Effective Date: January 21, 2018

POLICY:

BHS residential treatment facilities that are licensed by DHCS shall provide IMS – Providing alcoholism or drug abuse recovery or treatment services with approval of DHCS. DHCS-licensed BHS residential treatment facilities shall have and follow written protocol and procedures in accordance with relevant Health and Safety codes and other regulatory requirements for the implementation of approved IMS – Providing alcoholism or drug abuse recovery or treatment services in their facilities.

PROCEDURES:

Monitoring the stabilization of residents

- **Who monitors ongoing treatment of residents -** The physician or alternate physician, registered or certified SUD counselors, and, depending on the residential facility, Medical Assistant(s) (MA), Licensed Vocational Nurse(s) (LVN), and/or Registered Nurse(s) (RN) will monitor the stabilization of residents throughout the course of treatment.

Types of testing

- **Specify all testing performed for all residents in residential SUD treatment –**

  On-site testing of all residents in residential SUD treatment includes:

  - Alcohol & Drug (Urinalysis) Screening (Point of Care and Laboratory based)
  - Tuberculosis (TB) Screening Mantoux Skin test (PPD)

  Testing *by referral only* is done for the following, as determined in the resident's treatment plan.

  - HIV
  - Hepatitis

Administration of Tests

- **Who administers the tests and Where they are administered –**
  - Alcohol & Drug (Urinalysis) Screening (Point of Care and Laboratory based) – conducted in the bathroom nearest to the counseling station, by trained SUD counselor, MA, LVN, or RN, depending upon the staffing at the facility. Laboratory-based alcohol and drug screenings are done to confirm

- Tuberculosis (TB) Screening Mantoux Skin test (PPD) – conducted in the physical exam office by the LVN or RN, depending on the staffing at the facility.

- **How tests are administered**

1) Collection / Disposal Procedures for Alcohol and Drug Urinalysis Screening

Staff members performing alcohol and drug screening must be trained and know urine drug screen procedures before being permitted or assigned to perform drug screening tests. The trained staff member (aka witness/collector) is responsible for instructing the donor in the drug screen procedures. The witness/collector shall follow BHS testing procedures exactly to help ensure a valid test and result. When urine testing is performed, the patient's emission of urine should be collected and observed by a witness/collector with the same gender as the patient whenever possible. A nurse may serve as witness/collector for either gender.

All staff must be respectful of the patient and patient's privacy during the specimen collection process. Specimen collection shall occur in a private bathroom in the facility that includes warm running water.

Procedures – Point of Care (Redi-Cup) Tests

Action Taken	Procedure/Forms
Witness/Collector = SUD Counselor, MA, LVN, RN (depending on staffing at facility)	▪ Any trained staff member (SUD counselor, MA, LVN, RN) may serve as the witness/collector for drug screen analysis, when assigned to do so. ▪ Wash hands with soap and water before and after drug screen. ▪ Remind donor to wash hands. ▪ Wear single-use gloves during drug screen. This is a precaution in case of accidental spillage. Witness/collector does not handle specimen until it is tightly capped and sealed by donor. ▪ On the Chain of Custody Form mark the name of the program where the test is being done. ▪ Write in the Client ID number, check the reason for the test and check how the donor identification is verified. ▪ In Step 2 Remarks, print any medications taken by the donor within the last 30 days, including prescription drugs, over the counter medication, any medication dispensed by a doctor or dentist and intravenous drugs or injections. If there is not enough space in this section, the donor should continue the list in the blank space at the top of the chain of custody form. ▪ The witness/collector, the donor and the paperwork must remain together from this point forward until the chain of custody is complete. Both witness/collector

	and donor must keep the specimen cup and specimen bottle in sight until donor has voided and transferred the urine from the cup to the bottle. Subsequently, both the witness/collector and the donor must keep the specimen bottle in sight until chain of custody is complete.
	▪ Ask donor to select a urine collection kit. This may be done in the office before proceeding to the restroom for the actual specimen collection.
Witness/Collector and Donor	▪ Go together to the restroom, taking along the urine collection kit and the partially completed chain of custody form.
Donor	▪ In the presence of the witness/collector void into specimen cup and screw on the lid. A minimum of 30 ml of urine is required.
Witness/Collector	▪ Carefully observe the donor voiding into specimen cup or bottle and, if applicable, transferring urine from cup to bottle.
	▪ The witness/collector must have a clear view of the donor. For example, with the door of the toilet stall completely open, the witness/collector stands just outside the stall facing the donor.
	▪ Ascertain that the specimen is not substituted or adulterated in any way.
Witness/Collector	▪ Instruct donor to hold up bottle so that witness/collector can observe the temperature strip. This must be done within 4 minutes of collection. Check “Yes” if specimen is within indicated temperature range. Otherwise, check “No” and print “out of range.”
	▪ Visually check specimen for discoloration. If there is any discoloration, note on the chain of custody in the blank space
Donor	▪ Tightly cap bottle. Slowly turn the cup upside down so that the urine fills the testing unit in the lid. Turn the cup upright and wait 5 minutes.
Donor	▪ In Step 3 of the Chain of Custody, read certification, Print full name, sign full name and date as donor.
Witness/Collector	▪ In Step 4 of the Chain of Custody, read certification, print full name, sign full name, and enter date.
	▪ Read the results on the Redi-Cup lid and record the results in Step 5 of the Chain of Custody.
Donor	▪ If results are negative, or the donor admits to drug use, discard sample in the toilet and dispose of specimen cup.
	▪ If the results are positive and the donor denies drug use, transfer sample to a lab based specimen bottle and prepare chain of custody as described for lab

based testing.

Note: The chain of custody is now complete. The donor may leave. Do not open the specimen bag or write on the copy of the form after this point.

Program Director or designee

- Place the copy of the chain of custody form in the client's file. Enter results into Caminar.
- Review lab invoice and code each charge by cost center for payment. Pass coded invoice to Accounts Receivable.

Procedures - Laboratory Based Tests

Action Taken	Procedure/Forms

Witness/Collector

- Any trained staff member may serve as the witness/collector for drug screen analysis, when assigned to do so.
- Wash hands with soap and water before and after drug screen.
- Remind donor to wash hands.
- Wear single-use gloves during drug screen. This is a precaution in case of accidental spillage. Witness/collector does not handle specimen until it is tightly capped and sealed by donor
- Identifies the donor, using the client ID number.
- Pre-printed information on the Chain of custody form identifies the account number. Point out to the donor that the number on the labels matches the number on the NCR paper pages of the Chain of custody form. On the chain of custody form, fill in Chain of Custody, "Donor Identification" and "Reason for Test" sections.
- Fill in the date collected, client ID number on the peel off label.
- Make an "X" in appropriate box to indicate reason for test.
- On the label, make an "X" next to the desired profile.
- In the comments section print any medications taken by the donor within the last 30 days, including prescription drugs, over the counter medication, any medication dispensed by a doctor or dentist and intravenous drugs or injections. If there is not enough space in this section, the donor should continue the list in the blank space at the top of the chain of custody form.

	▪ The witness/collector, the donor and the paperwork must remain together from this point forward until the chain of custody is complete. Both witness/collector and donor must keep the specimen cup and specimen bottle in sight until donor has voided and transferred the urine from the cup to the bottle. Subsequently, both the witness/collector and the donor must keep the specimen bottle in sight until chain of custody is complete.
	▪ Ask donor to select a urine collection kit. This may be done in the office before proceeding to the restroom for the actual specimen collection.
Witness/Collector and Donor	▪ Go together to the restroom, taking along the urine collection kit and the partially completed chain of custody form including the cover page.
Donor	▪ In the presence of the witness/collector, open the urine collection kit. Void into specimen cup and transfer urine to bottle. The donor may elect to omit the specimen cup and void directly into the bottle. A minimum of 30 ml of urine is required.
Witness/Collector	▪ Carefully observe the donor voiding into specimen cup or bottle and, if applicable, transferring urine from cup to bottle.
	▪ The witness/collector must have a clear view of the donor. For example, with the door of the toilet stall completely open, the witness/collector stands just outside the stall facing the donor.
	▪ Ascertain that the specimen is not substituted or adulterated in any way.
Donor	▪ Dispose of used specimen cup.
Witness/Collector	▪ Instruct donor to hold up bottle so that witness/collector can observe the temperature strip. This must be done within 4 minutes of collection. Check “Yes” if specimen is within indicated temperature range. Otherwise, check “No” and print “out of range.”
	▪ Visually check specimen for discoloration. If there is any discoloration, note on the chain of custody in the blank space
Donor	▪ Tightly cap bottle. In Step 3 of the chain of custody the donor places the specimen bottle label over the closed cap and down the sides of the bottle to seal. The donor shall initial the label.
Witness/Collector	▪ The witness/collector dates and signs the specimen bottle label.
Donor	▪ Read certification, Print full name and client ID number, sign full name and date as donor.

Witness/Collector	▪ Read certification, print full name, sign full name and enter phone number on chain of custody. ▪ Fold together original of the chain of custody and hand them to the donor to place in the specimen bag. ▪ Initial and date the specimen bottle label. Keep copy of the chain of custody. Make a copy of the form for the donor to keep.
Donor	▪ Place specimen bottle, absorbent packing material and the chain of custody form in specimen bag and close it. Gives closed specimen bag to witness/collector.

Note: The chain of custody is now complete. The donor may leave. Do not open the specimen bag or write on the copy of the form after this point.

Witness/Collector	▪ Place Collection Site Copy of chain of custody form in the pending file to match with results when received. ▪ Place specimen bag in designated location for Airborne Express pick up. ▪ If facility is not scheduled for daily service, call lab dispatch to arrange for a courier. Do not request "stat" pick up or "stat" test results unless the additional expenditure is authorized in advance by the Program Director. The Program Director will evaluate the need for the additional expense on a case-by-case basis.
Lab	▪ Report results to the program generally within two business days. It may take additional time to clear or confirm results if the possibility of drugs is detected. Results are obtained by fax or the lab web site.
Program Director or designee	▪ Place the copy of the chain of custody form and the original sheet of the lab results in the client's file. Enter results into Caminar. ▪ Review lab invoice and code each charge by cost center for payment. Pass coded invoice to Accounts Receivable.

2) Collection / Disposal Procedures for TB Screening Mantoux Skin (PPD) test

Action Taken	Procedure/Forms
Collector = LVN or RN (depending on staffing of	• Wash hands • Confirm patient's identity using 2 patient identifiers prior to performing the test

facility)

- Explain procedure to patient
- Place gloves on
- Verify provider order
- Gather all supplies (tuberculin syringe 26 – 27 gauge needle 1/2", alcohol swab)
- Verify medication expiration date
- Wipe vial with alcohol
- Cleanse skin at the injection site with alcohol swab and allow to dry
- Draw up 0.1 ml of the PPD agent (Mantoux) in the appropriate syringe
- Place the patient's arm in a comfortable position on a flat surface
- Select site (inner forearm) 1/3 from elbow area avoiding any visible veins
- Stretch the skin tightly between thumb and index finger before inserting the needle
- Insert needle bevel side up, holding the syringe parallel to skin to ensure accurate intradermal puncture
- Inject PPD agent resulting in a visible wheal about 6 to 10 mm. in size
- Instruct patient to return within 48 to 72 hours after administration for reading
- Document procedure in patient's medical record
- Dispose used needle in Sharps container

Interpretation of the results of the Mantoux (PPD) Test:

1. All readings will be done by a licensed staff. No medical assistant will read PPD test results
2. The staff member reading the result will document the result in the patient health record immediately after the reading.

3. The following three cut points should be used to determine whether the skin test reaction is positive. A measurement of 0 mm or anything below the defined cut point for each category is considered negative.

Induration of ≥ 5 mm is considered positive in	Induration of ≥ 10 mm is considered positive in	Induration of ≥ 15 mm is considered positive in
• Human immunodeficiency virus (HIV)-positive persons • Recent contacts of TB case patients • Persons with fibrotic changes on chest radiograph consistent with prior TB • Patients with organ transplants and other immunosuppressed patients (Receiving the equivalent of ⊃ 3;5 mg/d of prednisone for 1 month or more. Risk of TB in patients with corticosteroids increases with higher dose and longer duration).	• Recent immigrants (i.e., within the last 5 years) from high-prevalence country • Injection drug users • Residents and employees† of the following high-risk congregate settings: prisons and jails, nursing homes and other long-term facilities for the elderly, hospitals and other health care facilities, residential facilities for patients with acquired immunodeficiency syndrome (AIDS), and homeless shelters • Mycobacteriology laboratory personnel • Persons with the following clinical conditions that place them at high risk: silicosis, diabetes mellitus, chronic renal failure, some hematologic disorders (e.g., leukemia's and lymphomas), other specific malignancies (e.g., carcinoma of the head, neck, or lung),weight loss of ⊃3;10% of ideal body weight, gastrectomy, and jejunoileal bypass • Children <4 years of age, or infants, children or adolescents exposed to adults at high risk.	• Persons with no known risk factors for TB.

Reference: Centers for Disease Control and Prevention Division of Tuberculosis Elimination

3) Testing Procedures for Urine-based Pregnancy Test

Action Taken	Procedures/Forms
Collector = MA, LVN, RN or SUD counselor (depending on staffing at facility)	• Wash hands • Confirm patient's identity using 2 patient identifiers prior to performing the test • Explain procedure to patient • Verify provider order • Hand patient a specimen container and direct patient to void in the restroom • Label specimen container with patient's name if needed • Put on gloves • Remove test device from the pouch • Using the pipette, obtain enough urine from the specimen up to the fill line • Transfer the urine into the specimen device • Test result will be read in the result window • Read the result within the product testing directions which should reveal whether it's positive or negative • Document result in patient's chart

- **Review of test results (who, how, when) –** The staff member who administers the test shall read and document test results, in accordance with the procedures above. The physician will review these test results as part of his/her evaluation of the resident's health status and to determine the safest course of detoxification. The physician makes the final determination of test results as soon as they are available for evaluation.

  Point of care urine drug screening results are considered preliminary. Positive results will be discussed with the patient. Patient admission of drug use will be considered confirmation of the result. For patients who deny drug use, the sample will be sent to the laboratory for confirmation. The patient will be retained in the program pending confirmation of the results.

- **Documentation of tests and results (who, how, where) –** The staff member who administered the test will record the tests conducted and their results in the resident's health record immediately upon completion of the test, in accordance with the procedures outlined above.
- **Where testing supplies are stored –** Testing supplies for on-site testing are stored in a locked cabinet in the medication area of the residential facility. Mantoux skin test (PPD) agent is kept in a refrigerator in the medication area of the facility.

Urgent or Emergent Care

- **Who determines current health status of residents** – The physician officially determines current health status of residents.
- **Who makes decision to transfer resident to urgent or emergent care** – A physician, SUD counselor, RN, MA, or LVN may make a decision to contact 9-1-1 for urgent or emergency care based on presenting symptoms.

Readmission[1] of Resident

- **Who determines if resident health status warrants readmission[1] –** The physician determines if a resident's health status warrants readmission after transfer to medical facility. The Program Director or designee shall ensure that the resident arrives with discharge paperwork from the medical facility. The physician shall review the medical discharge paperwork within 24 hours to determine if the resident's health status warrants readmission.
- **Who determines if resident is eligible for IMS services** – The physician determines if residents are eligible for IMS services.

[1] "Readmission" in this context means re-entry to the residential treatment facility after the patient has been transferred to a medical facility to address urgent or emergency health care needs. BHS residential programs may hold a patient's bed if the patient is anticipated to return to treatment within seven (7) calendar days. Beyond 7 days would prompt a formal discharge of the patient. If the patient applies to re-enroll in the program after discharge, the regular admission policies and procedures would apply.