student will have one week to submit this information. The student will not be allowed in clinical during this time and will be required to makeup this time. A positive drug test and/or failure to comply with this procedure may result in immediate dismissal from the CON.

B. Types of Drug Screening

1. Pre-Clinical Screening:

Within one month of starting each semester in which the student will be taking a clinical course, the student must pass scheduled drug screening analysis in order to start the clinical course (See Appendix A). Failure and/or refusal to comply with drug screening will subject the student to disciplinary action up to and including academic dismissal.
2. Screening for Reasonable Suspicion of Drug/Alcohol Use by Students

Any nursing student who demonstrates behavioral changes suspected to be related to the use of drugs or alcohol, during a semester in which he or she is participating in a clinical experience will be subjected to drug testing (See Appendix B). The faculty member who observes these changes must contact the Associate Dean of Academic Affairs or her designee. The decision to refer a student for drug testing will be made by the Associate Dean of Nursing or her designee and based on, but not limited to:

a. observable phenomena such as direct observation of drug use and or physical symptoms or manifestations of being under the influence of a drug

b. erratic behavior, slurred speech, staggered gait, flushed face, dilated/pinpoint pupils, wide mood swings, and deterioration of work performance

3. Random Screening:

Random periodic drug screening will occur at unspecified intervals throughout the academic year (See Appendix C). Students will be responsible for reporting to the designated testing site within 24 hours of notification. Failure and/or refusal for drug screening will subject the student to disciplinary action up to and including academic dismissal.

C. Treatment and Academic Plan

If a positive drug test is confirmed by the MRO, the student will immediately be removed from all clinical courses and will be required to begin treatment. The student may remain in all other theory classes. It is possible that this situation could have implications for a student’s financial aid. The referral of a student for evaluation and/or treatment relating to alcohol/substance abuse and related issues is undertaken out of an intense concern for the overall health and welfare of our students and the patients whose welfare they are responsible for. Evaluation and treatment relating to possible alcohol/chemical dependency should not be construed as a punitive action.

Treatment recommendations may involve but are not limited to one or more of the following:

1. Personal counseling provided through University Mental Health Services, and/or referral to other resources outside the University when appropriate. The student’s parents may be included in each phase of the evaluation process.

2. Referral for treatment/counseling and aftercare planning to a community-based intensive outpatient program.

3. Referral for treatment and aftercare planning to a community-based inpatient treatment facility. Typically these programs involve intensive individual and group counseling in a residential setting. Additionally, every effort is made to include a component of family counseling in the overall treatment program.
D. Readmittance to Clinical Courses and accompanying Content Course:

1. The student may be subject to requests for random testing at any time while continuing in theory courses and must provide a negative follow-up drug test before re-admittance to a clinical course.

2. If the student has maintained negative random and pre-clinical drug tests, readmittance to a clinical course and its accompanying content course may occur the next semester the course is offered; however, this is subject to space availability and there is no guarantee of when availability will occur.

FINAL—5-8-14
CONSENT FOR DRUG TESTING

I certify by my signature below that I understand that I may be asked to participate in the BASICS drug education and testing program for students at the University of Massachusetts, Amherst. I recognize that I will be asked to provide urine samples for drug analysis and I hereby consent to have samples of my urine collected and tested in accordance with CON policies. I agree to fully cooperate with the testing program. I acknowledge that scheduled and random testing may be requested consistent with the CON policy. I acknowledge that the UMASS drug-testing program tests for Amphetamines, Barbiturates, Benzodiazepines, Opioid Analgesics, Marijuana, and Cocaine/Crack and that a list of these drugs has been made available to me in an e-mail and in the Student Handbook. I also agree to inform the Medical Review Officer of any requested information (including copies of prescriptions, letters from prescribing health care provider, etc.) that will enable him to make a fair and accurate determination of specimen status (positive or negative).

In accordance with the UMASS drug-testing protocol, I specifically authorize the Dean of the College of Nursing or designee to release all information and records relating to the testing of my urine samples to only appropriate individuals. Additionally, I specifically authorize the staff of the Student Psychological Services to verify my attendance/nonattendance at counseling sessions that may be mandated by the UMASS drug-testing protocol.

___________________________________                               _________________________
Student Signature       Date

___________________________________
Name (please print)

PARENT OR GUARDIAN IF STUDENT IS UNDER 18 YEARS OF AGE:

___________________________________                               _________________________
Signature                                                                                     Date

___________________________________
Name (please print)
Appendix B

University of Massachusetts, Amherst
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Faculty Report of Reasonable Suspicion of Drug/Alcohol Use

Contact the Associate Dean of Academic Affairs immediately to report a suspicion of drug or alcohol use (413-545-706). Please use the space below to provide a detailed description of the student’s behavior. All information is to be kept confidential. Please return the form in a sealed envelope to the Associate Dean of Academic Affairs office within 24 hours.

1. Name of Student:_____________________________________________________
2. Date of Incident:_________________________ 3. Time of Incident:________________
4. Location of Incident:___________________________________________________
5. Detailed description: Include any behavioral, visual, olfactory or auditory observations.
   - Speech (normal, incoherent, confused, change in speech, slurred, rambling, shouting, slow, using profanity)
   - Coordination (normal, swaying, staggering, lack of coordination, grasping for support)
   - Performance (unsafe practices, unsatisfactory work)
   - Alertness (change in alertness, sleepy, confused)
   - Demeanor (change in personality, fighting, excited, combative, aggressive, violent, argumentative, indifferent, threatening, antagonistic)
   - Eyes (bloodshot, dilated)
   - Clothing (dirty, disheveled)
   - Odor of alcohol on breath
   - Other observed actions or behaviors
   - List reports of complaints of student behavior from personnel or other students
   - List unexplained absences or tardiness.

____________________________________________________________________________
____________________________________________________________________________

6. Did the student admit to use of drugs/alcohol? ______No _____ Yes
   Comments:

7. Were drugs/alcohol discovered? _____No _____Yes
   Comments:

8. Did another faculty member or healthcare provider observe the student’s behavior? If so please have that individual document their observations and sign below.

   Faculty Member Signature ___________________________ Date ___________

   Other Professional Witness (if available) ___________________________ Date ___________
Appendix C

University of Massachusetts, Amherst
College of Nursing

Student Drug Testing Notification Form
For Random Drug Testing

STUDENT NAME:_____________________________ Student ID:______________________

NOTIFICATION DATE & TIME:__________________________________________________

I, The Undersigned:

Acknowledge being notified to appear for drug testing and have been notified to report to the drug-testing station at:

____________________________________________________________________________

(location)                                                  (date)                                                        (time)

I will be prepared to provide an adequate specimen and will not over hydrate.

I understand that I may have a witness accompany me to the drug-testing site.

By signing, I have been notified of my selection for drug testing, and am aware of what is expected of me in preparation for this drug-testing event.

Student’s
Signature:_______________________________________________________________

I can be reached at the following telephone number on day of the test:

____________________

Report to the test site with picture identification.

DO NOT DRINK TOO MANY FLUIDS