POLICY: PHYSICIAN IMPAIRMENT *(Resident Services)*
GME Policy and Procedure Manual

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Policy

Per ACGME requirements (IV.H.2.), the Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician (resident) impairment. This policy applies to all residents/fellows participating in training programs at Long Beach Memorial.

Purpose

Impairment of performance by resident/fellow physicians can put patients at risk. Impairment shall be managed as a medical/behavioral illness. Implicit in this concept is the existence of criteria permitting diagnosis, opportunity for treatment, and with successful progress toward recovery, the possibility of returning to training in an appropriate capacity. Impairment may result from depression or other behavioral problems, from physical impairment, from medical illness, and from substance abuse and consequent chemical dependency.

Long Beach Memorial is committed to maintaining a drug & alcohol-free work environment that promotes the interests of employee safety, efficiency, health and productivity. Long Beach Memorial also recognizes that resident/fellow involvement with drugs and/or alcohol can be disruptive and harmful to employees, patients and the public and can adversely affect the quality of work performance of its residents/fellows and pose serious safety and health risks to the user and others.

Definition of Terms:

For purposes of this policy, “impaired” shall mean under the adverse influence of alcohol or any narcotic or drug; or, mentally unable to reason, communicate or perform medical services in a safe and professionally acceptable manner or carry out any duties or assignments or requirements of the residency program.

“Alcohol” means any alcoholic beverage, including wine, beer and all forms of distilled liquor.

“Drug” means any controlled, regulated or prohibited by state and federal law.
“Under the influence” means that the employee is affected by a drug or alcohol or the combination of a drug or drugs and alcohol in any detectable manner. A resident/fellow will be presumed to be under the influence whenever the presence of drugs or alcohol in amounts exceeding established thresholds are detected in a test administered under the terms of this policy.

Prohibitions:
Long Beach Memorial prohibits the unlawful use, possession, transportation, transfer, manufacture, distribution, dispensation or sale of drug paraphernalia while on duty or while on Long Beach Memorial premises, or while operating any Long Beach Memorial vehicle or potentially dangerous equipment. Long Beach Memorial also prohibits residents/fellows from reporting for work or working under the influence of any drug, alcohol or other substance that may in any way affect work performance, alertness, coordination or response, or the safety of the employee, patients or others.

I. Guidelines

Throughout their educational experiences at Long Beach Memorial, residents must be held to the ethical and professional standards of their chosen profession. Impaired residents can have a negative impact on the learning and working environment, and may present a safety hazard to themselves, others, or the public. Accordingly, it is Long Beach Memorial’s policy that all residents must be able to participate in LBMMC-related activities in a fit and safe manner.

Residents must not be unable to participate in LBMMC-related activities because of intoxication or other impairment, regardless of whether these activities take place on property or in buildings owned or controlled by LBMMC.

Residents are expected to manage their health and behavior so that they can participate in training activities in a safe, productive, and effective manner.

Residents taking prescription medications that impair their ability to engage in LBMMC related activities safely are subject to the conditions of this policy. Implicit in this policy is a perspective that impairment is the manifestation of a medical and behavioral illness, and that with proper diagnosis, treatment, and progress toward recovery, it will be possible for the resident to return to work in an appropriate capacity.

Fitness for Duty Examination and Testing. Long Beach Memorial reserves the right to require that resident/fellow to submit to a physical examination and/or clinical testing designed to detect the presence of drugs and/or alcohol, if facts create a reasonable suspicion that the employee either possesses, controls or is under the influence of a drug and/or alcohol in violation of this policy. Failure to cooperate in fitness for duty examinations and/or clinical testing when requested may result in disciplinary action, including possible termination, for a first offense or any subsequent offense.

2. Identification of Impairment
Listed below are signs and symptoms of impairment. Isolated instances of any of these may not impair ability to perform adequately, but if they are noted on a continued basis or if multiple signs are observed, reporting may be indicated. The signs and symptoms may include:

1. Physical signs such as fatigue, deterioration in personal hygiene and appearance, multiple physical complaints, accidents, eating disorders.
2. Family stability disturbances.
3. Social changes such as withdrawal from outside activities, isolation from peers, inappropriate behavior, undependability and unpredictability, aggressive behavior and argumentativeness.
4. Professional behavior problems such as unexplained absences, tardiness, decreasing quality or interest in work, inappropriate orders, behavioral changes, altered interaction with other staff and inadequate professional performance.
5. Behavioral signs such as mood changes, depression, slowness, lapses of attention, chronic exhaustion, risk taking behavior, excessive cheerfulness, and flat affect.
6. Drug use indicators such as excessive agitation or edginess, dilated or pinpoint pupils, self-medication with psychotropic drugs, stereotypical behavior, alcohol on breath at work, uncontrolled drinking at social events, blackouts, and binge drinking.

3. Procedure

Impairment in a resident may be subtle or overt, but is most often first noticed as a significant and persistent change in behavior. Such changes may be manifested in any or all of the physical, emotional, family, social, educational or clinical domains of functioning. These behavioral changes are often referred to as “red flags.”

1. In the event that a faculty member, non-physician hospital staff member, resident, student or Program Coordinator notice these “red flags,” s/he will notify the Program Director, the Department Chair, and/or the Designated Institutional Official for GME immediately. All faculty and residents/fellows possess a duty to report to an appropriate supervisor, in confidence, concerns about possible impairment both in themselves and in others.

2. If a resident/fellow is observed and/or suspected to be impaired while engaged in the performance of his or her duties, the following actions shall occur:

2.1 The observer shall report his/her concern to a responsible supervisor, ultimately the residency/fellowship Program Director. The individual making the report does not need to have proof of the impairment, but must state the facts leading to suspicions.

2.2 The person to whom the report is made shall report the concern to the Program Director. The Program Director or his/her designee will investigate the matter, in a confidential process.
2.3 If it is determined that a resident/fellow may have an impairment problem, the Program Director will contact the resident and demand to meet with the resident immediately.

3. The Program Director will then contact the Designated Institutional Official for GME and arrange for the meeting to take place in a neutral location.

4. If the resident acknowledges a problem with alcohol, substance abuse or emotional problems, s/he will be removed from the clinical area and be tested for impairment. The cost of this testing will be paid by the GME Office.

5. The resident will be placed on an administrative leave of absence pending a further evaluation of their condition. The resident may be reinstated by the Designated Institutional Official for GME in consultation with the Program Director and Department Chair based on the results of the evaluation.

6. If a resident requires intervention in the form of inpatient treatment, s/he will be placed on a leave of absence. The resident may be reinstated by the Designated Institutional Official for GME in consultation with the Program Director and the Department Chair, based on results of the treatment.

7. If a resident refuses to acknowledge a problem with alcohol, substance abuse or emotional problems, s/he will be removed from the clinical area. The resident will be asked to submit to a drug/alcohol urine test in order to rule out these factors. If the resident refuses to submit to this test, s/he will be immediately suspended from the residency program.

8. The terms for reinstatement from the suspension will be determined by the Designated Institutional Official for GME and the Program Director, in consultation with the Department Chair. In order for a resident/fellow to resume training after a referral, there shall be satisfactory evidence of the successful completion of or participation in an appropriate treatment program. Further, the resident/fellow shall agree to a provisional period during which time the resident may be monitored and/or tested periodically.

9. If the resident fails to accept the terms of reinstatement from a leave of absence or from a suspension, or if the resident fails to satisfy the terms of his/her reinstatement or treatment, s/he will be dismissed from the residency program.

10. Confidentiality: The identification, counseling and treatment of an impaired resident/fellow are deemed confidential, except as needed to carry out the policies of the GMEC or Long Beach Memorial and as required by law.

This policy is not intended to replace or alter the standards and requirements set forth in other LBMMC policies concerning drugs and alcohol-free workplace.