PEER ASSISTANCE PROGRAM
OKLAHOMA BOARD OF NURSING
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Peer Assistance Program
Body Fluid Testing Guidelines

I. Purpose: To establish requirements for body fluid testing for Program Participants ("Participant(s)") required to drug screen in the Peer Assistance Program ("Program").

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" 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	200 ng/ml
Fentanyl	0.5 ng/ml	0.4 ng/ml
Ketamine	300 ng/ml	100 ng/ml
LSD	0.5 ng/ml	0.5 ng/ml
Meperidine	200 ng/ml	100 ng/ml

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	15 ng/ml
Specific Drug(s) of Choice[5]	Level of detection using suitable technology	Level of detection using suitable technology

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

[2]Barbiturates include the drugs: Amobarbitol, Butalbitol, Pentobarbital, Phenobarbital and Secobarbital.

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

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

[5]Specific drug of choice includes the drug(s) the Participant 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 and the Program to provide drug testing services to Participants.

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.

F. "Prescriptions/Prescribed Medications" includes all medications requiring a prescription and/or order from a licensed health care practitioner authorized to prescribe medication. 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 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 Participant to provide a body fluid specimen other than his/her own. Ex: someone other than the Participant attempts to provide the specimen or the Participant 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. Participants will submit to random body fluid screening. Frequency of random body fluid screen tests will be determined by the Peer Assistance Committee ("Committee") as set forth in the Participant's contract or amended contract(s). Participants 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 and the Program to provide body fluid screening services.

B. Body fluid screen tests may also be requested when reasonable suspicion exists that the Participant is using or has used drugs or alcohol. Program staff or designated individual involved in the Participant's recovery, such as the supervising nurse, counselor, nurse support group facilitator or Committee member, may direct the Participant to submit to body fluid testing. When body fluid testing is requested for reasonable suspicion, the Participant has two (2) hours from the time of the request to submit the body fluid specimen for testing. The individual making the request of the Participant to submit to body fluid testing, if other than Program Staff, must report the date and time of this request in writing to the Board Office by the next working day.

C. Participants may also request body fluid testing at any time.

D. Participants must utilize the Laboratory, which contracts with the Oklahoma Board of Nursing and the Program for body fluid testing. The Participant must enroll with the Laboratory by the date specified in the Program Contract and submit to the Program signed consents for release of information to the Laboratory and the collection site(s) identified by the Laboratory.

E. The Participant 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. (See N.) If the collection time on the chain-of-custody form is after 11:59 p.m., the Participant must be able to provide documentation of arrival at the collection site on the date of selection.

F. If a report of a dilute urine specimen is received, the Participant 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 Participant will be required to submit a medical evaluation from a licensed physician, an Advanced Practice Registered Nurse, or a physician 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 Participant 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 Program. 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, licensed medications, or herbal preparations, if identified to be the cause of dilution, must have been prescribed and reported to the Program in accordance with the Peer Assistance Program Medical Care/Medication 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 Program 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 Program.

I. Payment for drug screen testing is the responsibility of the Participant. 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 specimen collection is to be documented on the chain of custody form. It is the Participant'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. Participant must submit consents for release of information for any collection sites 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. If a positive screen is received, the Participant will be notified by the Program and will cease nursing practice until evaluated by the Committee. The Participant will not be required to cease nursing practice for a positive screen reported as negative as a result of prescribed medication, if the Participant has followed the Medical Care/Medications Guidelines.

O. If a safety sensitive issue is reported by the Medical Review Officer, the Participant will be required to cease nursing practice until evaluated by the Committee.

P. 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 Participant eliminate poppy seeds from their diet.

Q. If a drug screen shows positive for cannabinoids, the use of hemp and/or Cannabidiol ("CBD") products will not be a justification for the positive result. Participants are advised to refrain from the use of hemp and/or CBD products, to prevent such an occurrence.

R. If the Participant 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 Participant will be responsible for the expense of the additional testing. The Participant'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 Participant three times after the Ethyl Alcohol is confirmed positive. If the Medical Review Officer is unsuccessful in contacting the Participant the final drug screen report will identify Ethyl Alcohol as positive.

IV. References:

A. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention, *Collection Site Manual For the Collection of Urine Specimens for Federal Agency Workplace Drug Testing Programs, effective* 10/1/2017. https://www.samsha.gov/sites/default/files/workplace/collection-site-manual-oct2017_2.pdf

B. National Council of 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., Schr€uck, 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: OAC 485:10-19-3(a)