

Name of Policy: OP – AoD Toxicology Screening
Policy Number: 3364-160-SD-148
Approving Officer: Chief Executive Officer
Responsible Agent: Chair, Department of Psychiatry
Administrative Director
Scope: Outpatient Clinic - Psychiatry



Effective date: April 17, 2024

Original effective date: February 1, 2018

Key words: urine drug screens, breathalyzer tests, falsification

	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

(A) Policy statement

It is the policy that the following procedure is followed for urine drug screens and breathalyzer tests.

(B) Purpose of policy

To provide a collection of urine specimens and administer breathalyzer tests in a manner that demonstrates trust and respect while taking reasonable steps to prevent falsification of samples.

(C) Procedure

(1) The patient will be responsible for providing a urine drug screen and breathalyzer test as requested, which will be based on the individual's diagnosis, progress in treatment, history of use, or at the provider's discretion

(2) The staff will be responsible for the following:

(a) Explain the procedure to the patient. If necessary, provide fluids to help the patient void.

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(b) In circumstances where there are concerns of falsification of samples, to ensure the integrity of the specimen collected, program staff may maintain visual contact during the drug screen process. However, it is recognized that a client's psychosocial and trauma history must be considered when deciding to maintain visual contact. In those circumstances where it is considered necessary, observed urines will be implemented using the following protocol:

(i) Program staff will be present in the room with the patient providing a sample.

(ii) Program staff must directly watch the urine go from the patient's body into the collection container.

(c) The therapist and psychiatrist will be notified of (+) results. Results will be held confidential; however, they may be used in the therapeutic confrontation of the patient during an individual meeting.

(3) Patients are required to provide a urine drug screen and breathalyzer test on their initial visit.

(4) Patients missing an appointment will be automatically drug screened and tested upon return to programming.

(5) Patients are made aware of the potential consequences of (+) results before starting treatment.

(6) The therapist, in collaboration with the treatment team, will determine the appropriate response for continued (+) results.

(7) Failure to provide a drug screen will be discussed as part of the treatment team process at which time treatment options and appropriate clinical approaches will be explored. Options may include discharge of the patient from programming.

Approved by: <hr/> <p>/s/ Richard Swaine, CPA Chief Executive Officer</p> <hr/> <p>April 17, 2024</p> <hr/> <p>Date</p>	Policies Superseded by this Policy: <ul style="list-style-type: none">• <i>None</i> <p>Initial effective date: February 1, 2018</p> <p>Review/Revision Date: <i>October 21, 2019</i> <i>February 13, 2020</i></p>
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<p>/s/</p> <hr/> <p>Robert Smith, MD, PhD Chair, Department of Psychiatry</p> <hr/> <p>April 17, 2024</p> <hr/> <p>Date</p>	<p>August 7, 2020 August 5, 2023 April 17, 2024</p> <p>Next review date: April 17, 2027</p>
<p>/s/</p> <hr/> <p>Stephanie Calmes, Ph.D., LPCC-S, LICDC-CS Administrative Director</p> <hr/> <p>April 17, 2024</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by: Department of Psychiatry Administration</i></p>	