

DRUG / ALCOHOL TESTING

Regional West Medical Center School of Radiologic Technology has an effective, fair and consistent drug/alcohol testing program. Compliance with this policy will be a condition of enrollment in the Program.

Responsibility: Students, Program Officials
Standard: Human Resources

The following types of drug/alcohol testing are performed at Regional West Medical Center School of Radiologic Technology. Confidentiality of testing information will be maintained. A positive test result will be grounds for rescinding an offer for enrollment to a conditional student or Corrective Action up to and including termination for a student currently enrolled. Refusal to be tested will result in discharge from the Program.

PRE-ENROLLMENT DRUG TESTING

When a conditional student has been offered enrollment in the Program, he or she will be asked to read and sign Regional West Medical Center School of Radiologic Technology Pre-Enrollment Substance Testing Consent and Release Form. A drug test is a condition of enrollment. This pre-enrollment drug testing may not be accomplished any more than thirty (30) days prior to the first day of class. Refusal to be tested or failure to pass the drug test will result in the withdrawal of the offer for enrollment in the Program.

RANDOM DRUG/ALCOHOL TESTING

Students may be subject to random testing while enrolled in the Program. Refusal to be tested or failure to pass the drug test will result in Corrective Action.

REASONABLE CAUSE/SUSPICION DRUG/ALCOHOL TESTING

Students are subject to Reasonable Cause/Suspicion Drug/Alcohol Testing. Where circumstances warrant, reasonable cause/suspicion may also include post-accident or incident investigation.

NOTE: A student involved in an accident/incident involving Regional West Medical Center owned or leased vehicles in which he or she was the operator of the Regional West Medical Center vehicle will be subjected to Drug/Alcohol testing.

CONSEQUENCES OF POSITIVE DRUG OR ALCOHOL TEST

When Regional West Medical Center receives a verified positive test result, Regional West Medical Center may allow, as an alternative to dismissal from the Program, the student to undergo an evaluation for chemical dependency by a Substance Abuse Professional (SAP) appointed by Regional West Medical Center to conduct such evaluations. This alternative may be offered on a case-by-case basis, at the sole discretion of Regional West Medical Center.

1. The course of conduct recommended by the SAP may, in the sole discretion of Regional West Medical Center, be accepted once as an alternative to Corrective Action (not applicable to conditional students), and as a condition of continuing enrollment.
2. A Substance Abuse Student Agreement will be signed and established between the student, Human Resources and the SAP for evaluation and will require that the student follows the course of action set forth by the SAP. This may include additional drug and/or alcohol testing as a condition of continued enrollment. All expenses related to this agreement will be the responsibility of the student.
3. The student will not return to the classroom or clinical setting and will remain suspended until released by the SAP with a confirmed negative return-to- class drug and/or alcohol test result. Failure to successfully comply with the agreement with the SAP will result in termination from the Program.
4. After successful completion of the SAP advised course of conduct, the student will be allowed to return to clinical or didactic class. Prior to returning to clinical or didactic class, the student and SAP must sign a Return to Class Agreement.
5. The student will be subject to follow-up drug and/or alcohol testing as a condition of any return to the Program. The student also may be required to participate in any post-treatment follow-up program recommended by the designated SAP. This follow-up program may include unannounced testing over a period of one (1) year. The student will still be subject to all the other standard provisions of the Drug / Alcohol Testing policy during this follow-up period.
6. Although no medical information will be provided to Regional West Medical Center, an appropriate signed release will be required so that the information necessary to determine the student's satisfactory completion of obligations and adherence to the recommended course of action can be monitored.
7. The student will be placed on suspension until released by the SAP. The days of suspension will be deducted from the number of vacation/illness days provided to the student for the year. Should the student fail to maintain satisfactory progress or discontinue the SAP advised course of conduct, the student will be subject to termination from the Program.

Students will be responsible for any drug testing costs beyond the initial pre-enrollment testing or any required random drug tests.

DEFINITIONS

Conditional Student

A Conditional Student is defined as a student prior to background and drug/alcohol test who has completed all other requirements for a successful application and has been offered enrollment in the Program.

Student

A Student is defined as any person enrolled in Regional West Medical Center School of Radiologic Technology

Accident

An Accident shall be defined as any time a student has a school related injury that is comparable to an OSHA reportable injury or worker's compensation reportable accident, or that results in the recommendation of medical treatment beyond first aid.

Incident

An Incident shall be defined as any time a student is involved in a reportable incident that results in harm to a patient or that results in direct adverse impact on a customer, or a situation that a designated management representative determines could have resulted in harm to a patient / customer / employee or student.

Random Testing

Random Testing shall be defined as an unscheduled drug/alcohol test. Students subject to a random test shall be selected from a computer-generated list.

Reasonable Cause/Suspicion

Reasonable Cause/Suspicion may be found in the following circumstances:

1. An identifiable behavior, physical sign or signs, and/or performance indicators (including a workplace accident) detected by an authorized observer
2. An identified event where drugs are missing from an area.

Authorized Observer

An authorized observer is any level manager. Students should report a concern about an employee or student suspected of being under the influence of a drug or alcohol to any supervisor, manager, or director.

(See attached procedures)

Signature
Stephanie Cannon, MSRS, RT(R)(ARRT)
Program Director

Signature
Joshua Lively, MHA, BSRT(R), RT (R)(VI)(ARRT)
Director of Imaging Services

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TESTING PROCEDURES PRE-ENROLLMENT DRUG TESTING PROCEDURE

PURPOSE: **Conditional** students must pass a drug/alcohol test before they may be enrolled in the Program.

1. When a conditional student has been offered conditional enrollment, he or she will be asked to read and sign the Regional West Medical Center Pre-enrollment Substance Testing Consent and Release Form.
2. The pre-enrollment drug testing will not be completed more than thirty (30) days prior to the first day of the Program.
3. The conditional student may provide information which may be relevant to the drug test to the testing facility. Such information may include identification of prescription or non-prescription drugs currently or recently used or any other relevant medical information. To the extent feasible, all precautions will be taken to ensure that the testing will only measure, and the records concerning the testing will only make use of, information regarding drugs in the body.
4. If a passing or "negative" result has been obtained, the conditional student will remain eligible to begin enrollment, assuming all other conditions of enrollment are met.
5. If a positive result has been obtained, (see Positive Drug Testing Procedures Below), the conditional student will be deemed "not qualified", and the offer of enrollment will be rescinded. The conditional student will not be eligible to apply for future enrollment for a minimum of one (1) year at which time a pre-enrollment drug test will again be initiated.

NOTE:

Students undergoing pre-enrollment testing must have a photo ID with them for identification at the test site and must arrive with a full bladder. Any failure to comply with these requirements may result in the immediate withdrawal of the conditional offer of enrollment

REASONABLE CAUSE/SUSPICION DRUG/ALCOHOL TESTING PROCEDURE

1. When an authorized observer identifies behavior or work performance indicators that denote reasonable cause/suspicion, the observer may institute reasonable cause/suspicion drug/alcohol testing.
2. The observer shall complete the reasonable cause/suspicion checklist (Form 8371.025) to aid in his or her determination of reasonable cause/suspicion, and to determine the specific physical, behavioral, or performance indicators of drug/alcohol use that they observed. This checklist must be completed within 24 hours of the reported event.
3. A House Supervisor, or another supervisor, if available, may also be requested to review the suspected student's behavior.
4. The observer shall immediately call the Program Director, and Director of Human Resources notify him/her about the reasonable cause/suspicion. Human Resources will then arrange for a test. If a Human Resources representative is not available, the House Supervisor will arrange for a drug/alcohol test.
5. At that time, a supervisor will remove the suspected student from the classroom or clinical setting. Security will escort him/her to the test site for reasonable cause/suspicion drug/alcohol testing.
6. The student may provide any information which may be relevant to the drug test to the testing facility. Such information may include identification of prescription or non-prescription drugs currently or recently used or any other relevant medical information. To the extent feasible, all precautions will be taken to ensure that the testing will only measure, and the records concerning the testing will only make use of, information regarding drugs in the body.
7. Any student suspected of drug or alcohol use will not be allowed to return to clinical or didactic class until a passing drug/alcohol test result has been obtained.
8. The student will be offered alternative transportation home from the test site or workplace and encouraged not to drive him or herself. The supervisor shall arrange for alternative transportation for the student by calling Security, Human Resources, or a designated person in the Imaging Services department.

RANDOM DRUG/ALCOHOL TESTING PROCEDURE

Random selections from the pool of all employees and students may be made periodically throughout the year. Regional West Medical Center will be notified of the student selected by certified return receipt mail. It will be the responsibility of Regional West Medical Center to carry out the random testing procedure as outlined in the following steps:

1. When notified of the students that have been selected, Regional West Medical Center will assure that the selected students are tested within one (1) hour of being notified of their selection.
2. Occupational Health will make appointments for the drug/alcohol test of the selected student by contacting the student, Program, or supervisor.
3. When the appointment has been made, the selected student will have one (1) hour to appear at the appropriate collections site. Failure to submit to a test shall be deemed as a positive result and the student will be dismissed from the Program.

After completion of a random test, the selected student may return to clinical or didactic education.

REFUSAL TO TEST OR TAMPERING

1. Refusal to submit to the types of drug and alcohol tests employed by Regional West Medical Center will be grounds for termination of enrollment in the Program.
2. A refusal to test is defined to be conduct which would obstruct the proper administration of a test. A delay in providing the requested specimen could be considered a refusal.
3. Any tampering with specimens submitted for drug/alcohol screening shall be grounds for termination from the Program. This includes the use of any adulterant.

TESTING PROCESS

SCOPE. Drug testing of conditional students or enrolled students may include a urinalysis, breath analysis and/or blood sample testing as determined by Regional West Medical Center and the testing service provider/laboratory. Testing may include, but may not be limited to, detecting the presence of alcohol, marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). Regional West Medical Center may increase or decrease the list of substances for which testing is conducted at any time, with or without notice. In addition,

Regional West Medical Center may require separate samples if multiple tests are conducted. Test levels and standards will be established by Regional West Medical Center and the testing service provider/laboratory.

1. CONFIRMATION. Initial positive tests shall be confirmed using a second test in accordance with applicable law.
2. SPECIMEN FOR TESTING. Conditional students and enrolled students selected for testing shall appear at the designated time and place and provide the necessary sample for testing. If the test sample is to be drawn off-site, a student tested based on a suspicion that the student may be impaired shall be transported to the site by a supervisor or another person designated by Regional West Medical Center. The conditional student and/or enrolled student must sign any consent requested and provide any other requested information; failure or refusal to do so may result in discharge from the Program or denial of enrollment.
3. TESTING AN INJURED STUDENT. A student who is seriously injured and cannot provide a specimen at the time of the accident shall provide the necessary authorization to obtain hospital reports and other documents that may indicate whether there were any controlled substances or alcohol in his/her system.
4. NOTIFICATION OF RESULTS. Enrolled students and conditional students will receive notification of positive test results and will be given an opportunity to explain such results. Failure to respond in a timely manner may result in an uncontested positive verification.

RECEIPT AND CONSENT FORM

I do hereby certify that I have received and read the Regional West Medical Center School of Radiologic Technology Drug-Testing Plan. I have had the terms and conditions explained to me and freely and voluntarily consent to submit to drug and alcohol screening and testing as set forth in the plan.

I understand that the refusal to submit to screening or testing, or a positive confirmed laboratory test result will affect my continued enrollment and result in disciplinary action as described in the Drug/Alcohol Testing Plan, up to and including discharge. I also understand that it is not the purpose of this test to identify any disability I may have and that all activities will be conducted in accordance with ADA regulations.

I give my consent to Regional West Medical Center and/or its designated representative to collect specimens for screening or testing for the purpose of determining the presence of, and content of, drug and alcohol substances, as well as to obtain results from any alcohol or drug screen or test administered by any law enforcement officer or other collector, as set out in the policy statement. I further agree to and hereby authorize the release of the results of said test to Regional West Medical Center, to the Medical Review Officer, in any administrative or judicial proceeding I might initiate, and as set forth in the policy statement.

I further agree that a reproduced copy of this consent form shall have the same force and affect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent form is a voluntary act on my part and that I have not been coerced into signing this document by anyone. I understand that this agreement in no way limits my rights to withdraw from the Program or be terminated from the Program and the policy statement is not in any manner contractual in nature.

Student's PRINTED Name

Date

Student's Signature

Witness PRINTED Name

Witness Signature

(This form is to be signed by student and retained in permanent record)

PRE-ENROLLMENT SUBSTANCE TESTING CONSENT AND RELEASE FORM

I understand that I must freely and voluntarily consent to submit to urinalysis and/or other screening or tests as part of the selection process of final conditional students for enrollment, for the purpose of determining the presence of, and content of, any or all of the following substances:

- | | |
|------------------------|--------------------|
| 1. Amphetamines | 8. Barbiturates |
| 2. Cannabinoids | 9. Benzodiazepines |
| 3. Cocaine | 10 Propoxyphene |
| 4. Phencyclidine (PCP) | 11. Alcohol |
| 5. Opiates | 12 Oxycodone |
| 6. Methadone | 13 Fentanyl |
| 7. Methaqualone | |

- *Conditional students can be tested for all the above substances and additional substances can be added*

I agree that the Regional West Medical Center representative, test site, physician, or clinic may collect these specimens for screening or testing and may screen them or forward them to a testing laboratory for analysis.

I also understand that, if enrolled in the Program, I must freely and voluntarily consent to random screening tests throughout my enrollment.

I further agree to and hereby authorize the release of the results of said tests to the Medical Review Officer (MRO) as provided in the policy statement. I further agree to release and hold harmless Regional West Medical Center and Affiliates and its agents individually and collectively, including each person or business entity involved in the sample request, collecting, screening, testing, evaluation, and reporting; and for any decisions, adverse or otherwise, made concerning my application for enrollment based on the screening or test result.

I understand that a negative screen or test is a condition of enrollment and that the refusal to submit to screening or testing, or a positive screen or test result will result in the rejection of my application, or the rescinding of a conditional offer of enrollment. I also understand that it is not the purpose of this screen or test to identify any disability I may have, and the enrollment screening and testing activities are conducted in compliance with the Americans with Disabilities Act (ADA) requirements.

Student's Initials / Date _____

During the past 24 months, have you tested positive, or refused to test, on any drug or alcohol test administered by an employer or law enforcement officer? ___YES___NO
If YES, please explain: _____

I further agree that a reproduced copy of this enrollment consent and release form shall have the same force and affect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Conditional student's PRINTED Name

Social Security Number

Conditional student's Signature

Date

Witness PRINTED Name

Witness Signature

REASONABLE CAUSE OBSERVATION CHECKLIST
Must be completed within 24 hours
(Strictly Confidential)

Student _____ Period of Evaluation _____

Supervisor #1, Name and Telephone _____

Supervisor #2, Name and Telephone _____

This checklist is intended to assist a supervisor in referring a person for drug/alcohol testing. Has the student manifested any of the following behaviors? Indicate (D) if documentation exists.

QUALITY AND QUANTITY OF WORK IN DIDACTICAL AND CLINICAL SETTINGS

YES NO

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Clear refusal to do assigned tasks. |
| _____ | _____ | 2. Significant increase in errors. |
| _____ | _____ | 3. Repeated errors in spite of increased guidance. |
| _____ | _____ | 4. Reduced quantity of work. |
| _____ | _____ | 5. Inconsistent, "up and down" quantity or quality of work. |
| _____ | _____ | 6. Behavior that disrupts workflow. |
| _____ | _____ | 7. Procrastination on significant decisions or tasks. |
| _____ | _____ | 8. More than usual supervision necessary. |
| _____ | _____ | 9. Frequent, unsupported explanations for poor work performance. |
| _____ | _____ | 10. Noticeable change in written or verbal communication. |
| _____ | _____ | 11. Workplace accidents. |
| _____ | _____ | 12. Other (please specify) _____ |

INTERPERSONAL DURING DIDACTIC AND CLINICAL RELATIONSHIPS

YES NO

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Significant change in relations with co-students, employees, supervisors, others. |
| _____ | _____ | 2. Frequent or intense arguments. |
| _____ | _____ | 3. Verbal abusiveness. |
| _____ | _____ | 4. Physical abusiveness. |
| _____ | _____ | 5. Persistently withdrawn or less involved with people. |
| _____ | _____ | 6. Intentional avoidance of supervisor. |
| _____ | _____ | 7. Expressions of frustration or discontent. |
| _____ | _____ | 8. Change in frequency or nature of complaints. |
| _____ | _____ | 9. Complaints by co-workers or subordinates. |
| _____ | _____ | 10. Cynical, "distrustful of human nature" comments. |
| _____ | _____ | 11. Unusual sensitivity to advice or critique of work. |
| _____ | _____ | 12. Unpredictable response to supervision. |
| _____ | _____ | 13. Passive-aggressive attitude or behavior, doing things "behind your back". |

GENERAL PERFORMANCE

YES NO

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Excessive unauthorized absences – number in last 12 months _____ |
| _____ | _____ | 2. Excessive authorized absences – number in last 12 months _____ |
| _____ | _____ | 3. Excessive use of sick leave in last 12 months _____ |
| _____ | _____ | 4. Frequent Monday / Friday absence or other pattern |
| _____ | _____ | 5. Frequent unexplained disappearances |
| _____ | _____ | 6. Excessive “extension” of breaks or lunch |
| _____ | _____ | 7. Frequently leaves work early – number of days per week or month _____ |
| _____ | _____ | 8. Increased concern about, or actual incidents of, safety offenses involving the student |
| _____ | _____ | 9. Experiences or causes job accidents |
| _____ | _____ | 10. Major change in duties or responsibilities |
| _____ | _____ | 11. Interferes with or ignores established procedures |
| _____ | _____ | 12. Inability to follow through on job performance recommendation |
| _____ | _____ | 13. Any accidents/incidents involving Regional West Medical Center owned or leased vehicles in which the operator of the Regional West Medical Center vehicle has been deemed “at fault” by a ponderous of the evidence (required). |

PERSONAL MATTERS

YES NO

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Changes in or unusual personal appearance (dress, hygiene) |
| _____ | _____ | 2. Changes in or unusual speech (incoherent, stuttering, loud) |
| _____ | _____ | 3. Changes in or unusual physical mannerisms (gesture, posture) |
| _____ | _____ | 4. Changes in or unusual facial expressions |
| _____ | _____ | 5. Changes in or unusual level of activity – much reduced _____ much increased _____ |
| _____ | _____ | 6. Changes in or unusual topics of conversation |
| _____ | _____ | 7. Engages in detailed discussions about death, suicide, or harming someone |
| _____ | _____ | 8. Increasingly irritable or tearful |
| _____ | _____ | 9. Persistently boisterous or rambunctious |
| _____ | _____ | 10. Unpredictable or out-of-context displays of emotion |
| _____ | _____ | 11. Unusual fears |
| _____ | _____ | 12. Lacks appropriate caution |
| _____ | _____ | 13. Engages in detailed discussion about obtaining or using drugs and/or alcohol |
| _____ | _____ | 14. Has personal relationship problems (spouse, girl/boyfriend, children, in-laws) |
| _____ | _____ | 15. Has received professional assistance for emotional or physical problems |
| _____ | _____ | 16. Makes unfounded accusations toward others, i.e., has feelings of persecution |
| _____ | _____ | 17. Secretive or furtive |
| _____ | _____ | 18. Memory problems (difficulty recalling instructions, data, past behaviors) |
| _____ | _____ | 19. Frequent colds, flu, or other illnesses |
| _____ | _____ | 20. Comes to work with alcohol on breath |
| _____ | _____ | 21. Excessive fatigue |
| _____ | _____ | 22. Makes unreliable or false statements |
| _____ | _____ | 23. Unrealistic self-appraisal or grandiose statements |
| _____ | _____ | 24. Temper tantrums or angry outbursts |
| _____ | _____ | 25. Demanding, rigid, inflexible |
| _____ | _____ | 26. Major change in physical health |
| _____ | _____ | 27. Concerns about sexual behavior or sexual harassment |

Other information / observations (Please be specific and attach additional sheets as needed)

Signature – Supervisor #1 / Date

Signature – Supervisor #2 / Date