I. PURPOSE

- Maintain a safe, healthy and efficient environment for its employees and patients, an environment free from the misuse of drugs and alcohol.
- Provide guidelines for the reduction, confrontation and management of substance abuse within the department of anesthesia

II. DEFINITIONS

2.1 **Illegal Drug Use** as defined in this policy means the illegal use of any drug, controlled substance, prescription drug, inhalant or perception altering substance.

2.2 “**Under the influence**” means that the person is affected by alcohol or drugs in a detectable manner. The symptoms of influence are not confined to those consistent with misbehavior or to the obvious impairment of physical or mental ability such as slurred speech or difficulty in maintaining balance. The determination of being under the influence can be established by a professional opinion, a scientifically valid test, or supervisory judgment.

2.3 **Impaired Physician**: An impaired resident is a physician whose behavior has been affected by alcohol, chemicals, drugs, mental illness, stress, or any other illness, with the result that the physician’s individual health, or ability to function competently, has been compromised. An impaired resident’s behavior may be characterized by compulsion, loss of control, continued use of chemicals despite adverse consequences, financial irresponsibility, sexual inappropriateness with patients, sexual addiction, sexual harassment, excessive absenteeism and/or tardiness, errors in judgment, poor decision making ability and problems in inter-personal relationships.

2.4 **Intervention**: An intervention is an organized approach by trained individuals with a potentially impaired resident for the purpose of encouraging and motivating the resident to acknowledge he/she is impaired and to accept evaluation and treatment for an illness or severe stress resulting in behavioral problems. The person(s) conducting the intervention will consist of an appropriate individual designated by the Program Director and the Director of GME.

2.5 **Evaluation**: An evaluation is an assessment of the impaired resident by a professional Psychiatrist designated by the Program Director and the Director of GME.

2.6 **Treatment**: Treatment is the process whereby the resident is assisted to recognize and change behavior patterns that contribute to the impairment.

2.7 **Monitoring**: Monitoring of an impaired resident will be done by a Psychiatrist as authorized by the Program Director and the Director of GME. Regular reports with regard
to the resident's compliance and progress in recovery will be communicated, in confidence, to the Program Director.

III. SCOPE

This policy applies to all the residents (TY, CA1, CA2, CA3) participating in the Anesthesiology Residency Program. Confidentiality is maintained at all times.

IV. POLICY

4.1 Preventive Measures:

- There shall be a lecture/seminar regarding substance abuse to be scheduled early March and the Departmental policy on substance abuse included in the introductory resident lectures or regular resident lecture series.
- Controlled substances (narcotics, morphine, fentanyl, sufentanil, etc.) will be kept under double lock and signed for only by authorized individuals.

4.2 Recognition

This policy allows confidential reporting and self-reporting of substance abuse and/or mental health problems that may affect a physician's competence.

- Any resident, faculty, or staff member should report any suspicious activity concerned with substance abuse to the Program Director.
- Sufficient cause for concern and subsequent reporting will include, but will not be limited to:
  a. Evidence of misuse of prescribed or non-prescribed drugs
  b. Evidence of impaired performance while on duty
  c. Failure to meet duties and responsibilities that other physicians regularly fulfill
  d. Repeated poorly explained or unexplained absences
  e. Repeated tardiness for scheduled responsibilities
  f. Disruptive behavior
  g. Behavior which is overtly negligent
  h. Physical and/or verbal abuse toward any colleague, hospital staff member or patient
  i. Any other circumstance suggesting the presence of substance abuse or mental illness

- When a suspicion is reported to the program director, and if decided that further action is needed, the Director of the GME is consulted to identify a psychiatrist with expertise in substance abuse who can evaluate the resident.
4.3 Action

- The Program Director and Department Head together meet with the resident and request him/her to report to the psychiatrist recommended for evaluation on that day. At no time is confidentiality compromised.

4.4 Removal from Work

- The resident suspected of substance abuse is removed from work by the Program Director at the time of the intervention until the evaluation and recommendations have been reported to the Program Director by the psychiatrist.

- Only the Program Director may relieve the resident from work assignments if impairment is suspected.

4.5 Return to Work

- The Department of Anesthesiology is under no obligation to re-employ any resident on leave of absence because of substance abuse.

- The Program Director and the Department Head will, in consultation with the Psychiatrist in charge, determine whether the resident will be allowed to re-enter the program or will be asked to resign.

- Any resident allowed to re-enter must:
  - Agree to continue in the rehabilitation program.
  - Agree to random urine and/or blood drug screens.
  - Sign a letter admitting to his/her drug abuse problem, agreeing to permanent abstinence from addicting/offending drugs, and accepting that any relapse may result in immediate and permanent dismissal from the Department.

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