

OKLAHOMA BOARD OF NURSING
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Body Fluid Testing Guidelines
Investigation Division

- I. Purpose: To provide uniform and consistent requirements for drug and alcohol screening required during the disciplinary process.
- II. Definitions:
- A. “Adulterated urine” is a urine specimen that has been altered, as evidenced by test results showing either a substance that is not a normal constituent for that type of specimen or showing abnormal concentration of an endogenous substance and the pH is <4 or >11.0.
- B. “Comprehensive” means specimens are screened and confirmed by gas chromatography/mass spectrometry (GC/MS) or liquid chromatography/mass spectrometry-mass spectrometry (LC/MS-MS) for any or all of the drugs and/or their metabolites listed below. The cutoff levels shall be determined by the Oklahoma Board of Nursing and all testing shall conform to those levels.

Drug	Initial Drug Test Level	Confirmatory Drug Test Level
Ethyl Alcohol	0.02%	0.02%
Ethyl Glucuronide	500 ng/ml	500 ng/ml
Ethyl Sulfate		75 ng/ml
Amphetamines ¹	500 ng/ml	250 ng/ml amphetamine 250 ng/ml methamphetamine 250 ng/ml MDMA, MDA
Barbiturates ²	200 ng/ml	200 ng/ml
Benzodiazepines ³	200 ng/ml	200 ng/ml
Buprenorphine	5 ng/ml	2 ng/ml
Butorphanol	100 ng/ml	100 ng/ml
Cannabinoids	20 ng/ml	10 ng/ml
Cocaine	150 ng/ml	100 ng/ml
Dextromethorphan	200 ng/ml	200 ng/ml
Diphenhydramine	200 ng/ml	200ng/ml
Fentanyl	0.5 ng/ml	0.4 ng/ml
Ketamine	300 ng/ml	100 ng/ml
LSD	0.5 n/gml	0.5 ng/ml
Meperidine	200 ng/ml	100 ng/ml

Board Approved: 11/16/94

Board Reviewed w/o Revision:

Board Revised: 11/16/95; 3/28/96; 10/23/96; 3/28/97; 9/24/97; 4/5/00; 3/21/01, 3/31/04; 11/14/06; 1/30/07; 3/24/09; 7/28/09; 3/26/13; 11/4/13; 5/20/15 eff. 8/4/15; 9/20/16; 11/6/18; 9/23/20

P:/Administration/Executive/Policies/Investigations/I-09 Body Fluid Testing Guidelines Investigation Division

OBN Policy/Guideline #I-09

Page 1 of 7

Drug	Initial Drug Test Level	Confirmatory Drug Test Level
Meprobamate	100 ng/ml	100 ng/ml
Methadone	300 ng/ml	100 ng/ml
Nalbuphine	200 ng/ml	200 ng/ml
Naloxone	100 ng/ml	100 ng/ml
Naltrexone	100 ng/ml	100 ng/ml
Opiates ⁴	300 ng/ml	300 ng/ml
Heroin 6-AM	10 ng/ml	10 ng/ml
Pentazocine	200 ng/ml	100 ng/ml
Phencyclidine	25 ng/ml	25 ng/ml
Propoxyphene	300 ng/ml	100 ng/ml
Tramadol	200 ng/ml	100 ng/ml
Zolpidem	20 ng/ml	10 ng/ml
Specific Drug(s) of Choice ⁵	Level of detection using suitable technology	Level of detection using suitable technology

¹Amphetamines include methamphetamines, dextroamphetamine, lisdexamphetamine, methylenedioxyamphetamine (MDA), N-methyl-methylenedioxyamphetamine, other MDA analogues, phendiametrazine, phentermine, methylphenidate, and any drug which might be considered a stimulant.

²Barbiturates include the drugs: amobarbital, butalbitol, pentobarbital, phenobarbital and secobarbital.

³Benzodiazepines include the drugs: alprazolam, chlordiazepoxide, clonazepam, diazepam, flurazepam, halazepam, lorazepam, midazolam, nitrazepam, nordiazepam, oxazepam, prazepam, strazolam, temazepam, and triazolam.

⁴Opiates include the drugs: codeine, hydrocodone, hydromorphone, morphine, oxycodone, and oxymorphone.

⁵Specific drug of choice includes the drug(s) the nurse has identified as the substance(s) s/he abuses and/or may include any illegal substances, including but not limited to drugs for which there is not a valid prescription.

- C. “Dilute urine” is a urine specimen in which the creatinine is greater than or equal to 2 mg/dl but less than 20 mg/dl and the specific gravity of the sample is greater than 1.0010 but less than 1.0030.
- D. “Laboratory” is the company under contract with the Oklahoma Board of Nursing to provide drug testing services to nurses.
- E. “Observed specimen collection” means the observer maintains visual contact with the collection container throughout the collection process to maintain the integrity and security of the specimen from the donor. The gender of the observer must be the same as the donor’s gender, which is determined by the donor’s gender identity. Gender identity means an individual’s internal sense of being male or female, which may be different from an individual’s sex assigned at birth. If the observer is not the collector, the observer must maintain visual contact with the collection container until the specimen donor hands the collection container to the collector. If the observer is different than the collector, the name of the observer will be documented in the comment section of the Chain of Custody Form.

Board Approved: 11/16/94

Board Reviewed w/o Revision:

Board Revised: 11/16/95; 3/28/96; 10/23/96; 3/28/97; 9/24/97; 4/5/00; 3/21/01, 3/31/04; 11/14/06; 1/30/07; 3/24/09; 7/28/09; 3/26/13; 11/4/13; 5/20/15 eff. 8/4/15; 9/20/16; 11/6/18; 9/23/20

P:/Administration/Executive/Policies/Investigations/I-09 Body Fluid Testing Guidelines Investigation Division

OBN Policy/Guideline #I-09

Page 2 of 7

- F. “Prescriptions/Prescribed Recommended Medications” includes all medications requiring a prescription and/or order from a licensed health care provider authorized to prescribe medication and/or a recommendation for use of any marijuana product(s) from a physician. This also includes medications and injections administered or dispensed even a single time in a facility such as the prescriber’s office, emergency room or clinic.
- G. “Medical Marijuana Products” includes all substances derived from a plant of the genus cannabis as defined in the Rules of the Oklahoma Department of Health that require a marijuana license to use and a recommendation for use from a physician licensed in Oklahoma as defined in the Rules of the Oklahoma Department of Health.
- H. “Random” is defined as body fluid testing not being done in any predictable order to minimize the likelihood of the individual anticipating when the screen will be requested.
- I. “Reasonable suspicion” means belief that an individual is using or has used drugs or alcohol where such belief is based on specific, objective and articulable facts and reasonable inferences drawn from those facts in light of experience.
- J. “Substituted urine” is a urine specimen in which the creatinine is less than 2 mg/dl and the specific gravity is less than or equal to 1.0010 or greater than or equal to 1.0200 and/or the collection site reports attempts by the nurse to provide a body fluid specimen other than his/her own. Example: someone other than the nurse attempts to provide the specimen or the nurse brings paraphernalia into the collection site for the purpose of providing body fluid other than his/her own.
- K. “Valid medical explanation” for a dilute specimen is a physiological condition or a prescribed medical treatment which directly interferes with the body’s ability to produce appropriately concentrated urine.

III. Policy:

- A. Nurse will submit to random body fluid screening. Frequency of random body fluid screen tests will be determined by the Oklahoma Board of Nursing (Board). The nurse will be directed when to submit to random body fluid screen tests by contacting the notification system of the Laboratory, which contracts with the Oklahoma Board of Nursing to provide body fluid screening services.
- B. Body fluid screen tests may also be requested when reasonable suspicion exists that the nurse is using or has used drugs or alcohol. Board staff or designated individual involved in monitoring the nurse, such as the supervising nurse, nurse manager, or counselor may direct the nurse to submit to body fluid testing. When body fluid testing is requested for reasonable suspicion, the nurse has two (2) hours from the time of the request to submit the body fluid specimen for testing. The individual making the request for the nurse to submit to body fluid testing, if other than Board Staff, must report the date and time of the request in writing to the Board Office by the next working day.
- C. The nurse may also request body fluid testing at any time.

- D. Nurse must utilize the Laboratory that contracts with the Oklahoma Board of Nursing and the program for body fluid testing. Within ten days of the nurse's receipt of the Board's Order that includes a provision for body fluid testing, the nurse must enroll with the Laboratory and submit to the Board the nurse-signed consents for release of information to the Laboratory and the collection site identified by the Laboratory.
- E. The nurse must submit a body fluid specimen on the date of selection. A failure to timely submit on the date of selection is considered a positive screen. If the collection time on the chain-of-custody form is after 11:59 p.m., the nurse must be able to provide documentation of arrival at the collection site on the date of selection. (See #Q.)
- F. If a report of a dilute urine specimen is received, the nurse will be required to submit to a requested drug screen within three hours of the request. If a second dilute urine specimen is received, the nurse will be required to submit to a medical evaluation from a licensed physician, Advanced Practice Registered Nurse, or physician's assistant explaining the medical cause for such dilution. The following must be documented in the medical evaluation report: date of the evaluation, length of time the nurse has been under the provider's care, date of onset of the medical condition causing the dilute drug screens, whether the dilution is caused by a physiological condition or is a side effect of medication or treatment regime. If the medical condition is physiological, a medical record associated with the treatment of the condition may be requested by the nurse investigator. If the cause of the dilute drug screens is a side effect of medications or treatment regime, the provider will address whether it is possible to manage the condition or treatment regimen to decrease or eliminate occurrences of dilute drug screens. Prescription medications, over-the-counter medications, recommended medications or herbal preparations, if identified to be the cause of dilution, must have been prescribed and/or recommended and reported to the Board by the prescribing and/or recommending health care provider and/or physician on the Medication Report Form in accordance with these Body Fluid Testing Guidelines to be considered a valid medical reason. Over-the-counter and herbal preparations must be reviewed and approved by the provider as an appropriate and medically necessary treatment to be accepted as a valid medical reason for future dilute urine specimens. The medical evaluation must be received in the Board Office no later than thirty (30) days after the second dilute urine specimen is reported. Absent a valid medical explanation for dilute urine specimens, any future dilute specimens will be considered a positive drug screen.
- G. If a substituted or adulterated urine specimen is received, it will be considered a positive screen.
- H. All drug screen reports will be provided directly from the Laboratory to the Board office.
- I. Payment for drug screen testing is the responsibility of the nurse. Failure to pay for a drug screen(s) will be considered a positive test result. Failure to drug screen when randomly selected or requested to submit to testing for reasonable suspicion will be considered a positive test result.

- J. Specimen collection is “**observed**” and compliant with United States Department of Health and Human Services/Substance Abuse and Mental Health Services Administration (USDHHS/SAMHSA) collection criteria. The name of the person observing the specimen collection is to be documented on the chain of custody form. It is the nurse’s responsibility to assure the specimen collection is observed.
- K. All specimens collected will be by a split specimen method.
- L. All drug screens are comprehensive.
- M. Collection must be done at a collection site identified and approved by the Laboratory. The nurse must submit consent for release of information for any collection site utilized. If the specimen does not meet the USDHHS/SAMHSA criteria at the time of collection, it may be considered a positive drug screen.
- N. The nurse shall cause a **MEDICATION REPORT** to be submitted as follows:
 - i. Within ten (10) days of the nurse’s receipt of the Board Order, or upon initial licensure, if the nurse is currently prescribed or dispensed any medication(s) by a licensed healthcare provider; and/or has a recommendation for use of any marijuana product(s) from a physician, the Medication Report must be completed by the licensed healthcare provider prescribing the medication and/or the physician recommending use of any marijuana product(s). The Medication Report is to be submitted directly, via fax or mail, to the Board by the nurse’s prescribing licensed healthcare provider and/or the physician recommending the use of any marijuana product.
 - ii. Within ten (10) days of being prescribed and/or recommended, all prescriptions and/or recommendations for use of any marijuana product(s) are to be documented by the prescribing licensed healthcare provider and/or the physician recommending the use of any marijuana product(s) on a Medication Report and submitted directly, via fax or mail, to the Board by the nurse’s prescribing licensed healthcare provider and/or the physician recommending use of any marijuana product(s).
- O. The nurse shall submit a **NURSE’S INITIAL MEDICATION REPORT AND NURSE’S 72-HOUR MEDICATION REPORT** as follows:
 - i. Within 10 days of the nurse’s receipt of the Board Order or upon initial licensure, the nurse must submit to the Board in writing a list of all currently prescribed medication(s), over-the-counter medication(s) and/or recommendations for use of any marijuana product(s). The nurse must report the prescription medication(s), over-the-counter medications and/or recommendations for use of any marijuana product(s) to the Board on a fully completed NURSE’S INITIAL MEDICATION REPORT via the designated online compliance system.
 - ii. After the initial reporting of all medications, the nurse must notify the Board within seventy-two (72) hours whenever the nurse receives a new prescription and/or recommendation for any marijuana product(s). If there is a recommendation for any marijuana product(s), the nurse must submit a valid certificate. A **refill** of a previously reported prescription to the Board does not need to be reported as long as the dosage, frequency, prescriber

and the provider's reason for prescribing is exactly the same as previously reported in writing to the Board. **NOTE: All** Schedule II Controlled Dangerous Substances ("CDS") require a new prescription and must be reported to the Board every time the Schedule II CDS is prescribed to the nurse. The nurse must report the new prescriptions and new over-the-counter medications to the Board on a fully completed NURSE'S 72-HOUR MEDICATION REPORT via the designated online compliance system.

- P. If the confirmation test is positive for controlled dangerous substances, a valid prescription used for other than prescribed purposes will not be considered justification for the positive result. Example: A controlled dangerous drug written by a dentist will not be accepted as justification for a positive drug screen if taken for knee pain. If a confirmation test is positive for cannabinoids, the nurse must have a valid certificate for the use of any marijuana product(s).
- Q. **If a positive screen is received or a safety sensitive issue is reported, the nurse's license will be immediately temporarily suspended until further Order by the Board.** The nurse will not be temporarily suspended for a positive report as negative screen received as a result of prescribed medication if the medication has been previously reported on a Medication Report and no safety sensitive issue has been reported. (See #N.)
- R. If the drug screen shows positive for opiates, the ingestion of poppy seeds will not be accepted as a justification for the positive result. To prevent such an occurrence, it is advised the nurse eliminate poppy seeds from their diet.
- S. If the drug screen shows positive for cannabinoids, the use of hemp products and/or cannabidiol ("CBD") products will not be accepted as a justification for the positive result. To prevent such an occurrence, it is advised the nurse refrain from the use of hemp and/or CBD products.
- T. If the nurse denies the ingestion of alcohol when a drug screen is confirmed positive for Ethyl Alcohol, further testing for Ethyl Glucuronide (EtG) and Ethyl Sulfate (EtS) will be conducted. The nurse will be responsible for the expense of the additional testing. The nurse's failure to pay for EtG/EtS testing within 72 hours of being notified by the Medical Review Officer the drug screen is positive for Ethyl Alcohol will be considered a positive test. The Medical Review Officer will attempt to contact the nurse three times after the Ethyl Alcohol is confirmed positive. If the Medical Review Officer is unsuccessful in contacting the nurse, the final drug screen report will identify Ethyl Alcohol as positive.
- U. Any drug screen(s) considered positive and/or reported with safety sensitive issues, failure to submit to a drug screen on the date of selection and/or unobserved specimen collection will result in the immediate temporary suspension of the license of the nurse until further Orders of the Board.

IV. References:

- A. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention, *Collection Site*

Board Approved: 11/16/94

OBN Policy/Guideline #I-09

Board Reviewed w/o Revision:

Page 6 of 7

Board Revised: 11/16/95; 3/28/96; 10/23/96; 3/28/97; 9/24/97; 4/5/00; 3/21/01, 3/31/04; 11/14/06; 1/30/07;

3/24/09; 7/28/09; 3/26/13; 11/4/13; 5/20/15 eff. 8/4/15; 9/20/16; 11/6/18; 9/23/20

P:/Administration/Executive/Policies/Investigations/I-09 Body Fluid Testing Guidelines Investigation Division

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https://www.samhsa.gov/sites/default/files/workplace/urine-specimen-collection-handbook-oct2017_2.pdf

- B. National Council State Boards of Nursing, (2011). Substance use disorder in nursing. A resource manual for alternative and disciplinary monitoring programs. U.S.A. NCSBN
 - C. Shults, Theodore F. (2009) Medical Review Officer Handbook, 9th ed. (Research Triangle Park, NC: Quadrangle Research, LLC)
 - D. Hull, M., Bierer, M., Griggs, D., Long, W., Nixon, A....(2008). Urinary buprenorphine concentrations in patients treated with Suboxone®; as determined by liquid chromatography-mass spectrometry and CEDIA immunoassay. *Journal of Analytical Toxicology*, 32 (7), 516–521.
 - E. Melanson, S., Snyder, M., Jarolim, P., Flood, G. (2012). A new highly specific buprenorphine immunoassay for monitoring buprenorphine compliance and abuse. *Journal of Analytical Toxicology*, 36(3), 201–206.
 - F. Lahmek, P., Michel, L., Divin e, C., Meunier, N., Pham, B., Cassereau, C., Aussel, C., Aubin, H.J. (2012). Ethyl glucuronide for detecting alcohol lapses in patients with an alcohol use disorder. *Journal of Addiction Medicine*, (6), 35-38.
 - G. Wurst, F., Thon, N., Yegles, M., Schröck, A., Preuss, U., Weinmann, W. (2015). Ethanol metabolites: their role in the assessment of alcohol intake. *Alcoholism: Clinical and Experimental Research*.
 - G. SAMHSA Advisory: The Role of Biomarkers in the Treatment of Alcohol Use Disorders, 2012 Revision HHS Publication No. (SMA) 12-4686. First Printed 2006, Revised 2012.
- V. Regulatory Authority: 59 O.S. § 567.8. A. 3.