


<b>Date: 6/2025</b>	<b>Substance Abuse and Alcohol Testing Policy #207</b>	<b>Pages: 1 of 6</b>
<b>Reviewed:</b> 6/23 6/24 6/25	 <b>Tina Vanburen, DNP, MSN, RN, CNS</b> <b>Director, School of Nursing</b>	<b>Student Safety Committee</b>

## PURPOSE

The Joseph F. McCloskey School of Nursing, part of Lehigh Valley Health Network (LVHN), maintains this policy to ensure that nursing students conduct healthcare and educational activities with complete control of their manual dexterity, mental faculties, and judgment. The presence or use of drugs or alcohol that interferes with student judgment or motor coordination poses unacceptable risk for patients, colleagues, the School of Nursing, and clinical agencies. This policy supports the Pennsylvania Professional Nursing Law (Act 69) requirement that nursing applicants demonstrate good moral character and ensures compliance with the Drug-Free Schools and Communities Act Amendments of 1989.

## SCOPE

This policy applies to all students enrolled in Joseph F. McCloskey School of Nursing programs at all locations, including the main campus in Pottsville, PA, and the extended learning center in Center Valley, PA, as well as all clinical practice sites and school-sponsored activities. Students must abide by these rules when reporting to courses and clinical experiences and while at clinical agencies (including parking lots and grounds). Students who violate these rules may be deemed unable to meet the essential qualifications of the nursing curriculum.

## DEFINITIONS

**Drug Test:** The scientific analysis of urine, blood, breath, saliva, hair, tissue, and other specimens of the human body for the purpose of detecting drugs or alcohol.

**Illicit Drug:** Any drug which is not legally obtainable; any drug which is legally obtainable but has not been legally obtained; any prescribed drug not being used for the prescribed purpose or by the person for whom it was prescribed; any over-the-counter drug being used at a dosage level other than recommended by the manufacturer. Under federal law, marijuana (cannabis, THC) is a Schedule I drug with no currently accepted medical use; therefore, medical marijuana is considered an illicit drug under this policy.



**Impaired:** A student whose mental or physical capabilities are reduced below normal levels, manifesting deterioration in function as compared to that previously observed, including psychomotor skills, judgment, attentiveness, or demeanor.

**Reasonable Suspicion:** Evidence forming a reasonable basis for concluding it is more likely than not that a person is engaged in substance abuse, including but not limited to: odor of alcohol or drugs, impaired behavior such as slurred speech, decreased motor coordination, difficulty maintaining balance, marked changes in performance, and unexplained incidents.

**Substance Abuse:** (a) The use, possession, manufacture, distribution, or sale of illicit drugs by any student while on school or clinical agency premises or during school-related activities; (b) The consumption, possession, or distribution of alcohol by any student while on school or clinical agency premises or during school-related activities; and (c) A student's use of alcohol or any drug that impairs performance in any course or clinical experience.

## **POLICY**

**Drug-Free Schools Act Compliance:** In compliance with the Drug-Free Schools and Communities Act Amendments of 1989, the School of Nursing strictly prohibits substance abuse while on school or clinical agency property or while participating in any school or clinical agency-sponsored activity. Students and employees found in violation will be subject to disciplinary actions, including dismissal and/or referral for prosecution.

**Prohibited Conduct:** Substance abuse as defined above is strictly prohibited. Students are prohibited from:

- Use, possession, manufacture, distribution, or sale of illicit drugs
- Marijuana/Cannabis in any form, including medical marijuana (per federal law and LVHN policy)
- Alcohol while on campus, at clinical sites, or during school activities
- Participating in nursing-related activities while impaired
- Any substance that causes impairment or affects safe patient care

**Legal Notification Requirement:** Students must notify the Director of Nursing or designee within five (5) days of any criminal conviction or administrative action related to the use of drugs or alcohol. Failure to notify may result in dismissal from the program.

**Required Consent and Screenings:** Prior to entering clinical courses, students must:

Complete pre-admission requirements through Castle Branch by August 1st:

- Pennsylvania State Police Criminal History Clearance
- Pennsylvania Child Abuse History Clearance
- FBI Fingerprint Screen
- Negative Drug Screen
- Sign consent forms agreeing to: Abide by this policy and clinical agency drug testing policies



- Submit to drug testing as required by the school or clinical agencies. Release all drug test results to the appropriate School of Nursing officials
- Failure to sign the consent will result in non-placement in clinical courses and may result in dismissal from the program.

Students may be required to submit to additional drug/alcohol testing for:

- Random selection throughout the program
- Reasonable suspicion of impairment
- Clinical site requirements
- Post-incident situations
- Return after absence related to substance use

Prescription Medications: Students taking prescribed medications that may cause a positive drug test, result in impairment, or affect clinical performance must provide current prescription documentation and verification from their healthcare provider. Medical marijuana prescriptions do not exempt students from federal law prohibitions.

## **PROCEDURE**

Pre-Clinical Drug Testing: All students are required to undergo drug testing before entering clinical courses. School officials will arrange for testing with a qualified laboratory. Students are responsible for providing their own transportation to the collection site. Student fees cover testing costs.

Reasonable Suspicion Testing: When reasonable suspicion exists, the following procedure applies:

1. The faculty member will have another faculty member or licensed healthcare professional confirm suspicious behavior
2. The student will be removed from the clinical area and taken to a private location for discussion with a faculty member and a witness
3. The decision to test will be made in consultation with the Director of Nursing or designee
4. The student will report for testing immediately if possible, or as soon as practicable
5. The student will be suspended from all class/clinical activities pending test results
6. Student will be assisted in finding safe transportation home at the student's expense
7. The faculty member will complete the documentation and submit it to the Director of Nursing or designee
8. Cost of reasonable suspicion testing will be borne by the School of Nursing

Results and Notification:

- The Director of Nursing or designee will be notified of all test results
- If the initial screening test is negative, the student will be released to return to activities without penalty
- Students with positive drug tests will be notified of results and consequences by the Director of Nursing or designee.



## **RESPONSIBILITIES**

### **Students:**

- Comply with all drug and alcohol policy requirements
- Submit to required testing as directed
- Provide accurate information regarding substance use and prescribed medications
- Notify Director of Nursing or designee within 5 days of any drug/alcohol-related conviction or administrative action
- Complete treatment requirements if disciplined short of dismissal
- Self-report to licensing authorities as required by Pennsylvania law
- Bear all costs associated with personal testing, treatment, and monitoring

### **Faculty and Staff:**

- Report reasonable suspicion of student impairment immediately
- Follow established reasonable suspicion procedures, including documentation
- Maintain confidentiality of student medical information
- Support students seeking treatment and recovery
- Complete annual training on substance use recognition

### **School Administration:**

- Ensure policy compliance and consistent enforcement
- Coordinate with clinical partners regarding student placement restrictions
- Maintain confidential records in accordance with HIPAA and FERPA
- Provide resources and support for students in recovery
- Make arrangements for drug testing with qualified laboratories

**Confidentiality:** All drug testing results will be treated as confidential information and shall not be disclosed to third parties unless disclosure is required by law, needed by appropriate school officials to perform job functions, needed to address public health and safety concerns, or the student has consented in writing to the release of information.

## **ENFORCEMENT and SANCTIONS**

### **Immediate Dismissal Results From:**

- Refusal to submit to required testing
- Tampering with, contaminating, or switching specimens
- Failure to notify the school of drug/alcohol-related criminal convictions within 5 days
- Positive drug test after readmission (student becomes ineligible to return and ineligible for letter of good standing)

### **First Positive Drug Screen:**

- Immediate removal from clinical activities and suspension from all class/clinical activities



- Student will be notified of results and consequences by the Director of Nursing or designee
- Student subject to disciplinary action up to and including dismissal from the program

Readmission Considerations: Students suspended (but not dismissed) for substance abuse violations may be considered for continued enrollment only if they meet the following conditions:

1. Submission of a verifiable letter from a recognized and approved drug treatment agency stating that the student has successfully completed an appropriately tailored substance abuse program
2. Submission to a drug test prior to readmission at the student's expense. A positive drug test will result in ineligibility for readmission
3. Submission to such other drug testing as may be requested by the Joseph F. McCloskey School of Nursing or clinical agencies after readmission
4. Submission to a last chance agreement prepared by the School of Nursing that memorializes all terms and conditions of continued enrollment, including those set forth above, and any other requirements the school may deem appropriate under the circumstances

#### **Clinical Impact:**

- Clinical facilities may deny placement to students with positive drug screens
- Pennsylvania State Board of Nursing may deny licensure based on drug screen results
- Students who violate this policy may be deemed unable to meet essential qualifications of the nursing curriculum

#### **Cost Allocation:**

- Pre-clinical testing costs covered by student fees
- Reasonable suspicion testing costs borne by the School of Nursing
- Pre-placement testing required by clinical agencies at student or agency expense
- All readmission testing at student expense

Appeal Rights: Students may appeal dismissal decisions through the established student complaint policy and procedures. Drug test results reviewed by the Medical Review Officer are final.

#### **REFERENCES**

Accreditation Commission for Education in Nursing. (2022). ACEN 2022 standards and criteria for evaluating nursing programs.

Drug-Free Schools and Communities Act Amendments of 1989, 20 U.S.C. § 1145g.

Pennsylvania Professional Nursing Law, Act 69 of 1951, as amended.

Pennsylvania State Board of Nursing Regulations, 49 Pa. Code Chapter 21.



**Resources:**

- Schuylkill County Drug and Alcohol Program: (570) 628-3152
- Lehigh County Drug and Alcohol Services: (610) 782-3200
- Lehigh County Crisis Line: (610) 782-3127
- Pennsylvania Get Help Now: 1-800-662-HELP (4357)
- SAMHSA National Helpline: 1-800-662-4357
- Pennsylvania State Board of Nursing: (717) 783-7142

**REVIEW and APPROVAL:** Student Safety Committee.

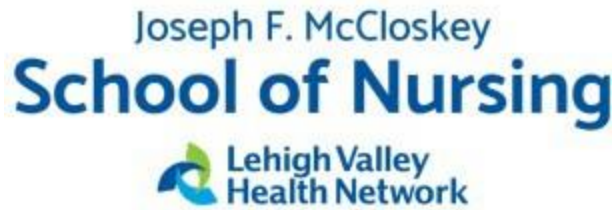
**Attachments:**

**Form A- Substance Abuse and Alcohol Testing Policy Forms**

**Form B: Report of Reasonable Suspicion of Drug/Alcohol Use**

**Form C: Prescription Medication Disclosure Form**

**Form D: Return to School Agreement - Substance Policy Compliance**



# **Joseph F. McCloskey School of Nursing**

## **Substance Abuse and Alcohol Testing Policy Forms**

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### **Form A: Student Consent to Drug/Alcohol Testing & Release of Test Results**

**Joseph F. McCloskey School of Nursing  
Lehigh Valley Health Network**

I, \_\_\_\_\_, a student enrolled in the Joseph F. McCloskey School of Nursing, having read its Substance Abuse and Alcohol Testing Policy #207, understand that as a precondition to entering the clinical component of the program and participating in any clinical experience at an affiliating clinical agency, I am subject to the Joseph F. McCloskey School of Nursing policies and those of the affiliating clinical agency, including but not limited to any requirement to submit to:

- Pre-clinical placement drug testing through Castle Branch by August 1st
- Random drug testing throughout the program
- Drug testing when there is reasonable suspicion to believe that I may be impaired or engaged in substance abuse as defined by the applicable policies
- Post-incident drug testing
- Return-to-program drug testing after absence related to substance use
- Any additional testing required by clinical agencies

I understand that student fees cover the cost of pre-clinical testing, while testing required by affiliating clinical agencies may be at my expense or the agency's expense, as determined by the specific agency requirements.

By my signature below, I hereby give my complete and voluntary consent to submit to any such drug test(s) at a designated laboratory or other location as required by the Joseph F. McCloskey School of Nursing and/or any affiliating clinical agency at which I am placed for nursing school requirements.

I understand that the following actions will result in immediate dismissal from the program:

- Refusal to submit to required testing





Tampering with, contaminating, or switching specimens

- Failure to notify the school of drug/alcohol-related criminal convictions within 5 days
- Positive drug test after readmission

I further understand that a positive drug test or other violation of the Joseph F. McCloskey School of Nursing Substance Abuse and Alcohol Testing Policy, or that of any affiliating clinical agency, will result in disciplinary action, up to and including dismissal from the program, and may affect my eligibility for nursing licensure in Pennsylvania.

I understand that the affiliating clinical agency and Joseph F. McCloskey School of Nursing have a legitimate need to receive the results of my drug tests performed in accordance with the applicable policies. I give my consent to, and hereby authorize any drug testing facility and its physicians, including the Medical Review Officer, employees, and representatives (collectively hereinafter referred to as "drug testing entity"), that conducted drug testing pursuant to the drug testing policies of the affiliating clinical agency or Joseph F. McCloskey School of Nursing, to furnish originals or copies of any such documents, records, or other information to:

- The affiliating clinical agency requesting the test
- The Joseph F. McCloskey School of Nursing Director of Student Services
- The Director of Nursing and/or authorized officers, employees, and representatives

I further consent to and hereby authorize any drug testing entity to answer questions and inquiries concerning me and disclose to authorized school officials whatever documents, records, and other information, including, without limitation, drug testing results, medical records, medical reports, analyses, questionnaires, and other materials which may have been made or prepared pursuant to or in connection with my drug test(s).

I waive, release, and discharge forever the drug testing entity that conducted drug testing pursuant to the applicable policies of the Joseph F. McCloskey School of Nursing, or that of any affiliating clinical agency, and every other person, firm and institution (including without limitation the Joseph F. McCloskey School of Nursing, Lehigh Valley Health Network and its affiliated entities) which shall comply in good faith with this authorization and consent, from any and all liability or claims of whatsoever kind and nature, known or unknown, arising out of or relating to the drug testing, disclosing, inspection, releasing and furnishing of such documents, records, or other information.

#### **Student Information:**

- Name (Print): \_\_\_\_\_
- Student ID: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_



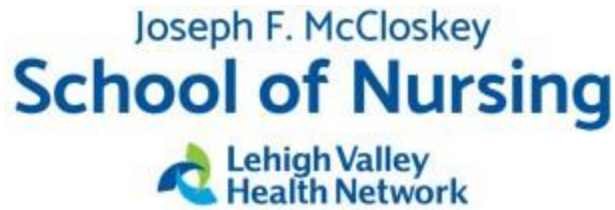


• Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The Joseph F. McCloskey School of Nursing will maintain this form. It will be disclosed to appropriate clinical agencies upon their request in accordance with HIPAA and FERPA regulations.*



## Form B: Report of Reasonable Suspicion of Drug/Alcohol Use

Joseph F. McCloskey School of Nursing  
Lehigh Valley Health Network

*To be completed by the faculty member supervising the nursing student to be tested.*

**Date of Report:** \_\_\_\_\_ **Time:** \_\_\_\_\_

### 1. Student Information:

- Name: \_\_\_\_\_
- Student ID: \_\_\_\_\_
- Course/Clinical Site: \_\_\_\_\_

### 2. Incident Details:

- Date of Incident: \_\_\_\_\_
- Time of Incident: \_\_\_\_\_
- Location: \_\_\_\_\_

**3. Reasons for Suspicion of Substance Abuse:** *(Be as specific as possible, including times and dates when incidents occurred or unusual behavior was observed, the identity of any particular substance suspected of abuse, if known, and the names and whereabouts of those witnessing the incidents/behavior. Attach additional sheets if necessary.)*

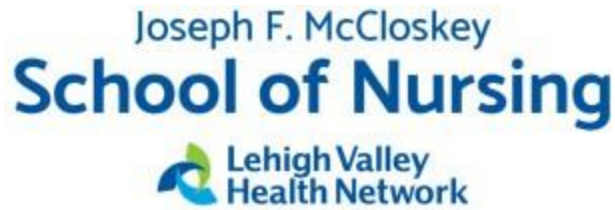
### Observed Behaviors (Check all that apply):

**Speech:** ☐ Normal ☐ Incoherent ☐ Confused ☐ Slurred ☐ Rambling ☐ Slow ☐ Other: \_\_\_\_\_

**Coordination:** ☐ Normal ☐ Swaying ☐ Staggering ☐ Lack of coordination ☐ Grasping for support ☐ Other: \_\_\_\_\_

**Performance:** ☐ Normal ☐ Unsatisfactory work ☐ Unsafe practices ☐ Poor judgment ☐ Other:  
\_\_\_\_\_

**Alertness:** ☐ Normal ☐ Change in alertness ☐ Sleepy ☐ Confused ☐ Disoriented ☐ Other:  
\_\_\_\_\_



**Demeanor:** ☐ Normal ☐ Change in personality ☐ Combative ☐ Aggressive ☐ Indifferent ☐ Argumentative ☐ Other: \_\_\_\_\_

**Physical Appearance:** ☐ Normal ☐ Bloodshot eyes ☐ Dilated pupils ☐ Dirty/disheveled clothing ☐ Odor of alcohol ☐ Other: \_\_\_\_\_

**Additional Observations:**

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**4. Student Admission:** Did the student admit to use of drugs/alcohol? ☐ Yes ☐ No

Comments: \_\_\_\_\_

**5. Evidence of Possession:** Was student found using or in possession of any illicit drugs/alcohol? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

**6. Witnesses:** Have any other students, faculty, or personnel witnessed or complained of the student's behavior? ☐ Yes ☐ No

List witnesses and contact information:

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**7. Confirmation of Suspicion:** *As required by policy, a second faculty member or licensed healthcare professional must confirm suspicious behavior.*

**Confirming Faculty/Professional:**

- Name: \_\_\_\_\_
- Title: \_\_\_\_\_
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**8. Director Consultation:** *Decision to test must be made in consultation with the Director of Nursing.*



**Director of Nursing Approval:** ☐ Approved for immediate testing ☐ Testing as soon as practicable

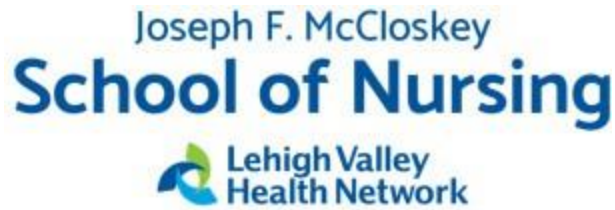
**Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**9. Faculty Member Conclusion:** Based on the information above, it is my professional opinion that there is reasonable suspicion to believe that this student has engaged in substance abuse as defined in the Joseph F. McCloskey School of Nursing Substance Abuse & Drug/Alcohol Testing Policy #207.

**Reporting Faculty Member:**

- Name (Print): \_\_\_\_\_
- Title: \_\_\_\_\_
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Actions Taken:** ☐ Student removed from clinical area ☐ Student taken to private location for discussion ☐ Student suspended from all class/clinical activities pending test results ☐ Safe transportation arranged at student's expense ☐ Other:



## Form C: Prescription Medication Disclosure Form

Joseph F. McCloskey School of Nursing  
Lehigh Valley Health Network

### Student Information:

- Name: \_\_\_\_\_
- Student ID: \_\_\_\_\_
- Date: \_\_\_\_\_

**Purpose:** Students taking prescribed medications that may cause a positive drug test, result in impairment, or affect clinical performance must provide current prescription documentation and verification from their healthcare provider as required by Policy #207.

### Prescribed Medication Information:

#### Medication 1:

- Medication Name: \_\_\_\_\_
- Prescribing Physician: \_\_\_\_\_
- Physician Contact: \_\_\_\_\_
- Prescription Date: \_\_\_\_\_
- Dosage: \_\_\_\_\_
- Frequency: \_\_\_\_\_
- Reason Prescribed: \_\_\_\_\_

#### Medication 2:

- Medication Name: \_\_\_\_\_
- Prescribing Physician: \_\_\_\_\_
- Physician Contact: \_\_\_\_\_
- Prescription Date: \_\_\_\_\_
- Dosage: \_\_\_\_\_
- Frequency: \_\_\_\_\_
- Reason Prescribed: \_\_\_\_\_

*(Add additional medications on separate sheet if necessary)*

**Healthcare Provider Verification:** I certify that the above-named student is under my medical care and is prescribed the medication(s) listed above. Based on my professional judgment:



- ☐ This medication may cause impairment that could affect safe patient care ☐ This medication is not expected to cause impairment affecting safe patient care ☐ Special monitoring or restrictions recommended: \_\_\_\_\_

**Healthcare Provider Information:**

- Name: \_\_\_\_\_
- License Number: \_\_\_\_\_
- Specialty: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Acknowledgment:** I understand that:

- Medical marijuana prescriptions do not exempt me from federal law prohibitions
- I must notify the school of any changes to my prescribed medications
- The school may require additional documentation or restrictions based on this disclosure
- This information will be kept confidential in accordance with HIPAA regulations

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For School Use Only:** ☐ Documentation reviewed and accepted ☐ Additional restrictions required: \_\_\_\_\_ ☐ Referred to Director of Nursing for review

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Title:** \_\_\_\_\_



## Form D: Return to School Agreement - Substance Policy Compliance

Joseph F. McCloskey School of Nursing  
Lehigh Valley Health Network

**Student Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Date:** \_\_\_\_\_

This Last Chance Agreement is entered into between the Joseph F. McCloskey School of Nursing and the above-named student following a violation of the Substance Abuse and Drug/Alcohol Testing Policy #207.

### Terms and Conditions of Continued Enrollment:

**1. Treatment Completion:** The student has submitted verifiable documentation from a recognized and approved drug treatment agency stating successful completion of an appropriately tailored substance abuse program.

**Treatment Agency:** \_\_\_\_\_

**Program Completed:** \_\_\_\_\_

\_\_\_\_\_ **Completion Date:**

\_\_\_\_\_ **Contact Person:**

\_\_\_\_\_

**2. Pre-Readmission Drug Testing:** The student has submitted a drug test prior to readmission at the student's expense with negative results.

**Testing Date:** \_\_\_\_\_

**Testing Facility:** \_\_\_\_\_

**Results:** \_\_\_\_\_

**3. Ongoing Testing Requirements:** The student agrees to submit to additional drug testing as requested by the Joseph F. McCloskey School of Nursing or clinical agencies after readmission, including but not limited to:

- Random testing throughout remaining program
- Reasonable suspicion testing
- Clinical agency requirements
- Annual testing



**4. Additional Requirements:** ☐ Regular meetings with Director of Student Services ☐  
Continued participation in support/recovery program ☐ Restricted clinical placement options ☐  
Other: \_\_\_\_\_

**5. Consequences of Violation:** The student understands that ANY violation of this agreement or the Substance Abuse and Drug/Alcohol Testing Policy will result in:

- Immediate dismissal from the program
- Ineligibility to return to the program
- Ineligibility for a letter of good standing

**6. Cost Responsibility:** The student accepts financial responsibility for all costs associated with:

- Testing required under this agreement
- Treatment and monitoring programs
- Any additional requirements

**Student Agreement:** I have read, understand, and agree to comply with all terms and conditions of this Last Chance Agreement. I understand that this is my final opportunity to complete the nursing program and that any violation will result in immediate and permanent dismissal.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director of Nursing:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director of Student Services:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This agreement shall remain in effect for the duration of the student's enrollment in the Joseph F. McCloskey School of Nursing program.*