



St. Helena Parish Hospital

“Louisiana’s First Critical Access Hospital”

Current Status: Active	Policy # HR.715.100
Effective Date: 1999	Revision Date(s): 10/28/2019
Policy Area: Human Resources	Applicability: ALL ENTITIES
DRUG DIVERSION REPORTING & RESPONSE	
7 PAGE(S)	

PURPOSE:

To provide guidelines for the identification, reporting, and investigation of suspected drug diversion by employees.

DEFINITIONS:

Drug Diversion: Intentionally and without proper authorization, using or taking possession of a prescription medication or medical gas from hospital supplies, patients, or through the use of hospital related prescription, ordering, or dispensing systems. Drug diversion of any kind is considered theft. Examples of drug diversion include, but are not limited to, the following:

- Medication theft;
- Using or taking possession of a medication without a valid order or prescription;
- Forging or inappropriately modifying a prescription; and/or
- Using or taking possession of medical waste, i.e., left over medication
- Signing out a controlled substance with no further documentation in the medical record to substantiate administration of the drug to the ultimate user (patient).

Prescription medication: A medication that according to federal law requires a prescription of a licensed physician or other licensed provider prior to dispensing. Synonym: legend medication.

Reasonable Suspicion: A clear, expressed belief, based on (but not limited to) specific and contemporaneous facts, observations and reasonable inferences from those facts, that an employee is using drugs/alcohol, or is impaired by the use of illegal or legal drugs or alcohol. Reasonable suspicion must be based on specific, contemporaneous observations and facts concerning appearance, behavior, speech, or body odors of the employee, and may include symptoms of chronic use or withdrawal effects of controlled substance or alcohol.

Employee: Any consulting staff, administrative staff, employee, student, volunteer, contract worker, or any other individual who has received employment or an appointment at the hospital.

Controlled substance: Medications classified as Schedule I through V by the Federal Drug Enforcement Administration (DEA) and/or applicable state law.

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Licensed or registered health care provider: Health care provider whose license or registration allows him/her to provide care and services within the scope of their respective practices and as authorized from respective regulatory agencies and Hospital departmental policies.

Administrative Team: Team which includes CEO, DON, CQO, HR, Pharmacist, and Patient Safety Officer/Risk Manager for handling of confidential matter.

POLICY:

- A. Employees are prohibited from diverting drugs from the hospital.
- B. The prevention of drug diversion is essential to the safety of hospital patients and employees, and is the individual responsibility of every hospital employee.
- C. Employees are required to report known or suspected incidents of drug diversion by employees, patients, and visitors.
- D. All suspected incidents of drug diversion will be thoroughly investigated.
- E. Suspicion of drug diversion may arise from a variety of circumstances, including but not limited to, the following:
 - 1. A witnessed incident of probable drug diversion;
 - 2. Behaviors that may indicate an impaired individual.
 - 3. Suspicious activity identified during routine monitoring and/or proactive surveillance;
 - 4. Self-disclosure of drug diversion by an individual; and/or
 - 5. Notification of suspected drug diversion from an external source, such as local law enforcement or a family member of a suspected drug diverter.
- F. Any employee who reports suspected drug diversion honestly and in good faith will be protected from retaliation.
- G. Any employee who use authorized (prescription) drugs and/or narcotics during work and have any reason to expect such use may affect their ability to perform their work must report this information to the Department Director, HR and EH Nurse. A determination will then be made as to whether the employee will be able to perform the essential functions of the job safely and properly.
- H. Employees must be physically and mentally able to perform their assigned duties in a safe and efficient manner when they report to work and must maintain that ability throughout their shift.

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- I. Employees, their possessions, and their property on hospital premises are subject to search and surveillance at all times while on hospital premises, or while conducting hospital business off-site.
- J. The Administrative Team will handle and manage the investigation of reports of suspected drug diversion.
- K. Facility CEO, DON, CQO, HR, Pharmacist and Patient Safety Officer will be notified immediately of incidents concerning reasonable suspicion and/or probable drug diversion.
- L. Whenever possible, HR should contact CEO and CQO for assistance in applying these rules, and whenever you feel that a reasonable suspicion drug and/or alcohol test may be warranted.
- M. Diversion of any drug by an employee is grounds for immediate termination of employment.
- N. In some circumstances such as self reporting, an employee who is abusing drugs may be granted a leave of absence to undertake rehabilitation treatment. The employee will not be permitted to return to work until certification is presented to the CEO that the employee is capable of performing his/her job. Failure to cooperate with an agreed upon treatment plan will result in discipline, up to and including termination. Participation in a treatment program does not insulate an employee from discipline for violations of this or other hospital policies.
- O. Drug diversion by any employee is considered theft and will be reported to all appropriate government, licensing, regulatory, and law enforcement agencies.
- P. Employees may be required to take a blood, urine or hair test at any time to determine the presence of unauthorized drugs, controlled substances, or alcohol. Testing positive for unauthorized drugs, controlled substances or alcohol will result in termination of employment, unless there is a qualifying disability protected by law.
- Q. If the employee under suspicion is on the Administrative team the Board of trustees Chairman will be advised of the situation and included in the oversight and decision process.
- R. Please remember that information regarding an employee's suspected alcohol and/or drug use or diversion is to be treated as confidential and shared only with management and HR on a need-to-know basis. Similarly, information you obtain about an employee's use of medication or medical condition is to be kept confidential and disseminated only on a

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need-to-know basis only with HR, DON, Pharmacist, CQO, and /or CEO. All testing results are to be kept in the employee's health file.

PROCEDURE

The Hospital/Nursing Home performs reasonable suspicion drug screens if there is evidence or suspicion that an employee is or may be under the influence of an unauthorized drug, controlled substance or alcohol; or when there are controlled substances missing that cannot be accounted for.

Initial Report and Investigation

- A.** Any employee who suspects that drug diversion has occurred should notify his or her immediate supervisor.
- B.** If there is no immediate risk to patient safety and an employee is not comfortable notifying his or her supervisor, the employee should contact the CEO immediately to make a confidential report. If an employee is not comfortable notifying the CEO, they should immediately call the CQO or Compliance Officer to make a confidential report.
- C.** Upon notification of suspected drug diversion, the supervisor will immediately perform an initial safety assessment using the Behavioral Observation Checklist. All observations, determinations and documentation concerning reasonable suspicion need to be made by at least one supervisor, preferably two. If only one supervisor is on duty, then another witness is required. Contact HR if necessary to witness employee behaviors.
- D.** Promptly call HR, CEO, DON, Pharmacist and CQO if Reasonable Suspicion is identified.
- E.** The supervisor's initial safety assessment will include the following steps:
 - 1.** Determine whether any patient has been harmed or placed at risk of harm, and take appropriate action to treat the patient or remove the risk of harm. If a patient has been harmed or placed at risk of harm, the supervisor will notify the patient's primary staff physician, DON, CQO and CEO.
 - 2.** If the supervisor answers "yes" to 3 or more observations on the Behavioral Observation Checklist, then the employee will be sent for a Reasonable Suspicion drug and alcohol testing screen at the Hospital designated collection facility. At that point:

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- a) Remove the employee from the work area to private location. Do not leave employee unattended.
 - b) Have a witness, preferably HR present, for your conversation with the employee.
 - c) Do not accuse the employee of being on drugs or drunk.
 - d) Inform and describe for the employee your observations of his/her appearance and behaviors of concern.
 - e) Allow the employee an opportunity to explain behavior and appearance from his/her perspective.
 - f) If Reasonable Suspicion still exists after explanation, then inform employee that you are sending him/her for Reasonable Suspicion drug and alcohol screening test per Hospital policy and that refusal to take the test will result in disciplinary action up to and including termination.
- 3. Refusal to submit to a drug and alcohol screening test means:**
- a) Failure to show up for any test within a reasonable time of one hour after being directed to do so by the employer, or to remain at the testing site until the screening process for the test is complete.
 - b) Failure to provide a specimen for any drug or alcohol screening test required by this policy.
 - c) Failure to permit the observation or monitoring of the provision of a specimen in the case of a directly observed or monitored collection in any drug and/or screening test.
 - d) Failure to provide a sufficient amount of a specimen when directed unless it has been determined through a medical evaluation that there was an adequate medical explanation.
 - e) Failure or declines to take a second test the employer has directed following a negative dilute result.
 - f) Failure to undergo an additional medical examination as directed by the CEO.
 - g) Failure to cooperate with any part of the testing process.
- 4. Make arrangements to transport the employee to the hospital's designated collection location. DO NOT ALLOW EMPLOYEE TO DRIVE HIM/HER if located off campus. ALSO, MAKE ARRANGEMENTS TO TRANSPORT EMPLOYEE HOME AFTER TESTING COLLECTION IS COMPLETED. If employee refuses transportation, inform him/her you will notify local authorities. Follow through if necessary by obtaining employees license plate number and contacting local authorities. Do not attempt to restrain employee at any time.**
- 5. Inform employee that you are placing them on administrative work suspension until the results of the testing are completed and that we will contact them.**

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6. If the test results are reported **NEGATIVE**, contact employee and advise them of results. Make arrangements for the employee to return to work and inform him/her that he/she will be paid for any scheduled work hours missed during administrative work suspension.
 7. If test results are **POSITIVE**, then notify CEO of results and discuss decision regarding disciplinary action. HR, CEO, and CQO are included in this discussion and decision. Employees who have tested positive, or otherwise violated this policy, are subject to discipline, up to and including termination.
 8. If results are **POSITIVE**, scheduled work hours missed during administrative work suspension time will not be paid.
 9. Document the facts of the investigation and disciplinary action, and give to the HR for placement in **employee's HR file**. All screening test results are to be kept in **employee's health file**.
- F.** In the event there is evidence of suspected Drug Diversion, the supervisor will take steps that are immediately necessary to preserve any readily apparent evidence, such as medication vials or syringes. If evidence involves an infusion pump, the medication will be removed from the pump and placed in a sealed plastic bag. The pump should not be cleared and should be sequestered. The supervisor should not engage in any additional evidence collection or investigation without consulting with the DON, CQO, and CEO.
- G.** In the event that Drug Diversion is suspected, the Pharmacist, DON, CEO, CQO and HR will be notified. If after hours, the Charge Nurse will notify the DON and Pharmacist. A confidential investigation will be conducted by the Pharmacist and DON using activity reports from the Omnicell® (by patient and nurse), patient MAR's/records, and employee /patient witness statements given.
- H.** Suspicion of diversion may arise from a variety of circumstances including but not limited to:
1. Witnessed incident of possible drug diversion;
 2. Un-reconciled narcotic/medication counts;
 3. Failure to document witnessed wastage;
 4. Failure to document medication administration, reason for administration and response to intervention on MAR;
 5. Inconsistent medication records for patient(s) between clinicians from different shifts;
 6. Behaviors that may indicate impairment;

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7. Suspicious activity identified during routine monitoring or proactive surveillance;
 8. Self disclosure of drug diversion by individual; and/or
 9. Notification of suspected diversion from an external source such as local law enforcement or family member.
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- I. If drug diversion is still substantiated through the investigation, call the employee in to meet with the HR Director, DON and CQO. Inform the employee of your findings, including the suspicion of drug diversion. Do not accuse the employee of taking drugs or stealing drugs. Give the employee the opportunity to offer explanations of any findings and to account for any missing drugs.
 - J. If the suspicion of diversion remains substantiated after meeting with the employee, if possible, contact the CQO to discuss Reasonable Suspicion drug screen testing; and course of action regarding disciplinary action, termination of employment, and reporting responsibilities to appropriate governmental licensing agencies, regulatory agencies and law enforcement agencies. If CQO support is not available, then the facility CEO, DON, and HR Director will make a decision regarding reasonable suspicion drug testing and suspend employee until testing and investigation is complete.

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