

GME Policy #: II-F	Graduate Medical Education Policy & Procedures Pennsylvania Hospital	Page 1 of 15 Effective: 03-01-07
	Subject: House Staff Impairment	

POLICY

Pennsylvania Hospital of the University of Pennsylvania Health System (PAH) considers the health and safety of its residents and fellows (hereinafter, “house staff” or “house officers”) to be of the utmost importance. In keeping with its commitment to establishing and maintaining a safe and healthy environment for employees, patients, and visitors, UPHS encourages house officers to disclose physical or mental conditions or dependencies that could affect patient care. Under this policy PAH also will act upon reports or evidence of drug or alcohol abuse, and, when appropriate, PAH will assist house officers in obtaining or require house officers to obtain treatment prior to returning to work.

PURPOSE

The purpose of this policy is to ensure house officers’ safe and competent job performance. In that regard, this policy establishes processes through which impairments and/or substance abuse may be identified and treated and PAH may monitor workplace re-entry.


SCOPE

This policy applies to all house officers once they begin PAH employment. In addition, to the extent specifically referenced below, this policy applies to house officers employed outside but rotating into UPHS.

IMPLEMENTATION AND ADMINISTRATION

The Graduate Medical Education Committee (GMEC) Chair, Department Chairs, and Program Directors are responsible for implementing and applying this policy. In addition, the PAH Human Resources generalist (or equivalent Human Resources personnel) shall be available for assistance and consultation as appropriate.

The administrator of this policy shall be the GMEC, in that it alone has the discretionary authority to construe the policy’s terms, to reconcile any inconsistency, to resolve disputed issues of fact, and to make determinations and reach conclusions relating to the policy. The GMEC also has the authority to delegate its powers enumerated herein, and, to the extent not inconsistent with this policy, and not specifically disallowed or overruled by the GMEC, the GMEC Chair may exercise such powers.

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House officers are responsible for complying with the procedures set forth herein as they may apply to their program participation.

PROCEDURE

A. NON SUBSTANCE ABUSE RELATED IMPAIRMENTS


1. Self-Identification

Any house officer with a disability as defined in GME Policy #II-H Accommodation of House Staff with Disability may request an accommodation in accordance with that policy. In addition, any house officer with a condition affecting or potentially affecting job performance is strongly encouraged to seek on his or her own counseling, diagnosis, and/or treatment through the Employee Assistance Program (“EAP”), or elsewhere.

A voluntary request for assistance or a self-referral by a house officer to address a problem is a positive step towards resolution. Department chairs and/or program directors to whom a house officer identifies a condition should determine whether the house officer is requesting an accommodation in accordance with GME Policy #II-H, and, if so, should follow the process described in that policy. In addition, department chairs and program directors may informally refer house officers to the EAP.

If the department chair or program director believes that a house officer’s condition could potentially affect job performance (and, in the case of any disabling impairment, such risk cannot be eliminated by way of reasonable accommodation), and after informal consultation the house officer refuses a referral to EAP, then the department chair or program director should confer with the GMEC Chair to determine whether an Intervention Committee shall be convened in accordance with subsection A.3 below. If the department chair or program director believes there to be an impairment related to alcohol or drug use, abuse, or dependency, the department chair or program director may require a toxicology screen in accordance with subsection C.2 below.

Any condition potentially affecting job performance identified by a house officer rotating into PAH should be immediately referred to the GMEC Chair, who shall

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address such matter with the rotating house officer's employer. The GMEC Chair retains the right at all times to terminate the rotating house officer's participation at PAH without proceeding in accordance with subsection 2 below.


2. Report of Condition

If a department chair or program director becomes aware of any alleged condition is affecting or potentially affecting a house officer's job performance, the program director should advise the GMEC Chair. The program director and/or GMEC Chair should confidentially review and/or investigate the situation to determine whether an Intervention Committee shall be convened in accordance with subsection A.3 below.

3. Intervention Committee

If after an initial review or investigation the GMEC Chair believes a house officer may have a condition affecting or potentially affecting job performance (and, in the case of any disabling impairment, such risk cannot be eliminated by way of reasonable accommodation), and after informal consultation the house officer refuses a referral to EAP, the GMEC Chair shall convene an Intervention Committee to formally investigate the matter. In the event the GMEC Chair concludes that the house officer's condition does not involve mental health or substance use, abuse, or dependency (i.e. is solely a physical condition), GME Policy #II-H shall apply rather than this policy.

The Intervention Committee, as constituted by the GMEC, shall consist of at least two program directors not affiliated with the house officer's program, the GMEC Chair (who may recuse himself or herself in any case in which his or her impartiality might reasonably be questioned), and the GMEC director or person in an equivalent position. The Intervention Committee or a representative from the Intervention Committee will meet with the house officer to discuss any concerns, which may include substance abuse or involvement in diversion of controlled substances. If the Intervention Committee concludes that substance abuse is possible, then the Intervention Committee may require a toxicology screen in accordance with subsection C.2 below.

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If the Intervention Committee concludes that the house officer has a condition affecting or potentially affecting job performance, the Intervention Committee may formally refer the house officer to the EAP. Such referral shall be considered mandatory; i.e. the house officer must accept the referral of the Intervention Committee and commit to the treatment program outlined by the EAP, and any failure to accept the referral and abide by the recommended treatment program shall be grounds for disciplinary action, up to and including termination of employment. The identification, counseling, and treatment program of a house officer is deemed confidential, except as needed to carry out the policies of the Hospital, and UPHS or to the extent reporting is required by law, e.g. to the State Board of Medicine.

In the event the Intervention Committee concludes that the house officer's condition does not involve mental health or substance use, abuse, or dependency (i.e. is solely a physical condition), GME Policy II-H shall apply rather than this policy.

4. Rotating House Officers


If after an initial review or investigation the GMEC Chair believes a house officer rotating into PAH has a condition affecting or potentially affecting job performance, the GMEC Chair shall address such matter with the rotating house officer's employer. The GMEC Chair retains the right at all times to terminate the rotating house officer's participation at PAH.

5. Leave

Eligibility for leave in connection with treatment shall be determined in accordance with applicable leave policy. Available paid time off must be used during any leave of absence necessitated by treatment. Return to work shall be governed by section E below.

6. State Board of Medicine

It is not necessary in every case to which this section applies or in which referral is made to the EAP that the house officer's condition be reported to the State Board of Medicine. However, should a department chair, a program director, the

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GMEC Chair, or the Intervention Committee gather or be presented with substantial evidence that a house officer has an active addictive disease for which he or she is not receiving treatment, is diverting a controlled substance, or is mentally or physically incompetent to carry out the duties of his or her license, such director, chair, or committee must report or cause to be reported to the board such information, in accordance with Pennsylvania law. This reporting requirement does not apply to any person acting in a treatment capacity to the house officer in an approved treatment program.

B. ALCOHOL OR DRUG USE, POSSESSION, THEFT, PURCHASE, OR SALE; DRUG DIVERSION; SUBSTANCE-ABUSE RELATED IMPAIRMENTS: ALCOHOL AND DRUG USE, ABUSE, AND DEPENDENCY

1. Use, Possession, Theft, Purchase, or Sale of Alcohol or Drugs at Work or on PAH Property

a. Alcohol


No house officer may be under the influence of or in possession of alcohol while on duty as a house officer employed by PAH (whether at a PAH facility or elsewhere) or while on PAH property (except in accordance with a UPHS-sponsored event). No house officer may consume alcoholic beverages during a duty period or be under the influence at or before the start of a duty period.

b. Illegal Drugs

Consistent with existing state and federal laws, the use, sale, purchase, transfer, or possession of an illegal drug by any house officer is prohibited. The presence in any detectable amount or possession of any illegal drug during program participation, during any leave of absence from a program, or while on PAH property is prohibited.

c. Prescription or Over-the-Counter Medication

Any house officer using medication that may affect job performance must immediately notify his or her program director. The program director will

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determine whether any accommodation might eliminate any safety risk or whether reassignment or rescheduling is required. If in the opinion of the program director further medical information or medical intervention is warranted, the program director may refer the house officer to Employee Health or the Emergency Department. The program director may also consult with Employee Health, the Emergency Department, and/or Human Resources to determine whether any accommodation is appropriate and reasonable, and may require medical clearance prior to the house officer's return to work.

A physical or medical condition constituting an impairment affecting job performance, or a physical or mental condition whose treatment affects job performance, may also be addressed in accordance with subsection A.2 above. Abuse of prescription or over-the-counter medication may also be handled in accordance with subsection B.4 below.

2. Drug Diversion

Drug diversion, which may include record falsification, theft, and/or drug substitution, is prohibited and may result in disciplinary action up to and including immediate termination and reporting to licensing and credentialing agencies.


3. Self-Identification

a. Definition

Self-identification is a house officer's voluntary disclosure to his or her program director or department chair or the GMEC Chair of alcohol or drug use, abuse, or dependency when the house officer is not currently under suspicion of or under investigation for possible violation of this or any other policy or of any law, rule, or regulation.

Any house officer who discloses alcohol or drug use, abuse, or dependency after coming under suspicion or investigation for possible violation will not be considered to have properly self-identified.

b. Toxicology Screen; EAP Referral

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Any house officer who self-identifies current use or abuse of alcohol or drugs or any alcohol or drug dependency will be escorted by his or her program director (or his or her designee) for a toxicology screen in accordance with subsection C.2 below. In addition, the program director will formally refer the house officer to the EAP. Such referral shall be considered mandatory; i.e. the house officer must accept the referral and commit to the treatment program outlined by the EAP, and any failure to accept the referral and abide by the recommended treatment program shall be grounds for disciplinary action, up to and including termination of employment.

c. Leave

Eligibility for leave shall be determined in accordance with applicable leave policy. Available paid time off must be used during any leave of absence necessitated by treatment. Return to work shall be governed by section E below.


d. Discipline

Self-identification will not shield a house officer from possible disciplinary action for otherwise violating this or any other policy, but may be taken into account in determining the appropriate level of discipline.

4. Report of Alcohol or Drug Use, Abuse, or Dependency or Substance-Abuse Related Impairment

a. Report of Condition

If any alcohol or drug use, abuse, or dependency, or reasonable suspicion or evidence thereof, or other, related violation of this policy on the part of any house officer is reported to or discovered by the house officer's department chair, program director or the GMEC Chair, any of those individuals may require a toxicology screen in accordance with subsection C.2 below.

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b. Intervention Committee

After receiving any such report, the program director and GMEC Chair may confidentially review and/or investigate the report to determine its significance. If after review or investigation of any report of alcohol or drug use, abuse, or dependency the GMEC Chair believes that a house officer may have used or abused alcohol or drugs in a manner affecting or potentially affecting job performance, or that the house officer has an alcohol or drug dependency affecting or potentially affecting job performance, and after informal consultation the house officer refuses or fails to seek appropriate help, the GMEC Chair may convene an Intervention Committee to formally investigate the matter.

The Intervention Committee, as constituted by the GMEC, shall consist of at least two program directors not affiliated with the house officer's program, the GMEC Chair (who may recuse himself or herself in any case in which his or her impartiality might reasonably be questioned), and the GMEC director or person in an equivalent position. The Intervention Committee or a representative from the Intervention Committee will meet with the house officer to discuss any concerns. The Intervention Committee may also require a toxicology screen in accordance with subsection C.2 below.

Regardless of the result of the toxicology screen, if the Intervention Committee concludes that the house officer is engaging in or has engaged in alcohol or drug use or abuse or has a condition affecting or potentially affecting job performance, the Intervention Committee may formally refer the house officer to the EAP. Such referral shall be considered mandatory; i.e. the house officer must accept the referral of the Intervention Committee and commit to the treatment program outlined by the EAP, and any failure to accept the referral and abide by the recommended treatment program shall be grounds for disciplinary action, up to and including termination of employment. The identification, counseling, and treatment program of a house officer is deemed confidential, except as needed to carry out the policies of the Hospital, Medical Center, and UPHS or to the extent reporting is required by law, e.g. to the State Board of Medicine.

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c. Leave

Eligibility for leave shall be determined in accordance with applicable leave policy. Available paid time off must be used during any leave of absence necessitated by treatment. Return to work shall be governed by section E below.

5. Rotating House Officer


If the GMEC Chair believes that a house officer rotating into PAH may have used or abused alcohol or drugs in a manner affecting or potentially affecting job performance, or that the rotating house officer has an alcohol or drug dependency affecting or potentially affecting job performance, the GMEC Chair may terminate the rotating house officer's participation at UPHS or request the rotating house officer agree to a toxicology screen in accordance with subsection C.2 below. In the event of a positive screen result, the rotating house officer's participation at PAH will be terminated.

6. State Board of Medicine

It is not necessary in every case to which this section applies or in which referral is made to the EAP that the house officer's condition be reported to the State Board of Medicine. However, should a department chair, a program director, the GMEC Chair, or the Intervention Committee gather or be presented with substantial evidence that a house officer has an active addictive disease for which he or she is not receiving treatment, is diverting a controlled substance, or is mentally or physically incompetent to carry out the duties of his or her license, such director, chair, or committee must report or cause to be reported to the board such information, in accordance with Pennsylvania law. This reporting requirement does not apply to any person acting in a treatment capacity to the house officer in an approved treatment program.

7. Law Enforcement

Illegal use, sale, purchase, transfer, theft, or possession of any alcohol or drug may be referred by security to law enforcement, and licensing and credentialing agencies will be notified in accordance with law.

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C. TOXICOLOGY SCREENING

1. Circumstances Under Which Screen Is Required

House officers will undergo drug tests prior to commencing participation in a PAH GME program, as required in accordance with this policy. House officers who test positive for the illegal or non-therapeutic use of prescription drugs or the use of illegal drugs will not be permitted to commence or resume training, except as provided herein. All positive tests will be referred to an Intervention Committee that will make recommendations based on this policy.

Rotating house officers will be required to undergo drug testing consistent with PAH's affiliation agreement with their employer.


2. Procedure for Obtaining Toxicology Screen Following Disclosure, Report, or Finding of Alcohol or Drug Use, Abuse, or Dependency

Should a toxicology screen be required in accordance with any of the processes outlined above, the program director (or his or her designee) or an Intervention Committee member (or a designee thereof) should inform the house officer that a toxicology screen and/or medical assessment is being requested. The GME Human Resources Generalist may also be contacted for consultation. The house officer should be escorted to Occupational Medicine (or, if closed, the Emergency Department). At no time should the house officer be left alone until specimens or samples are obtained and/or any medical assessment is completed and the house officer is discharged from Occupational Medicine or the Emergency Department.

At no time should force be used to obtain the house officer's compliance. A house officer's lack of cooperation, however, may subject him or her to discipline up to and including termination.

3. Toxicology Screen Based on Referral by Occupational Medicine or the Emergency Department

Without a referral for evaluation of alcohol or drug use, abuse, or dependency, a medical provider in Occupational Medicine or the Emergency Department may order a toxicology screen for a house officer if (1) the house officer is working and is being evaluated for an injury/illness; or (2) the house officer is not working

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but is being evaluated to return to work. In the event of a positive toxicology screen, Occupational Medicine or the Emergency Department must notify the GME Human Resources generalist, program director, and the GMEC Chair.


4. Toxicology Screening Process

Upon arriving at Occupational Medicine or the Emergency Department, the house officer must promptly sign an agreement to submit to a toxicology screen unless he or she refuses to be tested. Refusal will result in an assumption of impairment, and the house officer will not be permitted to return to work and will be told that appropriate disciplinary action may be taken. The escorting individual will make arrangements for the house officer's transportation.

Occupational Medicine or the Emergency Department will conduct a medical assessment, blood tests, urinalysis, and/or alcohol/drug screening consistent with UPHS practice. Toxicology tests will be processed under confidential codes to protect house officers' identity.

Any attempt by the house officer to delay, hinder, or tamper with any tests, or to alter the results of any toxicology screen, or the failure to cooperate fully with any medical assessment under this policy, will be considered a refusal to be tested. Refusal will result in an assumption of impairment, and the house officer will not be permitted to return to work and will be told that appropriate disciplinary action may be taken. The escorting individual will make arrangements for the house officer's transportation.

The house officer must remain in Occupational Medicine, or, if closed, the Emergency Department, until specimens or samples are obtained and/or any medical assessment is completed and the house officer is discharged. If either Occupational Medicine or the Emergency Department determines that if immediate detoxification or psychiatric admission is needed, the house officer may be sent to the Psychiatric Emergency Evaluation Center or immediately referred to the EAP; otherwise arrangements will be made for transportation home. The results of the toxicology screen will be reported to the program director within 48 hours. The house officer will be given written discharge instructions to contact Occupational Medicine the next morning to confirm the date and time of their follow-up appointment. The house officer will not be allowed to work pending test results.

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5. EAP Referral Following Positive Test Result


The toxicology screen result will be reported to the program director and/or Human Resources generalist.

Any positive screen (defined as the presence of an illicit drug, alcohol, or a prescribed or over the counter medication that adversely affects the employee’s ability to perform job functions), will result in a formal referral to EAP by the program director. Such referral shall be considered mandatory; i.e. the house officer must accept the referral of the Intervention Committee and commit to the treatment program outlined by the EAP, and any failure to accept the referral and abide by the recommended treatment program shall be grounds for disciplinary action, up to and including termination of employment. The identification, counseling, and treatment program of a house officer is deemed confidential, except as needed to carry out the policies of the Hospital, Medical Center, and UPHS or to the extent reporting is required by law, e.g. to the State Board of Medicine.

6. Prescription or Over-the-Counter Medication

In cases where there is a positive screen for a prescribed or over-the-counter medication in an amount that exceeds prescribed or recommended dosages or that interacts adversely with other medications or substances in a manner that adversely affects the house officer’s ability to perform job functions, the program director or GMEC Chair may refer the house officer to the EAP (which referral may be made mandatory) and/or consult with Occupational Medicine and Human Resources to determine whether any accommodation might eliminate any safety risk or whether reassignment or rescheduling is required. In no case should a house officer be allowed to return to work if such return presents a direct threat to anyone’s safety, and medical clearance may be required prior to the house officer’s return to work.

A physical or medical condition constituting an impairment affecting job performance, or a physical or mental condition whose treatment affects job performance, may also be addressed in accordance with subsection A.2 above, if appropriate in the opinion of the department chair, program director, or GMEC Chair.

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7. Leave

Eligibility for leave shall be determined in accordance with applicable leave policy. Available paid time off must be used during any leave of absence necessitated by treatment. Return to work shall be governed by section E below.

8. State Board of Medicine

It is not necessary in every case to which this section applies or in which referral is made to the EAP that the house officer's condition be reported to the State Board of Medicine. However, should a department chair, a program director, the GMEC Chair, or the Intervention Committee gather or be presented with substantial evidence that a house officer has an active addictive disease for which he or she is not receiving treatment, is diverting a controlled substance, or is mentally or physically incompetent to carry out the duties of his or her license, such director, chair, or committee must report or cause to be reported to the board such information, in accordance with Pennsylvania law. This reporting requirement does not apply to any person acting in a treatment capacity to the house officer in an approved treatment program.


9. Law Enforcement

Illegal use, sale, purchase, transfer, theft, or possession of any alcohol or drug may be referred by security to law enforcement, and licensing and credentialing agencies will be notified in accordance with law.

D. RE-ENTRY AND FITNESS FOR DUTY

1. Certification

Prior to returning to active program participation, a house officer may be required to provide a certification from a treating physician stating that the house officer has been or is actively being treated for any identified condition(s) or concern(s) and is able to perform safely required duties. Any house officer who has undergone treatment to which he or she referred himself or herself may be

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required to obtain an evaluation from Occupational Medicine or through EAP referral.

2. Re-entry Agreement

Any house officer on leave or undergoing treatment in connection with any condition or behavior covered by this policy may also be required to sign a re-entry agreement before returning to active program participation. The program director and department chair, GMEC Chair, or Human Resources generalist will review the agreement to ensure the house officer understands its terms.

The house officer's adherence to any re-entry agreement is a condition of continued employment. Breach of such agreement may result in discipline up to and including termination of employment.

3. Authorization


House officers returning to work may be required to sign release of information forms available from Occupational Medicine providing authorization for the house officer's treating health care professionals to disclose information to Occupational Medicine about the house officer's care and recovery.

4. Delay or Extension of Training

Treatment and/or leave may delay program entry or promotion, and/or extend a house officer's course of training.

5. Relapse

A positive toxicology screen after house officer has returned to work under a re-entry agreement may result in termination of employment. If a house officer is terminated, the program director should contact EAP to facilitate any follow-up activities. If the house officer is participating in the Voluntary Recovery Program, the program director will notify the state of the house officer's termination by the program director.

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E. DISCIPLINARY ACTION


Discipline issued to any house officer for violating this policy shall be governed by current policy on discipline and dispute resolution. During the course of any review or investigation hereunder, a house officer may be suspended or placed on administrative leave if appropriate in the discretion of the GMEC Chair.

F. PATIENT SAFETY

Notwithstanding anything to the contrary contained in this or any other policy, at any time a department chair, program director, or the GMEC Chair may remove or exclude a house officer from the workplace or alter a house officer's schedule or duties if such action is necessary to eliminate a direct threat to the safety of the house officer or any UPHS employees, staff, patients, or guests.

G. PRIVACY AND CONFIDENTIALITY

For the sake of confidentiality, information concerning the application or any possible violation of this policy must not be shared with anyone not participating in any questioning, evaluation, investigation, treatment, or disciplinary action hereunder or those who do not otherwise have a legitimate business reason to learn details concerning the same.

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