“Save a Life, Save a Career”

A Resource Guide for Assisting impaired Nurses and Nurses “at risk” for SUD.

WV Restore

safety in healing

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Introduction

It is estimated that 10% to 15% of all nurses may be actively impaired or in recovery from drug or alcohol addiction (NCSBN, 2011; Cares et al., 2015) The prevalence of addiction among nurses mirrors the general population, but nurses are believed to be at increased risk for abuse of prescription-type medication. Narcotics are the most frequently abused drug of choice among nurses enrolled in monitoring programs (Fogger & McGuinness,2009; Darbro, 2005). This is of particular concern as our nation faces an unprecedented opioid epidemic. In 2014, more people died from drug overdose than any other year on record and most of these deaths involved opioid medication (MMWR, 2016). Nurses comprise a large part of the general population and face the same risk factors plus the added risk of working in environments where frequent and easy access to controlled substances is part of the nurses' daily work routine.

Impairment occurs when a nurse is unable to provide safe patient care due to the use of a mood or mind-altering substance and/or due to the presence of a physical condition or a distorted thought process from a psychological condition (IPN, 2015b.). Impairment not only endangers patients but also threatens the health and safety of the impaired nurse, puts colleagues at risk, causes a significant financial burden for employers, and compromises the integrity of the nursing profession.

Unfortunately early recognition leading to intervention and treatment of the nurse with a Substance use disorder (SUD) is often delayed. The problem is denied, rationalized, or minimized. Co-workers, colleagues, and supervisors may protect, blame, transfer, terminate the nurse or ignore the situation even when signs and behaviors are obvious. It is a nurses' professional responsibility to assist colleagues in recognizing deterioration in job performance but it is very difficult when the deterioration may be related to substance abuse.

Nurses are responsible for the safety of patients, and this includes a duty to deliver nursing care without impairment. The American Nurses Association (ANA) strongly advocates for all medical facilities to establish educational programs that teach nurses how to recognize impairment and respond according to state laws and institutional policies (ANA, n.d.). Limited data exists on the number of nurses who misuse alcohol or other drugs because nurses rarely report themselves for fear of disciplinary action. Many states, including West Virginia, have passed legislation to assure nurses who need help can get help through an alternative to discipline pathway.

Purpose

This resource guide was developed by the WV Statewide SUD Workgroup to assist in helping nurses better understand the process for taking action to help themselves and their colleagues when there is a concern about impairment. It is our hope that this resource guide will provide clear-cut steps for taking action when a nurse shows signs of impairment in the workplace and also serve as a resources to assist nurses "at risk " for SUD.

Definitions

Substance-Use Disorder: A disease of the brain characterized by the recurrent use of substances (e.g., alcohol, drugs) that cause clinical and functional impairment such as health problems, disability, and failure to meet major responsibilities at work, school, or home (APA, 2013)

Addiction: The most severe, chronic stage of substance use disorder, in which there is a substantial loss of self-control, as indicated by compulsive substance use despite the desire to stop using (Volkow et al., 2016); like other chronic diseases, progressive, often involves cycles of relapse and remission, and can result in disability or premature death if left untreated (ASAM, 2011)

Impairment: The inability or impending inability to engage safely in professional and daily activities as a result of a physical, mental, or behavioral disorder (IPN, 2015b).

Drug diversion: The transfer of a controlled substance from a lawful to an unlawful channel of distribution or use (Berge et al., 2012)

History

Substance abuse in the workplace can result in serious consequences when it is not recognized and treated early. In healthcare settings it is often unidentified, unreported, and untreated for long periods of time. In recent years, significant progress has been made toward developing programs aimed at early identification and treatment of nurses with substance use disorder and other mental health conditions that may impair practice. Such programs enable the nurse with a SUD to avoid disciplinary action and return to work under strict monitoring that ensures public safety and holds the nurse accountable to treatment and ongoing recover.

In 2012, Senate Bill 379 revised the WV Code §30-7-11a and called for the establishment of a Nurses' Health Program in WV. The nurse health program modeled the physician health program that was started in 2007. In establishing the Nurse Health Program the legislature made its intention clear

In order to encourage voluntary participation in monitored alcohol, chemical dependency or major mental illness programs and in recognition of the fact that

major mental illness, alcoholism and chemical dependency are illnesses, any person who holds a license to practice registered nursing in this state or who is applying for a license to practice registered nursing in this state may enter into a voluntary agreement with a nurse health program as defined in section one, article seven-e of this chapter.

The agreement between the licensee or applicant and the nurse health program shall include a jointly agreed upon treatment program and mandatory conditions and procedures to monitor compliance with the program of recovery.

Any voluntary agreement entered into pursuant to this section shall not be considered a disciplinary action or order by the board, shall not be disclosed to the board and shall not be public information if specific conditions are met.

WV RESTORE

The WVR program for registered professional nurses is the nurse health program with the primary purpose to protect the consumers of West Virginia from unsafe nursing practice. The West Virginia Restore (WVR) program currently contracts the daily management and operations of the nurse health program with the WV Pharmacists Recovery Network, Inc. which is located in Charleston, West Virginia. Gary M. Brown R.Ph. is the Executive Director of the network. **The number to contact WVR is 304-932-7675 or the website is WVRestore.org.**

The WVR program has become a referral and information support network with a goal of rehabilitation and retention of Registered Professional Nurses. **If a RN contacts WVR and self-reports, the WVBERPN is not aware of the referral and participation remains confidential unless the RN does not comply with their program. As an employer, encourage the nurse while he/she is in your presence to contact WVR. If the nurse does, then there is no need for you to make a complaint to the Board.**

Now in its fourth year of operation, *Restore i*s becoming "known" throughout the state and receives referrals from a wide range of key stakeholders, including nursing employers, treatment providers, the and self-referrals from individual nurses seeking help.

The purpose of the program is to:

- Provide a confidential, non-punitive approach to substance use disorders
- Promote early intervention for suspected substance abuse and support recovery
- Retain skilled practitioners through monitoring and providing an alternative to discipline
- Ensure the public's safety from impaired practice and judgement
- Return recovering nurses safely back to work

Services of WV RESTORE include:

- Confidential consultations with the impaired nurse, colleagues, employers or other concerned individuals
- Case management
- Education and outreach
- Comprehensive intake services
- Referrals for evaluation and treatment to approved treatment programs
- Monitoring of Program Compliance and safety to practice
- Advocacy for nurses with substance use disorder or other mental/physical conditions
- Overseeing nurse support groups throughout the state

WHAT MAKES NURSES "AT RISK"

While workplace factors contribute to substance abuse, non-workplace factors are likely to play a much larger role. A personal or family history of alcohol or drug abuse accounts for as much as 60% of a person's risk (NIDA, 2011a)Such a history is also the most strongly predictive factor for drug abuse and aberrant drug-related behaviors (Chou et al., 2009). Family history, personality characteristics, underlying comorbid conditions such as depression or anxiety, and inadequate coping skills may pose the greatest risk for SUD in nurses (Cares et al., 2015)

GENERAL RISK FACTORS FOR SUBSTANCE ABUSE	
Genetic	• Family history of substance abuse • Deficits in natural neurotransmitters
Physical	• Acute or chronic pain
Psychological	• Depression/anxiety • Low self-esteem • Low stress tolerance • Feelings of resentment • Addictive personality traits
Behavioral and Social	• Personal history of alcohol or controlled substance use • Risk-seeking behaviors • Maladaptive coping strategies • Trauma, abuse, isolation • Lack of support system • Stressful work, home, community environment • Victim of bullying • Family dysfunction
Sources: Bettinardi-Angres & Angres, 2011; New, 2014.	

WORKPLACE RISK FACTORS

Nurses may be particularly vulnerable to abuse of controlled substances simply because of the nature of the profession and the workplace environment. Nurses have specialized knowledge about the effects of controlled substances, and with every administration they witness the calming and euphoric effects of controlled substances on their patients.

WORKPLACE RISK FACTORS FOR SUBSTANCE ABUSE	
• High-stress work environment • Low job satisfaction • Role strain • Long hours • Irregular shifts • Fatigue • Periods of inactivity or boredom	• Remote or irregular supervision • Easy access to controlled substances • Lack of education regarding substance use disorders • Lack of pharmaceutical controls in workplace • Enabling by peers and managers (NCSBN,2011)

Recognizing a Problem in the Workplace

Impairment renders a nurse unsafe to provide patient care, but even so, physical, psychosocial and behavioral clues are subtle and easily overlooked. Colleagues may notice clues but seek other explanations and avoid suggesting substance abuse as a possible cause.Early identification of the **signs and behaviors** associated with substance use disorder and drug diversion reduces the risk of harm to patients and providers. Co-workers play an important role by recognizing and reporting suspicion to supervisors/appropriate chain of command.

Generally, disruptions in family, personal health, and social life manifest long before a nurse shows evidence of impairment at work. Thus, all indicators, no matter how subtle, appearing in the workplace must be taken seriously.

COMMON SIGNS OF WORKPLACE IMPAIRMENT	
Physical	• Progressive deterioration in personal appearance • Wearing long sleeves when inappropriate • Diminished alertness, confusion, or memory lapses • Frequent runny nose, diaphoresis, slurred speech • Dilated or constricted pupils, bloodshot or glassy eyes • Unsteady gait, Tremors or shakes, restlessness • Frequent nausea, vomiting, diarrhea, weight gain or loss
Psychosocial	• Increasing isolation or withdrawal from colleagues • Personal relationship problems • Intoxication at social functions • Defensiveness (e.g., denial, rationalization) • Inappropriate verbal or emotional responses • Mood swings, over-reaction to criticism, overexcitement • Personality change (mood swings, anxiety, panic attacks, depression, lack of impulse control, suicidal thoughts or gestures, feelings of impending doom, paranoid ideation) • Feelings of shame, guilt, loneliness, or sadness

Behavioral	• Absenteeism (absences without notification, excessive use of sick days, excessive tardiness) • Confusion, memory loss, and difficulty concentrating or recalling details and instructions • Ordinary tasks requiring greater effort and consuming more time • Frequent complaints of vague illness, injury, or pain • Insomnia, sleeping on the job • Rarely admitting errors or accepting blame for errors or oversight • Unreliability in keeping appointments and meeting deadlines • Work performance that alternates between periods of high and low productivity • Working excessive amounts and showing up on days not scheduled • Making mistakes due to inattention, poor judgment, or bad decision-making • Elaborate, implausible excuses for behavior
Sources: Dunn, 2005; U.S. DEA, 2011; NCSBN, 2014; AANA, 2016b.	

Drug Diversion

In the United States, diversion of opioid medication has contributed to an epidemic of opioid abuse and overdose deaths. Impairment may or may not involve the diversion of controlled substances from the workplace, but the opportunity does exist and it is a serious concern for healthcare facilities. Nurses have frequent and easy access to controlled substances, providing ample opportunity for an addicted nurse to engage in diversion. Some specialties such as anesthesia, intensive care, and emergency dept. nurses may have a higher risk for diversion of controlled substances because of increased exposure in these departments (NCSBN, 2011).

Diversion may occur with opened or unopened vials, partially used doses of medication that is not wasted, and medication that has been disposed of and left in sharps containers. The drugs most commonly diverted from healthcare settings are opioids, but there is no precise data that defines the extent of drug diversion. Drugs that are diverted from healthcare facilities are typically stolen to support an addiction of either the healthcare worker or an associate (Berge, 2012).

System-wide initiatives should be in place in all clinical settings to detect drug diversion and all employees should be made aware of protocols in place. Every nurse plays an important role in drug diversion prevention and should be able to recognize behaviors associated with drug diversion.

Behaviors that may be associated with drug diversion include the following:

- Evidence of tampering with vials or capsules
- Frequent medication losses, spills, or wasting
- Patients complaining of ineffective pain relief
- Frequent unexplained disappearances from the unit
- Incorrect narcotic counts

- Consistently documenting administration of more controlled substances than other nurses
- Large amounts of narcotic wastage
- Numerous corrections on medication records
- Offers to medicate a coworker's patients for pain
- Frequent trips to the bathroom
- Saving extra controlled substances for administration at a later time
- Altered verbal or phone medication orders
- Variations in controlled substance discrepancies among shifts or days of the week (NCSBN, 2014; AANA, 2016b)

Ethical Considerations

Misuse of prescribed medications, non-prescription drugs, and alcohol is a violation of the WV Nurse Practice Act and the ANA Code of Ethics for nurses. Nurses and other health professionals impaired by alcohol or other drugs pose a serious risk of harm to patients, colleagues, and themselves. Employers have a duty to protect the patient as well as an ethical obligation to assist their employees.

- Confidentiality related to information concerning a substance use disorder is required by federal law
- Policies should be in place at every healthcare organization to include cause for testing and guidelines for dealing with impairment in the workplace
- A health professional should be offered treatment in lieu of termination. It is more cost effective to help the nurse get treatment and return him/her to the workplace than to replace them. Valuable expertise and service history may be lost if the health professional's employment is preemptively terminated, and the health professional is not afforded the opportunity to get treatment for a disease that is chronic, progressive and fatal.
- Suicide risk is increased after an intervention/confrontation. It is necessary to assure the nurse is not left alone after an intervention until a plan is in place.

BARRIERS TO EARLY IDENTIFICATION AND TREATMENT

There are many barriers that prevent impaired nurses from seeking help. Rarely do they seek help on their own because of fear, embarrassment and concerns over losing their nursing license (Cares et al., 2015). Nurses also lack knowledge about SUD as a chronic progressive disease and they have limited knowledge about treatment and the process for obtaining help and advocacy. Likewise, nursing colleagues face similar barriers and they are often reluctant to report suspected impairment.

Reluctance to Seek Help

Nurses avoid seeking help for a number of reasons:

Denial is the chief characteristic of substance use disorder. It is a psychological defense mechanism that tells the nurse "I'm okay" even when disruptions in family, personal health, and social life are evident. Nurses with a substance use disorder have difficulty seeking help because they deny they have a problem or hold on to the false belief that they can "stop using" on their own.

While substance use disorder is recognized as a chronic disease that can be identified and successfully treated, this does not eliminate the **social stigma** surrounding it, which may be even more pronounced in the nursing profession. Concern for being labeled "an addict" prevents nurses who need help from seeking help, and the stereotype, prejudice, and discrimination reduce opportunities for assistance and for re-entry.

Nurses often **lack knowledge** about the signs and symptoms of SUD. They may also be unaware of alternative to discipline programs and treatment options, which contributes to their unwillingness to reach out for help.

BARRIERS TO SEEKING HELP
• Too ill to seek assistance • Too scared and embarrassed • Too concerned about losing one's license • Too concerned about confidentiality • Lack of knowledge about alternative programs • Lack of knowledge about treatment
Source: Cares et al., 2015.

Reluctance to Report

Signs and symptoms of impairment in the workplace are often subtle, making it very difficult to differentiate them from stress-related behaviors. Colleagues and supervisors can easily "explain away" behaviors that are consistent with impairment in the workplace, often making early recognition and intervention dangerously delayed.

Negative attitudes and beliefs about addiction also prevent nurses from intervening. Many nurses still believe addiction is a moral issue rather than a primary disease that requires intervention and treatment. Some nurses hold on to stereotypes about what a typical "addict" looks like, making it easy to deny the existence of such a problem in the healthcare setting.

Nurses often lack knowledge about SUD as a primary disease with signs and symptoms that can be identified and treated. They may not know risk factors, signs that are identifiable in the workplace, or the resources available and steps to take to properly report or refer a colleague.

Workplace Policies and Procedures

Policies and procedures should be in place that assures consistent handling of substance abuse problems in the workplace. Policies should promote safety and provide assistance to employees at risk for substance use disorder.

Workplace policies aimed to prevent, identify, intervene, and assist with substance abuse problems in the workplace may include the following:

- Pre-employment drug testing
- For-cause drug testing
- Fitness-to-practice evaluations
- How to document and report concerns
- Employee Assistance Programs
- Return to practice guideline

INTERVENTIONS

In West Virginia, any licensed nurse who suspects another nurse is practicing while impaired is responsible for reporting. In hospitals or other healthcare environments reporting may be most appropriate to the clinical manager or nursing supervisor who then assumes the responsibility of reporting to either the WV Board of Nursing or WV Restore. Reporting to either entity fulfills the mandatory reporting obligation. A nurse may also contact WV Restore for a confidential consultation. IPN can be reached by calling

STEPS TO MAKING A REPORT

When planning to intervene in a case of suspected impairment, the first step is knowing state laws and rules pertaining to substance abuse and impairment in the workplace. It is also important to be familiar with and to follow the organization's policies and procedures relating to substance abuse and impairment.

Observing and Documenting

Next, nurses can follow these steps when they begin to notice possible impaired practice:

- Observe job performance; be aware of signs and symptoms of impairment that are common in the workplace.
- Look for patterns of behavior indicating possible impairment that are consistent over a period of time.
- Document (date, time, place, witnesses) any inappropriate behavior; be concise and include objective, clear, and factual information:
    - What happened?
    - Who was involved?

- When did the incident occur?
- How was it discovered?
- Where did it occur?
- Were there any witnesses?
-

Confronting the Nurse

Supervisors should be involved in planning an intervention and taking steps to respond to concerns about impairment in the workplace. Interventions should focus on documented facts. The primary objective for an intervention is to request the nurse refrain from practice until a fitness to practice evaluation has been completed.

To assure safety, a nurse who is impaired should never be left alone and should not be permitted to drive.

Calling in the Report

In West Virginia, any licensed nurse who suspects another nurse is practicing while impaired is responsible for reporting. In hospitals or other healthcare environments reporting may be most appropriate to the clinical manager or nursing supervisor who then assumes the responsibility of reporting to WV Restore. Reporting to WV RESTORE fulfills the mandatory reporting obligation. WV RESTORE can be reached by calling 304-932-7675. A nurse may also contact WV RESTORE for a confidential consultation by phone or by e-mail at info@WVRESTORE.org

Intervention Do's and Dont's

DO	DON'T
Have a plan Review Documentation Stick to the job Performance Request Help from others Have professional resources available Ask the nurse to listen to everyone before responding Ensure Security is readily available Expect DENIAL Provide a Safe Transport after intervening	• Intervene Alone • Try to Diagnose the Problem • Expect an admission of a problem • Use Labels • React Irrationally • Use Labels • Give Up

Considerations for Return to Work

Readiness for reentry is a collaborative decision of the monitoring program, a certified drug and alcohol counselor, and the employer. When the nurse employee who has been treated for and is recovering from a substance use problem returns to work, there is potential for relapse with use of substances. Reducing the risk for relapse is of utmost importance. The following are some suggested recommendations:

- It is preferable that nurses return to a work environment that provides structure and support (eg. supportive colleagues and administrators and supervisors who are familiar with the nurses' history and needs
- A designated contact person should be available while the nurse is on duty.
- Abstinence from alcohol and/or other drugs is required.
- Professional outpatient counseling with random supervised toxicology screens or breathalyzer testing is often indicated.
- Regular attendance at support group meetings is often an expectation.
- If the restriction of medication administration is warranted, specific limitations should be clearly defined, documented and reviewed periodically.
- Follow-up conferences should be scheduled with the supervisor or Human Resource personnel

In addition to terms that may be outlined by WV RESTORE in the nurses' monitoring contract the nurse manager may choose to establish a written "return to work" agreement. Such agreements may include any or all of the following:

1. Limitations on the scope of practice of the nurse employee; for example, a nurse employee may be restricted from administering medications.
2. Mechanisms for closer supervision of the nurse employee.
3. Limitations on hours of work; for example, a nurse employee may be restricted to particular shifts or days of work.
4. Limitation on overtime worked.
5. Expectations relative to documentation of continued treatment and after care, including periodic random testing of bodily fluids.

Americans with Disabilities Act (ADA)

The 1990 Americans with Disabilities Act (ADA) expanded the definition of "disabled" and clearly includes individuals recovering from illegal drug use and alcoholics. The ADA mandates reasonable accommodation of an individual's disability in order to allow performance of the essential functions of the job, unless undue hardship would result. Reasonable accommodation may extend to job restructuring, part-time or modified work schedules, and/or reassignment to a vacant position.

The ADA's legislative history would also support reasonable accommodation to

reallocation and revision of work assignments, redesigning procedures and providing additional unpaid leave days. Nurse managers should consult with their institutional and agency attorneys regarding the specific applicability of state or federal law to their work setting.

FAQ Page

Frequently Asked Questions

1. Why should we help nurses with impaired practice?

   Addiction is a disease and those affected with this disease, as well as family and friends suffer as a result of this disease. Support of our nurse colleagues who suffer from addiction is an essential component of our profession. Research reveals that when a nurse is supported in gaining recovery it can help lessen the devastation in the life of a nurse struggling with addiction, preserve a career, and return a valuable resource to the healthcare community.

2. Does a nurse need to be reported to the Board of Nursing if impairment is suspected?

3. Are nurses required to submit to alcohol or urine drug testing when impaired practice is suspected?

Resource Page

Resources for all nurses

WV RESTORE
www.wvrestore.org

What you need to know about substance use disorder in nursing
https://www.NCSBN.org/SUD_Brochure_2014.pdf

AANA Peer Assistance Helpline 800-654-5167
http://www.aana.com/resources2/peer-assistance/Pages/default.aspx

Substance use disorder resources (ANA)
http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/Work-Environment/SubstanceUseDisorder/Substance-Use-Resources.html

Wellness and substance use disorder resources (AANA)
http://www.aana.com/resources2/health-wellness/Pages/Wellness-Education-and-Research.aspx

Resources for managers

A nurse manager's guide to substance use disorder in nursing
https://www.ncsbn.org/Mgr_SUDiN_Brochure_2014.pdf

Substance Use Disorder: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs
https://www.ncsbn.org/SUDN_11.pdf

Community Recovery Programs & Resources

Treatment Programs

Treatment Providers

Support Groups

AA

NA

CODA

Caduceus

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APPENDIX

1. **Sample Return to Work Contract**
2. **Request A Presentation**
3. **Save a Life; Save a Career Algorithm**

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