Texas Woman's University
College of Nursing

Policy Name: Student Substance Use Screening Policy & Procedures

Policy Number: APP2

Date Passed: December 15, 2021

Date Reviewed: December 15, 2021

Next Review: December 15, 2026

Approved by: Dean, College of Nursing

PURPOSE

Texas Woman's University College of Nursing (the 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 illicit drugs, alcohol or other drugs with the potential for impairing clinical judgment and performance (referred to as "drugs" or "substance" hereinafter). Furthermore, health care facilities affiliated with the CON require that students have a negative substance screen prior to beginning clinical experiences in their facility to help to ensure a climate of safety for their patients, families, and staff.

Therefore, a negative substance screen as noted in the College of Nursing Substance Screen Protocol below, prior to engaging in clinical courses, is a requirement for all BSN, MSN and DNP CON students, as well as any CON PhD students performing data collection or research in a clinical facility. Substance testing will occur prior to placement in a clinical setting and may occur at random and for cause.

If any test is positive or non-negative, the Medical Review Officer (MRO) contacts the student to inquire if the student is on prescription medication. If the student can provide the current prescription(s) for medication(s) to justify the screening results, the MRO will review the information and, if the result is justified by a current prescription, then the report is updated as a negative test result for the positive substances. If the student cannot provide a prescription medication to justify the test findings, the results are considered positive. This process ensures that the results of the drug screenings are as accurate as possible while accounting for any prescription medication(s) the student is using under medical supervision.

It is important to note that re-testing following any positive result will not be permitted. In other words, receiving a positive result on any substance screen will result in the consequences listed in the “Consequences of Test Results” section below.

The College of Nursing will designate the professional entity selected to do the substance testing. The College of Nursing will not accept substance screening results from any company other than the one designated by the College of Nursing. The College of Nursing Student Substance Screen Policy & Procedures supersedes any drug or substance screening policy of the university.

POLICY STATEMENT

Unless otherwise specifically designated in writing by the Dean of the College of Nursing, the use of illicit drugs, alcohol or other drugs with the potential for impairing clinical judgement and performance by College of Nursing students is prohibited on university premises and during any university activity including clinical rotation assignments. Possession or usage of prescription medication in accordance with the prescription and healthcare provider instructions is permitted except that certain medication may not be taken during clinical rotation assignments, or within a certain timeframe prior to assignments, if such prescription medication has the potential for impairing clinical judgment and performance. Failure to comply with this policy will subject the student to disciplinary action up to and including academic dismissal from the CON.

College of Nursing Substance Screen Protocol

General Information

Students must receive a negative result on the first substance screening analysis on all screenings. Retakes will not be permitted and students will not necessarily be made aware in advance when they are required to be tested. Failure to receive a negative result or refusal to take the substance screening when required will subject the student to actions described under Consequences of Test Results.

Pre-Placement Screening

Prior to a clinical placement a substance test is required.

Screening for Suspicion of Substance Use

Any nursing student who demonstrates behavior which is consistent with the use of a substance which has the potential for impairing clinical judgment or performance, at any time while a student of the College of Nursing will immediately be removed from direct clinical care and subjected to substance testing.

Subsequent to taking action(s) necessary to ensure patient safety, the faculty member who observes such behavior will contact the Course Manager and Program Director, documenting in writing the observed behavior or situation. The decision to refer a student for substance testing will be made in collaboration with the Program Director. The decision to test will be made, and the testing will be conducted, as expediently as possible. The details of such testing will be made at the determination of the College of Nursing, paid for by the CON, and may include immediate testing in the location at which the student is present. Behavior and situations which may lead to this process include but are not limited to:

a. Observable phenomena such as direct observation of substance use and or physical symptoms or manifestations of being under the influence of a drug or alcohol;
b. Erratic behavior, slurred speech, staggered gait, flushed face, dilated/pinpointpupils, wide mood swings, and deterioration of work performance; or
c. Student accident or injury sustained at the clinical site with reasonably suspicious behavior as noted above in **a** or **b**.

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Texas Woman's University College of Nursing Acknowledgement and Consent Form for Nursing Students – Substance Use Screening Policy & Procedure Housed in the Castlebranch System (must be uploaded)

By signing below, I (print) name_____TWU ID_____
acknowledge that:

1) I have received a copy of the TWU College of Nursing Substance Use Screening Policy & Procedures which explains that all required substance tests must be negative.

2) I agree to be tested for substance use as set forth by the TWU College of Nursing Substance Use Screening Policy & Procedures.

3) I understand that all substance screening will be at a cost to me.

4) I understand that I may be required to submit to substance screening if I exhibit behavior which may impair clinical judgment or performance or in the event of student accident or injury sustained at a clinical site.

5) In order to be eligible to continue courses within the College of Nursing and to be permitted to participate in clinical assignments, all required substance screens must be negative.

6) If any substance test result is not negative or if I refuse to submit to substance screening, I understand that I will be subject to the Consequences of Test Results as described within the TWU College of Nursing Substance Use Screening Policy & Procedures.

_____ _____
Student Signature Date

_____
Printed Name

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Texas Woman's University College of Nursing
Student Refusal to Screen for Substance Use
Housed in the Castlebranch System (must be uploaded)

I have been informed by faculty that due to behaviors I have exhibited or a situation has occurred which has been determined by TWU to constitute a reasonable suspicion that I may currently be under the influence of a substance which has the potential for impairing clinical judgment or performance.

I have been further informed that the College of Nursing Substance Use Screening Policy & Procedures requires me to submit to a substance test under such circumstances.

I understand in order to be eligible to participate in courses in the College of Nursing or in clinical assignments, any substance test I am required to take must be negative.

I understand that my refusal to submit to substance testing is treated as if I have a positive substance screen, is grounds for corrective action, and such corrective action will include dismissal from the College of Nursing.

I understand that as a result of substance screen refusal, I will either withdraw or be dismissed from the College of Nursing program.

I hereby refuse to authorize or submit to any substance testing for alcohol and/or drugs and fully accept all of the above listed consequences.

Student Name (print) _____

Student Signature_____ Date:_____

Student Comment (optional)_____

Faculty Name: _____

Faculty Signature_____Date:_____

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Faculty Report of Aberrant Behavior

Faculty observing behavior in a student which has the potential for impairing clinical judgment or performance will meet with the student to discuss such observation; a witness is preferred. The faculty will contact the Course Manager and Program Director immediately upon suspicion of drug or alcohol use. The **Faculty Report of Aberrant Behavior** will be used to document a detailed description of the student's behavior or the situation which occurred. This form is considered confidential and will be shared only with those administrators with a need to know.

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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, pinpoint)
   - — Clothing (dirty, disheveled)
   - — Odor of alcohol on breath
   - — Other observed actions or behaviors
   - — Clinical site accident and/or student injury sustained at the clinical site
   - — List reports of complaints of student behavior from personnel or other students
   - — List unexplained absences or tardiness.

---Attach Documentation----

6. Did the student admit to use of drugs/alcohol?___No___Yes
   Comments:

7. Were drugs/alcohol discovered?___No___Yes
   Comments:

8. Referred for substance use testing and/or follow-up care?___No___Yes
   Comments:

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

10. List any observations not included in the checklist.

_____

_____

11. List names of all witnesses to the student's behavior or the situation:

_____

_____

_____ _____

Faculty Member Signature Date

_____ _____

Other Professional or Corroborating Witness *(if available)* Date