Toxicology.

For the purposes of this Chapter, the terms “urine screen” and “urine drug screen” shall also include drug screens conducted through cheek swab.

Each opioid treatment program shall have written procedures for toxicology screening that include, at a minimum:

(A) Requirement that an initial toxicology screening be performed for each prospective patient as part of the documented physical evaluation completed by a physician prior to admission. The results of all tests must be received within fourteen days following admission.

(B) Requirement that a toxicology screening be performed monthly for each patient. These screenings may be delayed if personal protective equipment is not available.

1. This requirement may be reduced to two toxicology screenings per quarter if the patient has had more than twenty-four consecutive months of negative screens.

2. The failure of a toxicology screening due to illicit drug use shall result in a return to monthly screening.

(C) Requirement that programs shall have a standing physician's order for patient toxicology screening.

(D) Requirement that any urine screen sent in for confirmation be performed by a laboratory that is in compliance with all "Clinical Laboratory Improvement Amendments" per 42 C.F.R. 493.

(E) Requirement that toxicology screening be conducted in a manner to minimize falsification and that sample collection procedures include the following:

1. Each specimen collection will be monitored.

2. Each sample shall be labeled to reflect the identification of the person from whom it was obtained and reflect the date the sample was obtained.

(F) Requirements that each toxicology screening include, at a minimum analysis for the following:

1. Opiates, including prescription opioid analgesics as defined in section 3719.01 of the Revised Code, heroin, and fentanyl;

2. Methadone;

3. Amphetamines;

4. Cocaine;

5. Barbiturates;

6. Marijuana;

7. Benzodiazepines, as defined in section 3719.01 of the Revised Code; and,

8. Buprenorphine.

(G) Results of toxicology screening shall be reviewed by the program staff with the patient with documentation of
such and a copy of the results placed in the patient's file, in accordance with the requirements of rule 5122-27-04 of the Administrative Code.

(H) Provisions for ensuring that presumptive laboratory results are distinguished from confirmatory laboratory results.

(I) The program shall have a policy for the discontinuation of medication maintenance for individuals who test positive for illicit drugs, which shall include provisions for continuing to provide counseling and other rehabilitation services, or referral to another provider.