

**Resource Manual for Nurse Leadership
Employing Nurses Monitored in a NCBON Drug Monitoring Program**

Licensee: _____

Program (check one)

- Alternative Program for Nurses in Recovery (AP)**
- Discipline Program for Nurses in Recovery (DP)**

Compliance Case Analyst: _____

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Coupled with a copy of the participant’s legally binding Consent Order (“Order”) and Return to Licensed Practice Agreement, this packet serves as a resource for nurse leadership working with nurses monitored (“participant”) in the Alternative Program for Nurses in Recovery (“AP”) or the Discipline Program for Nurses in Recovery (“DP”).

The mission of the North Carolina Board of Nursing (“NCBON”) is to protect the public by regulating the practice of nursing. As such, safeguarding patients/residents, co-workers and facilities remains a top priority.

The mission of the NCBON Drug Monitoring Programs is to protect the public by providing a structured approach to monitoring nurses experiencing a substance use disorder (“SUD”) and to return nurses in recovery to safe nursing practice.

Authority to Act

The NCBON is mandated by state legislation and the NC Nursing Practice Act to intervene when there is evidence that a nurse “is unable to practice nursing with reasonable skill and safety to patients by reason of illness, excessive use of alcohol, drugs, chemicals, or any other type of material.” [G.S. 90-171.37(a)(3)].

The Nursing Practice Act further states that “any person who has reasonable cause to suspect misconduct or incapacity of a licensee...**shall** report the relevant facts to the Board” [G.S. 90-171.47] and that complainants are immune from criminal prosecution



or civil liability in the matter unless the complainant knew the information was false or acted in a reckless manner.

The NCBON has authority to implement programs for recovering nurses as specified in G.S. 90-171.23(b)(18), Duties, powers and meetings.

Process for hiring and working with a program participant

Agree to Conditions

The participant provides a copy of the Order and Return to Licensed Practice Agreement in their entirety to the employer to be maintained on site and readily available to the clinical RN supervisor. Following the offer for employment, a work site telephone conference call will be conducted by the designated Compliance Case Analyst ("Case Analyst") including the participant and clinical RN supervisor to verify the workplace can support the Order conditions.

Employment conditions are lifted as the participant progresses through the Order such that the 3rd and final year of employment in the program, the participant typically has no practice or population-related restrictions.

Complete Quarterly Work Performance Evaluations

Work Performance Evaluations completed by the approved clinical RN supervisor are scheduled on a quarterly basis for the duration of the Order. Any disciplinary action or warnings which may occur during the reporting period should be submitted with the Work Performance Evaluation. The participant is responsible for submitting the required reports in accordance with the schedule provided by the Case Analyst. If the participant's quality of work is rated less than "Satisfactory," the Case Analyst will follow-up with the clinical RN supervisor.

Reporting to the NCBON

The employer agrees to **immediately** notify the Case Analyst and submit documentation within five (5) days of the following:

- Any change in clinical RN supervisor.
- Any change in employment status including medical leave, family medical leave (FMLA), probation, suspension, termination and/or resignation.
- Performance resulting in verbal or written counseling including practice related issues and concerns regarding management and/or documentation of controlled substances. Following a review, the Case Analyst may direct you to file an Employer Complaint in the Complaint Gateway.
- The results of any employer requested drug / alcohol screen.

Additionally, the employer agrees to remove the participant from duty **immediately**:

- If the participant provides a positive drug screen.
- If the participant refuses or fails to successfully provide a drug screen when requested to do so by the employer.

National Council of State Boards of Nursing Resource

The National Council of State Boards of Nursing (2018) has a brochure available for nursing leadership, including signs and symptoms to monitor. The details from brochure are listed below and also can be ordered directly from the NCSBN website for free: <https://www.ncsbn.org/resources/communications-library/order.page>

Recognizing Signs and Symptoms

It's not always easy to recognize unsafe practices in a nurse with an SUD. It can be difficult to differentiate between the subtle signs of impairment and stress-related behaviors. Three things to scrutinize are behavior changes, physical signs and possible drug diversion.

Behavioral changes can include changes in job performance, such as:

- Absences from the unit for extended periods;
- Frequent trips to the bathroom;
- Arriving late or leaving early; or
- Making an excessive number of mistakes, including medication errors.

Behavioral changes can be physical, including:

- Subtle alterations in appearance that escalate over time;
- Increasing isolation from colleagues;
- Inappropriate verbal or emotional responses; or
- Diminished alertness, confusion or memory lapses.

When nurses are abusing drugs and are unable to obtain them from a treating health care provider, they may turn to the workplace for access, often causing narcotics discrepancies. These might include:

- Incorrect controlled substance counts;
- Large amounts of controlled substance wastage;
- Numerous corrections of medication records;
- Frequent reports of ineffective pain relief from patients'
- Offers to medicate co-workers' patients for pain;
- Altered verbal or phone medication orders; and
- Variations in controlled substance discrepancies among shifts or days of the week.

Reference:

National Council of State Boards of Nursing. (2018). *A Nurse Manager's Guide to Substance Use Disorder* [Brochure]. https://www.ncsbn.org/public-files/Mgr_SUDiN_Brochure_2014.pdf

Alternative Program for Nurses in Recovery (AP), Discipline

Program for Nurses in Recovery (DP)

Substance Use Disorder is formally recognized as a disease. In 1995, the NCBON established procedures and the AP as a program to monitor eligible nurses in a non-published, non-disciplinary manner. Nurses who are not eligible to participate in the AP may participate in the DP, a published, disciplinary program mirroring the AP.

Examples of violations resulting in AP and DP participation include diversion, impairment on duty, documentation discrepancies, obtaining prescriptions by fraud or forgery, repeated convictions for Driving While Impaired / Driving Under the Influence, and doctor shopping. To enroll, an eligible nurse acknowledges a violation of the NC Nursing Practice Act, experiencing a substance use disorder and agrees to program conditions set forth in the Order.

Key components of the AP and DP conditions include:

- Minimum period of 3 months out of practice (AP – Abeyance, DP – Suspension).
- Treatment at a level prescribed by the qualified substance abuse treatment facility followed by 52 weeks of weekly aftercare.
- Commitment to sobriety and total abstinence from use of alcohol/alcohol containing products and any non-prescribed potentially addictive mood- altering substance.
- Random, observed drug screenings following chain of custody procedures.
- Requirement to report relapse within 24 hours.
- Participation in approved mutual support group meetings (minimum 3 weekly).
- Petition for reinstatement prior to returning to restricted nursing practice.
- Following return to practice in approved nursing position, submit Work Performance Evaluations completed by the approved clinical RN supervisor evidencing quality of work and hours worked (each quarter must average 64 hours worked per month for evaluation to accrue toward completion).
- Participant commitment to communicate with the Board, nursing employer and adhere to employer policies and procedures including requests for drug screening.
- Subject to Order conditions until participant completes a minimum of 3 years of satisfactory employment in a licensed nursing position while satisfying all other conditions of the program or after 5 consecutive years of non- failed drug screening.

AP, DP Program Comparison

AP

- Diagnosis Substance Use Disorder
- 3 months abeyance (temporary inactivity)
- 3-5 years monitoring
- Non-published, Non-Disciplinary
- Random, observed drug screening
- Employer awareness of participation
- NCBON approval required for all nursing employment
- Employment conditions
- Work Performance Evaluations due quarterly from clinical RN supervisor

DP

- Diagnosis Substance Use Disorder
- 3 months suspension
- 3-5 years monitoring
- Published, Discipline
- Random, observed drug screening
- Employer awareness of participation
- NCBON approval required for all nursing employment
- Employment conditions
- Work Performance Evaluations due quarterly from clinical RN supervisor

AP, DP - Requirements for Drug Screening

Drug screening is the cornerstone of substance abuse monitoring programs to verify compliance with Order conditions. Participants are required to submit random, observed drug screens for the duration of participation in accordance with US Substance Abuse and Mental Health Service Administration (SAMHSA) and the National Council of State Boards of Nursing guidelines. Tested specimens may include urine, hair, fingernails and blood.

Participants check into the NCBON's third party administrator between 5am and 3pm Monday through Friday and screen as selected by providing an observed specimen in accordance with chain of custody protocols at an approved collection site. The participant is responsible for screening on the date selected, even if scheduled to work. The specimens are tested by laboratories certified to perform forensic toxicology testing and all non-negative data is verified by a Medical Review Officer (MRO), a licensed physician certified in interpreting results and assuring the accuracy and integrity of the drug testing process.

Conclusion

The purpose of this handbook is to assist the manager/supervisor and the employer in partnering with the participant and the NCBON. The participant is fully accountable for adhering to the Order.

The AP and DP provide an opportunity for participants to begin a process of rehabilitation through engagement in substance abuse treatment, mutual support group meetings and drug screening, prior to returning to restricted nursing practice. On average, AP and DP participants have over ten (10) years of clinical nursing experience.

The NCBON closely monitors participants by assigning a designated Case Analyst to verify compliance with Order conditions. The Case Analyst is readily available to consult with the participant or employer for any reason. If a participant submits a failed drug screen when requested to screen by the NCBON's third party administrator, the Case Analyst will remove the participant from practice until additional testing and investigation have been completed, protecting the public and employer.

Communication is the key to promoting a successful relationship between the employer and participant and supporting the NCBON in its mission of public protection.

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 Case Analyst assigned to the participant or the Manager of Compliance at 984-238-7642.