

BIDMC ANESTHESIA DEPARTMENT DRUG GUIDELINE

PURPOSE AND SCOPE:

1. The purpose of this Drug and Alcohol Guideline is to detail BIDMC Anesthesia Department standards and procedures for dealing with Drug use or abuse by employees, Applicants Conditionally Offered Employment and contractors.
2. Drug use or abuse may adversely affect the quality of the services provided, pose safety and health risks to Employees, patients, and others, have a negative impact on work efficiency and result in injury or loss of life, equipment and/or property.
3. In order to serve our patients and provide a safe, healthy and efficient work environment, BIDMC Anesthesia requires its employees to report for work fit to perform their jobs. Therefore, Applicants Conditionally Offered Employment must successfully complete a drug-screening test.
4. To this end BIDMC Anesthesia has established the following policies and procedures dealing with Drug use or abuse by employees, Applicants Conditionally Offered Employment.
5. To assure that very same safe and healthy work environment, BIDMC Anesthesia will maintain a random drug screening program where employees and professionals providing anesthesia services, may from time to time be tested for the presence of controlled substances.
6. In conformance with the goals of patient and personal safety and healthy work environment, BIDMC Department of Anesthesia reserves the right to test licensed members of the BIDMC Department of Anesthesia on a “for cause” basis as further discussed herein. Failure of any personnel to submit to testing will result in discipline up to and including termination.
7. BIDMC Department of Anesthesia also commits to a program of education and review in order to make members of the BIDMC Department of Anesthesia aware of issues with respect to substance abuse.
8. Testing positive for any controlled substance may result in any number of employer actions including monitoring or disciplinary action up to and including termination depending upon the circumstances of each case.
9. BIDMC Department of Anesthesia recognizes that the Hospital may choose to implement its own drug testing Guideline for its own employees (which could include residents and other clinical staff members). To the extent that the hospital takes such action either on the main campus or at an affiliate campus, BIDMC Department of Anesthesia will work cooperatively with the owners of said Guideline to create an appropriate approach to the situation.

DEFINITIONS:

1. "**Alcohol**" means beer, wine and all forms of distilled liquor containing ethyl alcohol. References to use or possession of alcohol include use or possession of any beverage, mixture or preparation containing ethyl alcohol.
2. "**Applicant Conditionally Offered Employment**" means someone who has applied for a position with BIDMC Anesthesia and who has received a conditional offer of employment contingent upon, among other things, successfully completing a drug-screening test (no presence of Drugs).
3. "**Designated Laboratory**" means an available laboratory operated by one of the separate legal entities of BIDMC or alternatively if such utilization is not practicable, a laboratory that is certified and/or accredited to perform such testing.
4. "**Drug**" means any substance (other than Alcohol) that has known mind or function-altering effects on a human subject, specifically including psychoactive substances and including, but not limited to, substances prohibited or controlled by Commonwealth or federal controlled substance laws. Testing for a Drug may involve testing for a metabolite of a Drug.
5. "**Drug Paraphernalia**" means all equipment, products and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling or otherwise introducing a Drug into the human body, including, but not limited to all equipment prohibited or controlled by Commonwealth or federal controlled substance laws.
6. "**BIDMC Anesthesia Department**" or "BIDMC Anesthesia" or "Members of the BIDMC Anesthesia Department" refers to the department of licensed providers who directly provide care to patients including the Physicians, Resident Physicians, Fellows and Nurse Anesthetists and any other Advanced Practitioners. It is expressly recognized, however that resident physicians and other licensed providers may be employed by BIDMC itself. This designation or grouping is for convenience of identifying the categories of personnel to be tested and is in no way meant to imply any form of "joint employer" status.
7. "**BIDMC Anesthesia Authorized Party**" means the individual(s) in each BIDMC System region authorized to render final reasonable suspicion opinions and order Drug testing regarding employees who appear to be working under the influence of Drugs.
8. "**BIDMC System Premises**" means all BIDMC System owned or leased real estate, including but not limited to the BIDMC main campus as well as affiliate hospital facilities.
9. "**Guideline**" means this Drug and Alcohol Guideline.
10. "**Possess**" means to have on one's person or in one's personal effects or under one's control.

11. **"Successful completion"** of a drug-screening test means the test results of the Applicant Conditionally Offered Employment are negative (i.e. no presence of drugs) and the test was taken within 30 calendar days prior to the start date of employment. For trainees, the test must be taken within 10 business days after start date in the training program. Alternatively, this may also apply to individuals who are already employed and are undergoing random testing.
12. **"Under the influence"** or **"impaired"** means that an employee or contractor is affected by a Drug or Alcohol or the combination of a Drug and Alcohol. The symptoms of influence and/or impairment are not confined to those consistent with misbehavior, nor to obvious impairment or physical or mental ability such as slurred speech or difficulty in maintaining balance. A determination of use, influence and/or impairment can be established by a professional opinion, urine, blood or any other commonly used scientific valid tests and in some cases by a lay person's opinion. A BIDMC Anesthesia EMPLOYEE OR CONTRACTOR WILL BE PRESUMED TO BE IMPAIRED AND IN VIOLATION OF THIS GUIDELINE WHENEVER THE PRESENCE OF DRUGS IN ANY AMOUNT WHATSOEVER ARE DETECTED IN A SUBSTANCE ABUSE TEST ADMINISTERED UNDER THE TERMS OF THIS GUIDELINE.

COVERAGE, CONSENT AND CONSEQUENCES:

1. Any licensed member of the BIDMC Department of Anesthesia who provides direct patient care within the Department of Anesthesia at BIDMC or a BIDMC owned campus shall be covered by this Guideline and shall be deemed to have consented to testing as required by this Guideline and consent is implied by the performance of such services.
2. Any licensed member of the BIDMC Department of Anesthesia who provides direct patient care and who refuses to cooperate in any aspect of the Drug and/or Alcohol testing process described in this Guideline shall be subject to disciplinary action, including termination, for a first refusal or any subsequent refusal.
3. Any licensed member of the BIDMC Department of Anesthesia who provides direct patient care within who violates this Guideline's prohibition concerning Drug and/or Alcohol possession and/or use, in any manner whatsoever, may be subject to monitoring, counseling and such additional disciplinary action, up to and including termination for a first offense or any subsequent offense. The facts and circumstances of each situation will be taken into account before any decisions are made as to appropriate approaches in handling the occurrence or implementing discipline.
4. Offers of employment may be withdrawn for an Applicant Conditionally Offered Employment who does not successfully complete a drug-screening test (no presence of Drugs). This applies to all offers of employment where the employment begins after July 1, 2016.

ALCOHOL AND DRUG POSSESSION AND USE PROHIBITED:

1. *Prohibitions.*
 1. No licensed provider who provides direct patient care within the BIDMC Department of Anesthesia may use, be under the influence, possess, transport, promote or sell Alcohol, or any Drug or Drug Paraphernalia while performing

work for within the BIDMC Department of Anesthesia , while on any BIDMC owned Hospital premises (which includes being in personal vehicles in BIDMC parking lots), while representing BIDMC Department of Anesthesia on organizational business off-site, or while operating their own personal vehicle while on BIDMC Department of Anesthesia business, unless specifically permitted under *Exceptions* Section 2(A)(1) below.

2. No licensed provider of the BIDMC Department of Anesthesia who provides direct patient care may report for work, or go or remain on duty while:
 1. under the influence of or impaired by Alcohol; and/or
 2. under the influence of or impaired by any Drug.
3. Applicant Conditionally Offered Employment. BIDMC Anesthesia may choose to refuse to offer employment to any candidate who fails to successfully complete the pre-employment drug-screening test. Each set of facts and circumstances will be carefully reviewed.

2. *Exceptions*

- A. *Alcohol*. The purchase of Alcohol with the BIDMC Department of Anesthesia monies and the serving of alcohol at a BIDMC Department of Anesthesia sponsored functions after normal business hours or the consumption of alcohol at a BIDMC Anesthesia Department sponsored activity or social event held after normal business hours is not prohibited by the Guideline if:
 1. Specifically permitted under the guidelines set forth within BIDMC policies and procedures; or
 2. Specifically and expressly permitted by BIDMC Department of Anesthesia Executive, and the consumption of such alcohol is not inconsistent with the safe and efficient performance of the BIDMC Department of Anesthesia's Employee's duties.
- B. *Prescribed and Over-the-Counter Drugs*. The use of prescribed or over-the-counter Drugs and/or Drug Paraphernalia, or possession incident to such use, is not prohibited by this Guideline, if:
 1. The Drug and/or Drug Paraphernalia has been legally obtained and is being used for the purpose for which it was prescribed or manufactured; *and*
 2. The Drug is being used at the dosage prescribed or authorized; *and*
 3. The use of the Drug and/or Drug Paraphernalia is not inconsistent with the safe and efficient performance of the licensed member of the BIDMC Department of Anesthesia's duties; (See Section VII for information concerning a member of the Department of Anesthesia's obligation to report the use of prescription and over-the-counter Drugs).
- C. *Reasonable Judgment*. Members of the BIDMC Department of Anesthesia are expected to use their discretion and exercise reasonable judgment in the consumption of Alcohol or use of prescribed or over-the-counter Drugs while traveling or during normal business hours when BIDMC Department of Anesthesia at off-site at meetings or conferences for continuing education purposes.

EMPLOYEE SUBSTANCE ABUSE TESTS:

1. In order to assure compliance with BIDMC Department of Anesthesia's prohibitions concerning Alcohol and Drug use and as a condition of employment, members of the BIDMC Department of Anesthesia are required to cooperate in Drug and/or Alcohol substance abuse testing procedures. Such tests may be administered (i) within specified time frame at the time of employment (30 days prior to start date for faculty and other employees, or 10 business days after start date in training program); (ii) randomly within the department; and (iii) upon reasonable suspicion of substance abuse (also known as "for cause"), or after serious on the job accidents which are otherwise unexplained and which result in (i) injury to a patient, Health System Employee, or other person, or (ii) property damage in excess of Five Hundred Dollars (\$500). Blanket testing of groups of BIDMC Anesthesia Department members may be administered upon reasonable suspicion of a drug diversion where circumstances suggest that the member(s) to be tested had access to the suspected diverted substance(s).
2. Tests shall be accomplished through any designated modalities including the use of a breathalyzer, salivary test, analysis of urine and/or blood samples, or other clinically acceptable methods. For purposes of alcohol testing, a negative result on a breathalyzer or salivary test does not require further testing. A positive result must be confirmed by a blood alcohol test.
3. Prior to the testing or the collection of the urine and blood samples on a random basis, the member of the BIDMC Department of Anesthesia shall be notified that the employee is being tested for the presence of Drugs and/or Alcohol. Where samples of blood or urine are used, BIDMC will cause the samples to be identified by number to insure confidentiality as reasonably possible under the circumstances.
4. If the test performed by the Designated Laboratory of the samples is positive for any Drug, (Drug metabolite(s) or Alcohol, the samples shall be tested a second time by other reliable methods.
5. BIDMC Department of Anesthesia through such personnel as designated under this Guideline will notify the BIDMC Department of Anesthesia member of the results of any test that is positive for any substance included in the procedure. In the case of a positive result, BIDMC Department of Anesthesia will provide the member of the BIDMC Anesthesia Department with an opportunity to explain the presence of the identified substance prior to taking any action. Test results will not be maintained in the personnel records, but rather in a separate file as designated by the BIDMC Department of Anesthesia.

APPLICANT SUBSTANCE ABUSE TEST

In offering a position to a successful applicant, management will make the offer contingent upon successful completion of a drug-screening test (no presence of Drugs). If an Applicant Conditionally Offered Employment does not successfully complete the drug-screening test, the employment offer will be withdrawn. The individual may apply, and may be considered for a subsequent position. If conditionally offered the subsequent position, a drug- screening test must be successfully completed.

REPORTING REQUIREMENTS - USE OF PRESCRIPTION AND/OR OVER-THE-COUNTER DRUGS:

1. Any member of the Department of Anesthesia who is using a prescribed legal or over-the-counter Drug and who has been informed, has reason to believe or feels that the use of any such Drug may affect his or her ability to perform his or her job duties safely and/or efficiently is required to report such Drug use to his or her supervisor.
2. Any supervisor who has been informed by the member of the Department of Anesthesia or who has reason to believe that a member of the Department of Anesthesia is using a prescribed legal or over-the-counter Drug that may affect the individual's ability to perform his or her job duties safely and/or efficiently shall report such information to a representative of the BIDMC Anesthesia Drug Abuse Committee.
3. In those circumstances where the use of a prescribed legal or over-the-counter Drug is inconsistent with the safe and efficient performance of duties, a member of the BIDMC Department of Anesthesia may be suspended or may be required to take sick leave, a leave of absence, or other action determined to be appropriate by management in appropriate consultation with their employing entity.

PERSONNEL REPORTING REQUIREMENTS – SUSPICION OF USE OF DRUGS

1. All members of the BIDMC Department of Anesthesia should be reporting any concerns as to another member's use or abuse of drugs, legally prescribed or otherwise, that are seen as impacting the individual's ability to safely and effectively perform.
2. Anonymity is to be maintained to the extent reasonably possible but at all times in conformance with relevant reporting statutes and regulations.

PERSONNEL CHARGED WITH ADMINISTRATION OF GUIDELINE AND TESTING REVIEWS

1. BIDMC Department of Anesthesia recognizes that an encompassing drug prevention program can only be administered by a group of individuals dedicated to a drug-free workplace.
2. The responsibility for implementation and administration of BIDMC Anesthesia drug Guideline lies with BIDMC Anesthesia Drug Abuse Committee (DAC). The members of the DAC, are listed as follows:
 - Chairperson, Department of Anesthesia, Critical Care, and Pain Medicine
 - Director of Resident Education. Department of Anesthesia, Critical Care, and Pain Medicine
 - Additional Faculty Member, Department of Anesthesia, Critical Care, and Pain Medicine
 - Representative of Employee Relations, Human Resources, BIDMC
 - Medical Director, Occupational and Environmental Health
 - Medical Director, Employee Occupational Health Services, BIDMC
 - Clinical Director, Employee Occupational Health Services, BIDMC

- Legal Counsel, Harvard Medical Faculty Physicians
- Assistant Program Director, Emergency Department Residency, BIDMC

3. The BIDMC Anesthesia Department chairperson is responsible for all final decisions of the DAC.

SUBSTANCES FOR WHICH SCREENS WILL BE PERFORMED ON EMPLOYMENT APPLICANTS, RELEVANT STANDARDS, AND TIMING

Timing of Test: PREPLACEMENT	Type of Drug for Which Screening Is Performed
	<ol style="list-style-type: none"> 1. Amphetamines 2. Barbiturates 3. Benzodiazepines 4. Cocaine metabolite 5. Fentanyl 6. Meperidine 7. Methadone 8. Opiates (codeine, morphine, hydromorphone, hydrocodone, oxycodone) 9. Phencyclidine 10. Methaqualone 11. Propoxyphene

1. All candidates and members of the BIDMC Department of Anesthesia will be subject to pre-employment drug screening prior to initial appointment. However, it is recognized that from time to time, an individual provider within the department may be permitted to start work prior to receipt of final result. A positive screen detection, however, may result in the loss of employment, in Employer’s sole estimation.
2. All substance testing will occur through the Occupational Health Service (OHS) of the Beth Israel Deaconess Medical Center in accordance with the Occupational Health Service *Multi-Drug Urine Collection Protocol* (non-DOT) or an approved testing facility as accepted by the DAC.
3. Notwithstanding paragraph (1) one above, it is a goal that all pre-employment testing must occur within 30 days prior to the start date of employment for a faculty member or CRNA. In the case of trainees, testing must be done within 10 business days after start date of training program.

SUBSTANCES FOR WHICH SCREENS WILL BE PERFORMED ON MEMBERS OF THE BIDMC DEPARTMENT OF ANESTHESIA, RELEVANT STANDARDS, AND TIMING

Timing of Test: RANDOM	DRUGS TO BE SCREENED
	<ol style="list-style-type: none"> 1. Amphetamines

Timing of Test: RANDOM	DRUGS TO BE SCREENED
	2. Barbiturates 3. Benzodiazepines 4. Cocaine metabolite 5. Fentanyl 6. Meperidine 7. Methadone 8. Opiates (codeine, morphine, hydromorphone, hydrocodone, oxycodone) 9. Phencyclidine 10. Ketamine 11. Flunitrazepam

1. Failure on the part of the individual to consent to said testing will be grounds for dismissal.
2. All reasonable efforts to minimize disruption of the work environment for substance testing will be made.
3. BIDMC Anesthesia physicians and CRNAs not credentialed to provide anesthesia will be exempt from testing, but are expected to participate in the education program.
4. Mandatory testing will commence on or about July 1, 2016.
5. All substance testing will occur through the Occupational Health Service (OHS) of the Beth Israel Deaconess Medical Center in accordance with the Occupational Health Service *Multi-Drug Urine Collection Protocol* (non-DOT) or an approved testing facility as accepted by the DAC. For affiliate facilities, BIDMC Anesthesia will designate an appropriate process in conformance with the resources available at those facilities. BIDMC Anesthesia will work cooperatively with affiliate hospital personnel to coordinate and conduct pre-employment, random and “for cause” testing.
6. All Clinical Anesthesia trainees including residents and fellows will be subject to at least one random test in their first year of training. Due to the random nature of the testing protocol, from time to time, residents may be subject to more than one test per year. Names of personnel to be tested will be generated on a random basis by an independent third party.
7. All Clinical Anesthesia trainees will be subject to at least one random test in their second year and third years, respectively.
8. Selection for random testing will be done entirely an independent third party designated by the DAC. Due to the difficulty in coordinating schedules, if a member of BIDMC Anesthesia is not on site for testing, additional names will be

randomly selected and the absent member will return to the screening pool to be selected at another time.

- The individual must present in person for testing within 4 hours of notification of selection for testing.

SUBSTANCES FOR WHICH SCREENS WILL BE PERFORMED ON MEMBERS OF THE BIDMC DEPARTMENT OF ANESTHESIA, RELEVANT STANDARDS, AND TIMING

Timing of Test: FOR CAUSE	DRUGS TO BE SCREENED
	<p>Including, but not limited to:</p> <ol style="list-style-type: none"> Barbiturates Benzodiazepines Cocaine metabolite Fentanyl Meperidine Methadone Opiates (codeine, morphine, hydromorphone, hydrocodone, oxycodone) Phencyclidine Methaqualone Propoxyphene Ketamine Propofol Marijuana Metabolites Ethanol

- When "for cause testing" is initiated, a serum alcohol level may also be obtained dependent upon the cooperation and consent of the individual to be tested.
- "for-cause" testing is designed to search for any drugs of abuse and testing may not necessarily be limited to the above substances.
- Failure on the part of the individual to consent to said testing may be grounds for dismissal.
- Testing will commence on or about July 1, 2016.
- All substance testing will occur through the Occupational Health Service (OHS) of the Beth Israel Deaconess Medical Center in accordance with the Occupational Health Service *Multi-Drug Urine Collection Protocol* (non-DOT) or an approved testing facility as accepted by the DAC. For affiliate facilities, BIDMC Anesthesia will designate an appropriate process in conformance with the resources available at those facilities. BIDMC Anesthesia will work cooperatively with affiliate hospital personnel to coordinate and conduct pre-employment, random and "for cause" testing

6. The individual must present in person for testing within 4 hours of notification of selection for testing.
7. All resident physicians will remain subject to "for cause" testing from time to time, according to the Guideline outlined in "Drug Testing: Fitness for Duty and 'For-cause' Testing" sections of this document and consistent with the BIDMC Substance Use Disorder Prevention Program and such other policies in place within BIDMC.
 - a. All substance testing will occur through the OHS of the Beth Israel Deaconess Medical Center in accordance with the Occupational Health Service *Multi-Drug Urine Collection Protocol* (non-DOT).

SUMMARY OF DRUG TESTING PROCEDURE OF EMPLOYMENT APPLICANTS

Responsibility	Action
Employer/Management/Human Resources	Makes any offer of employment contingent upon satisfactory completion of a drug-screening test as set forth herein. Include language regarding testing within offer letter (if provided) and contract. For employees with current employment contracts, such language will be added as their contracts come up for renewal.
Applicant Conditionally Offered Employment	Complies with drug-screening process within 30 days prior to start date if faculty or employee, or within 10 business days after start date of training program if a trainee.
Management	If test is negative, informs applicant and confirms details of employment.
Human Resources or Management	If test is positive, potential withdrawal of conditional offer of employment on behalf of designated Employer and informs applicant of re-application Guideline.

SUMMARY OF DRUG TESTING PROCEDURE AND RESPONSIBLE PERSONNEL FOR SITUATIONS INVOLVING FOR-CAUSE TESTING:

Responsibility	Action
Members of the Department	Should report any suspicion as it pertains to a potentially impaired colleague.
Initial Point of Contact: Supervisor or other Departmental Executive	Confers with departmental executives and leadership upon receipt of complaint or report. Monitors the BIDMC Department of Anesthesia member to personally observe potential signs and symptoms.

Responsibility	Action
	<p>Upon observation and development of a reasonable suspicion or alternatively accepting the report as credible that a departmental member reports to work or appears to be working under the influence and/or impairment of Drugs and/or Alcohol, solicits observation and second opinion from a Witness, while at all times ensuring and stressing confidentiality along with patient safety.</p> <p>For purposes of this section, "Witness" means other BIDMC Anesthesia Department members of supervisory grade, or if not available, such other individual as the Leadership deems appropriate. .</p>
Confirming Witness	<p>Observes member of the Beth Israel Deaconess Anesthesia Department in question and based upon facts and circumstances determines whether he/she has a reasonable suspicion that the member has reported to work or is working under the influence and/or impairment of Drugs and/or Alcohol. Communicates determination to supervisor. At all times ensures confidentiality regarding such Drug and Alcohol incidents. Documents incident.</p>
Supervisor	<p>If the Witness has a reasonable suspicion the department member in question has reported to work under the influence and/or impairment of Drugs and/or Alcohol, they will bring the issue to any member of the DAC.</p>
<p>The department chairperson, vice chair, or program director. In the case of a clinical anesthesia trainee, a chief resident may also be in attendance. Other professional clinical specialties as needed.</p>	<p>Are identified as confidential points of referral. They will then assume the responsibility for assuring follow-through with respect to this Guideline and its requirements along with further interactions with employees or supervisors.</p> <p>They will conduct a meeting with the individual suspected of substance abuse. Said interview will be conducted in a rapid, well-planned, and professional manner with at least two colleagues as identified by the chairperson, vice chair or program director to be present for such discussions. The need for confidentiality will be observed.</p> <p>“For cause” testing will occur through the Occupational Health Service (OHS) of the Beth Israel Deaconess Medical Center in accordance with the Occupational Health Service <i>Multi-Drug Urine Collection Protocol</i> (non-DOT) or an approved testing facility as accepted by the DAC. For affiliate facilities, BIDMC Anesthesia will designate an appropriate process in conformance with the resources available at those facilities. BIDMC</p>

Responsibility	Action
	<p>Anesthesia will work cooperatively with affiliate hospital personnel to coordinate a “for cause” testing</p> <p>"For cause" testing will be implemented in any case when a provider is exhibiting impaired judgment or behavior.</p> <p>The personnel cited relieve the individual alleged to have the substance abuse issue from further clinical activity pending drug testing results.</p>
Medical Review Officer	<p>All test results will initially be reported to and reviewed by the Medical Review Officer (MRO) through the BIDMC Occupational Health Service. For affiliate hospitals, this process may vary depending upon personnel and resources available.</p> <p>Negative results will be reported to the department chair or designee after review by the MRO.</p> <p>The MRO will discuss via phone with the individual to review the results, discuss confounding factors, or other medical explanations for laboratory confirmed positive drug test results. Any paperwork requested by MRO must be produced within reasonable time frame to avoid a default true positive result.</p> <p>Any initial positive result determined by the MRO to be due to a valid confounding factor will be reported as a true negative for all administrative purposes. Negative results are reported to the department chairperson.</p> <p>Any result confirmed by the MRO as a true positive will be reported immediately to the department chair or his/her designee.</p>
Drug Abuse Committee (DAC)	<p>The Drug Abuse Committee will investigate any result determined as "positive" by the medical review officer before any action is taken.</p>
Peer, Colleague, Departmental Supervisor or Leader	<p>The hospital or peers involved with the situation may be required to file a report to the Board of Registration in Medicine (BRM) or Board of Registration in Nursing (BORN).</p>

PROCEDURE IN THE CASE OF A TRUE POSITIVE RESULT

In situations involving “for cause” and random testing that detect a positive result:

1. The individual may be removed from his or her duties and placed on a

Leave of Absence in accordance with relevant policies and procedures. Depending upon the facts and circumstances of the situation, the Department of Anesthesia may choose to implement discipline, up to and including termination. Each situation will be individual reviewed.

2. An intervention will be organized and attended by at least two individuals. These individuals will include the department chairperson, vice-chair, or program director or any other specialty personnel from other departments deemed necessary for the individual situation. In the case of a resident physician testing positive, a chief resident will be in attendance if possible.
3. Treatment, monitoring, and follow-up will be arranged through the Physicians Health Service (PHS) of the Massachusetts Medical Society.
4. The PHS and the physician's treatment team will determine the duration of treatment prior to consideration for reentry into the specialty.
5. As part of any potential work re-entry, the affected individual will need to provide, among other potential things, authorization for access to treatment status and any final treatment plan or re-entry plan as enacted by PHS and/or the treatment team. The affected individual should give authorization for the Department Chairperson or designee to speak with and obtain verbal as well as written status of the individual in their programming.
6. A fitness for duty evaluation must occur before there is any kind of return to work. This Guideline, however, makes no guarantee of work return for any individual.
7. The Board of Registration in Nursing (BORN) has established the Substance Abuse and Rehabilitation Program (SARP) similar to the PHS. A CRNA who is found to have a positive drug test will be referred to care under the direction of SARP. The nurse's care will be directed by SARP along with his/her psychiatrist or health care provider. The Substance Abuse Rehabilitation Evaluation Committee (SAREC) of SARP may dictate professional practice restrictions in addition to those required by BIDMC Anesthesia during the duration of his/her care contract. As part of any potential work re-entry, the affected individual will need to provide authorization for access to the individual's ongoing treatment status, any final treatment recommendations/plans and any work-re-entry plan. The individual will also need to undergo a fitness for duty evaluation. Notwithstanding anything to the contract, this Guideline makes no guarantee of work return for any individual.
8. As it pertains to pre-employment drug testing, any faculty applicant, resident, CRNA or clinical fellow found to have a positive substance screen on their pre-placement test and confirmed by the MRO as a true positive may not be employed by our department and will be referred immediately to PHS or SARP for treatment. All reporting requirements will be honored to the extent required. The facts

and circumstances of each situation will be reviewed and an appropriate approach will be coordinated.

REENTRY INTO THE WORKPLACE

1. All potential returns to work will be addressed on a case-by-case basis.
2. Typically, the affected individual will complete a course of medical treatment directed by a psychiatrist and the Physicians Health Service (PHS) prior to consideration for reentry. The initial treatment period is generally at least 3 months but may vary depending upon the facts and circumstances. Moon-lighting is not allowed during the initial treatment period. Moon-lighting after the initial treatment period requires approval by the BIDMC Department of Anesthesia chairperson.
3. Typically the individual will sign a PHS contract for monitoring to include periodic and random substance testing. The PHS contract is at least 3 years and possibly 5 years in duration. However, such amounts are at the discretion of PHS and the treatment team that has been working with the affected individual.
4. The individual will typically participate in such programs as Alcoholics Anonymous or Narcotics Anonymous as dictated by the PHS. However, such enrollments, if any, are at the discretion of PHS and the treatment team that has been working with the affected individual.
5. In order for any potential re-entry to work to be considered, the following must be completed:
 - (a). The individual must pass a Fitness for Duty evaluation by the OHS prior to their return to work at the BIDMC and any other evaluations recommended by the department.
 - (b) The individual must receive written approval from their psychiatrist and/or the PHS liaison prior to reentry.
 - (c) The final decision for reentry of staff or residents and conditions thereof lies with the department chairperson.
 - (d) On reentry the physician will continue under any existing PHS contract and their care will continue to be directed by the PHS and their psychiatrist.
 - (e) Reentry for CRNAs into clinical anesthesia is similar to that of physicians and as per elements set forth in this Guideline.
 - (f) All cases will be addressed on a case-by-case basis. Nothing in this Guideline guarantees a right of return to work environment. Each case will be judged on the individual facts and circumstances.

RELAPSE

BIDMC Anesthesia realizes relapse is a possibility and not entirely incompatible with resumption of a successful career.

1. All instances of relapse are to be reported by the individual directly to the PHS, SARP or department chair immediately. If personnel in the department have a suspicion of relapse, they are to report the same as per the channels announced in the Guideline as it pertains to first time detections.
2. The individual will be removed from clinical duties as appropriate and consistent with the BIDMC and HMFP policies and procedures.
3. All instances of relapse will be dealt with on a case-by-case basis.
4. Instances of relapse may also warrant discipline up to and including termination of employment as the circumstances relate.

REPORTING

BIDMC Anesthesia recognizes that in certain circumstances law and Guideline require reporting the detection of a positive result or determination of impairment.

1. The State of Massachusetts Board of Registration in Medicine (BRM) has established certain provisions that are meant to protect the patient from harm by an impaired physician, as well as to protect the individual physician's right to privacy and appropriate treatment.
2. Certain duties of reporting may attach to the various individuals and entities depending upon the circumstances consistent with BRM requirements. Each case will be individually evaluated for reporting requirements.
3. The American Board of Anesthesiology (ABA) requires reporting of substance abuse by residents.
 - a. A resident with documented abuse of alcohol or drugs during a six-month reporting period will be given an "unsatisfactory" under the section within "Essential Character Attributes".
 - b. The "unsatisfactory" grade will require a failure for the six-month period.
 - c. Upon enrollment in a treatment program and successful completion of six subsequent months of anesthesia residency the resident may be given credit for those months within the period, if they were otherwise satisfactory. Individuals are advised to consult their respective licensing boards, professional certification bodies, or other professional bodies' directives.
4. Theft or loss of controlled substances must be reported promptly upon discovery to the Massachusetts Department of Public Health, Division of Food and Drugs, and to the Federal Drug

Enforcement Agency. The BIDMC Substance Abuse Committee will notify the appropriate pharmacy personnel when it has knowledge of a diversion or loss of a controlled substance. BIDMC Pharmacy shall be responsible for submitting all required agency reports related to such diversion or loss

