

Title: Stipulated Re-Entry	
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<p>Discrete Operating Unit/Facility: Banner Baywood Medical Center Banner Behavioral Health Hospital Banner Boswell Medical Center Banner Casa Grande Medical Center Banner Churchill Community Hospital Banner Del E Webb Medical Center Banner Desert Medical Center Banner Estrella Medical Center Banner Fort Collins Medical Center Banner Gateway Medical Center Banner Goldfield Medical Center Banner Heart Hospital Banner Ironwood Medical Center Banner Lassen Medical Center Banner MD Anderson Cancer Center Banner Ocotillo Medical Center Banner Payson Medical Center Banner Thunderbird Medical Center Banner--University Medical Center Phoenix Banner--University Medical Center South Banner--University Medical Center Tucson Banner--University Medical Imaging Center Banner--University Medical Tucson Cancer Center Cardon Children's Medical Center East Morgan County Hospital McKee Medical Center North Colorado Medical Center Ogallala Community Hospital Page Hospital Platte County Memorial Hospital Sterling Regional MedCenter Torrington Community Hospital Washakie Medical Center</p>	<p>Ambulatory Servies Banner Behavioral Health Outpatient Services Banner Health Clinics Banner MD Anderson Cancer Center Banner Medical Group Banner Urgent Care Services Banner--University Medical Group Banner--University Medical Group Phoenix Occupational Health/Employee Health Services Rural Health Clinics University of Arizona Cancer Center</p> <p>Banner Home Health and Hospice Home Health Home Infusion Therapy Home Medical Equipment Home-Based Palliative Care Hospice Olive Branch Senior Center Telehealth</p> <p>Post-Acute Care Services Inpatient Rehabilitation Therapy Skilled Nursing Facility</p> <p>Research Administration</p>

Introduction

Purpose / Population

1. **Purpose:** Banner Occupational Health’s staff provides stipulated re-entry evaluation for new hire and current employee stipulated re-entry into Banner Health at the request of Banner Human Resources.
 2. **Population:** All Employees
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Definitions

Stipulated Re-entry: a program for employees who are trying to recover from substance abuse issues and continue to work for Banner. The program requires the participation in chemical dependency therapy program, submission to random drug and alcohol testing, and for the participant to remain free of any mood altering substances for the duration of the agreement.

Policy

1. Banner Occupational Health Services (BOHS) medical providers will meet with re-entry employees to discuss and explain the re-entry agreement.
 2. BOHS medical providers will work in conjunction with the employee, the employee’s supervisor and Human Resource personnel for all stipulated re-entry agreements.
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Procedure

Step	Action
1	The BOHS medical provider will meet with the re-entry employee to: <ul style="list-style-type: none">• Verify if the appropriate board has been notified of employees’ stipulated status, if applicable.• Obtain a copy of the State Board agreement, if applicable.• Verify whether or not the employee is being drug tested by the State Board.• Verify and document if the employee is currently attending an addiction program.• Determine if the employee is currently being treated by a counselor or psychiatrist-Document name if applicable.• Document types of substances abused.• Review the stipulated agreement with the employee.• Perform an examination to look for signs of ongoing abuse.

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Procedure, continued

Step	Action
2	The BOHS medical provider will meet with the employee, employee's supervisor and Human Resource personnel to: <ul style="list-style-type: none"><li data-bbox="570 411 1305 443">• Review and have employee sign re-entry agreement.<li data-bbox="570 447 1422 541">• Notify BOHS monitoring services coordinator of employee's entry into program to arrange random drug and alcohol testing as required.

Additional Information

Documentation Banner Health Stipulated Re-Entry Agreement (see Appendix A)

Key Words Reasonable Suspicion
 For cause testing
 Stipulated agreement
 Re-entry agreement
 Re-entry

Appendix A

Stipulated Conditions of Employment Agreement

Read and initial each paragraph or, if the paragraph does not apply to you, indicate NA (not applicable). Your initialing indicated your agreement to the paragraph. The Stipulated Conditions of Employment will be referred to as the "Agreement". These conditions are in addition to Banner's standard terms and conditions of employment.

- ___ 1. I agree to comply with the Agreement set forth in this document and in any order or other requirement of my licensing/certifying Board ("Board Order"). I agree that the term of this Agreement will be for the later of one year from the date indicated below or until the termination of any Board Order.
- ___ 2. I understand that Banner will terminate my employment immediately if I violate this Agreement or my Board Order. I understand that exceptions to terminations may only be made by the CEO and the Vice President of People Resources.
- ___ 3. I understand that Banner will conduct random testing while these Stipulated Conditions are in affect. I authorize Banner Occupational Health Clinics (BOHC) or the facility Employee Health Office (EH) personnel to collect urine specimens, breath specimens or to draw my blood to be used for the purpose of drug or alcohol testing. I agree to the use of my social security number for tracking my blood/urine/breath sample. I agree to sign all releases and authorization forms necessary for this purpose. I understand that a positive test result will result in termination.
- ___ 4. I agree to arrive at the designated collection area within one hour of being notified by my supervisor that a specimen is required. I agree to provide an adequate urine specimen within 3 hours of arriving at the collection area. I agree to provide an adequate breath specimen at the time of testing. I agree that failure to arrive and/or provide an adequate specimen within these timeframes without good cause may result in termination.
- ___ 5. I agree to participate in the intensive outpatient/inpatient chemical dependency therapy program identified below and to be monitored for the term of this Agreement.
- ___ 6. I agree to participate in a 12-step program identified below.
- ___ 7. I agree to advise my therapy program, therapist (psychiatrist, psychologist or counselor), 12-step sponsor, and family physician that telephonic and/or written communication with Banner or BOHC/EH may be required. I authorize all such communication and agree to sign all written authorizations necessary for this purpose.
- ___ 8. I agree to participate in meetings with Banner management to discuss my recovery process whenever requested to do so.
- ___ 9. During the term of this Agreement, I agree to remain free of any mood altering substance (drug or alcohol) that has not been approved by BOHC/EH. I understand that BOHC/EH will not approve any medication unless it has been prescribed by my physician who was informed that I am recovering from chemical dependency before prescribing the medication. Prior to taking any medication, I agree to report to BOHC/EH: (a) the name of such medication; (b) the name of the physician who prescribed the medication; (c) the reason for the medication; and (d) anticipated dates and times when the medication will be taken. Absent an emergency requiring immediate evaluation and treatment by a physician, I agree not to take any medication without BOHC/EH prior approval. In the event an emergency prevents prior approval from BOHC/EH, I will report to BOHC/EH the next business day: (a) the nature of the emergency; (b) the location where the emergency treatment was rendered; (c) the name of the prescribing physician; (d) the name and dosage of the medication and dates and times taken. I understand that the only prescription or over-the-counter medication I can take without BOHC/EH approval is aspirin, acetaminophen, ibuprofen, and naproxen.

