

Health Professionals' Services Program Program Guidelines

Title: Toxicology Testing Frequency

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Guideline:

1 The Health Professionals' Services Program (HPSP) understands that toxicology testing is one of several
2 key components of the health professionals monitoring program. In accordance with the Advisory
3 Committee requirement, the minimum testing frequency for licensees with substance use only or
4 substance use and mental health disorders is 36 tests the first year and 24 tests the second
5 year.-Licensees with only mental health disorders are not subject to toxicology testing unless it is
6 recommended by a third party evaluator or the licensees' licensing board.

7 In consideration of this, the Policy Advisory Committee (PAC) has established guidelines for frequency of
8 testing. Guideline frequencies are minimum standards as approved by the Policy Advisory
9 Committee. RBH will follow explicit testing frequencies set by board rule or orders when frequencies
10 are greater than the minimum guideline for other than only mental health disorder licensees.

11 The testing standard for the HPSP program for licensees with substance use disorder only or substance
12 use disorder and mental health diagnoses are as follows:

- 13 • Year one: a minimum of 36 tests per year
- 14 • Year two: a minimum of 24 tests per year
- 15 • Year three: a minimum of 18 tests per year
- 16 • Year four: a minimum of 18 tests per year
- 17 • Year five: a minimum of 12 or 18 tests per year (depending on program entry date)

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19 These are minimum standards and may be increased if the licensee exhibits behaviors consistent with
20 substance abuse or is at risk for relapse. For licensees with a mental health only disorder, the testing
21 requirement and the number of tests will be determined by the third party evaluator or as directed by
22 the referring board and approved by the medical director (or program director or designee for nursing
23 board licensees). Any minimum standard may be increased by the agreement monitor in conjunction
24 with the medical director (or program director or designee for nursing board licensees.). The frequency
25 of testing for licensees in career length monitoring will be determined on a case by case basis by the
26 agreement monitor and the medical director (or program manager or designee for nursing board
27 licensees) who will consider licensee's compliance, pattern of relapse and history in the Program.

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29 In respect to these standards, factors that determine how frequently a licensee should test include but
30 are not limited to:

- 31 1. Level of risk due to licensee's position.
- 32 2. Licensee's history of compliance.
- 33 3. Workplace reports.
- 34 4. Licensee's history of use and drug of choice.
- 35 5. Number of monitoring components available for feedback, e.g. a workplace
36 monitor/supervisor, a counselor, a monitoring group consultant.
- 37

38 The frequency of testing is reviewed yearly at the time the annual review is completed. The frequency
39 takes into consideration the licensee's years in the program and compliance history. If the medical
40 director (or program director or designee for nursing board licensees) determine that the frequency
41 should be greater than or less than what is provided in the established standards, the case will be
42 reviewed by the PAC and the frequency will be determined by the PAC.

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44 The decision to change a licensee's toxicology testing frequency at the annual review or at any other
45 time is made by the agreement monitor in conjunction with the medical director (or program director
46 or designee for nursing board licensees.) Below is a partial list of factors that result in an increase in
47 testing:

- 48 1. A report of non-compliance.
- 49 2. An outside treatment person or a HPSP representative believes that the licensee may be using
50 mood altering substances.
- 51 3. An employer shares that licensee is exhibiting behaviors that may be indicative of alcohol or
52 drug use.
- 53 4. The licensee admits to use of mood altering substances.
- 54 5. High suspicion of relapse, or potential relapse, due to a report of use by a reliable and
55 responsible source
- 56

57 A relapse is defined as use of any alcohol or mind altering substance, including the use of medication
58 without a prescription or the use of another's prescription, or if the licensee admits to use. If a licensee
59 experiences a relapse, the licensee's testing schedule will be increased. If the licensee experiences a
60 relapse in years one or two of the program, the testing will be increased to a minimum of 48 tests per
61 year. If the licensee experiences a relapse in year three or beyond, the testing will be increased to a
62 minimum of 24 tests per year. Following a non-negative test, (positive, adulterated, substituted) the
63 licensee's testing frequency should also be increased in the subsequent years and licensee should not be
64 tested at the minimum testing frequency.