

Policy for Drug Tests

Acceptable Drug Test Coordinator(s)

1. The Monitored Treatment Program (MTP), 11930 Menaul NE, Suite 113, Albuquerque, NM 87112 (271-0800).

Acceptable Laboratories

1. S.E.D. Medical Laboratories, 5601 Office Blvd., NE, Albuquerque, NM 87109. A list of out-of-state CAP-FUDT or nationally certified laboratories may be obtained from the College of American Pathologists web site at www.cap.org.

Responsibility of Drug Test Coordinator

1. The Drug Test Coordinator must insure that calls to report to an approved drug test collection site for the random drug test specimen collection are not regular or pre-scheduled, but truly random.
2. The Drug Test Coordinator shall keep the call confidential and not allow the licensee to obtain prior notice of any calls.
3. The licensee must report to the approved drug test collection site within 12 hours of being called.
4. The Drug Test Coordinator is responsible for verifying that the specimen was provided within twelve hours of the call and to notify the Board of Nursing if it was not. The Drug Test Coordinator is responsible for reporting to the Board of Nursing any and all refusals to respond within the twelve (12) hour deadline, refusals of any calls, or not being available for calls.
5. When a drug test report indicates the specimen was dilute the Drug Test Coordinator should instruct the licensee for subsequent tests to restrict fluids.
6. Drug test results must be mailed to the Board of Nursing within 48 hours of receipt of the results by the Drug Test Coordinator.

Specimen Collection

1. The specimen to be collected is urine; however, in cases of testing for ethanol, blood or breath may be required by the Board.
2. The collector must positively identify the licensee. This is done through photo id, such as a NM drivers license.

3. The collection of the drug screen specimen must be directly observed by the person responsible and approved for collecting the drug screens, or a dry room technique (no sink water available, & dye added to the toilet) must be followed.
4. The collector must perform only one collection at a time. Once verifying the temperature of the specimen, the collector must immediately seal the specimen bottle with tamper-evident tape in the presence of the licensee. The tamper-evident tape shall have an identification number that matches the number on the specimen custody and control form. The licensee initials and dates the seal after placement on the bottle.
5. The sealed container must be prepared for transport to the laboratory.

Laboratory

1. Specimens must be analyzed by a laboratory certified by the College of American Pathologists for Forensic Urine Drug Testing (CAP-FUDDT) or other national certification agency.
2. The laboratory must have a written chain of custody plan for handling and storage of urine samples. Positive drug test specimens must be preserved frozen for at least one year after testing.
3. The laboratory must confirm all positive alcohol results by Gas Chromatography (GC). The laboratory must confirm all non-alcohol positive drug tests by Gas Chromatography/Mass Spectrometry (GC/MS).
4. The drug test results of any positive test, complete with internal batch chains of custody, aliquot chains of custody, instrument print outs and quality control records, must be preserved by the laboratory for at least five years.
5. The initial and confirmation drug tests will include the following drugs and/or their metabolites at the following concentrations:

<u>Drug</u>	<u>Sample Matrix</u>	<u>Testing Cutoff</u>	<u>Confirmation Cutoff</u>
Alcohol (Ethanol)	Urine	20 mg/dL	20 mg/dL
Alcohol (Ethanol)	Blood	20 mg/dL	20 mg/dL
Alcohol (Ethanol)	Breath	20 mg/210 L	20 mg/210 L
Amphetamines (to include but not limited to Methamphetamine)	Urine	1000 ng/mL	500 ng/mL
Barbiturates (to include but not limited to Phenobarbital, Butalbital, Secobarbital, Pentobarbital, Amobarbital, etc.)	Urine	200 ng/mL	200 ng/mL

Benzodiazepines (to include but not limited to Diazepam, Oxazepam, Lorazepam, Alprazolam, Flurazepam and/or their metabolites.)	Urine	200 ng/mL	200 ng/mL
Cannabinoids (products of Marijuana) confirming for THCA.	Urine	20 ng/mL	15 ng/mL
Cocaine (to include the cocaine metabolite: Benzoyllecgonine)	Urine	300 ng/mL	150 ng/mL
Methadone (to include the methadone metabolite: EDDP)	Urine	300 ng/mL	200 ng/mL
Methaqualone (active ingredient of Quaalude)	Urine	300 ng/mL	300 ng/mL
Meperidine and Pentazocine (Demerol and Talwin)	Urine	200 ng/mL	200 ng/mL
Opiates (to include but not limited to Morphine, Heroin, Codeine, Hydrocodone, Hydromorphone and Oxycodone);	Urine	300 ng/mL	300 ng/mL
Phencyclidine (aka PCP, Angel Dust)	Urine	25 ng/mL	25 ng/mL
Propoxyphene (to include the proxyphene metabolite: Norpropoxyphene)	Urine	300 ng/mL	200 ng/mL

Other drugs such as the following may be specifically requested by the Board:

- a. Tramadol.
- b. Phentermine.
- c. Methylenedioxyamphetamine (MDA).
- d. Methylenedioxymethamphetamine (MDMA).
- e. Specific drug of choice and/or other drugs specified by the Board of Nursing.

In addition, the laboratory must also test each specimen for nitrites, pH, creatinine and specific gravity (when warranted by creatinine results).

If a drug screen is positive for opiates, the ingestion of poppy seeds will not be accepted as a reason for the positive test. It is advised that you eliminate poppy seed from your diet.

6. The Drug Test Report will include:

- a. list of drugs tested validating all the above listed drugs have been included

- b. confirmation method utilized for positive drug tests
- c. If a specimen is determined to be adulterated, substituted, dilute or invalid, this information is included on the report.

Responsibility of the Board of Nursing

1. The Executive Director will approve the Drug Test Coordinator and laboratory within these guidelines.
2. The Executive Director will provide the Drug Test Coordinator with a copy of this policy and the Board's Protocol for Drug Tests.
3. The Board of Nursing will determine the frequency of random drug testing.
4. The Board of Nursing may ask the Drug Test Coordinator to verify the method used to assure that calls for random drug testing are variable enough to be unpredictable.
5. The Board of Nursing may ask the specimen collector to verify the method used to collect the specimen and chain of custody.
6. The Board of Nursing may ask the laboratory to verify
 - a. National certification for workplace drug testing.
 - b. the chain of custody plan for handling and storage of urine samples.
 - c. information on the confirmation process used by the laboratory.
7. The Executive Director will report refusal to respond within the twelve (12) hour deadline, refusal of any call, or not being available for calls to the Board of Nursing as noncompliance with the conditions of the Board's Order.
8. Drug tests confirmed positive for a drug and/or found to be adulterated, substituted, invalid/unsuitable or dilute may be reported to the Board of Nursing as being in non-compliance with the conditions of the Board's Order:
 - a. Adulterated specimens include but are not limited to the following:
 - 1) Nitrite = 500ug/ml (Nitrite too high).
 - 2) pH = 3.0 (pH too low) or = 11.0 (pH too high).
 - 3) glutaraldehyde.
 - 4) Chromate.
 - 5) Other agents or foreign objects.
 - b. Substituted specimen is defined as:
Creatinine = 5mg/dL and specific gravity = 1.001 or = 1.020 (substituted).
 - c. Invalid/unsuitable specimens include but are not limited to:
 - 1) pH < 4.5 and > 3.0 or >9.0 and <11.0.

- 2) creatinine = 5.0 mg/dL and specific gravity < 1.020 and = 1.003.
- d. Dilute specimens are defined as:
- 1) Creatinine < 20 mg/dL (but greater than 5.0 mg/dL) and specific gravity <1.003 (dilute).
 - 2) Creatinine of = 5.0 mg/dL and specific gravity of 1.002.

New Mexico Board of Nursing
6301 Indian School NE, Suite 710
Albuquerque, NM 87110
505-841-8340

Approved: April 27, 2001
Revised: June 22, 2001
Revised: October 18, 2001
Reviewed: October 2004
Reviewed: August, 2005

I:\dp\disc\wp\drugtestpolicy.doc