

Resource for Nurse Administrators
Employing Nurses Participating in Drug
Monitoring Programs
With
The North Carolina Board of Nursing
(NCBON)

Participant Name: _____

Program : _____

Monitoring Coordinator: _____

Phone: _____ E-Mail: _____

Introduction

This information is intended to serve as a resource for administrators working with nurses in either the **Alternative Program for Chemical Dependency** or the **Chemical Dependency Discipline Program**. Coupled with a copy of the participant's contract, this document will provide the structure to support both the employer and the participant upon return to practice.

The mission of the North Carolina Board of Nursing (NCBON) is to protect the public by regulating the practice of nursing. Further, the mission of the NCBON Drug Monitoring Programs is to protect the public by providing a structured approach to monitoring and returning the recovering chemically dependent nurse to safe nursing practice. As such, safeguarding patients/residents, co-workers, facility and NCBON integrity remain a top priority.

The Problem

The incidence of substance abuse among nurses is no different than the general public. The American Nurses Association estimates that approximately 6% to 8% of nurses are chemically dependent. Other estimates range as high as 10% to 15% which is similar to that of the general population. To put it into perspective, there are approximately 138,000 licensed nurses in North Carolina.

There is a sense among the public and many professionals that because of education and training a nurse should be immune from problems of chemical dependency. This belief stigmatizes the disease and often leads the chemically dependent nurse to engage in more secretive behavior and attempts to cover. The vast majority of cases being reported to the Board of Nursing are related drug diversion with an opiate (approximately 67%) as the drug of choice. For many nurses, addiction begins with a legitimate prescription. Chemical dependence is a chronic, progressive and potentially lethal disease. Treatment is effective and with the proper structure, nurses in recovery can safely and effectively return to practice.

Authority to Act

In its mission to protect the health and wellbeing of the public, the NCBON is mandated by state legislation and the North Carolina Practice Act to intervene when there is evidence that a nurse ***“has a mental or physical disability or uses any drug to a degree that interferes with his or her fitness to practice nursing”*** [G.S. 90-171.37(3)]. The Nursing Practice Act [G.S. 90-171.47] states that ***“any person who has reasonable cause to suspect misconduct or incapacity of a licensee...shall report the relevant facts to the Board”***. Further, the Act states that those submitting a complaint are immune from civil liability in the matter unless the complainant knew the information was false or acted in a reckless manner.

Under **G.S. 90-171.23. *Duties, powers and meetings*** the NCBON has authority to implement programs for recovering nurses.

Employer Responsibilities

Agree to Conditions

Following the offer for employment, a work-site conference call will be conducted to assure that the employer and the designated supervisor agree to the conditions of the contract. If there is a change in supervision, the employer agrees to notify the NCBON in advance of the change by contacting the participant's Monitoring Coordinator. Further, the employer agrees to promptly respond to NCBON staff inquiries. Restrictions are lifted as the nurse progresses through the monitoring period such that the 3rd and final year in the program the nurse typically has no practice or population related restrictions. A copy of the participant's contract will be maintained on site and readily available to the immediate supervisor.

Complete Performance Reports

It is the responsibility of the participant to remain alert to the timing of the required work performance reports due to the NCBON. The employer can expect the participant to present the required form in advance of the due date to the supervisor and to follow up with the supervisor to assure the performance report has been submitted. The employer's feedback is critical in assessing the performance of the participating nurse. Unsatisfactory performance reports may be grounds for termination from the program. Reports are due on a scheduled basis throughout the duration of the program. The employer can anticipate a call from the Monitoring Coordinator if the Performance Report contains information which may need further exploration, for example any rating less than "Satisfactory" or any comments of concern. Additionally, the employer is expected to submit any disciplinary action or warnings which may occur during the reporting period.

Report to the NCBON

The employer will assure the NCBON that if there is a concern about fitness for duty whether or not a drug/alcohol screen was requested, the Monitoring Coordinator will be contacted promptly. In the event a drug/alcohol screen was requested, the employer agrees to notify the NCBON of the results and if positive, agrees to immediately remove the nurse from practice. If the participant fails or refuses to screen when requested, the employer will notify the NCBON. Further, the employer agrees to notify the NCBON if the nurse has been suspended, involuntarily terminated or has chosen to resign. Additional issues requiring prompt communication with the NCBON include serious practice related issues, concerns about management and/or documentation of controlled substances. Submitting a report to the division of Health Services Regulations (DHSR) does not negate the requirement to report to the NCBON. In any report submitted, the employer agrees to provide specific information answering the following questions.

- 1- What happened ?
- 2- Who was involved ?
- 3- When did it occur ?

- 4- Where did it occur ?
- 5- Were there witnesses?

Alternative Program for Chemical Dependency (AP)

Chemical dependency is formally recognized as a disease and in 1995, the NCBON established procedures and a program to manage eligible chemically dependent nurses in a non-disciplinary manner. The program, AP is a voluntary alternative to disciplinary action. Nurses may come to the attention of the NCBON for issues related to diversion, impairment on duty, documentation discrepancies, fraudulent prescription writing, repeated DWI's, and/or "MD shopping". Nurses must admit to a chemical dependency problem and they must be diagnosed as chemically dependent.

Key components of the AP include:

- Initial "hold" on the license (Abeyance) for a minimum period of 3 months
- Treatment at a level prescribed by the qualified substance abuse healthcare provider
- Participation in a follow-up program referred to as Aftercare, meeting weekly for 52 weeks
- Commitment to sobriety and total abstinence from alcohol and any non-prescribed potentially addictive mood altering substance
- Participation in 12-step recovery meetings and relationship with a sponsor
- Interview with the NCBON's Re-entry/Reinstatement committee prior to ending the Abeyance period
- Mandatory, random, observed drug screens, following chain of custody procedures
- Employer reports for three (3) years

Not all chemically dependent nurses are eligible to participate in the AP. A nurse may be ineligible for the AP if there is documentation of patient/resident harm, evidence of substitution of a controlled substance, felony convictions related to drugs or alcohol, or participation in the sale or distribution of chemicals or illegal substances. Additionally, prior participation in AP may render the nurse ineligible to participate a second time in AP. Any prior disciplinary action related to controlled substances or alcohol will result in the nurse being referred to a disciplinary monitoring program.

After enrolling in AP, a nurse experiencing a relapse may be eligible to continue in the program as long as the relapse is self-reported to the NCBON within twenty-four (24) hours. In this situation, if approved to remain in AP, the program start date would be re-set to begin with the new date of sobriety. If the self-report coincides with the request for a drug screen by the employer or the NCBON's random screening program, the nurse's participation in the AP is typically terminated.

Chemical Dependency Discipline Program (CDDP)

If a chemically dependent nurse is not eligible for participation in AP, he/she would in most situations be offered CDDP, the disciplinary version of the program. CDDP is considered a published discipline program. Specifically, nurses participating in this program will have disciplinary action against their license which will be reflected during the licensure verification process. Disciplinary action is a permanent part of the public record and is not expunged at the completion of the program.

Nurses who have previously participated in the AP and who have violated the Nursing Practice Act following a relapse shall be offered participation in CDDP. Structurally, the program mirrors the AP. The main exception is that in CDDP the license is suspended versus held in abeyance for a minimum of three (3) months after entering treatment.

The table below provides a summary of AP and CDDP. Nurses in each program must work a minimum of sixty-four (64) hours per month for three (3) years while being monitored. Interruptions in service will extend the expected date of completion.

	Alternative Program (AP)	Chemical Dependence Discipline Program (CDDP)
Diagnosed as Chemically Dependent	yes	yes
Initial Loss of license	Minimum Abeyance period - 3mos	Minimum Suspension period – 3 mos
Monitoring Period	3 yrs employment	3 yrs employment
Disciplinary Program	no	yes
Public Information	no	yes
Employer Performance Reports required	yes	yes
Practice Site restrictions	yes	yes
Requirement for Employer to be informed	yes	yes
Worksite conference	yes	yes
Random observed Drug Screening	yes	yes

Participants in either the AP or CDDP are appreciative of the opportunity to return to practice. They assume responsibility for communicating with their employer and the NCBON and for adhering to the details of the contract. While participating in the AP or CDDP, nurses are also required to adhere to all agency policies and procedures including requests for drug screening. The employer agrees to provide the NCBON with information on the participant’s performance by completing a brief evaluation every 2 months for the first year and then quarterly for the remainder of time the nurse remains in the program. Further, the Board asks the employer to respond to questions or concerns related to the participant’s performance and to report any violations of the contract. Each participant has a designated monitoring coordinator who will serve as a primary contact.

Reinstatement of the License

Following the three (3) month abeyance (AP) or suspension (CDDP), nurses may have their license reinstated through a Re-entry /Reinstatement (R&R) committee facilitated by NCBON staff OR they may be reinstated through the Licensure Review Panel (LRP) of Board members. The process requires the nurse to be interviewed by the respective committee/panel to determine his/her readiness to return to practice. The nurse may be delayed in having the license reinstated if the committee/panel has assessed that the nurse may need additional time in recovery prior to returning to practice.

Until a nurse has been approved by the committee/panel he/she should NOT apply for licensed positions. Once approved to return to practice, licensure verification through the on-line verification system will require the prospective employer to contact NCBON staff to verify the license and participation in the program.

Requirements for Drug Screening

Drug screening is the cornerstone of professional monitoring substance abuse testing programs. Testing results are used to determine the participant's compliance with adherence to contracts, licensing standards and program policies. Participating nurses are required to submit to random drug screens for the duration of time they are being monitored. The procedures for screening follow the US Department of Transportation and the National Council of State Board's of Nursing's guidelines. Screens are collected by laboratories appropriately qualified in forensic toxicology. Additionally, Medical Review Officer (MRO) oversight is provided. A MRO is a licensed physician who is responsible for interpreting results, evaluating medical explanations for test results and assuring the accuracy and integrity of the drug testing process.

Nurses participating in monitoring programs are required to communicate daily with the NCBON's designated third party administrator (FirstLab), Monday through Friday (including holidays), to determine whether or not they have been selected to screen. When selected, the nurse must appear the same day at a designated screening site to provide the specimen. Participants may need to leave during the scheduled work hours to screen if they are unable to screen before or immediately following the shift. The NCBON has very strict enforcement of this aspect of the contract.

All screens are collected under direct observed procedures which require that the same gender observer accompany the nurse while the specimen is being collected. Strict chain-of-custody procedures are followed.

The employer maintains the right to request additional testing under agency policies should there be a concern about the nurse's performance or behavior. Additional testing under separate EAP or last chance agreements is at the discretion of the agency and if implemented, is done in addition to NCBON testing. Participants refusing to screen following a request by the employer are subject to a one year suspension of their license under the Progressive Action Policy.

Good Reasons to Employ Nurses in AP or CDDP

These programs provide an opportunity for nurses to be evaluated by qualified substance abuse or addiction counselors and to begin a process of rehabilitation before being approved to return to practice. Nurses participating in the AP and CDDP are motivated to use this structure to live a healthy lifestyle and to be successful in their profession. The return to practice is reaffirming and therapeutic for nurses. They are eager to show their employer that they (the employer) have made a good decision.

The NCBON provides close monitoring of nurses participating in AP and CDDP. Each participant has a designated Monitoring Coordinator who is readily available to consult with the employer for any reason. The monitoring coordinators assure that the participant adheres to the signed contract. Coordinators assure an employer that a nurse who has a failed drug screen after returning to work will be removed from practice until the results are re-confirmed thereby protecting the public and the employer. Additionally, the Monitoring Coordinator communicates with the employer on any other non screening related compliance issues.

Most nurses participating in the AP or CDDP have over eight (8) years experience in nursing. Employers can benefit from the years of clinical experience the nurse provides. Employment of nurses in recovery may provide the agency with a secondary benefit; that is the agency's willingness to offer a recovering nurse a 2nd chance so to speak, sends a positive message to employees. Further, because staff must be knowledgeable of the program, there is heightened awareness of agency policies and procedures regarding the management and accountability of controlled substances.

Licensure Verification

The Licensure Verification Screen will be displayed as follows for a nurse in AP:



Name:
License #:
Nurse Type:
Original Date of Licensure:
Confirmation #:

LICENSE STATUS

• For verification of this license
Please call (919) 782-3211 ext. 257 or 274, during normal business hours on Monday
through Friday from 8:00 AM to 5:00 PM
Expiration Date: 04/30/2013
Charges/Discipline Against License/Privilege: NO

Important Notes:

- Multistate Licensure Privilege: Authority to practice as a licensed nurse in a remote state under the current license provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- Single State License: Authority to practice as a licensed nurse only in the state of North Carolina and the privilege is not otherwise restricted.
- The NC Board of Nursing certifies that it maintains the information for the license verification function of this website and considers it to be a secure, primary source for license verification.
- The database used by this web site was last updated 05/16/2012 02:06:37 PM.

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The Licensure Verification Screen will be displayed as follows for a nurse in CDDP:



Name:
License #:
Nurse Type:
Original Date of Licensure:
Confirmation #:

LICENSE STATUS

 Status: **ACTIVE**
• Chemical Dependency Discipline Program
For public documents prior to November 2006 for this licensee, please call (919) 782-3211
ext. 283, during normal business hours.
Compact Status: SINGLE STATE
Expiration Date: 05/31/2013
Charges/Discipline Against License/Privilege: YES

CHARGES/DISCIPLINE INFORMATION FOR THIS LICENSE/PRIVILEGE

Effective November 2006, the NC Board of Nursing began displaying public documents for charges and/or disciplinary actions taken against a license. For public documents prior to November 2006 for this licensee, please call (919) 782-3211 ext. 283, during normal business hours. [Click here to display available public documents.](#)

Important Notes:

- Multistate Licensure Privilege: Authority to practice as a licensed nurse in a remote state under the current license provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- Single State License: Authority to practice as a licensed nurse only in the state of North Carolina and the privilege is not otherwise restricted.
- The NC Board of Nursing certifies that it maintains the information for the license verification function of this website and considers it to be a secure, primary source for license verification.
- The database used by this web site was last updated 05/17/2012 10:26:26 AM.

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Conclusion

The purpose of this handbook is to assist the supervisor and the employer in partnering with the participant and the NCBON. The participant is fully accountable for adhering to the contract. This document is in no way intended to shift the accountability to the

employer.

Communication is the key to setting realistic expectations and promoting a successful outcome for the agency, the participant and the NCBON.

If you or your staff would like additional information regarding any aspect of this resource or the NCBON's drug monitoring programs, please do not hesitate to contact the Monitoring Coordinator assigned to the licensee or the Manager for Drug Monitoring Programs (919-782-3211 x 271)