

Washtenaw County Community Mental Health

Waived Testing – (policy)

PURPOSE

- To establish practice standards for the use of screening tests by WCCMH staff and trained provider staff of residential settings.
- Testing will be utilized either to establish a therapeutic tool by the treatment team with persons managing substance use disorders, or, to screen for current/potential health problems such as diabetes.

POLICY

- Testing of blood, urine, saliva and/or breath is both voluntary and confidential.
- WCCMH staff and provider staff utilizing saliva alcohol detection, urine drug screening, Nasal swab COVID-19 and/or blood glucose monitoring will be trained. Training record will be kept at the site where testing occurs. If multiple sites are involved, copies may be used.
- Testing for alcohol use, other substances (both illicit and prescription), Nasal swab COVID-19 and/or blood glucose will be completed via a reliable test kit specific to the test being completed.
- People being tested will complete “consent for clinically indicated lab testing” (see exhibits A & C).
- People being tested for the presence of alcohol or other substances will complete a “client notice of confidentiality” (see exhibit B).
- Written guidelines/instructions provided by the test kit manufacturer will be considered the procedure for saliva alcohol detection, urine drug screens, Nasal swab COVID-19 and blood glucose tests.
- Copies of the manufacturer’s guidelines/instructions will be kept on site where saliva alcohol detection, urine drug screens, Nasal swab COVID-19 and blood glucose tests occurs.
- People may give verbal or written consent to nursing staff for blood glucose or Hemoglobin A1C, Nasal swab COVID-19 testing utilizing reliable test kits at treatment sites.
- Nurses may perform blood glucose or Hemoglobin A1C tests to people who give verbal or written consent.
- Results of all waived tests will be documented in the electronic medical record.

DEFINITIONS

- Saliva alcohol detection kit: a manufactured and reliable kit that detects the presence of alcohol in saliva and provides a semi-quantitative approximation of relative blood alcohol concentration.
- Urine drug screen kit: a manufactured and reliable kit that provides an in vitro screen for the rapid detection of multiple drugs and drug metabolites in human urine at or above the cutoff concentrations. It is considered a preliminary screen.

- Blood glucose kit: a manufactured and reliable instrument that utilizes a small blood sample, obtained using clean technique, on a test strip supplied by the manufacturer and read by the instrument to determine current blood glucose level
- Hemoglobin A1C kit: a manufactured and reliable kit that utilizes a small blood sample, obtained using clean technique, on a test strip supplied by the manufacturer and read by the instrument included to determine the hemoglobin A1C
- Nasal swab COVID-19 test: a manufactured and reliable kit that utilizes a swab in the nose, obtained using a clean technique, on a testing card supplied by the manufacturer and read by the result interpretation section to determine if COVID-19 positive.

STANDARDS

- Staff will be trained in testing procedures for each test kit in current use through demonstration by nurse or other trained staff.
- Staff will utilize the manufacturers' instructions to complete the testing procedure and any control testing that is recommended or required.
- Staff competency will be measured by blind specimen demonstration observed by IDDT staff or nurse, and again by demonstration observed by IDDT staff or nurse with first person tested using actual sample.
- Staff competency will be re-assessed annually by blind or actual specimen demonstration.
- Initial and annual training will be documented on the staff education record and a copy will be kept on site where testing occurs.
- The case manager/supports coordinator is responsible for obtaining initial and annual consent from people who are being tested. (exhibit A)
- The case manager/supports coordinator is responsible for providing the Client Notice of Confidentiality (exhibit B)
- The nurse will obtain verbal or written consent for a blood glucose or HgA1C (exhibit C).
- Staff completing any waived test will document the results of the test in the laboratory result section of the electronic medical record.

PROCEDURE(S)

There are no additional procedures for this policy.

REFERENCES/NOTES

There are no additional external references, sources or notes for this policy.

EXHIBITS

- A. Consent for Clinically Indicated Lab Testing (SA)
- B. Client Notice of Confidentiality
- C. Consent for Clinical Indicated Lab Testing (glucose)

Consent for Clinically Indicated Lab Testing

I voluntarily consent to and authorize Outpatient Care at CMH including routine clinical diagnostic procedures.

These diagnostic procedures may include breathalyzers, urine drug screens, and blood toxicology tests to assist with provisions of quality clinical services.

I understand that the results of such tests are part of my clinical record and will be treated as confidential information as covered by applicable policies.

(Copy of Client Notice of Confidentiality attached)

My questions have been addressed by clinical staff at CMH.
This consent is valid for one year from date of signing unless revoked by client.

Signature _____ Date _____

Witness _____ Date _____

Guardian _____ Date _____

Medical Order for Diagnostic Lab Work

The following diagnostic lab work is ordered:

Order to be in effect for twelve months unless otherwise specified.

Physician Signature _____ Date _____

555 Towner, Ypsilanti, MI 48197-0915
Phone: (734) 484-6620 Fax: (734) 484-6634
Trish Cortes, RN, MSN, Executive Director

CLIENT NOTICE OF CONFIDENTIALITY

Client Name: _____ Client ID: _____

Federal Law and Regulations protect the confidentiality of alcohol and drug abuse patient records maintained by this program. Generally, the program may not say to a person outside the program that a person attends the program, or disclose any information identifying a person as an alcohol or drug abuser UNLESS:

1. The patient consents in writing.
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency, or
4. The disclosure is made to qualified personnel for research, audit, or program evaluation where the identity of the individual is protected.

Results of the research, audit, or program evaluation are always published as aggregate information. No individuals may be identified.

Violation of the Federal Law and Regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal Regulations.

Federal Law and Regulations do not protect any information about a crime committed by a person either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal Laws and Regulations do not protect any information about suspected child abuse or neglect from being reported under State Law to appropriate State or Local authorities.

_____(Initial) - I have received a copy of The Office of Substance Abuse Know Your Rights Pamphlet.

_____(Initial) - I understand and have received a copy of this Client Notice of Confidentiality.

Client or Guardian Signature

Date

WCCMH Representative Signature

Date

(See 42 U.S.C. 290dd-2 for federal law and 42 C.F.R. Part 2 for federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records.)

SA CLIENT NOTICE OF CONFIDENTIALITY – FILE IN RIGHTS AND CONSENTS/ROI SECTION PF
1/03

**Washtenaw County Community Mental Health
Consent for Clinically Indicated Lab Testing**

I voluntarily consent to and authorize Community Mental Health Nursing staff to perform:

_____ a finger prick to obtain a blood sample for a current blood glucose level

_____ a finger prick to obtain a blood sample for a current HgA1C level

I understand that these results are preliminary and will be recorded in my electronic medical record, and treated as confidential personal health information as covered by applicable privacy policies.

Consumer signature

Date

Parent/guardian signature

Date

Nurse signature

Date

RESULTS:

BLOOD GLUCOSE: _____

HGA1C: _____