

	Graduate Medical Education	
	GMEC Approval Date:	06/06/2023
	Effective Date:	07/01/2023
	Review/Revision Date:	05/24/2023
Policy Title: Resident Services – Physician Impairment		
ACGME Institutional Requirement: IV.I.2.	Page 1 of 5	

I. Purpose

LECOM recognizes that services, safety, and the overall performance of the organization can be compromised if and when an employee exhibits symptoms of substance abuse. Therefore, LECOM is committed to two goals:

- A. Maintaining a substance abuse-free workplace.
- B. Aiding residents and fellows, where possible, who seek help with a drug or alcohol problem.

II. Policy

To assure a safe and productive work environment, LECOM has established the following policy:

- A. The use, possession, sale or transfer of illegal drugs or abuse of legal drugs or alcohol on LECOM or its entities property, in LECOM vehicles, or while engaged in LECOM activities is strictly forbidden.
- B. In addition, being under the influence of improperly used over-the-counter and/or illegal drugs or alcohol, while on LECOM property, in LECOM vehicles, or while engaged in LECOM activities is strictly forbidden.
- C. The improper use of prescription medication, while on LECOM property, in LECOM vehicle, or while engaged in LECOM activities is also strictly forbidden.
- D. LECOM can test residents/fellows who behave erratically, smell of alcohol, have chronic and documented attendance or tardiness issues or are the subject of complaints from the public or other employees. This is also applicable for a department where a narcotic count may be incorrect.
- E. A violation of this policy will result in disciplinary action up to and including immediate termination.

III. Procedure

- A. Any information relative to the nature of the scope of the problem must be documented.
- B. Where job performance has been deteriorating and there is suspicion of substance abuse, the program director should contact the Director of Human Resources and the DIO for further direction.
- C. If there is a possible drug diversion, the Pharmacy Manager will be notified. If it is determined that drug diversion has occurred, the Pharmacy Manger will notify the proper authorities. The DIO and the Director of Human Resources will be notified and an investigation will begin immediately.
- D. If a resident or fellow appears to be impaired while working, contact the Program Director, DIO, and/or the Director of Human Resources. The following reasonable suspicion process will be followed:
 - 1. PRINT the Reasonable Suspicion Checklist (Appendix A). Then the resident/fellow will meet with at least 2 of the following: Program Director, DIO, HR Director.
 - 2. Talk to the resident/fellow.
 - 3. Refer to the reasonable suspicion checklist while speaking to the resident/fellow.

4. If both supervisors agree:
 - a. There are at least 3 of the signs on the checklist, move to Step 5.
 - b. OR there is the smell of alcohol (which alone is sufficient), move to Step 5
 - c. If both representatives do not identify at least 3 signs or the smell of alcohol, end the conversation with the resident/fellow and return the employee to work. Take no action.
5. After both supervisors agree that there are 3 signs noted, they should tell the resident/fellow: "We have reasonable suspicion that you are under the influence of drugs or alcohol. Do you agree to be tested?"
6. If the resident/fellow refuses a test, review Steps 7 and 8. If the resident/fellow is agreeable, go to Step 9.
7. If the resident/fellow refuses the test, notify them that their resident/fellow contract is terminated and help them get a ride home.
 - a. Inform the resident/fellow the contract is terminated for refusing a drug or alcohol test.
 - b. Call the resident/fellow's emergency contact to provide a ride or call an Uber.
 - c. If the resident/fellow refuses the test and tries to leave on their own, inform the resident/fellow they are terminated for refusing a drug or alcohol test.
8. If the resident/fellow refuses to wait for a ride or a cab and walks out, or walks out before you get that far:
 - a. Follow the employee to the parking lot.
 - b. If they are getting into a car to drive, tell them you will call the police to report a possible DUI.
 - c. Write down or take a picture of their license plate and any other descriptive information about their vehicle.
 - d. Call the police and report a possible DUI
9. If the resident/fellow is agreeable to a test, get ready to test the resident/fellow.
10. Tell the resident/fellow they will be suspended until final results of the test are received.
11. Prepare the Reasonable Suspicion Drug Screen form and take this form with you.
12. If the resident/fellow is working outside of the primary training site, the supervisors will coordinate testing and not allow the employee to drive themselves.
13. If testing will occur at Millcreek Community Hospital, register the resident/fellow with MCH registration department and then go to the Millcreek Community Hospital lab. Tell them there is a resident/fellow that needs tested for drug or alcohol use. Provide the "Alcohol & Drug Testing Consent Form and Release for Employees" (Appendix B). They will know to conduct the test.
14. On the form, complete the E#. The format for the E# is on the form itself (4 digit year, 2 digit month, last 4 of SSN, 3 digit resident/fellow initials).
15. Do not go to the MCH emergency room.
16. While at the MCH Lab, stay with the employee the entire time (remain in the Lab waiting room when directed).
17. The lab may or may not be able to provide immediate results of the test.

18. Unless final negative results have been received, do not allow the resident/fellow to drive.
 - a. Set up a ride home for the employee.
 - b. Contact the resident/fellow's emergency contact tell them "the resident/fellow was taken to the Millcreek Community Hospital for testing and to meet the resident/fellow in the MCH Lobby."
 - c. Or get an UBER. Provide the Graduate Medical Education Office the copy of the receipt for reimbursement.
19. Follow the resident/fellow until they get into their ride's car or into the Uber.
20. Both the program director and DIO must remain with the resident/fellow until the resident/fellow has been transported away by another party.
21. Must contact HR afterwards to obtain appropriate documentation.
22. The Program Director and Human Resources will follow protocol to either return the resident/fellow to work or terminate the employee.

Appendix A

Reasonable Suspicion Checklist

Employee's Name: _____	Employee's ID/SSN: _____
Job Title: _____	
Location of Incident: _____	Date: _____ Time Observed: _____
Trained Supervisor's Name & Signature: _____	
Witnessing Supervisor's Name & Signature: _____	

***PLEASE REVIEW REASONABLE SUSPICION PROCEDURE BEFORE PROCEEDING**
Observations by Trained Supervisor (Check all that apply; provide brief descriptions of any changes in behavior)

Appearance:

- | | | | |
|-------------------------------------|--|--|--|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Tremors/ Twitches | <input type="checkbox"/> Flushed or Pale | <input type="checkbox"/> Dilated Pupils |
| <input type="checkbox"/> Sleepy | <input type="checkbox"/> Sores/ Puncture Marks | <input type="checkbox"/> Heavy Eyelids | <input type="checkbox"/> Bloodshot eyes |
| <input type="checkbox"/> Disheveled | <input type="checkbox"/> Excessive Sweating | <input type="checkbox"/> Cleanliness | <input type="checkbox"/> Other (explain below) |

Description/Notes: _____

Behavior/ Demeanor:

- | | | | |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Erratic | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Lethargic |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Paranoid | <input type="checkbox"/> Verbally/Physically Abusive | <input type="checkbox"/> Highly Excited |
| <input type="checkbox"/> Confusion/Inattentive | <input type="checkbox"/> Combative | <input type="checkbox"/> Fatigue/ Sleeping/ Drowsiness | <input type="checkbox"/> Other (explain below) |

Description/Notes: _____

Motor Skills:

- | | | | | |
|-----------------------------------|---|----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Swaying | <input type="checkbox"/> Falling | <input type="checkbox"/> Unbalanced | <input type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Unsteady | <input type="checkbox"/> Lack of Coordination | <input type="checkbox"/> Fidgety | <input type="checkbox"/> Stumbling | |

Description/Notes: _____

Speech:

- | | | | |
|-------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Slurred | <input type="checkbox"/> Loud | <input type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Incoherent | <input type="checkbox"/> Exaggerated | <input type="checkbox"/> Talking Excessively | |

Description/Notes: _____

Odor:

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Smell of Alcohol | <input type="checkbox"/> Excessive Cologne |
| <input type="checkbox"/> Body Odor | <input type="checkbox"/> Smell of Marijuana | <input type="checkbox"/> Other (explain below) |

Description/Notes: _____

Test Conducted: Yes No

Additional Comments:

Appendix B

E# _____

Format of E#: 4 digit year, 2 digit month, last 4 of SSN, 3 initials of Employee

ALCOHOL & DRUG TESTING CONSENT FORM AND RELEASE FOR EMPLOYEES

LAST FOUR DIGETS OF SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ SEX: _____

I, _____, hereby consent to take a _____ test at

_____ day of _____ 20 _____. I understand and agree that the alcohol and drug test ("the test") I am about to take is to test for alcohol use, drug use and/or chemical dependency.

I understand that if I decline to sign this consent, and thereby decline to take the test, the test will not be completed and my LECOM Health Employer will be so notified.

I understand that failure to consent to this test or a confirmed positive test will result in my termination of employment with LECOM Health. A confirmed positive test which is a result of medications taken pursuant to a legal prescription will not result in adverse employment action.

In consenting to the test I hereby release Millcreek Community Hospital and all related corporate entities and its and their officers, principals, shareholders, agents, employees, successors and assigns of and from any and all causes of action, claims or demands whatsoever arising out of or in any way connected to the test, or arising out of any actions taken by my employer in connection with my employment by reason of the results of any drug and alcohol testing it conducts, or my refusal to be tested, including, but not limited to, any claims of wrongful termination of employment, invasion of privacy, defamation, or intentional infliction of emotional distress. Further, I understand and agree that nothing herein alters my status as an at-will employee and that I can be terminated at any time with or without notice, for any or no lawful reason.

Please list each and every over the counter and prescription drug used within the past two weeks:

Brand Reason for Dosage/Strength Date/Time How Many

Employee Signature

Date