

# Program for Recovering Nurses

Participant Handbook

2017



Southworth Associates, LLC

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## PRN Office Hours

Building availability: 8:00 am—5:00 pm MT, Monday through Thursday,  
8:00 am—4:00 pm MT, Friday

Normal telephone availability: 7:00 am—5:00 pm MT, Monday through Thursday,  
7:00 am—4:00 pm MT, Friday

Emergency line availability: 24/7 through Emergency Line—(866)460-9014

2017 Southworth Holidays—Office will be closed.

*Check Drug Testing for dates you are not required to check in.*

Presidents Day (2/20)

Memorial Day (5/29)

Fourth of July (7/4)

Labor Day (9/4)

Thanksgiving Day (11/23)

Day after Thanksgiving (11/24)

Christmas (12/25)

*Participants experiencing an emergency or crisis  
should call 911 or visit their local hospital emergency room.*

*This handbook is intended to provide instruction and direction about the PRN. It is to be used in conjunction with your PRN contract and “Important Information for Participants” booklet and is simply meant to supplement any information already contained in your contract. It is your responsibility to know and follow the terms of your individualized contract. Your Compliance Monitor will gladly explain your requirements and answer any questions you may have.*

## About the Program for Recovering Nurses

The Program for Recovering Nurses (PRN) is an abstinence based program that was formed in 1996 and is administered by Southworth Associates, LLC. John Southworth, CADC, CIP, serves as the Program Coordinator and Mark Broadhead, M.D. of Reno, NV serves as Medical Consultant. The PRN is a confidential alternative to formal disciplinary action offered by the Idaho Board of Nursing and while the program provides no direct counseling, treatment, or aftercare services, it does support and endorse the development of self-help groups at the local level.

The PRN was created to help any Idaho nurse who is impaired as a result of chemical dependency and/or mental illness/psychiatric problems. The program's primary mission is to identify and monitor nurses with certain problems and thus to help protect the public from unsafe practice by impaired professionals. The PRN conducts interventions, coordinates placement in an evaluation/treatment program, and coordinates an individualized long-term monitored recovery program for each participating nurse. The PRN seeks to educate Idaho nurses and other involved parties about the nature of the PRN and the problems of impaired health care professionals and to establish a liaison with other professional organizations concerned with these issues.

The PRN tries to identify nurses with problems, to participate in interventions, to advise regarding treatment facilities, and to monitor compliance with recommended treatment plans. The PRN does not treat participants directly. For chemical dependence, the PRN cannot force or prescribe recovery. It can and does document behaviors consistent with recovery. The participant has to find their own path to recovery. Participating in recovery activities exposes the participant to others who are seeking recovery, too. They share feeling and tools, but just the activities do not guarantee recovery. Vice versa the tools that work for one person may not work for another.

The PRN has become an important source of confidential support to nurses seeking the help they need without necessarily jeopardizing their nursing license. Most individuals join the program through some form of "benevolent coercion", seeking assistance because of some external pressure, which comes primarily from licensing boards or employers. However, spouses, colleagues, lawyers, and others have also contacted the program to report possible impairment or other abnormal behavior.

The PRN maintains a relationship with the Idaho State Board of Nursing that develops trust and satisfies legal requirements. As long as the nurse is in compliance with the PRN program requirements, they will not be reported to licensing or disciplinary agencies. The PRN will contact the Board if a nurse refuses to comply with PRN recommendations.

When nurses follow their recovery program, the PRN can be a powerful form of support. In the past, the PRN has advocated on behalf of nurses to the Board of Nursing, federal agencies, judges, and employers.

The PRN receives financial and staff support from the Board of Nursing and from individual nurses enrolled in the PRN. Enrolled nurses are responsible for many of the costs of treatment and recovery.

## **Program for Recovering Nurses Advisory Committee**

The Program for Recovering Nurses Advisory Committee (PRNAC) consists of at least six (6) members appointed by the Board of Nursing and provides oversight to the PRN. The PRNAC serves as the Board's liaison with the PRN. The PRNAC meets quarterly to review all Board referred participants, upcoming graduations, as well as non-compliance issues.

## **PRN Mission**

*To protect the public safety, health and welfare while assisting nurses in their recovery and return to safe practice.*

## **Contacting PRN**

General Help Line: 208-323-9555 ext. 206

### **Staff:**

John Southworth, CADC, Executive Director/Program Coordinator

208-891-4726/john@southworthassociates.net

Erin Moore, Compliance Monitor

208-323-9555 ext. 116/erin@southworthassociates.net

Monday—Thursday, 8 am—5pm MT

Friday, 7am—4 pm MT

Lori Barnes-Lapp, Quality Assurance/Data Advisor

lori@southworthassociates.net

**It's best for you to communicate directly with your designated  
Compliance Monitor whenever possible.**

# **Tracks for admission into PRN**

## Track 1—Self Referral:

- The nurse seeks treatment and monitoring on his/her own behalf, independent of coercion or condition by one's employer, the Board of Nursing, or others.

## Track 2—Non-Board Referral:

- The nurse has not been reported to the Board of Nursing for violation of the Nursing Practice Act or Rules
- The nurse or an agent of the nurse (employer, colleague, family member, etc.) contacts the PRN for assistance
- The nurse agrees to enter treatment and signs a contract for monitoring

## Track 3—Board Referral

- A formal complaint has been filed with the Board of Nursing
- The nurse voluntarily surrenders his/her license to the Board & has admitted to a disability relating to substance use or to mental health disorder
- The nurse waives the right to a hearing
- The nurse agrees to enter treatment and signs a contract for monitoring

## **Monitoring Contract**

The PRN is designed to support the recovery process of nurses and to help ensure the safe practice of nursing. **Contract requirements are there to help reinforce your own recovery program!**

This contract serves as a powerful tool toward documenting the recovery process and helping nurses return to the practice of nursing. The overall chemical dependency monitoring contract is a five year contract and is designed to guide and document the participant's recovery from substance abuse or chemical dependency. Requirements of this contract include, but are not limited to, weekly attendance at mutual support group meetings (i.e. 12-Step meetings), weekly attendance at a professionally facilitated support group meeting, regular meetings with a 12-step sponsor , and participation in random toxicology drug screening.

For the nurses who need monitoring for psychiatric/mental health issues, a contract is designed similar to the chemical dependency contract but also includes regular meetings with a psychiatrist or therapist who monitor and report on the behavioral and mental health aspect of recovery.

Once a PRN contract is signed each participant is responsible for all requirements. PRN Compliance Monitors are considering the following compliance issues when advocating for participants:

- Consistent check-in to FirstLab to see if a drug screen is required that day
- Providing toxicology samples that are negative & valid (i.e. not dilute)
- Timely completion/submission of reports
- Attendance/participation at required meetings

## **Drug Testing**

Participants must call in and/or check in online to FirstLab every Monday-Friday between 5am-5pm Mountain time.

Check-in is not required on these holidays:

- New Year's Day
- Memorial Day
- 4th of July
- Labor Day
- Thanksgiving Day
- Christmas Day

Generally, drug testing varies based on licensure, employment status, etc. Nurses not working in the field will generally test 14-20x/yr, LPN's & RN's working with their license will test approximately 24-36x/yr, CRNA's & NP's working with their license will test approximately 36-52x/yr. With each restriction lifted, the nurse may be subject to increased drug screens and these frequencies can be individualized depending on the nurse's recovery program, contract compliance, and whether or not their job is a higher risk and/or has more accessibility. Other forms of drug testing may be added into the random cycle at any time. Examples include, but are not limited to, hair and/or blood tests.

When a participant misses a required check-in to FirstLab they can choose to either self-test with one of their FirstLab provided Chain of Custody forms or not test and risk having been selected. If they elect to test they should use a test option number provided to them by their Compliance Monitor.

If a participant has a shy bladder or is otherwise not able to produce enough sample they have few options. They can either stay at the testing facility until they are able to produce enough for a split specimen; they can authorize the testing facility to accept a non-split specimen so long as they understand that if the specimen comes back questionable they have no way of re-testing it if they disagree with the results; or they can return to a testing facility later that day with a new Chain of Custody form and try again.

PRN does not accept any other drug testing other than results completed by using FirstLab's Chain of Custody (i.e. Drug Court tests, other 3<sup>rd</sup> party tests, etc.)

## **Drug Testing cont.**

You can locate testing sites nationwide by using the following website: <http://www.questdiagnostics.com/home.html>

For Patients → Find a Location → Insert street address and/or zip code → Select “Drug Screen—Urine” → Find

You are responsible for assuring you have Chain of Custody forms on hand at all time. If you need to reorder forms you'll need to do so directly through FirstLab. You can either:

- 1) login to the Testing Notification System ([www.phm.firstlab.com](http://www.phm.firstlab.com)) and select Forms/Reports, Chain of Custody Order Form, or
- 2) contact FirstLab by phone at (800)732-3784.

## **Travel/Vacation Requests**

You should notify PRN in writing at least two (2) weeks prior to departure anytime you travel out of town during the Monday-Friday work week. If there are testing sites near where you will be traveling to you will be expected to continue to check in and test if selected. If you are traveling to an area where no sites are within a reasonable distance, as determined by PRN, and/or if you have plans that will make testing impossible you can make a request to be excused during this time. This request should outline the following: 1) where you are going, 2) why you are going, 3) how long you plan on being away, and 4) what requirements you would like to be excused from.

Based on the above information and your case history it is up to your Compliance Monitor to determine whether or not you will be excused from contract requirements if you travel out of town. If approved, PRN will only excuse participants from the specific item(s) requested. If you did not request to be excused from a particular requirement you will be expected to continue to fulfill it as outlined in your contract.

If you forget your Chain of Custody forms when traveling it may be possible to set up an electronic Chain of Custody form with a local lab. You'll need to contact your Compliance Monitor as early in the day as possible if this is necessary as it may take some time to accomplish.

## **Meeting Attendance**

Client Attendance Report (CAR) forms as well as instructions on how to fill out these forms can be downloaded via our website: <http://www.southworthassociates.net/monitoring/program-for-recovering-nurses>

CAR forms must be turned in by the 5th of the month. Totals for monthly meeting attendance will be tallied on the 10<sup>th</sup> of each month and low meeting letters sent at that time if applicable.

While in your ninety (90) meetings in ninety (90) days phase of your contract only outpatient treatment classes, 12-Step meetings, and Caduceus meetings count toward this goal. Health Professionals support group, sponsor meetings, etc. are not counted toward your 90/90 nor are they counted toward your 12-Step meeting requirement once 90/90 is completed either. Outpatient treatment classes are only counted towards your meeting attendance during the 90/90 requirement.

If a participant misses a Health Professionals support group they must first notify their designated Compliance Monitor as well as their support group facilitator with an explanation on why they are missing the required group. Secondly, if you are excused from group by your Compliance Monitor you will be asked to attend two extra 12-Step meetings as replacement. Please be mindful to mark those replacement meetings on your CAR forms so your attendance is tallied correctly for the month.

PRN does not accept on-line meetings.

Caduceus meetings will count toward your 12-Step meeting requirements and should be noted the same way as 12-Step meetings on your CAR.

## **Worksite Monitors**

A Worksite Monitor is someone who has met the PRN's guidelines and is viewed as encouraging and supportive of the participant's recovery and who understands the importance of their confidentiality. They are willing to observe the participant in their employment setting, regularly update the PRN, as well as immediately notify the PRN if they notice any behavioral or emotional changes that cause concern.

You are responsible for nominating your Worksite Monitor. Your designated Compliance Monitor will then contact your nominee and determine if they are eligible to act in this capacity. Releases should be signed for your nominee at least two (2) weeks prior to you starting the job.

Generally, Worksite monitors must:

- Be someone in the client's workplace
- Not be a subordinate or employee of the person being monitored and/or be at or above your current level of licensure
- Be knowledgeable about the nurses specific practice restrictions
- Not currently a participant in the PRN program
- Work the majority of the same shifts with the nurse

PRN will call your Worksite Monitor in between quarters for a verbal update as well as send quarterly requests for written updates.

## **Practice Restrictions:**

Practice restrictions only apply to jobs requiring nursing licenses. Exceptions are made for other jobs deemed concerning and/or that have access to narcotics (i.e. CNA jobs in home health/veterinarian offices/etc.).

### Definitions:

- No access to the narcotic keys or controlled substances (including any mood altering drugs)
  - Prepare or administer controlled substances
  - Carry the keys or access code to the narcotics container or room where controlled substances are stored or located
  - 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
- No work in an Emergency Room (ER), Critical Care Unit (CCU), Intensive Care Unit (ICU), Operating Room (OR), or Recovery Room
- No employment as a traveling nurse
  - Works with a staffing company and typically works at a hospital or healthcare facility in a temporary assignment.
- No employment with a temporary agency
  - Staffing agency which provides per diem or locum tenens nursing personnel to hospitals, medical offices and individuals.
- No employment in Home Health
  - Health care or supportive care provided in the patient's home. Hospice care (focuses on the care of a terminally ill or seriously ill patient's pain and symptoms and attending to their emotional and spiritual needs) is included in this restriction.
- Cannot work the night/graveyard shift—11pm-7am
- Cannot rotate shifts—Switching hourly shifts (i.e. days to nights)
- Cannot float units—Moving from one department/floor to another
- Cannot work any over-time—Excess of forty (40) hours per week in the nursing field

## Timeline for Requests

Starting January of 2017, the PRN office requires participants to fill out a Nurse Request Form (see page 16) for requests and follow the request schedule below.

Please keep in mind this schedule is for routine requests (i.e. return to work, support for a restricted active license-formerly limited license, decrease in program requirements and work restriction removal). Special requests can be made at any time. Below you will find the request schedule for routine requests.

**REQUEST SCHEDULE:** around the first 90 days then every 90 days thereafter. If your request was denied, you may request again (or make a different request) in 90 days.

### How to Make a Request

In order to make a request you will need to answer the questions on the Nurse Request Form and submit them to your Compliance Monitor. Feel free to copy these questions into an email or a document (i.e. Word) and write your answers in.

Generally these are our Guidelines when reviewing requests. Exceptions can occur.

- A participant will need to be under contract and in compliance for at least 90 days before PRN will support them for a restricted active license.
- A participant will generally need to wait 90 days in between request approvals and only one request will be approved at a time.
- If you made a request and it was denied, you may try again in 90 days.
- If you made a request and it was approved, you can request another change in 90 days.
- Restricted Active licensure support requests will be brought to the monthly sub-committee mtgs. with the Board.

*Note: Just because you can make a request and are in compliance does not automatically mean your request will be granted. Each individual is different and we take in account the different aspects of each person's case when reviewing requests.*

All requests, with the exception of Restricted Active licensure support requests, are decided upon in house. Restricted Active support requests must be reviewed during Southworth Associates' and the Board Staffs' monthly meetings. On average it takes about two (2) weeks for a decision to be made.

During the time your request is made and a decision is reached the PRN staff reviews a number of things. These include, but are not limited to, a participant's compliance, input from outside sources involved with the participant (i.e. work monitor, support group facilitator, other providers) and how long a participant has been in the program.

## Nurse Request Form

This request form is to be completed each time a client makes a routine request to their program. Routine requests include, but are not limited to: return to work, support for a restricted active licensure (formerly limited license), decrease in program requirements and work restriction removal. Special requests can be made at any time.

Below you will find the request schedule for routine requests.

**REQUEST SCHEDULE:** *around the first 90 days then every 90 days thereafter. If your request was denied, you may request again (or make a different request) in 90 days.*

### Questions:

*Feel free to copy these questions into an email or a document (i.e. Word) and write your answers in.*

1. Please list your request for requirement changes. Please explain why you wish this change to be implemented. How do you feel it will benefit your program?
2. Please list the meetings you attend each week. Please include the name, type of meeting and format. Please identify your home group.
3. Please list your sponsor (First name or initials only). Tell us the nature of your current relationship; how often you meet, what do you discuss in terms of your recovery program.
4. Who is your current work monitor(s)? Please list them by name. How often do you meet?
5. Please describe your current job duties and list your job title. Please describe the strengths and weaknesses of your current work life.
6. Looking over your entire program of recovery, what would you say is your weakest area? What is your strongest area?
7. Have you discussed this request with your support group facilitator? Workplace monitor? Sponsor?

This form can be found on [www.southworthassociates.net](http://www.southworthassociates.net). Click on the monitoring tab, choose Program for Recovering Nurses and find the form under Documents for Program for Recovering Nurses. You can also have your Compliance Monitor email/mail you a copy. Again, the easiest way to complete this would be to paste the questions into an email or Word document and write your answers in.

## **Relapse**

A relapse will result in an automatic review with PRN Staff, Program Coordinator, and/or Medical Consultant to determine the next course of action. Typical results of this review include a recommendation to not practice, re-evaluation and following of the new evaluation recommendations, etc.

Your Compliance Monitor will ask you to submit a Letter of Explanation regarding the relapse in order to get your perspective on what happened and/or what led up to the relapse.

If PRN decides not to officially report the relapse to the Board of Nursing PRN will still notify the Board of Nursing informally of the relapse and the course of action we have taken.

## **Medications**

If a participant is prescribed a controlled substance and/or a potentially addictive medication PRN will recommend that the participant not practice until evidence is provided of discontinuation of that medication (i.e. negative drug screen or statement from prescriber noting the discontinuance date).

If a participant cannot get off a prescribed controlled substance or potentially addictive medication they will have their case reviewed with the Medical Consultant and or PRNAC to get advocacy to work.

PRN utilizes “The Medication Guide for a Safe Recovery” issued by Talbott Recovery Center as a guideline on whether a medication is safe or risky for a person in recovery to take. A copy of this Guide can be found here: <http://www.southworthassociates.net/resources/monitoring>.

- Class A drugs should be absolutely avoided
- Class B drugs should only be taken with physicians knowledge of the participants’ recovery
- Class C drugs should be safe to take

Participants must notify PRN of any over-the-counter medications they take along with duration of use.

A Yearly Updated Prescription form as well as list of medications containing alcohol/Guide to Alcohol Free Products can be downloaded from our website: <http://www.southworthassociates.net/monitoring/program-for-recovering-nurses>

## **Agonist Therapy Policy**

It is the opinion of Southworth Associates that when it comes to the treatment of Substance Use Disorder, abstinence from potentially addicting substances is the pharmacologic gold standard. As such, abstinence is the expected state of all professionals who are attempting to return to work in the health care fields. The use of harm reduction techniques such as agonist therapy should be reserved for the severest forms of Substance Use Disorders and are, in general, considered too high risk to be allowed to return to work in patient care.

Still, exceptions may be made on a case-by-case basis under highly modified monitoring contracts. Agonist therapy may be considered appropriate for individuals who have been using the drug either IV or who have met the criteria for severe use disorder for a period of years. They must have had at least two relapses after appropriate treatment or while under monitoring. For those with Opiate Use Disorder, at least one of those relapses needs to have occurred while on naltrexone or other opiate receptor-blocking agent. Having proven they have the severest form of the disease, candidates for agonist therapy will be monitored for as long as they are on this form of therapy. Reduction in monitoring or recovery requirements will not be considered as long as the patient is on this form of therapy. Modifications to the contract shall be at the monitoring agencies discretion and for increased efficiency of efficacy of monitoring only. Should the individual discontinue agonist therapy, the individual may then sign a new standard contract. Time spent on agonist therapy shall not count toward the completing of a standard contract.

## **Termination/Graduation**

Self-referred participants must request graduation in writing and the PRN will review the case. A suggested timeline for a Self-referred participant to request graduation would be:

- At least one month prior to your PRN contract end date send a letter to PRN requesting graduation.

Board-referred participants will automatically have their cases reviewed by the PRN Advisory Committee (PRNAC) six (6) months and, again, three (3) months prior to your potential graduation date. You do not need to do anything to initiate this process. PRN provides the PRNAC with a snapshot of your historical program compliance and during their quarterly meetings they will make the decision whether or not to allow graduation on your contract date. If they are unsure whether or not to allow graduation they may ask you to schedule an appointment with them to further discuss their trepidations.

Only the PRNAC can release Board-referred participants. PRN must wait for notification from the PRNA that the participant is allowed to graduate on their contract date.

- Monitoring fees continue to accrue until this notification is received.

*We encourage you to make the most of our website as it contains many helpful links, documents, and other information:*

<http://www.southworthassociates.net/monitoring/program-for-recovering-nurses>

*Please review your contract regularly and contact your Compliance Monitor directly should you have any questions regarding this Handbook or any requirements!*

