

DRUG AND ALCOHOL SCREENING FOR REMEDIAL NURSING STUDENTS— PROCEDURAL GUIDELINES

1. PURPOSE

Based on the Rules of the Florida Board of Nursing, nursing education programs must “maintain policies or procedures that promote safe patient care during student clinical experiences”. A nursing student or nursing assistant student in a clinical assignment, who is under the influence of alcohol or drugs that impair judgment, poses a threat to the safety of clients. For these reasons, evidence of use of these substances, documented by positive drug and/or alcohol screening tests, will result in immediate withdrawal of the student from the nursing course or program. In the event of an appeal, Veritas Nursing Academy will make every effort to expedite the appeals process and assure the student of fundamental fairness.

2. PRE-CLINICAL DRUG SCREENING

1. Students will be informed of this process prior to admission to the nursing program and will be required to sign a consent form and return to Veritas Nursing Academy indicating understanding of the procedure.
2. All nursing and nursing assistant students may be required to submit to an oral or 10 panel urine drug screening prior to the beginning of clinical laboratory experiences. Test samples will be analyzed by a qualified laboratory selected by the school: ANY LAB TEST NOW.
3. Students will be advised of the procedure to follow to complete the urine drug screening prior to the beginning of clinical experiences.
4. Students will pay for this screening.
5. Students cannot begin clinical experiences until the test results are available.
6. Students receiving negative drug screens or positive drug screens due to permissible prescription drugs will be permitted to begin/continue experiences. In the latter case, medical review and documentation will be required.
7. Students testing positive for illegal substances or for non-prescribed legal substances will be dismissed from the nursing program or nursing assistant course.

3. CONFIDENTIALITY

All test results will be sent to the Director of Nursing or designee. All results will be kept separate from students' regular files and will be handled in accordance with the Family Educational Rights and Privacy Act (FERPA). The Director of Nursing or designee may consult with college deans, nursing faculty, and others for appropriate action/follow-up.

4. INABILITY TO SUBMIT TO A SCREENING

Inability to submit to a screening test in a timely manner, or refusal to submit to a screening test, the student will be removed from the nursing program or nursing assistant course for a period of one year.

If a student in the nursing program or nursing assistant course is unable to submit to a drug or alcohol screening test in a timely manner, unless due to a documented emergency situation, or refuses to submit to screening, the student will also be removed from the nursing program or nursing assistant course for a period of one year.

Veritas Nursing Academy ALCOHOL/DRUG TEST RELEASE AND CONSENT

I authorize Any Lab Test Now or other medical facility or health care professional designated by Veritas Nursing Academy, to obtain urine and/or blood specimens from my body for laboratory analysis for the purpose of alcohol and/or drug testing. I authorize release of the results of the test(s) to Veritas Nursing Academy.

This release and consent is subject to the terms and conditions of Veritas Nursing Academy Department of Nursing Procedure on Screening for Use of Alcohol and Drugs. A photocopy of this authorization may be used if the original is not available.

I understand that my refusal to authorize such examination will subject me to immediate discipline according to the aforementioned Procedure.

I state that the specimen I am providing is in fact from my own body given in this medical facility on this date.

Print name _____ Social Security Number _____
Date of Birth _____

Signature _____ Date _____

I have used the following drugs or medications within the last 30 days. (Include medicines purchased over the counter and those prescribed by a physician or other licensed health care professional. If none, write "none.")

Name of Medicine	Name of Health Care Professional	Date last used

To be completed only if transport is required:

I understand that I will be responsible for payment for services rendered.

Signature _____ Date _____
Address _____

All drug screens can be sent to the following email address
VeritasNursingAcademy@Gmail.Com

Kind Regards,

Veritas Nursing Academy
[9250 Bay Plaza Blvd Suite 315](#)
[Tampa Florida, 33619](#)
Phone # [813-447-4522](tel:813-447-4522)
www.VeritasNursing.com

