

PURPOSE: Texas Woman’s University College of Nursing is committed to maintaining a safe, healthy and productive environment. In order to uphold the highest standards of the nursing profession, students must remain free from the use of illicit drugs, alcohol or other drugs with the potential for impairing clinical judgment and performance. Furthermore, health care facilities affiliated with the CON require that students have a negative drug screen prior to beginning clinical experiences in their facility to help to ensure a climate of safety for their patients, families, and staff. Therefore, passing a drug screen prior to engaging in clinical courses is a requirement for all students in the CON. Drug screens will be conducted on all BS and MS students in the College of Nursing prior to placement in the clinical setting, at random, and /or for cause.

The College of Nursing will designate the professional entity selected to do the drug testing. The College of Nursing will not accept drug screening results from any company other than the one designated by the College of Nursing. This document identifies procedures to enact the College of Nursing Student Drug Screen Policy which supersedes that of the university.

I. POLICY STATEMENT:

Unless otherwise specifically designated in writing by the Dean of the College of Nursing, the use of illicit drugs, alcohol or other drugs with the potential for impairing clinical judgment and performance by students is prohibited on university premises and during any university activity. Failure to comply with this policy will subject the student to disciplinary action up to and including academic dismissal from the CON.

Consequences:

A. Negative Test Result

If the drug test is negative, the student will be allowed to participate in clinical.

B. Positive Test Result

A student who has a positive drug screen will be prohibited from attending clinical assignments. Subsequent to due process and failure to be placed in the clinical setting, the student will be administratively withdrawn passing from all clinical coursework and may be subject to discipline up to and including dismissal from the College of Nursing and/or TWU.

C. Refusal to Test

If a student fails to produce the requested sample by the date and time designated, the student will be treated as if the test result was positive.

The student with a positive drug test will be suspended from enrollment in all clinical coursework for one calendar year. In order to be reinstated to clinical coursework, the student may be required to submit documentation from a certified drug and alcohol counselor. In addition, the student will be required to interview with the Campus Component Administrator (Associate Dean or Assistant Dean) or their designate prior to re-enrollment.

Students may request a waiver of the one year requirement of the suspension if warranted by individual circumstances.

The student may continue/enroll in non-clinical courses. The student must meet prerequisites and co-requisites of any course taken. At such time as a student re-enrolls in clinical coursework, random drug screening will occur periodically until the student graduates from the program. This testing will be at the student's expense.

Failure of a drug screen at any point after re-admission due to positive drug screen will result in dismissal from the program.

Students will be provided with access to the College of Nursing Drug Screen Policy and Protocol via Student Handbook and informed of this during student orientation.

College of Nursing Drug Screen Protocol

Initial Screening

The student must pass a random drug screening analysis in order to start the clinical courses. The student will not be made aware in advance when they are being tested.

Random Screening

In the undergraduate program, random periodic drug screening will occur throughout the academic year for Junior 2 through Senior 2 Students.

In the graduate program, random periodic drug screening will begin the semester after the initial screening has occurred.

The student is expected to be reliably reached by and respond to TWU email and/or phone number(s) on file within a 24 hour time period. The 48 hour time period in which the student must be randomly screened commences when notification has been sent to the student (not received by the student). Failure to respond to timely notification regarding screening may result in disciplinary action.

The screenings will be coordinated by an outside designated vendor. Failure of drug screen and/or refusal for drug screening will subject the student to actions described under Consequences.

It is understood that the random screening requirement may fall during laboratory or clinical hours. Therefore, the student is permitted an excused temporary absence or tardy from the laboratory or clinical in order to be randomly screened. It is to the faculty's discretion as to when the student may be temporarily absent or tardy from laboratory or clinical. Additionally, makeup hours will be considered on case by case basis.

Screening for Reasonable Suspicion of Drug/Alcohol Use (All Levels)

Any nursing student who demonstrates behavior suspected consistent with the use of drugs or alcohol, during a semester in which he or she is participating in a clinical experience will be subjected to drug testing (Faculty Report of Reasonable Suspicion of Drug/Alcohol Use).

The faculty member who observes such behavior will first contact the Course Manager and Program Director, documenting in writing the observed behavior. The decision to refer a student for drug testing will be made in collaboration with the Program Director. The decision to test will be made as expediently as possible as, no later than 24 hours after reported suspicion. Screening based upon suspicion will occur no later than 48 hours after the reported observation. Suspicious behavior includes but is not limited to:

- a. Observable phenomena such as direct observation of drug use and or physical symptoms or manifestations of being under the influence of a drug or alcohol
- b. Erratic behavior, slurred speech, staggered gait, flushed face, dilated/pinpoint pupils, wide mood swings, and deterioration of work performance
- c. Student accident or injury sustained at the clinical site.

Faculty Report of Reasonable Suspicion of Drug/Alcohol Use

Faculty observing suspicious behavior in a student will meet with the student to discuss such observation; a witness is preferred but not required. The faculty will contact the Course Manager and Program director immediately upon suspicion of drug or alcohol use. The **Faculty Report of Reasonable Suspicion of Drug/Alcohol Use** will be used to document a detailed description of the student's behavior. This form is considered confidential and will be shared only with those with a need to know: course manager, Program Director, Associate/Assistant Dean, Dean and administrators within Academic Affairs or Student Life in accordance with due process.

1. Name of Student: _____
2. Date of Incident: _____
3. Time of Incident: _____
4. Location of Incident: _____
5. Detailed description: Include any behavioral, visual, olfactory or auditory observations.
 - Speech (normal, incoherent, confused, change in speech, slurred, rambling, shouting, slow, using profanity)
 - Coordination (normal, swaying, staggering, lack of coordination, grasping for support)
 - Performance (unsafe practices, unsatisfactory work)
 - Alertness (change in alertness, sleepy, confused)
 - Demeanor (change in personality, fighting, excited, combative, aggressive, violent, argumentative, indifferent, threatening, antagonistic)
 - Eyes (bloodshot, dilated)
 - Clothing (dirty, disheveled)
 - Odor of alcohol on breath
 - Other observed actions or behaviors
 - Clinical site accident and/or student injury sustained at the clinical site
 - List reports of complaints of student behavior from personnel or other students
 - List unexplained absences or tardiness.

6. Did the student admit to use of drugs/alcohol? ____No ____ Yes Comments: _____

7. Were drugs/alcohol discovered? ____No ____Yes Comments: _____

8. Did another faculty member or healthcare provider observe the student's behavior? If so please have that individual document their observations and sign below.

9. List any observations not included in the checklist.

10. List names of all witnesses to the student's conduct: _____

_____ Date
Faculty Member Signature

_____ Date
Other Professional or Corroborating Witness (if available)

Texas Woman's University College of Nursing
Acknowledgement and Consent form for Nursing Students – Drug Testing Policy

By signing below, I (print name) _____

TWU ID _____

Acknowledge that:

- 1) I have received a copy of the TWU College of Nursing Drug Testing Policy which explains that a drug test is required to be negative before commencement of clinical activities in the nursing program.
- 2) I agree to be tested for drugs as set forth by the TWU College of Nursing Drug Testing Policy: I understand that Initial Screening and Random screening is at no cost to me. I understand that I may be screened if I exhibit behaviors that give cause for reasonable suspicion of drug/alcohol use (for cause) and I will be responsible for the cost of this screening.
- 3) In order to be eligible to participate in clinical courses, my drug screen must be negative; and;
- 4) If my drug test result is positive or if I refuse to screen, I will be subject to consequences as described within the TWU College of Nursing Drug Testing Policy.
- 5) I am expected to be reached by and respond to TWU email and/or phone number(s) on file within a 24 hour time period. I understand that the 48 hour time in which to be randomly screened begins when notification is sent, not when received, by me. Failure to respond to timely notification regarding screening may result in disciplinary action.

Student's Signature

Date

Printed Name

Texas Woman's University College of Nursing
Student Refusal to Screen for Drug Testing

I have been informed by faculty of behaviors that constitute a reasonable suspicion that I am currently under the influence of alcohol or drugs. I have been further informed that university policy requires me to submit to a substance abuse testing under such circumstances.

I understand in order to be eligible to participate in clinical courses; my drug screen must be negative.

I understand that my refusal to submit to substance abuse testing is treated as if I have a positive drug screen and of itself be grounds for corrective action, up to and including dismissal from the program.

I understand that as a result of drug screen refusal, I will either withdraw passing or be administratively withdrawn passing from all clinical courses in which I am enrolled and I may be subject to discipline up to and including dismissal from the program and TWU.

I understand that I may be suspended for a minimum of one calendar year from all clinical courses with encouragement that I receive treatment from a certified drug and alcohol counselor. In order to be reinstated to clinical coursework, I may be required to submit documentation of fitness for clinical placement related to verification of drug-free status from a certified drug and alcohol counselor. In addition, I will be required to interview with the Campus Component Administrator (Associate Dean or Assistant Dean) or their designate prior to re-enrollment.

I may apply to the associate/assistant dean for earlier reinstatement if warranted by individual circumstances. I may be allowed continue/enroll in non-clinical courses contingent upon absence of suspicious behavior indicating drug or alcohol use while on campus or during any university activity.

I must meet prerequisite and co-requisite requirements of any course in which I enroll. Random drugs screens may be required as a stipulation of my reinstatement, with results being conveyed to the associate/assistant dean. This testing may be at my expense. I understand that failure of a drug screen at any point after reinstatement into clinical coursework subsequent to a positive drug screen will result in my dismissal from the program.

I hereby refuse to authorize or submit to any substance abuse for alcohol and/or drugs and fully accept all of the above listed consequences.

Student Name (print) _____
Student Signature _____ Date: _____
Student Comment (optional) _____
Faculty Name: _____
Faculty Signature _____ Date: _____