ORIENTATION HANDBOOK

OKLAHOMA HEALTH PROFESSIONALS PROGRAM

313 NE 50TH ST.
OKLAHO:MA CITY, OK
73105

TEL: (405) 601-2536
FAX: (405) 605-0394

NOTE: The guidelines outlined in this handbook are subject to change any time. The current handbook can be found at http://www.okhp .org// under Resources

TABLE OF CONTENTS

Appendices:

- Medication Safe to Use in Recovery from Chemical Dependence
- Things to Avoid When Using Soberlink Testing Device
- OHPP Staff Directory

MESSAGE TO PARTICIPANTS

The Oklahoma Health Professionals Program (OHPP) has been tasked with monitoring professionals in order to assure the boards and the public that you are doing what is necessary to receive the necessary treatment and then follow the recommendations made to you in order to return to the practice of your profession or to continue your practice.

As you embark upon your monitoring experience with OHPP, please take a little time to consider that the program is here for you, the Professional. Whether you may have a psychiatric disorder, physical disability, boundary issue or substance use disorder, it is our job to make sure you have every opportunity to be successful in your recovery program.

The monitoring provided by OHPP is designed to assist you in achieving a successful outcome for recovery by holding you accountable to the requirements of your contract. While we realize that no one likes to be told what to do, we realize that many of you have a disease which, left untreated, may be fatal. Your illness is not your fault; however, your recovery is your responsibility!

As outlined in the Orientation Handbook, OHPP will provide you with the tools necessary for your monitoring; will advocate, as necessary, on your progress during Board proceedings (when applicable); and will encourage you in your recovery process.

This manual was prepared to give participants, treatment providers, work site monitors and others involved in the monitoring process an overview of OHPP guidelines and procedures. Our goal is to provide clear and distinct instruction to avoid confusion throughout the course of monitoring. All participants are responsible to read, understand and follow these guidelines in this manual. "I don't know" will not be an excuse for non-compliance with program requirements, if stated.

After completing the intake process, you will be assigned to the Program/Case Manager, who will be overseeing your participation in the program. Your Program Manager will review a Recovery Monitoring Agreement (RMA) that has been developed to be individualized to meet your monitoring needs. This contract will change over the course of your participation depending on your circumstances and situation. Decisions regarding changes in your contact or program requirements are made as a team at OHPP with input from your treatment providers, as well as others involved with your monitoring. Though OHPP recognizes and considers the input from all individuals involved with your monitoring, the right is reserved for the team to come to a decision that may not be congruent with these other individuals.

All communication concerning the program and your participation will be primarily with the Program Manager and Compliance Coordinator, though there may be a need for communication with the Program Director.

Non-compliance with any area of the OHPP Recovery Monitoring Agreement (RMA) is often indicative of relapse behavior. It is our goal to identify relapse in its early stages and assist our participants in achieving sustained recovery. In addition, we want to assure that all OHPP participants are practicing their profession safely and competently. Our hope is for a successful outcome for every one of you.

OHPP HOURS OF OPERATION

OHPP hours of operation are Monday through Friday, 8:30 am to 5:00 pm.

1. Voice messages left outside of the hours of operation will not be considered valid attempts at communication with program staff.

2. If the Program Manager is out of the office and you have an urgent problem, there are personnel available to assist you. Notify the Office Assistant or Compliance Coordinator of the urgency.

3. OHPP is closed on the following holidays: New Year's Eve, New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and Black Friday, Christmas Eve and Christmas Day.

Participants are not required to check in the following days: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and Christmas Day. There may be other holidays where collection sites are closed. If that is the case, Affinity notifies OHPP and will move testing to another day. **When in doubt, check in as usual and call the collection site to confirm they are open and conducting testing.**

4. Meetings with the Program Manager and Program Director will be by appointment only.

5. In order to protect the privacy of our participants, only OHPP participants are allowed to enter the office. If you would like to have someone else involved in an individual meeting with your Program Manager or Program Director, please notify your Program Manager prior to the meeting date and time. A signed release of information will be required for any person(s) you choose to include.

OHPP STAFF RESPONSIBILITIES/COMMITMENT

The OHPP staff is responsible for:

- Helping to ensure the safety of the citizens of the Oklahoma by providing monitoring services to impaired healthcare practitioners and to assist the practitioners in the recovery process.

- Providing each participant with information about the program including all expectations of monitoring, treatment recommendations, guidelines for practice and support with Board issues.

- Providing each participant with an orientation which includes specific information about the relationship between OHPP and the various Boards, the screening process, expectations for submission of self-reports, as well as reports from work site monitors and treatment providers.

- Providing support for participants with Board related issues, including participant preparation for informal conferences and formal hearings, as required, as well as providing the Board with relevant documents and testimony regarding compliance.

- Providing clear information to all participants regarding return to practice including work site, access/non-access, hours of work and work site monitor responsibilities.

- Assisting participants with their recovery, including informing participants when they are out of compliance with their agreement, and to present recommendations which will assist the participant in making the changes necessary to fully comply with their agreement.

  OHPP staff is committed to providing a respectful, safe and structured monitoring program in order to assist health care practitioners obtain and maintain successful recovery and continue or return to their profession with dignity.

PARTICIPANT GUIDELINES AND PROCEDURES

The following is a list of compliance related topics. Please carefully review the procedures outlining the action(s) that will follow in each area if you are out of compliance.

- OHPP Participant Responsibilities
- Phase System
- Guidelines Regarding Use of Medications
- Cannabis, CBD & Stimulant Policy
- Toxicology Screening
- Policy Regarding Monitoring Forms
    - Participant Progress, Therapy and Work Site Monitor Reports
- OHPP Meeting Requirements
- Inactive Participant Payment Policy
- Acknowledgment of Receipt of Participant Handbook – Signature Required

OHPP PARTICIPANT RESPONSIBILITIES

Participants are responsible for the following:

- Regular contact with Program/Case Manager, as specified in the OHPP Recovery Monitoring Agreement (RMA). Failure to do so will be considered non-compliant behavior.

- Providing copies of his/her agreement to employer, work site monitor, therapist, primary care physician(s), treatment provider(s)and any others specified by the RMA.

- Notifying all treatment providers about the nature of the impairing illness/condition(s) for which he/she is being monitored.

- Any substance use, ingestion or possession. All participants are responsible for any medication, skin product or food that they take, use or ingest. They are also responsible for ensuring their environment is free of any illicit substances.

- Ensuring all required OHPP reports are received by their deadlines (see Rules Regarding Monitoring Forms).

- Promptly providing OHPP with any address change and current telephone number for themselves or any individual identified in their RMA.

- Knowing and understanding the RMA, including any approved changes in agreement specifics, such as treatment providers, work site monitors and work or practice restrictions. The participant needs to make sure their RMA is updated and signed.

- Ensuring costs incurred to comply with the RMA, such as participant fees, treatment or the toxicology screening program, are promptly paid. The annual Participant Fee is due upon enrollment in the OHPP and by January 30th of each year thereafter. Failure to pay the fee by January 30th will result in withdrawal of OHPP advocacy until which time the fee is paid in full.

    - If a participant has extenuating circumstances resulting in financial hardship, a written letter can be submitted to OHPP for consideration of a Fee Advancement. Specific documents will be required, and all Fee Advancements require a payment plan with full reimbursement to OHPP. This letter must be submitted by November 30th to be considered for the upcoming year. Any others will be considered on a case-by-case basis.

- Being forthright and honest in preparing monthly reports, submitting required toxicology screens and reporting any relapse to their Program Manager promptly.

- Keeping license current, meeting their profession's continuing medical education requirements and abiding by all regulations of their licensing Board.

- Must provide honest and accurate information when applying or reapplying for a professional license. Failure to do so will be grounds for suspension from OHPP and withdrawal of advocacy.

NON-COMPLIANCE POLICY

***Failure to maintain compliance with any of these responsibilities or any aspect of your RMA will be considered as noncompliance, therefore, jeopardizing your participation in the program. Please be aware that all resulting actions of noncompliance detailed in this manual are subject to the client having no previous noncompliance.**

**** The State of Oklahoma requires OHPP to report to the applicable licensure board any unprofessional conduct by a healthcare provider that may potentially endanger the public.**

*** A fine will be assessed any participant, in the amount of $150, per episode of non-compliance, (at the discretion of OHPP), that continually violates the terms of their OHPP RMA. These episodes of non-compliance result in additional time and expense for OHPP, adding to the administrative costs associated with operations.

*****If a participant tests positive and is under Board Orders (probation or agreement) the Board is notified immediately of positive, confirmed test results along with any supporting documentation.

Non-Compliance Reports: Consists of reasons for non-compliance and supporting documentation to licensure Board, employer, and/or any other entity involved in the monitoring of the OHPP participant.

OHPP PHASE SYSTEM

OHPP's Phase System, as presented, is subject to change at OHPP's discretion. Participants without a history of substance abuse disorders will not be subject to all the requirements in the phase system. Recovery Support Meetings may consist of AA, NA, Celebrate Recovery, SMART Recovery and SAA. Any others require OHPP approval.

- **Phase I**
    - 52 UDS/Annually + Intermittent Peth (blood) and/or hair follicle tests
    - Soberlink, if required – testing 3 times daily
    - Caduceus – Once a week
    - Recovery Support Meeting – 3 times a week, or as required

- **Phase II – Completion of 1st year with full compliance**
    - 26 UDS/Annually + Intermittent Peth (blood) and/or hair follicle tests
    - Soberlink, if required – testing 3 times daily
    - Caduceus – Once a week
    - Recovery Support Meeting – 3 times a week, or as required

- **Phase III - Completion of 2nd year with full compliance:**
    - 18 UDS/Annually + Intermittent Peth (blood) and/or hair follicle tests
    - Soberlink, if required – testing 2 times daily (based on full compliance)
    - Caduceus – Once a week
    - Recovery Support Meeting – 3 times a week, or as required

- **Phase IV - Completion of 3rd year with full compliance:**
    - 18 UDS/Annually + Intermittent Peth (blood) and/or hair follicle tests
    - Soberlink, if required – testing 2 times daily (based on full compliance)
    - Caduceus – Once a week
    - Recovery Support Meeting – 2 times a week, or as required

- **Phase V - Completion of 4th year with full compliance:**
    - 18 UDS/Annually + Intermittent Peth (blood) and/or hair follicle tests
    - Soberlink, if required – testing 2 times daily (based on full compliance)
    - Caduceus – Once a week
    - Recovery Support Meeting – 2 times a week, or as required

- **Senior Monitoring**: The participant, upon successful completion of the program, has the option to continue monitoring and can stipulate the frequency for drug screens and if they want OHPP to continue tracking meeting attendance, etc. Many participants find the accountability to be key in the recovery efforts and recognize the need for continued advocacy to credentialing agencies, etc. This level of monitoring is customizable and is $200.00 annually, due by January 30th of each year.
- **One Year Sobriety Challenge**: Will be implemented, on a case-by-case basis, if no SUD is identified. Terms of agreement will be based on professional evaluation and any other specified requirements, as indicated in evaluation recommendations, and at OHPP's discretion.

GUIDELINES REGARDING USE OF MEDICATIONS

All Participants:

- Upon intake, you must notify your Program Manager of all the medications you are currently taking, including prescription drugs, over-the-counter medications and dietary supplements. These are required to be uploaded to your Affinity/Spectrum account within 2 days of signing your OHPP RMA._____**(Initials)**

- All prescription medications require a legitimate prescription. You must have a bona fide patient-provider relationship with the prescribing clinician. This means that you will obtain all prescriptions from the providers listed in your agreement (except in an emergency).

- Any over-the-counter medications or supplements also require documentation of recommendation from your prescribing clinician. You will need to submit images of the medication or supplement, including of the ingredients, along with the documentation from your provider.

- If a new, non-addictive medication is prescribed, have a PRN Physician Report sent or faxed to your Program Manager within two (2) days. If prescribed a potentially impairing medication, the PRN Physician Report must be sent or faxed within two (2) days of the appointment.

- If your Program Manager requests medical records for your doctor visit, the actual medical record to include, but not limited to, all medications administered and prescribed (not computerized discharge instructions or "doctor's summary note") must be provided to your Program Manager within one (1) week of the request. Participant is responsible for signing all necessary releases of information and confirming receipt by OHPP within seven (7) days.

Participants with Substance Use Disorders or Undergoing Drug Testing:

- Using prescribed medications considered potentially impairing on a non-emergent basis without prior notification of your Program Manager may be considered a relapse.
- No one being monitored for a substance use disorder can work in a health profession while under the influence of a potentially impairing medication (i.e. benzodiazepines, opioids, stimulants, sedatives, CBD and medical marijuana). If you are prescribed such substances for acute medical problems, you will be required to refrain from practice for at least two days following your last dose of medication, or for a duration determined by OHPP.
- Participants who are taking potentially impairing medications for the treatment of chronic conditions will be assessed on a case-by-case basis and will be required to sign the OHPP Medication Assisted Treatment Policy Agreement and to adhere to the requirements therein.
- You are responsible for anything you ingest, as well as being mindful of your surroundings and/or being in the presence of those abusing alcohol or other substances.
- Please refer to the Safe Medication Table at the back of this handbook for more specific information on acceptable/unacceptable medications.
- **When in doubt about a medication, call your Program Manager or do not take the substance.**

The following behaviors are unsafe, prohibited, and could result in a positive toxicology screen:

- Using prescriptions or over-the-counter medications/supplements given to you by someone other than your prescribing professional
- Eating foods containing or prepared with alcohol
- Using mouthwash containing alcohol
- Using medication containing alcohol (cough syrup, etc.)
- Using hand sanitizer and other cleansers containing alcohol
- Consuming Kombucha tea
- Using CBD oil or products containing or derived from CBD
- Medicinal marijuana/THC
- Using vape pens or other methods of vaping
- Eating foods containing poppy seeds
- Consuming any food, liquid or medication if you are unsure of the contents
- Mixing your medications with someone else's
- Using medication containing ephedrine
- Using muscle relaxers (including, but not limited to, Soma or Flexeril)
- Taking sleeping medications, including, but not limited to Ambien, Sonata or benzodiazepines
- Using prescription diet pills or over-the-counter diet pills
- Using Tramadol (including, but not limited to, Ultram)
- Taking cough medicine (pills and syrup) with narcotics, dextromethorphan or alcohol
- Taking medications considered unsafe for persons in recovery from a substance abuse disorder, whether scheduled or unscheduled (see Safe Medication Table). An evaluation conducted by OHPP and an OK board-certified psychiatrist licensed in addiction medicine will be required for any disorders potentially requiring scheduled medications. Failure to obtain the required evaluation will result in advocacy being withdrawn or suspended, until which time the evaluation is completed, a discharge summary is provided to OHPP and coordination of care is established with the approved provider.

CANNABIS, CBD AND STIMULANT POLICY

Cannabis/Medicinal Marijuana

The practice of medicine and healthcare is considered a safety-sensitive occupation. Most health employers have drug-free workplace policies and/or zero-tolerance policies. As marijuana may remain in the body up to thirty days after the last use, there are no scientifically developed reliable measures to confirm the time of actual use, or whether the use is "as directed". There have been no valid measures to determine what serum levels of THC correlate with safety to practice. Until there are further developments in science and law, OHPP does not allow for the use of medical marijuana or cannabis by medical or healthcare professionals who are actively engaged in the practice of medicine. Alternative treatment options should be explored. If the participant suffers from a condition for which the only effective treatment alternative is marijuana or cannabis products, the participant will be required to voluntarily refrain from practice and continue to submit to random drug tests. The participant may be allowed to return to practice when the participant is determined to be medically fit to practice and has two to four consecutive urine drug tests negative for marijuana and marijuana metabolites. *

If participant chooses **NOT** to refrain from practice, they will be suspended from OHPP until the requirements are met. *

CBD Products

If a participant desires to use a CBD product, a letter from the participant's healthcare provider is required documenting the need for use of CBD and **that there are no other equally effective treatments**. Also, one must obtain a pure form of CBD (e.g. CBD Isolate) to avoid positive tests for THC. If one tests positive for THC while using CBD they will be required to refrain from the practice of medicine until their retests become negative. *

If participant chooses **NOT** to refrain from practice, they will be suspended from OHPP until the requirements are met.

Stimulants

If a participant has been diagnosed with a condition requiring the use of stimulants, the following applies:

- Participant is required to obtain an evaluation and a fitness to practice determination, while on the medication, conducted by an OK Board-certified psychiatrist licensed in addiction medicine.
- Participant will be required to provide a baseline drug screen.
- Random drug screens, frequency to be determined by evaluation recommendations and OHPP.
- Quarterly updates are required from treating psychiatrist (See Rules Regarding Monitoring Forms)
- Psychiatrist must be made aware of participant's enrollment in OHPP and any Substance Use Disorder(s) and a coordination of care must be established with treating physician.

*** Failure to comply with these recommendations will be considered non-compliance, which will be grounds for alerting the licensure board of reasons for non-compliance and supporting documentation, as well as possible dismissal from the Program. Readmission to OHPP will be determined on a case-by-case basis and at the discretion of OHPP, taking into consideration Board orders or other mandates._____(Initials)**

TOXICOLOGY SCREENING PROGRAM

For those individuals who are monitored for substance abuse issues or have a history of misusing medications, substances or alcohol, the toxicology screening program is a critical aspect of their participation. Regarding substance use disorders, OHPP recognizes that random toxicology screening does not substitute for a strong recovery program, but negative screens are objective evidence of abstinence and disease remission which are necessary for a participant to return to practice safely and competently. From an OHPP perspective, body fluid analysis is performed to detect relapse early so that participants can be referred to the appropriate level of treatment. Most chronic diseases in medicine are followed with laboratory testing and substance use disorders are no different.

OHPP has selected a Third-Party Administrator (TPA), Affinity, to manage the random toxicology screening program. All positive tests are confirmed by gas chromatography/mass spectrometry (GC/MS) which makes the issue of false positives essentially nonexistent. We have required that all specimens be submitted utilizing a chain of custody procedure on the day of selection to ensure the security of the screening process.

Unfortunately, there are a few participants who attempt to subvert the screening process by adulterating or substituting their samples. This has an impact not just on the participation of that participant but on all the other participants involved in the screening program and on the credibility of the program itself. For this reason, we reserve the right to request that a participant undergo an observed urine screen, blood test, nail test or hair test. These alternative methods of testing are also part of the random selections.

The following list **WILL NOT** be considered valid explanations for a positive test:

- Passive exposure to substances (e.g. marijuana, cocaine, etc.), regardless of circumstances
- Unknown ingestion of substances (e.g. alcohol, marijuana (brownies or other food items) cocaine, etc.)
- Medicinal marijuana, marinol, CBD oil or products containing CBD
- Unknown poppy seed ingestion
- Foreign medications
- Unknown skin exposure to substances (e.g. cocaine, heroin, methamphetamine, etc.)
- Homeopathic medications or dietary supplements
- Food, medication, skin products, hand sanitizer, mouthwash, drinks (e.g. kombucha tea) containing alcohol
- Vape pens, or other methods of vaping, containing unknown substances (e.g. alcohol, marijuana, methamphetamine, cocaine, etc.) These devices are used at the participant's own risk.

The **ONLY** acceptable explanation for a positive screen is a valid and **recent** prescription by a physician or practitioner with whom you have a bona fide patient-practitioner relationship and OHPP has been in receipt of a signed and current ROI for said physician or practitioner. All other explanations are considered a relapse. ****See MAT Policy and Cannabis/CBD/Stimulant Policy.**

1. **Positive Toxicology Screen: Action taken for positive and confirmed, (with no valid or acceptable medical explanation or approved prescription), adulterated, or substituted samples:**

   - Participant **may be** required to refrain from practicing
   - Employer/worksite monitor will be notified **if** participant must refrain from practicing
   - A non-compliance report will be generated for review by OHPP Directors and Program Manager. If the participant has a Board order or is under investigation, this report will be forward to the appropriate Board.

   - Participant may be required to undergo an evaluation, at the discretion of OHPP, following which OHPP will provide recommendations required for continued program participation.

   - Participant may be required to undergo re-orientation with OHPP

   - Participant can expect an increase in the frequency of toxicology screens
     - Return to Phase 1 testing requirements for a period of one year, to be re-evaluated at one-year review from date of setback
     - It may be necessary to extend the length of the RMA for a period determined by the OHPP

   - The RMA will be revised to include new treatment recommendations, work restrictions and/or other necessary requirements.

   - Subversion by adulteration or substitution of the toxicology screen process is grounds for immediate suspension from the Program. Readmission to OHPP will be determined on a case-by-case basis and at the discretion of OHPP, taking into consideration Board orders or other mandates.

2. **Positive Toxicology Screen: Action taken for positive toxicology screen with valid prescription, but participant did not notify OHPP of prescription prior to drug screen:**

   - The participant **must submit** requested documentation related to the prescribed drug to OHPP **within two (2) days (48 hours)**

   - The participant must refrain from practicing while taking mood-altering and/or controlled substances (see Rules Regarding Use of Medications).

   - Participant's toxicology screen may be increased.

   - Participant may be required to repeat OHPP Orientation
   - If medical records **are not** provided within the allotted time frame, the screen will be handled as a positive screen with no valid or acceptable medical explanation.

3. Missed Check-ins (during a 3-month period and no other noncompliance)

- First missed check-in:
  - If participant contacts Program manager, participant will receive a verbal warning and discussion about ways to improve compliance with daily check-ins.; however, if there was a screen scheduled, participant will receive a Warning Letter
  - If participant **DOES NOT** contact Program Manager, participant will receive a Warning Letter.
  - If screen was schedule and missed, participant may have their toxicology screen frequency increased and/or alternate testing may be required.
- Second missed check-in (during same 3-month period)
  - If participant contacts Program Manager, participant will receive a Warning letter; however, if a screen was scheduled, participant will be place on Warning Status.
  - If participant does not contact Program Manager, participant will be placed on Warning Status.
  - If screen was schedule and missed, participant may have their toxicology screen frequency increased and/or alternate testing may be required.
- Third missed check-in (during same 3-month period)
  - It may be handled similarly to a positive screen (see Toxicology Screening Program – 1. Positive Toxicology Screen) and participant will be assessed a $150 fine, payable to OHPP.

4. Failure to Screen on Day Selected <u>AFTER</u> Checking In (per calendar year)

- First occurrence and participant contacts Program Manager, participant will receive a **Warning Letter** and toxicology screen may be rescheduled and/or alternative test may be required. Test is treated as a positive test without a valid and documented reason. Any documentation to support missed test must be submitted to OHPP withing 48 hours.

  First occurrence and participant **DOES NOT** contact Program Manager, participant will be placed on Warning Status, toxicology screen frequency may be increased, and/or alternate testing may be required. Any documentation to support missed test must be submitted to OHPP within 48 hours.

  Test is treated as a positive test without a valid and documented reason and Board will be notified, if under Board orders (see Non-Compliance Reports)
- Second occurrence and participant contacts Program Manager, participant will be placed on Warning Status, toxicology screen frequency may be increased and/or alternate testing may be required, and Board will be notified, if under Board orders.

  Test is treated as a positive test without a valid and documented reason and Board will be notified, if under Board orders (**see Non-Compliance Reports**)

- Second occurrence and participant **DOES NOT** contact Program Manager, participant will be placed on Warning Status, toxicology screen frequency may be increased, and/or alternate testing may be required. Any documentation to support missed test must be submitted to OHPP within 48 hours.
    - Test is treated as a positive test without a valid and documented reason and Board will be notified, if under Board orders, probation, or agreement (**see Non-Compliance Reports**)

- Third occurrence (whether Program Manager is contacted or not) will be handled similar to a positive screen (see Toxicology Screening Program – 1. Positive Toxicology Screen) and participant will be assessed a $150 fine payable to OHPP. Any documentation to support missed test must be submitted to OHPP within 48 hours.
    - Test is treated as a positive test without a valid and documented reason and Board will be notified, if under Board orders, probation, or agreement (**see Non-Compliance Reports**)

5. Dilute/Abnormal Urine Specimen

- First urine specimen with creatinine levels less than 20 mg/dL or greater than 300 mg/DL:
    - Participant will receive a warning letter about dilute/abnormal screens
- Second dilute/abnormal screen:
    - Participant will receive a letter about dilute/abnormal screens and may have frequency of toxicology screens increased, depending on significance of test levels (under 20 or above 300)
- If dilute/abnormal screens persist beyond 2 consecutive tests and with the 3rd consecutive dilute test:

    - Participant will be required to provide a hair, nail, and/or blood specimen for testing after each dilute screen.
    - A request may be made that participant see his or her primary care physician for a medical evaluation regarding dilute or high creatinine levels.
    - Participant may be dismissed from the Program, due to the inability to monitor, if unable to produce normally concentrated urine, without a medical diagnosis contributing to the abnormal test results.

Dilute/Abnormal Urine Specimen (continued)

In the event participant is dismissed:

- Test is treated as a positive test without a valid and documented reason and Board will be notified. (**see Non-Compliance Reports**)

Dilute urine specimens can be avoided by:

- Restricting fluid intake to 8-16 oz. for four hours prior to testing.
- Drinking V-8, milk, protein drinks, or other liquids **other than** coffee, water, tea or caffeinated beverages.
- Screening in the morning.

6. Chain-of-Custody (COC) Forms and Laboratory Accounts

- You will need to keep your COC forms on had so you can submit the correct specimen scheduled for you on the day you are selected. You should always have a minimum of three forms. Always keep these forms with you when you travel away from your home testing area.

- You will need to maintain an active credit/debit card on account to be charged when selected to test.

- If you arrive at the test site and have forgotten to bring your COC form, please contact Affinity/Spectrum immediately.
    - Forgetting your COC form is not a valid reason for missing a test or being unable to test. Missing a test for this reason will be considered a positive test and will be handled as such.

- Do not fill in any information on your COC form prior to submitting your specimen before a lab technician. Confirm the correct panel selection is marked on the COC form and that you witness the technician completing all entries on the COC form and the entire process, including sealing your specimen in the plastic bag.

- You will need to keep your copy of each COC form as a receipt that you tested on the date selected. We suggest you keep these receipts for a period of at least three (3) months. Participants have found it helpful to take a picture of each COC form and file it for safe keeping.

7. Split Specimens

A split specimen refers to the dividing of the urine sample into two different bottles that are labeled A and B. Both bottles are sent to the lab, and the urine in bottle A is tested. If a test is positive and you know you have not used a drug or alcohol, you can request bottle B be tested. A split specimen is not necessary and is the option of the participant. The rules concerning split specimens are as follows:

- Split specimens require a larger volume of urine than single specimens. Your collector will advise you as to how much is required.
- The participant must request bottle B be run. This request must be made to your Program Manager and have the approval of the Program Director.
- The request for bottle B to be run will not be approved if it is made over 72 hours after the participant has been notified of the initial (bottle A) results.
- The participant is responsible for payment of the cost of testing the second specimen.

Shy Bladder

Definition: Donor is unable to produce 45 ml of urine within three hours with ingestion of up to 40 ounces of fluid.

Actions:

- OHPP staff will call collection site to verify three hours were allowed with fluids.
- Participant must arrange to be seen by a physician (Urologist) acceptable to OHPP for evaluation.
- If an adequate medical explanation does not exist, the test is handled as a failure to screen (see 4. Failure to Screen on Day Selected After Checking In)

8. Observed Toxicology Screens

- All participants are required to have observed urine drug screens. ***It is the participant's responsibility to verify their collection site has a gender specific observer.***

- The participant will screen at one site unless authorized to screen at an alternate site PRIOR to screening. Both Affinity and OHPP must be contacted, and approval from OHPP must be obtained prior to changing collection sites.

- If it is not possible to obtain a witnessed screen (e.g. a gender specific collector is not available), then the participant must contact Affinity the same day so they can confirm the situation with the collection site, and Program Manager must be notified.

- The participant must confirm the lab technician marks section of the COC that the collection was "observed".

- If the COC does not indicate "observed" and Affinity has not been called by the participant regarding the unavailability of a gender specific witness at the site, the test may be considered positive.

- **Going Out of Town, Vacations and Illness**
  If you are going out of town, notify your Program Manager **at least 1 week** in advance. Your Program Manager will provide instructions regarding this protocol.

*** Toxicology testing may not be excused if within the first two years of monitoring for any reason other than **documented** medical illness that would preclude the participant from screening (e.g. hospitalization, mandatory quarantine or absolute bed rest). If you plan to travel, you will need to make provisions for testing in advance.

If tests are missed due to anything other than a documented medical illness or condition, the consequences outlined above under "Failure to Screen on Day Selected After Checking In" will be followed. An exception must be approved by the Program Manager or Director. If you are traveling out of the country, a hair follicle, blood or alternate testing will be required upon return.

At any time during your participation in the program, if you are unable to test, you may not be approved to practice._____(Initials)

9. Hair and Nail Testing

- All hair and nail tests will be ordered with the approval of the Program Manager and/or Program Director.

- When a hair or nail test is ordered for a participant, the Compliance Coordinator will notify participant regarding the type of testing.

- The participant will need to contact Affinity and arrange for payment and collection site appointment.

- The participant is expected to complete the hair or nail test the day of selection. Any exception **MUST** be approved by the Program Manager and Director.

- Hair and nail testing, following a positive urine result, will not negate the confirmed positive urine result. The significance of the positive test will be confirmed by Affinity's Medical Review Officer (MRO) at the expense of the participant.

10. Blood Testing

- All blood tests will be ordered with the approval of the Program Manager or Director.

- Blood testing may be requested when there are concerns about possible alcohol use.

- The participant will need to contact Affinity to arrange for payment and collection site appointment

- The participant is expected to complete the blood test the day of selection. Any exception **MUST** be approved by the Program Manager and Director.

- Blood testing, following a positive urine result, will not negate the confirmed positive result. The significance of the positive test will be confirmed by Affinity's Medical Review Officer (MRO) at the expense of the participant.

11. Soberlink

- Participants required to test with Soberlink are required to test 3 times daily during the first 2 years of their RMA, and 2 times a day every year thereafter, providing compliance has been maintained.
    - 3 late Soberlink tests in 30 days will require a PETH test
    - Any missed test without communication with OHPP will require a PETH test
- Participants are required to test when traveling and are required to submit a Monitoring Interruption Request through their Spectrum/Affinity app.
    - If participant is traveling to a different time zone, they are responsible for notifying OHPP staff 1 week prior to travel to allow for changes to testing times. Participant must notify OHPP upon return to allow for the change back to their home time zone.
- See Soberlink Agreement for further information and requirements.

12. Caduceus and Recovery support group meeting attendance and reports

- Meeting attendance is an important sign of accountability. A participant's accountability will be addressed in reports to various entities.
- OHPP requires a 75% attendance at Caduceus and Recovery support meetings. The Recovery support log is due by the 5th of following month. If a report is not received and no communication is made with OHPP within 1 week a $150.00 will be assessed at the discretion of OHPP. Participants are allowed 2 late reports per calendar year. A third late report will be assessed a $150.00 fine.
- A participant is allowed less than 75% meeting attendance one quarter per calendar year. Other low attendance per quarter will be assessed $150.00. Makeup meetings will be considered for only 1 low attendance quarter.

POLICY REGARDING MONITORING FORMS

Monthly reports
All monthly reports are due in the OHPP office **NO LATER** than the **5th of the month** for the preceding month.

Quarterly Reports
All quarterly reports are due in the OHPP office **NO LATER** than the **5th of the month** and in accordance with the quarterly schedule provided below:

For the months of:	**Reports must be received BY:**
Jan/Feb/Mar	5th of April
Apr/May/Jun	5th of July
Jul/Aug/Sept	5th of October
Oct/Nov/Dec	5th of January

All reports may be mailed, faxed, emailed, or completed electronically through the Affinity (see screen shots in appendices). Participants should complete only the Participant Progress Report and Group Attendance form. Participants should NOT complete any part of the therapist, physician or workplace monitors' reports. Report forms from physicians are due within seven days of the visit, or within two days if a potentially addictive medication is prescribed.

PARTICIPANT PROGRESS, THERAPY AND WORK SITE MONITOR REPORTS:

Provider (Therapy, Treatment Program, Psychiatrist, Physician) and Monitor (Work site, Peer, Employer) Reports:

- The participant is responsible to ensure the timely submission of all forms from reporting individuals. Confirm all providers/monitors have the proper forms. The participant should remind all providers/monitors each month BEFORE the 5th of the month in which reports are due to OHPP. If a report is not received and no communication is made with OHPP within 1 week a $150.00 will be assessed at the discretion of OHPP. Participants are allowed 2 late reports per calendar year. A third late report will be assessed a $150.00 fine.

- If reports are not received, the participant will be contacted. If the reports are not received within 1 week of reminder, the provider/monitor will be contacted directly by Program Manager or Compliance Coordinator.

- If more than two (2) reports are late, or no report is received:
    - Participant may be required to refrain from practice and employer will be notified.
    - Board will be notified, if under Board orders or investigation (**see Non-Compliance Reports**)
    - Participant may be required to have an evaluation.
    - Toxicology screening frequency may be increased.

- Participant will be assessed a $150 fine, payable to OHPP.

It is the responsibility of the participant to ensure all work site and treatment provider reports are submitted in a timely manner.
Forged or falsified participant progress reports, group attendance reports, work site monitoring/employer reports, peer monitoring reports, physician reports and therapy/treatment provider reports are grounds for immediate suspension or dismissal. In addition, OHPP may consider a participant who forges or falsifies report forms ineligible for readmission to the program. Readmission to OHPP will be determined on a case-by-case basis and at the discretion of OHPP, taking into consideration Board orders or other mandates._____(initials)

OHPP MEETING/PROGRESS REVIEW REQUIREMENTS

OHPP Meetings

All participants will be required to meet with Director and/or Program Manager regularly, as indicated below:

- Initial Meeting, via ZOOM, prior to being referred for a Professional Evaluation.
    - Required to complete an Initial Letter of Agreement
- Post-Evaluation/Post-treatment follow-up meeting, either in person, or via ZOOM – to be determined by OHPP
    - Complete Intake paperwork and sign OHPP Recovery Monitoring Agreement (RMA)
- One-month follow up
- Six-month follow-up
- Annual Review (See Phase System)
- On an "as needed" basis to address non-compliance or Orientation review
- Exit Interview

INACTIVE PARTICIPANT PAYMENT POLICY:

Once you have completed your Recovery Monitoring Agreement with the OHPP and need a letter of advocacy, you will be charged a fee of $20.00 dollars, per letter, to cover administrative costs. If you, at any time, need copies of your personal files you will be charged $.10/per copy plus any postage costs incurred by OHPP.

ACKNOWLEDGMENT OF RECEIPT OF OHPP PARTICIPANT HANDBOOK:

I have read and understood the contents of this handbook and will act in accordance with these policies and procedures as a condition of my signed Recovery Monitoring Agreement with the OHPP. I understand that the contents of the OHPP Participant Handbook are simply policies and guidelines, not a contract or implied contract with participants. The contents of the OHPP Participant Handbook may change at any time.

_____ _____

Participant - Signature **Participant - Printed Name**

_____ _____

Date **OHPP Program Manager or Director - Signature**

APPENDICES

OKLAHOMA HEALTH PROFESSIONALS
PROGRAM

313 NE 50TH STREET
OKLAHOMA CITY, OK
73105
TEL: (405) 601-2536
FAX: (405) 605-0394

MEDICATION SAFE TO USE IN RECOVERY FROM CHEMICAL DEPENDENCE

MEDICATION CLASSIFICATION	MOOD-ALTERING INGREDIENT TO AVOID	SPECIFIC MEDICATIONS TO AVOID	SAFE MEDICATION LIST
Allergy / Decongestants (Systemic)	Brompheniramine	Dimetane®, Dimetapp®	Claritin® (Loratadine), Clarinex® (Desloratadine), Allegra® (Fexofenadine), Zyrtec® (Cetinzine)
	Chlorpheniramine	Chlor-Trimeton®, Efidac®, Teldrin®	
	Dexchlorpheniramine	Polaramine-RX®	
	Diphenhydramine	Benadryl®, Tylenol PM®, Benylin Cough®	
	Triprolidine	Actifed®	
	Cyproheptadine	Periactin-RX®	
	Phenylephrine	AH-chew D®, Entex LA®, Nalex-A®, Prolex-D®, Sinutuss DM®, Tussafed-EX®	
	Promethazine	Phenergan-RX®	
	Pseudoephedrine	Sudafed®, Novafed, Profen, Allegra D®, Claritin D®, Zyrtec D®	
Analgesics (pain relief)	Hydromorphone HCI	Dilaudid®	***OTC*** Advil®, Aleve®, Aspirin®, Bufferin®, Tylenol® ***RX*** Disalcid®, Salflex®, Dolobid®, Trilisate® ***NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** Anaprox®, Ansaid®, Arthrotec®, Bextra®, Cataflam®, Celebrex®, Clinoril®, Daypro®, Feldene®, Indocin®, Lodine®, Meclomen®, Mobic®, Motrin®, Nalfon®, Naprelan®, Naprosyn®, Orudis®, Oruvail®, Ponstel®, Relafen®, Tolectin®, Toradol®, Vioxx®, Voltaren®
	Levorphanol Tartrate	Levo-Dromoran®	
	Methadone HCI	Dolophine®	
	Meperidine HCI	Demerol®, Mepergan Fortis®	
	Morphine Sulfate	Avinza®, Duramorph®, MS Contin®, MSIR®, Roxanol®	
	Opium	Paregoric®	
	Alfentanil HC	Alfenta®	
	Fentanyl	Sublimaze®, Duragesic®	
	Oxymorphone HCI	Numorphan®	
	Propoxyphene	Wygesic®, Darvon®, Darvocet®	
	Sufentanil Citrate	Sufenta®	
	Carisoprodol	Soma, Soma Compound with Codeine	Lioresal®, Robaxin®, Skelaxin®

MEDICATION CLASSIFICATION	MOOD-ALTERING INGREDIENT TO AVOID	SPECIFIC MEDICATIONS TO AVOID	SAFE MEDICATION LIST
Analgesics (pain	Levomethadyl	ORLAAM®	
relief) *CONTINUED*	Buprenorphine HCI	Buprenex®, Suboxone®, Subutex®	Imitrex® (migraines), Zomig® (migraines)
	Codeine	Empirin #3,4®, Fiorcet with Codeine®, Fiorinal with Codeine®	
	Hydrocodone Bitartrate	Anexsia®, Bancap®, Hycodan®, Hydrocet®, Lorcet®, Lorcet-HD®, Lortab®, Maxidone®, Norco®, Vicodin®, Vicoprofen®, Zydone®	
	Methotrimeprazine	Levoprome®	
	Nalbuphine HCI	Nubain®	
	Pentazocine	Talwin NX®, Talacen®	
	Tramadol HCI	Ultram®, Ultracet®	
	Analgesics with Barbiturates	Esgic®, Fioricet®, Triad®, Phrenilin®, Axocet®, Bucet®, Fiorinal®, Axotal	
	Butorphanol Tartrate	Stadol®	
	Caffeine	Vanquish®, Excedrin®, Goody's Powder®, Midol®, BC Powder®, Cope®	
	Dihydrocodeine Bitartrate	DHC Plus® Caps, Panlor SS®, Synalgos-DC® Caps	
	Oxycodone HCI	OxyContin®, Oxyir®, Percodan®, Percocet®, Roxicet®, Tylox®	
Asthma	Ephedrine	Primatene® Tablets	***RX*** Advair®, Alupent®, Brethine®, Combivent®, Duoneb®, Maxair®, Proventil, Pulimart®, Qvar®, Vanceril®, Volmax®
	Epinephrine	Primatene® Mist	
Cough / Cold (Preparation)	Codeine	Ambenyl®, Brontex®, Novahistine DH®, Nucofed®, Phenergan with Codeine, Robitussin AC®	***OTC*** Organidin NR® Tablet, Mucinex®, Breonesin® Capsule, Halls® Lozenges, N'ice® Logenzes, Sucrets® Lozenges, Vicks® Cough Drops, Vicks® Throat Discs
	Dextromethorphan	Benylin®, Delsym®, Dimetapp Cough®, Comtrex®, Contact®, Duratuss® Plain or DM, NyQuil®, Novihistine DMX®, Novafed®, Profen®, Robitussin DM®, Vicks Formula 44D®	
	Hydrocodone Compound	Hycodan® Tabs and Syrup, Hycomine®	***RX*** Organidin NR®, Duratuss G®, Fenesin® Tablets, Humibid LA®, Tessalon Perles®

MEDICATION CLASSIFICATION	MOOD-ALTERING INGREDIENT TO AVOID	SPECIFIC MEDICATIONS TO AVOID	SAFE MEDICATION LIST
Cough / Cold (Preparation) *CONTINUED*	Hydrocodone Syrup (Multiple generics and trade names)	Anaplex HD®, Bitartrate/Guaifenesin Syrup, Duratuss HD®, Hycotuss® Expectorant, Hydrocodone, Protuss/Protuss D, Vicodan Tuss® Expectorant, Others	
	Alcohol	Vicks NyQuil Cough® Syrup, Vicks Formula 44®, Terpin Hydrate Elixir, Organidin Elixir, Novahistine Elixir *Check with your pharmacist about the alcohol content of cough and cold elixirs	
Diarrhea / Gastrointestinal	Alcohol	Imodium AD Liquid®, Paregoric®, Pepto Diarrhea Control®, Donnatal® Elixir	Diasorb®, Donnagel® Tabs, Kaopectate®, Kaopetolin®, Kaodene®, Lactinex®, Imodium® AD Capsules and Tablets, Pepto-Bismol®, Rheaban®, Bentyl® Tablets
	Diphenozylate HCI, Atropine Sulfate	Lomotil®, Logen®, Lonox®	
	Tincture of Opium	Donnagel Liquid®	
Mouthwash / Mouthcare / Dental Hygiene	Alcohol	Advanced Formula N'ice® Throat Spray, Cepacol®, Cheracol Sore Throat Spray®, Listerine®, Listermint®, Peridex®, Perioguard®, Plax®, Scope, Sucrets® Spray, Anbesol®, Double Action Kit, Dalidyne, Dewitt Coldsore	Cepastat®, Chloraseptic, Gly-Oxide®, Halls® Lozenges, Mycinette®, N'ice® Logenzes, Orajel®, Sucrets® Lozenges, Plax®, Scope, Vicks® Cough Drops, Vicks® Throat Discs
Nasal Decongestant Sprays	Ephedrine	Pretz-D®	***OTC*** Ayr Saline®, Humist®, Ocean®, NaSal®, Salinex® ***RX*** Aerobid®, Astelin®, Atrovert®, Azmacort®, Beconase®, Flonase®, Nasacort®, Nasalcrom®, Nasalide®, Nasarel®, Nasonex®, Rhinocort®, Vancanase®
	Epinephrine HCI	Adrenalin Chloride Solution	
	L-Desoxyephedrine	Vicks® Inhaler	
	Naphazoline HCI	Privine®	
	Oxymetazdine HCI	Afrin®, Allerest®, Dristan®, Duration®, 4-Way®, Sinarest	
	Phenylephrine HCI	Neo-Synephrine®, Sinex®, Alconefin®, Nostril®	
	Propylhexedrine	Benzedrex®	
	Tetrahydrozoline HCI	Tyzine®	
	Xylometazoline HCI	Otrivin®	
Nausea (Antiemetic / Antivertigo Agents)	Cyclizine	Marezine®	***OTC*** Emetrol®, Emecheck®, Pepto-Bismol®, Nausetrol®
	Chlorpromazine Buclizine HCI	Bucladen®	
	Dimenhydrinate	Dramamine®, Triptone®, Vertab®	

MEDICATION CLASSIFICATION	MOOD-ALTERING INGREDIENT TO AVOID	SPECIFIC MEDICATIONS TO AVOID	SAFE MEDICATION LIST
Nausea (Antiemetic / Antivertigo Agents) *CONTINUED*	Diphenhydramine	Benadryl®	***RX***
	Diphenidol	Vontrol®	Anzemet®, Compazine®, Kytril®, Metoclopramide: Rreglan®, Maxolon®, Octamide®, Norzine®, Thorazine®, Tigen®, Torecan®, Trilafon®, Zofran®
	Dronabinol	Marinol®	
	Meclizine	Antivert®, Bonine®, Dramamine®, Vergon®	
	Promethazine	Phenergan® Tablets	
	Scopolamine Transdermal	Transderm-Scop®	
Personal Products / Handwashes	Alcohol	Lysol® Hand Gel and Disinfectant Spray, Avon Perfumes, Colognes, Lotions, Body Sprays, Bath and Body Antibacterial Hand Gel, Deep Woods OFF!®, Kim Care® Instant Hand Sanitizer, OFF! ® Skintastic, Purell® Hand Sanitizer, Soft Soap® Hand Sanitizer *Check labels for products containing **ethanol**. Products with isopropyl alcohol without ethanol are safe	Soap/Water, Antimicrobial Soaps, Betadine
Sleep Aids / Sedatives	Benzodiazepines	Ativan® (Lorazepam), Xanax® (Alprazolam), Klonopin® (Clonazepam), Valium® (Diazepam), Halcion® (Triazolam), Dalmane® (Flurazepam), and others	
	Benzodiazepine-like Sleeping Pills	Ambien® (Zolpidem), Lunesta® (Eszopiclone), Sonata® (Zaleplon)	
	Barbiturates	Fioricet® (Butalbital), Fiorinal® (Butalbital)	
	Antihistamines ***OTC***	Benadryl® (Diphenhydramine), Vistaril® (Hydroxyzine)	Claritin® (Loratadine), Allegra® (Fexofenadine) ***These are safer antihistamines for allergy symptoms because they are not sedating ("non-drowsy"). In general, sedating drugs are not safe for persons in recovery.***

Disclaimer: *This guide is intended to serve as a resource for the recovering chemically dependent patient and the medical professional prescribing treatment. It is not meant to be used exclusively or as the sole means for providing advice regarding medications. Indeed, this guide would be best utilized in conjunction with other current reference materials. Decisions about prescription medication(s) should be tailored to the needs of the individual patients under the direction of a health professional. This monograph is not intended to be exhaustive, nor an endorsement of any brand name medications. It is intended to provide relevant pharmacological information to the recovering patient and the healthcare providers treating those in recovery.*

Things to Avoid When Using Soberlink Testing Device

In order to avoid any difficulties or problems with the testing device, it is important to provide accurate test results and be mindful of eating any foods or drinking any liquids that may have any trace amounts of alcohol that would render a failing test. In order to do this, an individual should: (1) know any and all ingredients of foods, drinks, or medicines they may take; (2) not eat or drink anything fifteen (15) minutes before testing; (3) clean out their mouth by rinsing with water before testing; (4) and, if testing in your vehicle, make sure your vehicle is properly ventilated in order to prevent any fumes from alcohol that may prevent a proper test.

- Mouthwash
- Alcohol Wipes
- Honey buns
- Hot sauces
- Sugarless gums (alcohol is a sweetener)
- Inhalers
- Hand sanitizers
- Anti-bacterial soap
- Household cleaning products (bleach, dish washing soap, glue, laundry detergent, air fresheners)
- Windshield wiper fluid
- Energy drinks
- Protein Bars
- Vitamins
- “Alcohol free" beer or wine
- Foods cooked with or contained with alcohol
- Hygiene products (deodorant sprays, after shave, perfume, body sprays, toothpaste, cosmetics, skin applicants, mouthwash, insect repellent)
- Medicines (suppressants, decongestants, antihistamines, sleeping aids, etc.)
- Ripe fruit
- Fermented soda drinks
- Chewing tobacco/dip (fruit flavors)
- Over the counter/prescription drugs (consult pharmacist)

Although this is a large list, this is by no means a comprehensive list of all the different foods, drinks, or medicines that may contain traces of alcohol. If you are in doubt about whether an item may contain trace amounts of alcohol that could cause you to fail a test, do not eat, drink, or ingest that item.

** Clean your mouthpiece with a mild detergent and be sure to let it dry completely before using. If you need to clean it with alcohol wipes, do so and then rinse and dry thoroughly

OHPP STAFF DIRECTORY

Program Director
John Kuhn, MD
jrkuhnmd@gmail.com

Associate Director
Lowell Robertson, MD
lowellmd@gmail.com

Associate Director
Paul Cheng, MD
paulchengmd@gmail.com

Program Manager
ohpp@okmed.org

Compliance Coordinator
Ashland Boles
ohppcompliance@okmed.org

Program Assistant
Tiffany Hockett
ohppreception@okmed.org