

POLICY NO. 5600

Adopted: Final approval 10/25/06

Revised 10/13/06

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Revised: 5/27/08

DRUG TESTING PROGRAM

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The Lake Stevens School Board, Administration, Athletic Department, coaches, and instructional staff continue to support a drug free environment for all who participate in our extra curricular programs. There has been a recent State Supreme Court ruling that our mandatory drug testing policy was not constitutional. However, the ruling allows for a voluntary program and a suspicion based program, that would meet the standards of constitutionality. The implementation of a voluntary random drug testing program for those involved in WIAA sanctioned Activities, should be commended, as a community based commitment to help our students remain drug free.

PROCEDURES: EXTRACURRICULAR PROGRAM – DRUG TESTING

DEFINITIONS

Drug: Any substance considered illegal by Washington State or which is controlled by the Food and Drug Administration.

OVERVIEW: LSSD is conducting a voluntary drug testing program for students participating in WIAA sanctioned and Student Government activities. Its purpose is threefold: (1) to provide for the health and safety of all student participants, (2) to undermine the effects of peer pressure by providing a legitimate reason for students to refuse to use prohibited substances including illegal drugs, alcohol or non medical use of prescription drugs and (3) to encourage students currently using alcohol or controlled substances to participate in treatment programs.

PROCEDURES FOR STUDENTS

Consent: Each student wishing to participate in WIAA sanctioned and Student Government programs, along with the student's custodial parent or guardian, shall consent in writing to drug testing pursuant to the districts drug and alcohol testing program. Written consent shall be on the form provided by the District. Any student shall be allowed to participate in any WIAA sanctioned and Student Government programs with a signed consent form or a signed opt out form.

Parental Issues: Parents or guardians who do not want their child to participate in the voluntary random drug testing program will be allowed to exclude a student from the drug testing program; however, an opt out form must be signed and both the parent and the athlete must meet with the building Athletics Director prior to participation.

Alcohol Testing: The District will use an alcohol analyzer from the Confirming Products List generated by the National Highway Safety Administration that test for alcohol. This analyzer will be used any time there is a question about an individual student's possible alcohol use. Only trained personnel will administer the test.

Other Controlled Substances: At the option of the District, all eligible students may be drug tested at the beginning of the time of entry into the WIAA sanctioned/Student Government program. In addition, random testing may be conducted during the year and students may be selected for testing during the season to verify that they are remaining “clean”. Selection for random testing will be by a random drawing from a “pool” of enrolled students participating in extracurricular programs in the District.

For both alcohol and other drugs, the Superintendent shall take all reasonable steps to assure the integrity and confidentiality of the process.

SAMPLE COLLECTION

For controlled substances, urine samples may be collected at school or at a designated collection site at a time selected by the school administration. All samples will be collected following Substance Abuse Mental Health Services Administration (SAMHSA) guidelines which call for an unobserved urine collection under controlled conditions. Random testing or specific student testing will occur after the student’s name is picked randomly prior to the day of the test. If the student is absent on the testing day his/her name will be placed in the next testing pool. If a student is unable to produce a sample at any particular time, he/she may be given up to twenty-four ounces of fluid to drink and directed to remain at the collection site for up to two hours. The student must remain within the collection site under observation to discourage actions which could compromise the collection process (drinking excessive fluids, obtaining “clean” urine, obtaining adulterants, etc.). If after a period of two hours the donor is still unable to provide an adequate sample, the collection will be discontinued and the District notified of the “shy bladder” situation. The superintendent may determine to use other drug testing methods other than or in addition to, urine collection, which offer benefits to our students and district.

Procedures in the event of a shy bladder situation: If a student is unable to provide a urine sample within two hours of being given twenty-four ounces of fluid, he/she will be referred to a Medical Review Officer (MRO) to determine if there is a medical reason for failure to void. If the physician determines there is no medical reason, the consequences will be as if there had been a “positive” result.

Procedures in the event of sample tampering or adulteration: If during the collection or testing process it is determined that a student made an attempt to adulterate or tamper with the urine sample, the consequences shall be as if the student had a “positive” result.

TESTING/ANALYTICAL PROCEDURES

All samples will be sent to a SAMHSA certified laboratory where the testing will be done following established federal guidelines and using mandated cutoff levels for both the screening and confirmatory procedures. Each specimen undergoes an integrity check for dilution and adulterants. The sample is then screened using immunoassay technology. If this initial determination is found to be negative, the results will be reported as negative. If the initial drug screen is positive, a new aliquot will be taken from the original specimen. This aliquot is then tested by Gas Chromatography/Mass Spectrometry (GC/MS) for the specific drug found positive on the screen. If the GC/MS result is negative, the drug test is considered negative. If the result is positive by both immunoassay and GC/MS confirmation and all relevant quality control data is in order, the drug test will be considered positive and reported to the Medical Review Officer (MRO) appointed by the Board of Directors.

PRESCRIPTION MEDICATION

Students who are taking prescription medication or who have eaten food containing poppy seeds within the last three days may provide this information to the laboratory on their Drug Screen Requisition Form at the time of collection. While the information is not necessary for testing purposes, some medication and food substances may be detected. The medication or digestive history of the student may be helpful to assure the proper interpretation of the laboratory findings. Such information provided by the student will not be disclosed to any school official. These findings will be discussed with the student by the MRO. Depending on the discussion and test results, the MRO may request a copy of the prescription or a physician's verification to confirm or override the laboratory findings.

RESULT REPORTING

The testing laboratory will report results only to the authorized high school principal or designee. Negative results will be forwarded directly from the laboratory to the authorized individual. Positive results requiring the MRO's review will be sent to the designated physician first, who will review and discuss the findings with the student. The students who tested positive will have 48 hours to contact/visit the doctors at the contracted clinic in Everett. Following that review and discussion, the MRO will forward his/her findings to the high school principal or designee.

SCOPE OF TESTS – ILLEGAL DRUGS AND ALCOHOL

The testing lab will be instructed to test for one or more prohibited substances including, illegal drugs or alcohol or non medical use of prescription drugs. The Superintendent shall decide which drugs will be screened. Student samples will not be screened for the presence of substances other than prohibited substances including, illegal drugs or alcohol or non medical use of prescription drugs or for any physical condition other than drug intoxication.

LIMITED ACCESS TO RESULTS

The testing laboratory and the MRO will be authorized to report results only to the high school principal or to such person as the principal may designate.

PROCEDURES IN THE EVENT OF A POSITIVE RESULT

Illegal Drugs: Whenever a student's test results indicate the presence of prohibited substances including, illegal drugs or alcohol or non medical use of prescription drugs (a "failed or positive" test), the following will occur:

1. **Medical Review Officer:** The results will be sent from the laboratory to the MRO. It is the job of the MRO to evaluate the test results and to consult with the student to ascertain if medication or dietary considerations could be the cause of the positive result. The MRO may take up to seventy-two hours to reach the donor and to complete the evaluation before the District is notified. At the request of the student, his or her parents or guardian may participate in this consultation/discussion.

Note: If the student or his or her parents or guardian requests in writing from the District, within seventy-two hours of the District's notification of a positive drug test result, an aliquot of the original sample will be sent to the same SAMHSA certified laboratory for additional confirmation. This additional testing will be at the parent or legal guardian's expense unless the results are negative.

Alcohol: If the breath alcohol analyzer result is positive, a second test will be given approximately fifteen minutes later to confirm the result.

FIRST VERIFIED POSITIVE RESULT

For the first verified positive result for either alcohol or illegal drugs, the student will be excluded from participating in extracurricular competition for a minimum of 23 days, (the first 13 days are non-participation in practices) and subject to Activity/Athletics Codes. He/she will also be referred to the Student Assistance Program. He/she may regain eligibility by adhering to the recommendations of the Intervention Specialist and subsequently testing negative. The cost of retesting to regain eligibility will be born by the student and/or parent.

SECOND VERIFIED POSITIVE RESULT

For a second verified positive result (one which occurs any time during the student's high school career after having been reinstated from a previous violation), the student will be excluded from participating in extracurricular programs for one calendar year. He/she may regain eligibility after that time by testing negative. Succeeding verified positive results for separate incidents will also result in one calendar-year exclusion. The cost of retesting to regain eligibility will be born by the student and/or parents.

**EXTRACURRICULAR ACTIVITY
CODE OF CONDUCT PLEDGE**

Revised: 5/27/08

I understand as a participant in WIAA/Student Government programs that my performance, my health and the reputation of my school are depending, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and policies set forth by the Lake Stevens School District Board of Directors and the appointed leaders for activities in which I participate.

I (the student) authorize the Lake Stevens School District to conduct tests on urine specimens which I provide, testing for the use of prohibited substances including, illegal drugs or alcohol or non medical use of prescription drugs. I also authorize the use of a breathalyzer test or other drug test as needed. I understand that the release of information concerning the results of such tests will be made by the testing agency only to the Lake Stevens School District (per Policy No. 5600 Lake Stevens School District means Medical Review Officer, High School Principal or Designee). This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of the above information to the parties named above. This authorization will be in effect throughout my entire career at Lake Stevens School District or until I file paperwork signed, by student and parent opting out of the Voluntary Testing Program. We understand this requires us to set up a meeting with the Athletic Director of the school your student is attending. LSHS – Ed Bailey 425-335-1527, Ed_Bailey@lkstevens.wednet.edu Cavelero – Jason Pearson, 425-335-1632, Jason_pearson@lkstevens.wednet.edu

Print Name: _____

Student Signature

Date

Parent or Guardian Signature

Date

NONPUNITIVE NATURE OF POLICY

No student shall be penalized academically for testing positive for alcohol or illegal drugs. The results of drug tests pursuant to this policy will not be documented in any student’s academic records. Drug test results will be maintained by the school principal or his or her designee in separate, confidential files, and will be available only to school personnel with direct responsibility for administering the drug testing program. Information regarding the results of drug tests will not be disclosed to criminal or juvenile authorities absent legal compulsion by valid and binding subpoena or legal process, which the District shall not solicit. In the event of service of any such subpoena or legal process, the student and the student’s custodial parent or legal guardian will be notified at least seventy-two hours before response is made by the District.

OPT OUT Requirement

_____ I agree to the Voluntary Drug Testing, as part of our commitment to provide a Drug and Alcohol free Extra Curricular program in the Lake Stevens School District.

_____ I request to opt out of Voluntary Drug Testing. We understand this requires us to set up a meeting with the Athletic Director of the school your student is attending. Contact: LSHS – Ed Bailey 425-335-1527, Ed_bailey@lkstevens.wednet.edu. Cavellero – Jason Pearson, 425-335-1632, Jason_pearson@lkstevens.wednet.edu

Sport/Activity Student is participating in: _____

HIPAA AUTHORIZATION FORM

Patient's Name: _____

(Student Name - please print)

Date of Birth: _____

Address: _____

I hereby authorize Laboratory Corporation of America to disclose the protected health information regarding the above-named patient to: MRO (Medical Review Officer) authorized High school Principal or Designee (need to know person only).

My protected health information will be used and/or disclosed upon request for the purpose of reviewing the results of alcohol and other drug tests. Information obtained with this authorization will be used solely for this purpose and will be limited to the minimum information necessary to achieve the stated purpose.

This authorization for use and/or disclosure applies to the information described below (*mark those that apply).

_____ Results of alcohol and other drug tests.

I understand that the information used or disclosed may be subject to redisclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal privacy regulations.

I may revoke this authorization by notifying Lake Stevens High School in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition any treatment of me on whether or not I sign the authorization.

This authorization is good for the entire time your student is enrolled in the Lake Stevens School District or until an opt out letter is on file.

Student Signature: _____ Date: _____

(Parent/Guardian) Personal Representative's Name: _____

Relationship to Student: _____ Parent _____ Legal Guardian* _____ Holder of Power of Attorney"

(*Please attach legal documentation if you are the legal guardian or Holder of Power of Attorney.)