PEER ASSISTANCE PROGRAM
OKLAHOMA BOARD OF NURSING
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Peer Assistance Program
Laboratory Approval Criteria for Body Fluid Testing

I. Purpose: The Peer Assistance Program ("Program"), through the Oklahoma Board of Nursing, designates a single Laboratory to provide drug testing services to the Program Participants ("Participant(s)"). This will establish the criteria to be met by the Laboratory to ensure that laboratory standards and processes are uniform and consistent.

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. "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.

C. "Laboratory" is the company under contract with the Oklahoma Board of Nursing and the Program to provide drug testing services to Participants.

D. "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.

E. "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 their 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 their own.

III. Criteria:

A. Laboratory performing drug testing must be certified/accredited by United States Department of Health and Human Services (USDHHS). The cutoff levels shall be determined by the Oklahoma Board of Nursing and all testing shall conform to those designated levels.

B. Confirmation of positive results is done by gas chromatography/mass spectrometry (GC/MS) or an equivalent accepted method of equal or greater accuracy. Confirmation testing must meet USDHHS Substance Abuse and Mental Health Services Administration (SAMHSA) requirements. Chain of custody must be documented and maintained throughout the screening process. Confirmation of results will be documented. All confirmed positive results must be reviewed by a Medical Review Officer and reported to the Program within 5 business days.

C. Laboratory must retain positive specimens for a minimum of one year.

D. Specimen collection is observed and the name of the person observing specimen collection is documented on the Chain of Custody (COC) form. All specimen collections must document chain of custody. Collection method must be by split specimen for all collections. Collection site personnel must be properly trained to perform collections using the USDHHS/SAMHSA criteria for collections and all collections must conform to these criteria. Specimens collected must be delivered to the Laboratory within one business day of collection.

E. The Laboratory will notify the Program of all test results by the next business day following completion of the testing.

F. The initial and confirmation drug screens may include any or all of the drugs and/or their metabolites listed below.

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

Drug	Initial Drug Test Level	Confirmatory Drug Test Level
Meperidine	200 ng/ml	100 ng/ml
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, phenmetrazine, 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.

G. The drug screen report, in addition to results, will include:
   1. Chain of custody.
   2. List of current medications as provided by the Participant.
   3. List of drugs included in the initial and confirmation testing.
   4. Confirmation method utilized for positive drug screens.
   5. Creatinine level, specific gravity, pH or other assessment data verifying the specimen is consistent with one which is not diluted, substituted or adulterated.
   6. Quantitative level for any positive results.
   7. Identification by the MRO of any safety sensitive issue(s) related to any confirmed drugs.

H. If the confirmation test is positive and the Medical Review Officer verifies a valid reason for the positive result, the report will include the valid reason for the positive result with report showing a negative result.

1. If the confirmation test is positive for opiates, the ingestion of poppy seeds is not accepted as a justification for the positive result. Participants have been advised to eliminate poppy seeds from their diets to prevent such an occurrence.
2. If the confirmation test is positive for cannabinoids, the use of hemp and/or Cannabidiol ("CBD") products is not a justification for the positive result. Participants have been advised to refrain from the use of hemp and/or CBD products.

I. The Laboratory agrees to provide technical consultation as needed to the Program and Oklahoma Board of Nursing staff. The Laboratory also agrees to provide expert witness testimony to the Oklahoma Board of Nursing on a drug screen report if requested.

J. The Laboratory will provide specimen collection services through a network of Laboratory-identified sites throughout Oklahoma. The Laboratory will also identify collection sites open on weekends and nights, preferably within 50 miles of each participant's residence to allow for testing. The Laboratory will assist the Participant in identification of out of state collection sites with at least two weeks notice by the Participant. The Laboratory will provide an administration representative by phone or e-mail to assist the Program, Participant employers, and Participants on a 24 hour/7 day per week basis with any for cause tests, collection issues, similar problems or questions.

K. The Laboratory will provide the Program with a current list of all designated collection sites on a quarterly basis.

L. The Laboratory will charge a standardized testing fee to Participants. If the collection fee is not included in the standardized testing fee, then it must be identified by the Laboratory that the Participant will be responsible for an additional collection fee, which will be charged to the Participant by the collection facility. The Laboratory will set up a payment mechanism with the Participant, which will ensure the release of testing results to the Program.

M The Laboratory will provide a toll free number and/or secure internet website access for the Participant to access daily to determine if he/she has been randomly selected for drug screening. To access the toll free number and/or secure internet website to determine random selection, each Participant must enter a unique identification code, which will be provided by the Laboratory. Failure of the Participant to complete the call/log-in process daily or failure to test when selected must be reported to the Program within 24 hours.

N. The Laboratory will provide to the Program a secure internet Web site providing the following processes and information:
1. Data searchable by Participant's name, identification number, Oklahoma Board of Nursing License number, Program case number, and case manager.
2. Search results available by Participant and in the aggregate, sorted by case manager, showing:
   a. Participants who failed to check in;
   b. Participants who failed to show at the collection site;

c. Participants providing rejected and/or tampered drug screens;
d. Participants providing positive drug screen results;
e. All testing results; and/or
f. Active Participant lists.

3. Case management data available on each Participant including, but not limited to, history, compliance requirements and compliance history, employment, consents, medication reports, treatment compliance, and history.
4. Program must be able to modify (add, delete, or change) the following data:
   a. Testing selection dates;
   b. Drug panels to be utilized; and/or
   c. Demographic data such as Participant's name, license number, case number and case manager.

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)