

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Health Care</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children’s Hospital Stanford</i>	Last Revision: March 2023
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I. PURPOSE

To define the procedure by which medical staff and certain advanced practice providers (APPs) may be tested for intoxicants. The SHC/LPCHS medical staff is committed to provide an environment that protects patients from impairment of their care by our members due to substance use disorder or misuse or other causes.

II. SCOPE

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

III. PRINCIPLES

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

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

IV. ROLES AND RESPONSIBILITIES:

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

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V. VALID CAUSE

Valid causes for concern include the following:

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

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7. Practitioner appears to have impaired judgment, concentration or ability to attend to current patient care tasks.
8. Practitioner appears compromised and presents a hazard to patients, others, and/or self; or exhibits any pattern of behavior that justifies a reasonable concern about intoxication of any sort.
9. Practitioner is unable to meet commitments such as reporting to work on time, absenteeism or complying with work duties.

VI. GENERAL PROCEDURES

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

1. If the OHS representative arrives before the representative of the Medical Staff COC, he/she should await instructions from that representative.
2. While waiting for the arrival of the representative of the Medical Staff COC, all reasonable attempts should be made to dissuade the possibly impaired individual from leaving the area, including contacting security if it appears an impaired individual intends to operate a motor vehicle. The individual in question should not be left alone or unobserved. No physical force may be used to restrain the individual.
3. A determination that for-cause testing is indicated should normally be made by two persons on the COC list, including at least one elected representative of the medical staff. However, if efforts to contact a second person (or an elected representative) are unsuccessful and threaten to significantly delay testing, for-cause testing may then be invoked by:
 - a. a single member of the COC;
 - b. two or more non-elected members; or
 - c. designees of the Service Chief (Division Chief, Section Chief, Clinic Chief, or Director).

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4. The person(s) responsible for determining that for-cause testing is necessary should document behaviors observed, decisions made, and witnesses to the event(s) and forward to the Chief of Staff (SHC) or the President of the Medical Staff (LPCHS), as appropriate.
5. Consent for testing should be obtained only by the representative of the Medical Staff COC, after it is confirmed that testing is indicated. Consent may be verbal and is confirmed by the cooperation of the individual being tested.
6. If testing is determined to be indicated and a medical staff member should refuse testing, the Chief of Staff (SHC) or President of the Medical Staff (LPCHS), as appropriate, or designee will be immediately informed. Refusal of testing may be considered in the overall assessment of any discipline warranted under the procedures outlined in the Medical Staff Bylaws.
7. The representative(s) of the Medical Staff COC will determine whether the medical staff member may return to duty pending the results of the confirmation testing.
8. Arrangements must be made for a member thought to be impaired by drugs or alcohol to be escorted by a colleague, friend, or family member to a treatment facility or home. If assistance is refused, the Security Department must be contacted to help prevent the individual from operating a motor vehicle while appearing impaired.

VII. SCOPE AND INTENT OF TESTING

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

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

Whenever possible, testing will be done according to protocols for proper Chain of Custody.

VIII. CONFIDENTIALITY

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

IX. APPEALS

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

X. DETAILED PROCEDURE (Appendix A)

1. Activate Chain of Command (see **Appendix B**).
2. Contact OHS for drug testing immediately.
 - a) During weekday business hours 0730-0430, contact the OHS Director to initiate confidential testing.
 - b) Off-hours, weekends, and holidays, contact the OHS on-call staff at pager: **17849**.
 - c) Do not contact SHC Lab personnel.
 - d) Do not wait until the representative(s) of the Medical Staff COC arrives before contacting OHS.
3. Initiate immediate Chain of Custody for Drug Testing.
 - a) Consent for testing is obtained by the representative(s) of the Medical Staff COC. Verbal consent is acceptable.
 - b) Medical Staff member presents to the main Occupational Health Services office for drug testing accompanied by the representative(s) of the Medical Staff COC.

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- c) Medical Staff member or APP being screened will have a Breathalyzer test for alcohol.
 - d) Confirmation testing will be performed on urine and blood samples utilizing a confidential 5 digit EMP,##### coding system.
 - e) Under direct supervision, utilizing betadine or other non-alcoholic prep, a serum alcohol level and Chain of Custody blood specimen are obtained.
 - f) A clean-catch urine sample is obtained. Submission of urine samples must be supervised unless provisions are in place to eliminate use of adulterants.
 - g) Specimens will be obtained, sealed and labeled in direct sight of the medical staff member or APP being tested.
 - h) The urine samples will be picked up by designated courier.
 - i) The Medical Staff member or APP, along with by the representative(s) of the Medical Staff COC, will be handed a copy of the coded label used for testing.
 - j) Only the Workforce Health and Wellness (WHW) on-call, the medical staff member in question, and the Medical Staff COC representative(s) will be handed a copy of the Chain of Custody.
4. Records will be securely maintained in OHS.
5. Legal Chain of Custody confirmation testing will be obtained at the time of in-house confidential testing using U.S. Department of Transportation (DoT) approved sealed and labeled specimen containers.
- a) Chain of Custody specimens must be labeled with either the individual’s legal name and demographics; or the 5-digit EMP code.
 - b) Both blood and urine samples are to be obtained at the time of original submission.
 - c) Labeled and sealed specimen containers are to be transported via DHL Secure Delivery.
 - d) Certified testing will be performed at MedTox Laboratories, a certified Clinical Laboratory Improvement Amendments (CLIA) testing facility:
 MedTox Laboratories, Inc.
 432 West County Road D
 Saint Paul, MN 55112

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Telephone: 866-593-0156

- e) MedTox Laboratories will contact the Chain of Command representative(s) with the lab results. MedTox Laboratories will only release the lab test results to said representative(s).
- 6. In cases of indeterminate or contested results, repeat blood and urine samples will be obtained within 72 hours at an independent drug testing facility.

XI. APPEALS

Corrective action and termination decisions will be determined by the hospital’s Chief of Staff/Medical Staff Organization.

DOCUMENT INFORMATION

A. Legal Authority/References

- 1. Code of Federal Regulations (CFR) 49
- 2. Medical Staff For-Cause Testing Policy

B. Author/Original Date

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

C. Gatekeeper of Original Document

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

D. Distribution and Training Requirements

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

E. Requirements For Review and Renewal

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

F. Local Approvals

SHC/LPCHS Wellbeing Committee 10/09, 3/13, 5/16, 4/20
Debra Green Oliphant, Administrative Direct, 1/23
SHC/LPCH/TV Credentials Committee 1/23

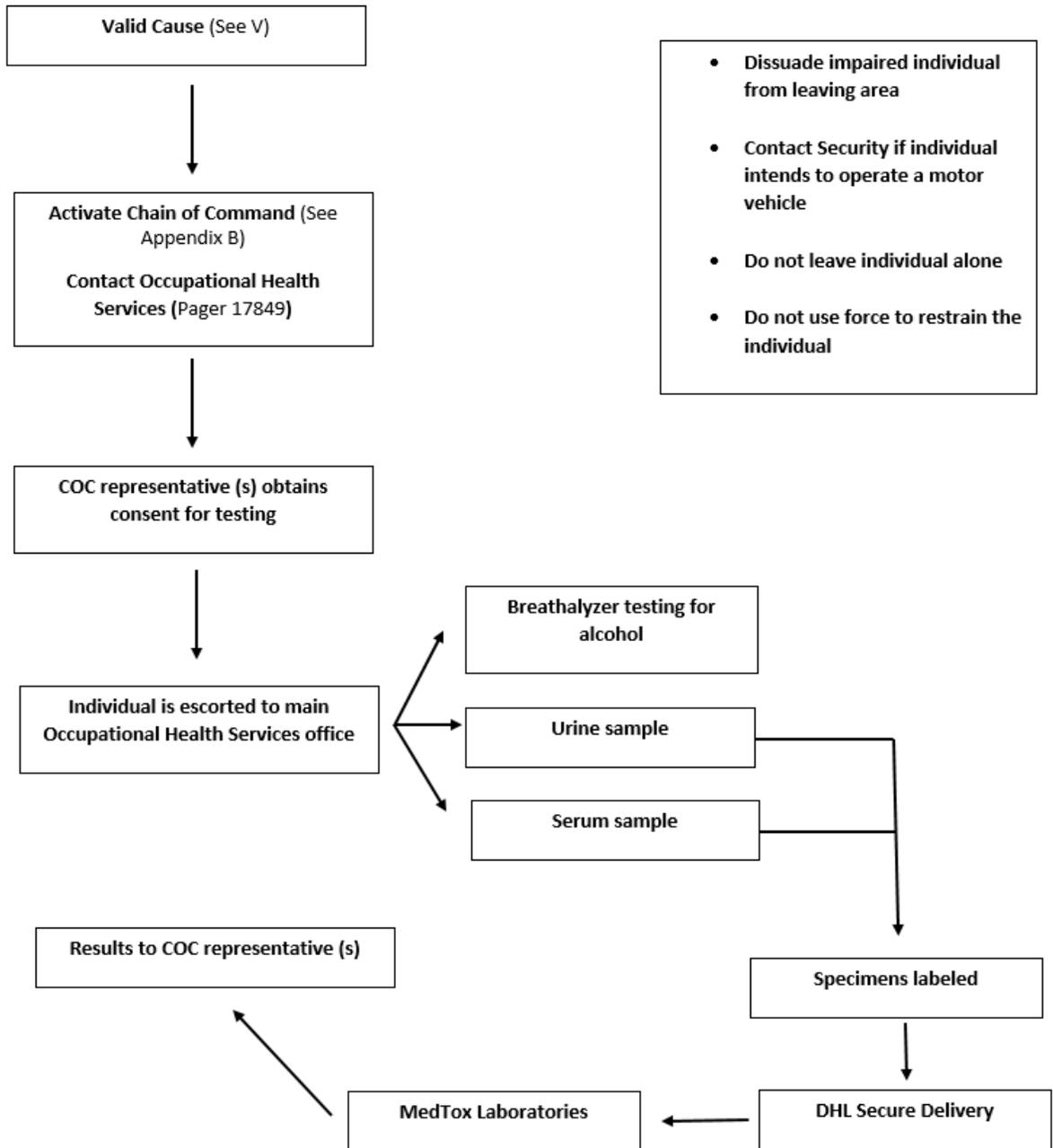
G. MEC and Hospital Board Approvals

SHC – MEC July 2010, 4/13, 7/16, 6/20, 3/23
SHC – Hospital Board July 2010, 4/13, 7/16, 6/20, 3/23
LPCHS Policy Committee – August 2010, 4/13, 7/16, 5/20, 3/23
LPCHS – MEC – September 2010, 4/13, 7/16, 5/20, 3/23
LPCHS – Hospital Board – September 2010, 4/13, 7/16, 5/20, 3/23

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APPENDIX A
DETAILED PROCEDURE

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APPENDIX B
CHAIN OF COMMAND ACTIVATION for FOR-CAUSE TESTING

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

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

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

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

CHAIN OF COMMAND (COC)

PRIMARY CALL LIST (ELECTED MEMBERS)

- Chief of Staff (SHC)
- Immediate Past Chief of Staff (SHC)
- Vice Chief of Staff (SHC)
- President of the Medical Staff (LPCHS)
- Vice President of the Medical Staff (LPCHS)
- Medical Control Physician On-Call (LPCHS)
- Chief Medical Officer (SHC or LPCHS)
- Care Improvement Committee Chair
- QIPSC Chair
- C&P Chair

SECONDARY CALL LIST (ELECTED MEMBERS)

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TERTIARY CALL LIST (NON-ELECTED MEMBERS)

Chiefs of Service
Hospital Administrator on Call

Current contact information can be found here:

[List of SHC Medical Staff Leaders](#)
[List of LPCH Medical Staff Leaders](#)

ACTIVATION OF THE CHAIN OF COMMAND

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

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

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Director, Medical Staff Services, (650) 497-8920