

Program for Recovering Nurses (PRN)

An Alternative to Discipline Program
Administered by the
Idaho Board of Nursing



Mission of the Idaho Board of Nursing

To regulate nursing practice and education for the purpose
of safeguarding the public health, safety and welfare

Mission of the Program for Recovering Nurses

Protecting public safety, health and welfare by assisting
nurses in their recovery and return to safe practice

**Administrative Rules of the Board
§IDAPA 23.01.01.132.04-06
Provide that “Individuals disabled
due to alcohol or drug use or to
emotional or mental impairment
may qualify for issuance of a limited
license as an alternative to discipline”**

Property of:

Table of Contents

Idaho Board of Nursing Position on Safety to Practice.....	2
Board of Nursing Beliefs.....	4
Program for Recovering Nurses (PRN) Enrollment Options.....	5
Guidelines for Program Participants.....	7
Initiating Participation in the Program for Recovering Nurses (PRN).....	8
Board Approved Evaluators Alcohol Use, Substance Use and Mental Health.....	10
Treatment.....	12
Drug Testing.....	15
Use of Prescription Medications.....	17
Professional Support Groups.....	18
Controlled Substances - Limitations.....	20
Return to Nursing Practice.....	22
Worksite Monitors.....	24
Managing Relapse.....	25
Authorized Temporary Release from Monitoring.....	27
Glossary of Terms.....	28
Rules of the Board of Nursing.....	37
Participants Intent to Seek Licensure or to Practice Nursing Out-of-State.....	37

Idaho Board of Nursing Position on Safety to Practice

An essential element of safe nursing practice is a nurse's functional ability: the competence and reliability with which a nurse is able to practice at any given time.

The Board is aware nurses sometimes experience situations that may compromise their ability to safely practice. Examples include, but are not limited to, personal or job-related stress, sleep deprivation, and episodic or persistent health conditions, some could require pain management or the use of maintenance-level prescribed medication.

Whether a nurse should continue active nursing practice, when that practice may be compromised, depends upon the nurse's ability to function safely and effectively. The assessment of functional ability is an individualized process. Although constant evaluation of one's ability to safely and competently practice nursing is the responsibility of each individual nurse, the Board of Nursing remains the ultimate decision maker. In some instances, it may be necessary for the Board to require objective physical and/or functional assessments, using reliable psychometric instruments and methods administered by qualified licensed professionals. For example, even though an individual nurse perceives that he/she is capable of safe practice, a neuropsychiatric assessment, done at the Board's request, may indicate an impairment in functional capacity.

Licensed nurses are personally accountable to insure their actions and behaviors meet applicable standards within their defined scope of practice. Nurses who practice while not fit to do so may be subject to disciplinary action by the Board including e.g., license suspension, revocation, remedial measures, monitored, or restricted practice.

Adopted 4/29/2015
Reviewed 7/30/2015

The Idaho Board of Nursing Believes:

- Alcohol and/or substance use and mental health disorders are primary illnesses.
- These illnesses may impair the nurse's ability to practice safely.
- Appropriate treatment and aftercare can assist nurses in their recovery.
- Assistance programs that include treatment and monitoring are effective in protecting the public while assisting the nurse in recovery.
- Nurses who willingly cooperate with an assistance program by complying with treatment and monitoring requirements should be allowed to avoid disciplinary action.

Adopted 7/28/2006

Revised 5/5/2012

Revised 7/30/2015

Program for Recovering Nurses (PRN) Enrollment Options

The Idaho Board of Nursing supports an alternative to discipline for nurses who have been (or are likely to be) charged with violating the Nursing Practice Act, but who are willing to stipulate to certain facts and enter a program approved by the Board. The Board offers three enrollment options for this alternative to disciplinary action summarized below:

Option 1 – Self Referral:

- The nurse seeks treatment and monitoring on their own behalf, independent of coercion or condition by one's employer, the Board of Nursing, or others. The nurse contracts directly with the PRN to establish monitoring conditions.

Option 2 – Non Board Referral:

- The nurse has not been reported to the Board for violations of the Nurse Practice Act or Rules.
- The nurse or an agent of the nurse e.g. employer, colleague, family member, contacts the PRN Program Coordinator requesting assistance.
- The nurse contracts directly with the PRN to establish monitoring conditions.
- The nurse agrees to enter treatment for alcohol and/or substance use or mental illness and signs a contract for monitoring by the PRN.
- The nurse is compliant with all conditions of the monitoring contract.

Option 3—Board Referral:

- A formal complaint has been filed with the Board of Nursing; or

Program for Recovering Nurses (PRN) Enrollment Options Continued...

- The nurse has voluntarily surrendered his/her license to the Board and has admitted to a disability relating to alcohol or substance use or to mental illness.
- The nurse waives the right to a hearing.
- The nurse is required to discontinue practice for a period of time, typically 90 days.
- The nurse is referred by Board staff to the PRN and must sign a contract for monitoring for a period of time, no less than five (5) years.
- The nurse agrees to enter treatment.
- Nursing practice is resumed when a conditional limited license has been approved and issued by the Board with requirements for continued monitoring by the PRN.
- The nurse is compliant with all conditions of the monitoring contract.
- The nurse is released from the PRN following satisfactory completion of the monitoring contract.

There is research documenting the success rate of nurses returning to work after 5 years showing an increase in long term sobriety versus 3 years of monitoring.

Clark, C., and Farnsworth, J. (2006). Program for recovering nurses: An evaluation. *MedSurg Nursing*, 15(4), 223-230.

Revised 7/30/2015

Guidelines for Program Participants

Program for Recovering Nurses Guidelines have been developed, and affirmed by the Board of Nursing. Program guidelines have been approved based on current research and *Best Practices*. Program participants are expected to comply with current and updated guidelines.

Initiating Participation in the Program for Recovering Nurses (PRN)

Option 1 - Self Referral:

Option 2 - Non-Board Referral:

Participants contact the monitoring contractor independently of the Board. Compliance with the conditions of the monitoring contract is required. Since participation in option 1 & 2 is voluntary, requirements are unique, and differ from Option 3. However, noncompliance with Self-Referral or Non-Board referral conditions results in conversion of the contractual agreement to a Board Referral monitoring contract.

Option 3 - Board Referral

The Board of Nursing determines eligibility for participation in the PRN. Some or all of the following must be undertaken within 90 days of eligibility as specified in the individual contract. However noncompliance with PRN activities within this timeframe may be referred to the Board of Nursing for disciplinary action.

Preliminary steps:

- Initial eligibility screening by Board staff.
- Initial contact with the PRN program staff to initiate intake into the PRN.
- Schedule comprehensive clinical assessment within 48 hours of intake, sign necessary release to facilitate return of treatment recommendation to PRN (see Board Approved Evaluators p. 10).
- Follow through with initiation of treatment recommendations (see Treatment Guideline p. 12).
- Review, sign and return individualized monitoring contract to PRN.

- Enroll with a Board approved, nationally certified laboratory, review the contract, personal responsibilities, and processes for random drug screening.
- Begin attending a 12 step (AA or NA) or other approved recovery program and identify personal sponsor.
- Begin attending nursing or health professionals' peer support group.
- Certified Registered Nurse Anesthetists (CRNA) must identify a personal peer assistance advisor.

Approved 4/16/2010

Revised 7/30/2015

Board Approved Evaluators Alcohol Use, Substance Use, and Mental Health

Evaluation is the process of collecting relevant information about the individual with a suspected or known alcohol use and/or substance use disorder or mental health illness that may impair practice. The evaluation provides information relevant for an individualized monitoring contract and recommended treatment strategies.

Qualified Evaluators:

1. Are expert in their field with credentials demonstrating competence in mental health and/or alcohol use and/or substance use disorder assessments to include:
 - a. Mental Health: licensed advanced practice registered nurse, licensed clinical social worker, licensed physician, licensed professional counselor, licensed psychologist.
 - b. Alcohol use and/or Substance use: certified alcohol and drug counselor, licensed advanced practice registered nurse, licensed clinical social worker, licensed physician, licensed professional counselor, licensed psychologist, medical doctor or psychiatrist certified as an addictionologist.
2. Are experienced in the use of valid, reliable evaluation instruments tools and processes.
3. Are committed to obtaining an understanding of standards necessary for safe nursing practice.
4. Have experience in recommending plans for treatment.
5. Agree to release authorized reports to the PRN and the Board of Nursing.

Preliminary evaluation includes:

1. Identification of the primary issue under consideration.
2. Personal and professional history; relevant health issues; family relationships; arrests/convictions; substance use patterns; mental health history; addictive, unsafe or disruptive behaviors; and other maladaptive patterns of behavior.
3. Previous treatment and outcomes.
4. Identification of appropriate course of action.

Report of preliminary evaluation includes:

1. Identifying information - name, age, etc.
2. Mental health history and/or drug/alcohol history (including prior treatment, hospitalizations).
3. Results and interpretation of data collected, including findings from psychosocial testing, police reports, body fluid testing, screening instruments.
4. Evaluator's recommendations for next appropriate course of action.

Evaluator's recommendations may include:

1. Individualized treatment plan.
2. Referral for further assessment which may result in additional recommendations.
3. Return to continuation of nursing practice based on the Board's Position on Safety to Practice.
4. Other.

Approved 10/7/2011

Revised 7/30/2015

Treatment

The goal of treatment for substance use and mental health disorders is to reduce or eliminate the symptoms and difficulties associated with these primary illnesses. Treatment must be based on valid, reliable protocols directed toward success in recovery, and safe return to nursing practice.

Options are provided for comprehensive treatment that is personalized to the participant's individual needs.

- A. Treatment programs are required to include:
 - 1. Crisis management which focuses on:
 - a. Personal and public safety.
 - b. Detoxification.
 - 2. Primary Care (either inpatient or outpatient) which addresses:
 - a. Education about the disease, including symptoms and precipitating factors.
 - b. Identification of physical, psychological and/or social issues.
 - c. Beginning journey to sustained recovery.
 - d. A family treatment component.
 - 3. Continuing care which addresses:
 - a. Long-term management of psychological, physiological and social issues.
 - b. Participation in recommended support groups.
 - c. Education and relapse prevention strategies.
 - d. Commitment to the process of recovery.
 - e. Restoration of optimal level of function.
 - f. Re-entry to nursing practice.

- B. Treatment must adhere to the following quality indicators:
1. Current state and/or national accreditation or appropriate credentialing.
 2. Delivery by qualified health care providers educated and experienced in the treatment of alcohol use, substance use and/or mental health disorders.
 3. Comprehensive assessment that may include a physical examination and medical history; substance use history; psychological examination and testing; psychiatric consultation; pain management assessment; social/family assessment; career/job assessment.
 4. Individualized treatment recommendations.
 5. Development of a continuing plan of care.
 6. Recommendations for timeframes and conditions for safe re-entry to nursing practice.
- C. Unique considerations for Certified Registered Nurse Anesthetists (CRNAs).
1. American Association of Nurse Anesthetists (AANA) Peer Assistance Advisors recommendations do not advocate outpatient treatment, including Intensive Outpatient Treatment, for the disease of addiction in anesthesia professionals due to the high rate of recidivism. Completion of a minimum of 28 days of inpatient treatment is recommended, with 90 days of treatment also termed “long term” being most desirable and offering the highest success rate.

Treatment Continued...

- D. CRNA treatment programs are required to include:
 1. Comprehensive evaluation and treatment recommendations by an American Society of Addiction Medicine (ASAM) board certified addictionologist, or by an American Academy of Addiction Psychiatry (AAAP) boarded Addiction Psychiatrists committed to evaluating and treating anesthesia professionals in abstinence based recovery models.
 2. Appropriate neuropsychiatric and or psychometric testing.
 3. When detoxification is medically indicated, inpatient medically supervised detoxification.

Approved 10/7/2011

Revised 7/30/2015

Drug Testing

Drug testing is considered an essential part of the monitoring program for nurses enrolled as a result of substance/alcohol misuse. A failed test may be an indication of unauthorized use and may result in a written warning, required reassessment and/or suspension of limited licensure. PRN participants can expect urine, hair, nail, blood, and saliva/oral fluid testing throughout the duration of the monitoring contract.

Drug Tests:

- Are conducted randomly and “for cause”.
- Are performed within a maximum of 12 hours of the request.
- Urine collections are observed.
- Include random use of alternate specimens including hair testing, PEth testing, nail, and oral fluid testing unannounced.
- Require random use of different collection sites and different collectors.
- Follow a strict chain of custody.
- Are performed by a laboratory that has the appropriate national certifications for the test it is performing.
- Are tested for drugs appropriate for screening health care professionals.
- All samples with confirmed drugs present, are verified “positive” by the Medical Review Officer (MRO) with an explanation to validate whether or not there is an acceptable explanation for the “positive”.

Drug Testing Continued...

Drug screens are “failed” if:

- If the specimen tests positive for any drug not prescribed and/or not used for purposes originally prescribed; or if the specimen is found to have been flushed, substituted, intentionally diluted, contaminated, or adulterated in any way.
- A valid prescription is not on file. All prescriptions should be filed with the monitoring program and the MRO as requested, not the collector and not taken to the collection site.
- The participant does not test when selected or does not test in the designated time frame.
- The participant selects a different panel from the panel specified at the time of call-in.

Failed Screens:

- Are immediately reported to the compliance monitor by the lab.
- Are immediately reported to Board of Nursing staff by the compliance monitor if verified “positive” by the MRO and if there is no acceptable medical explanation for the confirmed laboratory result.
- Are reported by the compliance monitor to Board of Nursing staff at monthly meetings.

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Revised 12/8/2015

Use of Prescription Medications

Nurses who abuse or have abused controlled substances and who continue to use these substances are at substantial risk of relapse. A nurse enrolled in the PRN agrees to abstain from drug use, including over-the-counter medications and other mind-altering substances. All medications, prescribed or over-the-counter, must be reported to the PRN.

Nurses enrolled in the PRN who are prescribed potentially addicting or impairing medications will:

- Provide written documentation from the nurse's prescribing health care provider indicating the reason for the medication, the name, dosage and the anticipated duration of use.
- Develop a plan for management and discontinuance of the medication in consultation with the prescribing health provider.
- Cease nursing practice and provide documentation from health care provider authorizing a return to practice and confirming the medication has been discontinued.
- Continue to meet all terms and conditions of the PRN monitoring.
- Nurses enrolled in the PRN who are unable to discontinue the use of prescribed medication may be referred to the PRN Advisory Committee for further direction.

Nurses who are receiving long-term medication-assisted treatment for opioid use disorder and/or co-occurring health conditions are a high-risk population that requires special and ongoing monitoring consideration. These nurses require individualized monitoring conditions and limitations. A secondary contract may be required.

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Revised 7/30/2015

Professional Support Groups

Professional support groups, including nurse support groups, provide assistance by facilitating recovery and re-entry to nursing practice. They foster an environment where nurses may feel more at ease in discussing their experiences and feelings; where participants can address the unique problems of health professionals in recovery. They are peer support groups facilitated by a qualified group leader.

Meetings of professional support groups are not a substitute for 12-step meetings, although they may be organized according to the AA/NA model. They supplement but do not take the place of 12-step meetings.

Professional support groups:

- Are guided by a qualified group facilitator.
- Provide support regarding professional issues, e.g. return to practice, problem solving, day-to-day issues.
- Recognize signs of relapse and provide early intervention.
- May meet physically or electronically. Alternatives to face-to-face meetings (e.g. online, conference call) support groups may be best suited for participants with long-term stable recovery.

The group facilitator determines support group policies and expectations, including fees, meeting time and location, etc.

The qualified professional support group facilitator:

- Is a licensed nurse or other qualified health care professional.
- Is knowledgeable about drug/alcohol use as well as group process.

- Commits to following the standards adopted by the Board of Nursing for professional support groups.

In addition, the support group facilitator who is in recovery:

- Is not participating in the PRN or other monitoring program.
- Has maintained sobriety and is successfully active in recovery for a minimum of 2 years.

Approved 4/13/2012

Revised 7/30/2015

Controlled Substances* - Limitations

While successful re-entry benefits both the recovering nurse and the employer, access to controlled substances may raise initial concerns for the nurse, the employer, co-workers and the public.

An initial limitation imposed during re-entry to practice is “no access to controlled substances.”

“No access to controlled substances” means that the nurse does not:

- Prepare or administer controlled substances.
- Have access to controlled substances.
- Participate in the count or inventory of controlled substances.
- Dispose of or witness the disposal of controlled substances.
- Receive the delivery of controlled substances to the facility or unit.
- Call in controlled substance prescriptions as an authorized prescriber or on behalf of a prescriber.
- Pick up, deliver, distribute, or return controlled substances.
- Have access to prescription blanks/pads.

The “no access” restriction may be reconsidered once the program coordinator and worksite monitor are confident that it is no longer necessary. Violations of the restriction may be cause for termination from the monitoring program and referral to the Board.

**Controlled substances are drugs, substances or immediate precursors defined in schedules I to V of Article II, Title 37 Chapter 27, of the Uniform Controlled Substances Act.*

Controlled substances include opioids, sedatives, stimulants, anxiolytics and some muscle relaxants. Controlled substances are medications used in medical practice, which may result in increased tolerance or physical dependence and may lead to addiction or pseudo-addiction in vulnerable individuals.

Provisions Unique for CRNA

CRNAs will agree:

1. To surrender and submit the narcotics record for random inspection.
2. Not to have access to the department's controlled substances except as absolutely necessary for job performance.
3. Not to accept call assignments for a minimum of twelve (12) months.
4. To provide on a monthly or as requested basis, a list of all patients who have received controlled substances while in the CRNA's care to supervisor.
5. To allow the supervisor(s) access to CRNA's personnel locker for inspection on demand should there be a question about compliance.
6. Not to keep any medical supplies, devices, or paraphernalia in locker.
7. To strict adherence to the pharmacy department's policies and procedures with regard to the dispensing, recording and returning of controlled substances.
8. To avoid the practice of exchanging controlled substances with any other CRNA or MD.
9. Controlled substances from other units will only be dispensed by, and unused portions returned to appropriately licensed personnel.

Approved 3/25/2011

Revised 7/30/2015

Return to Nursing Practice

It is a Board belief that nurses actively engaged in recovery, who do not represent a risk to the public, should be allowed to continue/return to practice.

Enrollment Options 1 - Self-referral & 2 - Non Board Referral

Return to nursing practice conditions are unique to the Option 1 & 2 participants. Recommendations are determined by the evaluator, forwarded to the monitoring contractor, where return to practice considerations are determined by the Program Coordinator and Medical Director.

Enrollment Option 3 - Board Referral

Board referred PRN participants return to practice may be allowed when the nurse demonstrates stability in recovery as evidenced by:

- A. Abstinence of at least 90 days; and/or
- B. Statement from the treatment provider that the nurse is compliant with the recommended treatment plan; and demonstrates stability.

Return to Practice Conditions

The nurse must provide the PRN with the following:

- A. Name, address, phone number of the place of employment.
- B. Name of the nurse's immediate supervisor.
- C. Unit assignment, shift assignment.
- D. Identified limitations on practice (e.g. shift schedules, overtime, access to controlled substances, employment setting, supervision).
- E. Written job performance evaluation procedures.
- F. Signed worksite monitor agreement.
- G. Written steps to be taken in the event of relapse.

Return to Practice for Certified Registered Nurse Anesthetists (CRNAs)

CRNA's face unique obstacles and risks that can threaten their ability to maintain sobriety AANA Peer Assistance Advisors (PAAs) recommend:

- A. Evaluation of suitability by an addictionologist for, and timing of, the return to anesthesia practice.
- B. A minimum of one year out of the clinical anesthesia practice for individuals with an IV drug addiction or major opioid history.
- C. Achievement of the **Talbott** criteria for re-entry:
 1. Supportive spouse/significant other.
 2. No untreated psychological comorbidities.
 3. Acceptance of the chronicity of chemical dependency.
 4. Grounded in the recovery community (sponsor, etc.).
 5. Supportive colleagues at the workplace familiar with history and needs for re-entry.
- D. Commitment to monitoring program including regular toxicology screenings on a random basis through a formal program, administered by a state board of nursing or alternative program, for a minimum of five years. *Voluntary monitoring through the professional lifetime is ideal.*
- E. Regular attendance at recovery based meetings, and continuous follow-up and aftercare with an addictionologist.

Only abstinence based recovery and strict avoidance of opioid replacement therapy (ORT) are supported. Utilization of Naltrexone is supported only where the addictionologist has deemed it appropriate.

Approved 1/14/11

Revised 12/8/2015

Worksite Monitors

Worksite monitors are licensed health care providers employed in the same setting as the nurse being monitored who are willing to provide oversight for the nurse on their return to nursing practice. Worksite monitors play an important role in re-entry to practice, in identifying early signs of relapse and in alerting the PRN compliance monitor to behaviors of concern. Continuous communication among the PRN compliance monitor, the worksite monitor and the nurse's supervisor is essential.

Worksite monitors qualifications:

- Be knowledgeable about practice restrictions outlined in the PRN monitoring contract.
- Be familiar with typical warning signs of relapse.
- Be available to oversee the nurse, preferably working the same shift and unit.
- Have at least two years sobriety, if the monitor is in recovery.

Work site monitors are responsible for:

- Regular observation of the nurse in order to assess practice and behavior to include attendance, interaction with colleagues, compliance with practice restrictions, etc.
- Immediate notification to the PRN compliance monitor of non-compliance or irregular behavior.
- Timely submission of work performance reports and/or regular communication with the PRN compliance monitor.
- Individuals who agree to serve as work site monitors for PRN will be asked to sign a statement indicating their understanding of and willingness to undertake their responsibilities.

Approved 1/13/2012
Revised 7/30/2015

Managing Relapse

Relapse is defined as a recurrence of disease symptoms after a period of improvement or during apparent recovery. It is not a simple, singular event, but rather, it is a process that usually begins as a progression of impaired thinking and behavioral patterns that set the stage for exacerbation of the disease.

Effective treatment is designed to prevent relapse. However, in the event that relapse does occur, the nurse has a responsibility to act promptly to assure that patient safety and employer liability are not compromised.

The nurse experiencing relapse is responsible to:

- Cease active practice.
- Notify the PRN compliance monitor and worksite monitor of the relapse.
- The Certified Registered Nurse Anesthetist (CRNA) must cease the practice of anesthesia and enter into an approved treatment center.
- Immediately resume diligent adherence to the treatment/recovery program.
- Obtain reevaluation by approved evaluator (may result in a revised monitoring contract).
- Practice may resume only upon the recommendation of a qualified evaluator, approval of PRN coordinator and Board staff.

Managing Relapse Continued...

Failure to report a Relapse

Denial of relapse is a failure in compliance of the monitoring contract. Failure to report a relapse will be reported to the Board which may result in the withdrawal of the limited license.

Relapse behaviors that present too great a safety risk to the public will not be tolerated and may result in formal disciplinary action. Examples include but are not limited to e.g. drug tampering, persistent relapse behavior, violations of the Nurse Practice Act.

Managing Relapse Following PRN Graduation

Graduates of the PRN are expected to self-report a relapse for the duration of his/her career. A relapse may result in a recommendation for re-enrollment in the PRN. Substantiated complaints related to an unreported relapse may result in disciplinary action by the Board.

Approved 3/125/11

Revised 7/30/2015

Authorized Temporary Release from Monitoring

Situations may emerge that will prevent the PRN participant from full compliance with monitoring conditions. These situations include, but are not limited to:

- Family emergency or death.
- Personal medical emergency.
- Job-related travel.

In these situations, the program participant may apply for a time-limited release from select monitoring conditions.

Temporary release from conditions for monitoring will be considered only after at least a year of full-compliance with terms of the monitoring contract and under the following conditions:

- Release for non-emergencies must be requested in writing not less than 2 weeks prior to the date(s) of the event.
- Requests must be accompanied by a written safety plan outlining how sobriety will be protected during the release.
- Will be time limited consistent with the requester's history of compliance.
- Full compliance with conditions of the monitoring contract will be resumed immediately upon return from sentinel event.

PRN participants should expect selection for drug screening immediately upon return from the temporary release.

Exceptions to the above conditions will be handled on a case-by-case basis.

Approved 1/13/2012
Revised 7/30/2015

Glossary of Terms

ABSTINENCE – intentional and consistent restraint from the pathological pursuit of reward and/or relief that involves the use of substances and other behaviors. These behaviors may involve, but are not necessarily limited to gambling, video gaming, spending, compulsive eating, compulsive exercise, or compulsive sexual behaviors. (1)

ADDICTION (aka SUBSTANCE USE DISORDER) – a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors. Addiction is characterized by inability to consistently abstain, impairment in behavioral control, cravings, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotion response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death. (1)

ADDICTION SPECIALIST - an addiction specialist is a physician certified by the American Board of Addiction Medicine (ABAM) and/or a psychiatrist certified by the American Board of Psychiatry and Neurology (ABPN), and who has demonstrated by education, experience, and examination the requisite knowledge and skills to provide prevention, screening, intervention, and treatment for substance use and addiction. Addiction can involve any one or more of these substances: alcohol, tobacco, or other addicting drugs, including some prescription medications. In addition, addiction specialists can recognize and treat the psychological and physical complications of addiction. (1)

ADHERENCE – to adhere “to cling, cleave, to be steadfast, stick fast, hold on to” (Webster’s dictionary). Compliance and adherence are terms that health care professionals have used interchangeably, to refer to how closely patients cooperate with, follow, and take personal responsibility for the implementation of conditions and/or restrictions specified in a monitoring contract or treatment plan. (1)

ADULTERATED URINE – a urine specimen containing a substance that is not a normal constituent or containing an endogenous substance at a concentration that is not a normal physiological concentration.

ADULTERATION OF MEDICATION – the debasement or

deterioration of a medication by purposeful addition of an admixture of foreign or baser material.

ADVANCED PRACTICE REGISTERED NURSE (APRN) – a registered nurse (RN) also licensed by the Board of Nursing as a certified nurse midwife (CNM), clinical nurse specialist (CNS), nurse practitioner (NP), or registered nurse anesthetist (RNA), who has gained additional specialized knowledge, skills and experience and is authorized to perform advanced nursing practice, which may include diagnosing, and prescribing, administering and dispensing therapeutic pharmacologic agents.

ADVISORY COMMITTEE – a standing committee appointed by the Board of Nursing and charged to help the Board carry out its responsibilities. Advisory committees are assigned specific responsibilities to make recommendations to and advise the Board on related issues.

AFTERCARE – ongoing substance abuse treatment following initial intensive treatment. Aftercare commonly focuses on relapse prevention strategies and may include professional and self-help programs designed to sustain behavioral change and recovery.

ALLEGATION – an accusation of wrongdoing brought against a licensee.

ALTERNATIVE PROGRAM – a voluntary alternative to discipline for licensed nurses who experience alcohol use, substance use or a mental health disorder and require monitoring to ensure continued safe practice.

ASAM – American Society of Addiction Medicine – a physician society with a focus on addiction and its treatment.

ASAM PPC-2R – American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders, 2nd edition, Revised consists of criteria for assessing level of care, need and appropriateness for individuals with substance use disorders. Levels of care include early intervention; outpatient treatment; intensive outpatient treatment; partial hospitalization low, medium, or high intensity residential treatment; medically monitored intensive inpatient treatment; or medically managed intensive inpatient treatment. ASAM assessments are made across six dimensions: acute intoxication and/or withdrawal; biomedical conditions and complications; emotional, behavioral, or cognitive conditions and complications; readiness to change; relapse, continued use, or continued problem potential; and recovery environment. (1)

COMPLAINT: a report alleging a violation of the Nursing Practice Act or Rules.

COMPLIANCE – See also adherence – adherence to all conditions and/or restrictions specified in a formal contract for monitoring “*To Comply*” is to act in accordance with another’s wishes or with rules and regulations” (Webster’s Dictionary). The term ‘Compliance’ is falling into disuse because patient engagement and responsibility to change is a goal beyond passive compliance. Given the importance of shared decision making to improve collaboration and outcomes, patients are encouraged to actively participate in treatment decisions and take responsibility for their treatment, rather than to passively comply. (1)

CONTROLLED SUBSTANCE - drugs, substances or immediate precursors defined in schedules I to V of Article II Title 37, Chapter 27, of the Uniform Controlled Substances Act. Controlled substances include opioids, sedatives, stimulants, anxiolytics and some muscle relaxants. Controlled substances are medications used in medical practice, which may result in increased tolerance or physical dependence and may lead to addiction or pseudo-addiction in vulnerable individuals.

DETOXIFICATION – structured medical treatment to manage withdrawal symptoms of physical dependence in the process of becoming drug free.

DILUTE URINE SPECIMEN – any urine sample with creatinine and specific gravity values that are lower than expected for human urine.

DISABILITY – any physical, mental or emotional condition that interferes with the nurse’s ability to practice nursing safely and competently.

DISCIPLINARY PROCESS – procedures and activities involved in the receipt, investigation, prosecution and case resolution of allegations of violations of the provisions of the Nursing Practice Act and Administrative Rules of the Board.

DRUG DIVERSION – the wrongful or illegal taking of medication from a patient, employer or other source, usually for personal use or gain.

DUAL DIAGNOSIS – medical identification of co-occurring substance use disorder and psychiatric disorder, which require concurrent, complementary treatment.

DRUG TAMPERING – making alterations in medications by corruption or adulteration (e.g. dilution, replacement) without acknowledgement of the change.

DSM-5™ – *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition TM a publication of the American Psychiatric Association,

listing the official diagnostic classifications of mental disorders.

FAILED DRUG SCREEN – any urine sample, hair sample or buccal swab that tests positive for a drug not medically prescribed, or that

- Is found to have been contaminated or adulterated, or
- Is not provided within the designated length of time allowed for drug testing, or
- Has been tested based on a test panel different from the test panel indicated on client “call in”.

FALSE POSITIVE – an erroneous result indicating the false presence of a drug.

FORMAL DISCIPLINARY ACTION – entry of any order by any Board of Nursing restricting, limiting, revoking or suspending or otherwise sanctioning a license or privilege to practice nursing by any jurisdiction.

FORMAL EVALUATION – required assessments completed by a board approved licensed health professional and/or related professionals as indicated, to provide the Board with information to make informed decisions related to an individual’s ability to safely and competently practice nursing.

IMPAIRMENT – physical or mental incapability of engaging in practice consistent with sound patient care or that precludes the safe performance of nursing functions.

INTENSIVE OUTPATIENT (IOP) - a level of care in addiction treatment in which the person attends treatment services a minimum of nine hours per week and no more than nineteen hours per week.

INTERVENTION – a formal, structured and planned meeting of family and friends, often led by a trained professional that is designed to break through the denial of the person with a substance use disorder. The desired outcome of intervention is admission of the person with the disorder to an addiction treatment program.

LIMITED LICENSE – a nursing license subject to specific restrictions, terms, and conditions.

MINDFULLNESS – (or mindfulness meditation): Being present in the immediate (“here and now”) situation, observing nonjudgmentally and without psychological attachment, avoidance, or reaction.

MONITORING – the process of overseeing a licensee’s compliance to them through voluntary contract or Board decision

or order. Examples include but are not limited to: workplace conditions, hours of work, single state licensure, quarterly performance reports, and/or restrictions on practice (such as no access to controlled substances). The monitoring is for a specific period of time. An individual must be employed in a licensed nursing position to satisfy the practice monitoring requirements.

MONITORING CONTRACT – an agreement between a recovering nurse and the PRN or the Board of Nursing that specifies terms and conditions for the nurse to participate in the PRN. Conditions typically include but are not limited to completion of treatment, participation in support group meetings, body fluid testing, self-assessment, practice restrictions and abstinence.

MRO – medical review officer.

NCSBN – National Council State Boards of Nursing provides education, services, and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

NON-BOARD REFERRAL – enrollment in and monitoring through the Program for Recovering Nurses prior to a complaint of violation of the Nursing Practice Act being filed with the Board of Nursing.

NON-COMPLIANCE – failure to adhere to the conditions or restrictions specified in a formal contract for monitoring or designated as conditions on a license to practice nursing.

NON-PRACTICING LICENSE RESTRICTION – a license issued to an otherwise qualified nurse that prevents the nurse from engaging in the active practice of nursing. Non-practicing limitation may be removed by the Board of Nursing following receipt of evidence confirming that the nurse's physical or mental health status no longer prevents him/her from engaging in active practice.

NURSE SUPPORT GROUP – a facilitated support group that is limited to nurses, whose purpose is to support a nurse's re-entry to practice and recovery.

NURSE LICENSURE COMPACT – the Nurse Licensure Compact (NLC) allows nurses to practice in other compact states with a single multistate license. The NLC gives multistate rights to registered nurses (RN) and licensed practical nurses residing in a member state. The APRN Compact gives the same rights to advanced practice registered nurses.

NURSYS – (Nurse System) is an online license verification

program used to convey licensing and discipline information between state boards.

OPIOID USE DISORDER – a substance use disorder involving opioids. (1)

OPIOID AGONIST MEDICATION - opioid agonist medications pharmacologically occupy opioid receptors in the body. They thereby relieve withdrawal symptoms and reduce or extinguish cravings for opioids. (1)

OPIOID ANTAGONIST MEDICATION – opioid antagonistic medications pharmacologically occupy opioid receptors in the body, but do not activate the receptors. This effectively blocks the receptor, preventing the brain from responding to opioids. The result is that further use of opioids does not produce euphoria or intoxication. (1)

OVER-THE-COUNTER MEDICATION – medications available to the consumer without a prescription by a healthcare professional

POSITIVE DRUG SCREEN -- any urine, hair, nail, blood, or saliva/oral fluid sample tests positive for a drug, including alcohol.

PRIMARY CARE – basic level of health care that includes programs directed at the promotion of health, early diagnosis of disease or disability, and prevention of disease.

PRN – Program for Recovering Nurses – a voluntary program administered by the Idaho Board of Nursing for licensed nurses who have been/are likely to be charged with violating the Idaho Nursing Practice Act as a result of disability due to alcohol or substance use and/or to mental impairment. Enrollees agree to participate in treatment and to have their recovery closely monitored by the Board in lieu of disciplinary action.

PRN ADVISORY COMMITTEE – an appointed committee of at least six persons who provide recommendations to the Board on matters related to addiction and mental health. Committee members include a member of the Board, who serves as the chair, and additional members who are knowledgeable about addiction and mental health issues.

PRN COORDINATOR – the entity who manages day-to-day monitoring for the Program for Recovering Nurses (PRN) under contract with the Board of Nursing.

PROGRAM COMPLIANCE MONITOR – monitoring program staff member of the monitoring program with responsibility for day-to-day monitoring of enrolled nurses.

QUALIFIED SUBSTANCE USE/MENTAL HEALTH DISORDER EVALUATOR - an expert in the field/fields of substance abuse and/or mental health with credentials attesting to his/her competence, who is experienced in the use of valid, reliable evaluation instruments, tools and processes for diagnosing and determining appropriate treatment.

RELAPSE – a recurrence of disease symptoms after a period of improvement or during apparent recovery. It is not a simple, singular event, but rather, it is a process that usually begins as a progression of impaired thinking and behavioral patterns that set the stage for exacerbation of the disease.

RESIDENTIAL TREATMENT – a particular level of care in addiction treatment in a twenty-four-hour residential setting – involves a higher level of care than intensive outpatient treatment, and a lower level of care than medical managed intensive inpatient treatment.

REVOCAION – formal termination by the Board of Nursing of the authorization to practice.

SELF-REFERRAL – seeking treatment and monitoring through the Program for Recovering Nurses on one’s own behalf, independent of coercion or condition by one’s employer, the Board of Nursing, or others.

SINGLE STATE LICENSE - Idaho is a member of the Nurse Licensure Compact (NLC) which allows registered nurses to have one multistate license, with the ability to practice in both their home state and other NLC states. Each state jurisdiction has the authority for the legal regulation of nursing and determines the grounds for disciplinary action, other alternatives, and possible remedies. Consistent with Board of Nursing licensure the issuance of a limited license will remain, *Valid Only in Idaho*, until such time that the PRN Participant graduates from the alternative to discipline program.

SLIP - a brief return to drug use on the road to recovery, that consists of a single use of alcohol or drugs or use that may last a day or two. A slip is immediately acknowledged and reported by the user with rapid return to “working the recovery program”. A slip is also known as a lapse – limited use of a substance without leading to a full blown relapse or return to a previous pattern of addictive behavior.

SOBRIETY – the state of abstinence from mind-altering drugs and alcohol. Awareness and acceptance of one’s present experience and commitment to value consistent living.

SPONSOR – a member of AA/NA who provides guidance and help in times of crisis when the urge to return to chemical use becomes overwhelming.

SUBSTANCE USE DISORDER – state of dependency on mind-altering chemicals with continuing use that persists despite negative consequences. Substance use disorder can be diagnosed with physiological dependence, evidence of tolerance or withdrawal, or without physiological dependence according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5™).

SUBSTANCE USE DISORDER RECOVERY – the process by which a person with a substance use disorder regains control over his/her life. Recovery is marked by acceptance of having the disorder and abstinence from alcohol and all unauthorized, non-prescribed drugs resulting in an on-going change in behavior and a substance-free lifestyle that includes maximized life functioning and prevention of relapse.

SUBSTITUTED SAMPLE – a specimen provided by the individual of whom a sample is requested for testing purposes that is not a sample product of the licensee.

SUMMARY SUSPENSION – emergency suspension of a license may be commenced, if an agency finds that the public health, safety and welfare may be jeopardized by the continued practice of a licensee. Summary Suspension may only be commenced by the Executive Director.

TAMPERING – altering a medication by corruption, adulteration or substitution without appropriate labeling to indicate the product composition, dosage, etc. In Idaho, drug tampering is a felony, punishable by imprisonment.

TEMPORARY VOLUNTARY SURRENDER OF LICENSE– the process whereby a nurse who holds a current license signs a written statement admitting to all facts which may constitute grounds for disciplinary action or that demonstrate impairment of the safe practice of nursing. The nurse waives the right to a hearing and all other rights to due process in a contested case under the Idaho Administrative Procedures Act and the Nurse Practice Act, and relinquishes his/her license and agrees to enter treatment and to be monitored by the Board of Nursing. The surrendered license is held in abeyance by the Board without formal disciplinary action until such time as evidence of the nurse's ability to safely practice is received and the license is fully reinstated, or evidence of the nurse's inability to safely practice results in formal disciplinary action by the Board.

TWELVE-STEP PROGRAM – program promoting sobriety and recovery that follows the action steps advocated by Alcoholics Anonymous. The steps include:

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. We're entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

WITHDRAWAL OF LICENSE – authority granted to the executive director of the Board of Nursing to immediately terminate a limited license if the nurse fails to comply with terms and conditions of limited licensure or is found to present an immediate threat to the health, safety and welfare of the public.

WORKSITE MONITOR – a licensed health care provider in a position at or above the management level of the nurse being monitored, who accepts responsibility to observe and report workplace performance and behavior, including time and attendance, relationships with colleagues and compliance with established conditions. The worksite monitor facilitates re-entry to practice by identifying signs of relapse and compliance with conditions of participation in the PRN.

1) Additions integrated from ASAM National Practice Guideline | May 27, 2015

Rules of the Board Nursing

Official copies of Board of Nursing administrative rules may be obtained from the State of Idaho Administrative Rules Office, PO Box 83720, Boise, ID 83720-0011 (208) 334-3577 (Request IDAPA.23.01) or through the Board of Nursing's website:

www.ibn.idaho.gov

Participant's Intent to Seek Licensure or to Practice Nursing Out-of-State

POLICY:

Licensees who are participating in the Program for Recovering Nurses shall notify the Board of Nursing immediately of a pending relocation out of the State of Idaho. Additionally, the licensee must notify the Board of Nursing in the state in which he/she intends to practice nursing of participation in the Idaho Program for Recovering Nurses.

PROCEDURE:

1. Notify the Idaho Board of Nursing of relocation including the name of the state, a mailing address and telephone number.
2. Notify the out-of-state Board of Nursing to which you are relocating of your participation in the PRN prior to the beginning of practice.

**For More Information Contact:
Program for Recovering Nurses**

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Toll Free: 1-800-386-1695

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