

Drug & Alcohol Screening Policy & Consent

Grace House · Grace For Addictions 1311 9th Street, Des Moines, Iowa 50314 · Office: 515-220-8771 · Warmline: 515-310-DIAL (3425) · gracehouse@graceforaddictions.org

Print-ready and fillable: complete on paper or type directly into this document. Version 2.0.

Purpose

Screening protects the substance-free environment every resident depends on. It is a community-safety tool, not a surveillance or punishment tool.

Schedule

- **Phase 1 (Days 1–30):** upon intake, then randomly up to twice weekly.
- **Phase 2 (Days 31–90):** once weekly (random day).
- **Phase 3 (Days 91+):** randomly, minimum once monthly.
- **For cause:** at any time based on observable, documented indicators.
- **Return-to-use follow-up:** per the individualized support plan.

Standards

1. Same-gender observation only where observation is used; dignity preserved at every step.
2. Prescribed MAT/MOUD and disclosed prescriptions are recorded as prescription-consistent — never as violations (see Medication Policy).
3. A refused screen is treated as a positive result.
4. A positive result triggers the **Return-to-Use Response Policy** — a support conversation and safety assessment, not automatic discharge.
5. Results are confidential: House Manager and Executive Director access only; stored in the locked/encrypted resident file; retained per records policy.

Screening Log Entry (per event)

Resident: _____ Date: _____ Time: _____ Type: ☐ scheduled ☐ random ☐ for cause ☐ follow-up

Method: ☐ urine dipstick ☐ lab ☐ oral swab ☐ breathalyzer Result: ☐ negative ☐ prescription-consistent ☐ positive ☐ refused ☐ invalid

Substances (if any): _____ Resident acknowledgment: _____ Staff: _____

Consent

I consent to drug and alcohol screening according to this policy. I understand refusal is treated as a positive result, that my prescribed medications are protected, and that a positive result initiates a supportive response process.

Participant signature: _____ Date: ____/____/____