

## TORRANCE MEMORIAL MEDICAL CENTER

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<b>DEPARTMENT:</b>	<b>MEDICAL STAFF</b>	
<b>POLICY / PROCEDURE:</b>	<b>PRACTITIONER'S WELL-BEING COMMITTEE</b>	
	<b>REASONABLE CAUSE FOR TESTING OF PRACTITIONER</b>	
<b>DATE APPROVED:</b>	<b>PRACTITIONER WELL-BEING COMMITTEE</b>	<b>07/28/2004;</b>
		<b>09/09/2009</b>
		<b>3/18/2014</b>
	<b>MEDICAL EXECUTIVE COMMITTEE</b>	<b>09/14/2004;</b>
		<b>10/13/2009</b>
	<b>BOARD OF TRUSTEES</b>	<b>10/10/2017</b>
		<b>7/31/2014</b>
		<b>12/13/2017</b>

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**PURPOSE:** Any practitioner may be subject to drug/alcohol testing if reasonable suspicion exists that the individual is acting under the influence of any mind-altering chemical.

Reasonable suspicion may include, but is not necessarily limited to:

1. Observable phenomena, such as direct observation of drug possession, drug use, fresh needle tracks, or possession of drug-related paraphernalia.
2. The physical symptoms of being under the influence of a substance (see note\* below)
3. An episode or pattern of abnormal conduct or erratic behavior
4. Information provided by both reliable and credible sources that is independently corroborated
5. Newly discovered evidence that the individual has tampered with a previous drug/alcohol test

If an individual is suspected of being under the influence of any mind-altering chemical, such suspicion will be reported by the observing individual to his/her immediate supervisor or Hospital Administrative Nursing Supervisor who will then notify the Chief of Staff. At the direction of the Chief of Staff, or his/her designee, the individual may be required to submit to clinical examination. For this purpose, the individual will go to the Emergency Department, escorted if necessary by Security, and will undergo clinical evaluation by the emergency physician, which may include obtaining blood and/or urine specimens for substance testing if indicated.

\*Note: Evidence of intoxication or impairment may include, but is not limited to: odor of alcohol, slurred or inarticulate speech, abnormal eye findings (pupil size, nystagmus), abnormalities of cognition or cognitive function, somnolence, and abnormal muscle coordination.

### **REPORTING PROCEDURE (INCAPACITATED PHYSICIAN):**

Consistent with Medical Staff confidentiality policies and patient safety, the following steps will be taken in the event that a physician appears to be physically or emotionally incapacitated (whatever the cause) and it is questionable that he/she can perform patient services safely:

1. Any person becoming aware of such a situation (refer to above) should contact his/her supervisor immediately who will then contact the hospital Nursing Administrative Supervisor. If a physician makes an observation it should be reported to the Chief of Staff immediately.
2. If, in the judgment of the Nursing Administrative Supervisor, immediate action is needed, the Chief of Staff will be notified directly by the Nursing Administrative Supervisor. If the Chief of Staff is unavailable, the Nursing Administrative Supervisor will contact the next available individual as follows:
  - a. Assistant Chief of Staff
  - b. Secretary/Treasurer
3. If, in the opinion of the Chief of Staff or designee, a reasonable suspicion of impairment exists, a physical exam will be performed by a licensed emergency physician which may include obtaining blood and/or urine specimens for substance testing if indicated. All copies of any such emergency examination record shall remain confidential and be transmitted directly to the Chief of Staff.
4. Any physician under a reasonable suspicion of impairment, refusing a physical exam, and/or refusing to provide a blood and/or urine specimen for substance testing will be considered positive for substance impairment. The Chairman of the Practitioner Well Being Committee and the Chief of Staff will be provided with this information.