



Drug and Alcohol Testing Procedure

This procedure applies to all students enrolled in health science programs at Dixie State University.

Drug and Alcohol Screening

Applicant Testing:

1. All applicants accepted into a health science program are required to submit to an initial urine drug and alcohol screen upon acceptance into the program.
2. All costs associated with drug and alcohol testing are the responsibility of the student.
3. Refusal to complete the testing process will prohibit the student from entering any health science program.
4. At a minimum, students must be tested using the Ten Panel Non-Rapid urine drug and alcohol screen.
5. A copy of the test results must be sent directly from the testing agency to the designated program representative of the program the student is attempting to enter.
6. Positive tests will be confirmed by the testing laboratory if the urine creatinine is within normal limits. If the urine creatinine is not within normal limits the student may submit a second urine specimen. However, two separate dilute urine samples will be considered a positive drug and alcohol test. Students should review the attached campus drug and alcohol testing procedure to avoid a dilute sample.
7. A positive test will necessitate the submission of a prescription from the licensed health care provider that prescribed the drug. The documentation must be sent directly from the student's licensed health care provider or the pharmacy where the prescription was filled. A copy of the prescription must be received by the designated program representative's office by a specific date determined by the department Chair.
8. Students with a confirmed positive drug and alcohol test that is not explained by a licensed healthcare provider's prescription will be ineligible for admission to the program.
9. If the student seeks to challenge a positive drug and alcohol screen the following test(s) are required:
 - a. A Sample with normal creatinine: a second test will be run on the current sample.
 - b. Sample creatinine out of normal range: a hair follicle sample must be submitted for testing at the student's expense.

Reasonable Suspicion Testing:

1. Students may be required to submit to reasonable suspicion testing while participating in class, lab, or clinical experiences. Reasonable suspicion may be based on but not limited to observable phenomena/direct observation of substance abuse and/or the physical symptoms or manifestations of substance abuse such as:
 - a. Speech – incoherent, confused, rapid slow, slurred, rambling, shouting, profanity, or change in speech.
 - b. Coordination – swaying, staggering, lack of coordination, grasping for support, slowed reflexes.
 - c. Demeanor—change in personality, excited, combative, agitated, aggressive, violent, argumentative, indifferent, threatening, antagonistic, mood swings, irritability, restlessness.
 - d. Alertness—change in alertness, sleepiness, drowsiness, confused.
 - e. Physical—bloodshot eyes, teeth grinding, nasal redness, dry mouth, flushed face, tremors, pupillary changes, odor of substance and/or alcohol.
 - f. Appearance—dirty clothing, disheveled.



Consent Form for Drug and Alcohol Testing

I understand that as a requirement to entering a health science program with an associated clinical component at Dixie State University (DSU), I must submit to a urine drug and alcohol test. The testing facility must provide results of the test to the Program Chair for the department the student is attempting to enter. I understand that if the urine test result is positive the program chair will follow the guidelines listed in the CHS Drug Testing Procedure, which may include denial of entrance to the program.

I authorize DSU to conduct all related alcohol and drug tests that are subject to the policy, including random tests. I further authorize and give full permission to have the University and/or its personnel to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the University and/or to any governmental entity involved in a legal proceeding or investigation connected with the test.

I also authorize the release of information concerning the results of such tests to designated University personnel, its clinical partners, to any assistance program to which I may be referred, and to the appropriate licensing boards, if applicable.

I will hold harmless DSU, its personnel and any testing laboratory the University might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of right to participating in the academic program, ineligibility to test for a certification exam, employment or any other kind of adverse action that might arise as a result of the drug or alcohol test, even if a DSU or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless DSU, its personnel and any testing laboratory the University might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

I understand refusal to complete the drug and alcohol testing process will prohibit me from entering the desired program in the CHS at DSU as stated in the CHS Drug and Alcohol Testing Procedure.

I consent to urine drug and alcohol testing for the purpose of admission to a program with a clinical component in the College of Health Sciences (CHS) at DSU. I understand that this consent form remains in effect during my enrollment in a CHS program with a clinical component at DSU.

Printed Name: _____ DixieID: _____

Student Signature: _____ Date: _____

Witnessed by: _____ Date: _____



Drug Testing Procedure

You **MUST** bring a valid state issued photo ID.

In the clinic testing area, the collector will have you:

1. Remove outer clothing (e.g. coveralls, jackets, coat, hat)
2. Empty your pockets
3. Wash and dry your hands

Next, you will be directed to the restroom and asked to provide a urine specimen. **YOU MUST:**

4. Provide at least 30 mL (this is the equivalent of 2 tablespoons)
5. Return the specimen to the collector ASAP
6. **DO NOT** flush the toilet
7. **DO NOT** wash your hands

Please be aware that two dilute samples will be considered a positive result. This can result from drinking too much water. Drink enough water to produce a 30 mL sample, but not so much that you have a dilute sample. If the result is dilute, you will need to provide another sample and pay the additional fee.



Test results must be sent directly to the designated program representative.

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