



**Ohio Law and Rules:  
Alternative Program for  
Chemical-Dependency/Substance Use Disorder Monitoring**

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**There are changes highlighted in yellow and deleted for slides 2 and 4**

**On slide 6 add Completion of exam with a score of 70 or better**

## Acknowledgements

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...*Suzan R. Miller-Hoover DNP, RN, CCNS, CCRN-K*

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**Make this change on slide 2 (deleted commercial support statement)**

## Note to Learners!

Please note that the Ohio Board of Nursing requires two (2) hours of continuing nursing education on Ohio Nursing Law and Rules (Category A) when an application for **initial endorsement** of licensure is made.

The Ohio Board of Nursing requires one (1) hour of continuing nursing education on Ohio Nursing Law and Rules (Category A) when an application for **license renewal** is made. **Make this change on slide 4**

In addition, a nurse who has been licensed by endorsement for less than or equal to one (1) year must complete twelve (12) contact hours, with at least one (1) of the required contact hours being Category A, to renew a nursing license in Ohio.

## Purpose

The purpose of this course is to provide information about chemical dependency among nurses and to describe Ohio's alternative program for chemically-dependent nurses.

## Criteria for Successful Completion

1. Obtaining 70% or greater on the posttest [make this change on slide 2](#)
2. Submission of evaluation

## Objectives

After completing this course, you will be able to:

1. Discuss the issues concerning chemical dependency among nurses.
2. List the eligibility criteria for participation in the Alternative Program for Chemical-Dependency/Substance Use Disorder Monitoring in Ohio.
3. Explain the process of the Alternative Program for Chemical-Dependency/Substance Use Disorder Monitoring in Ohio.
4. Explain the requirements for successful completion of the Alternative Program for Chemical-Dependency/Substance Use Disorder Monitoring in Ohio.
5. Identify the causes for termination of participation in the Alternative Program for Chemical
6. Dependency/Substance Use Disorder Monitoring in Ohio.
7. Identify the confidentiality rules related to the Alternative Program for Chemical-Dependency/Substance Use Disorder Monitoring in Ohio.

## Introduction: The Issues

What are the issues concerning chemical dependency among nurses?

- Safety for the patient, the nurse with chemical-dependency/substance use disorder, and other team members
- Prevalence of chemical dependency among nurses and contributing factors
- Identifying a nurse colleague with chemical-dependency/substance use disorder
- Reporting a nurse colleague with chemical-dependency/substance use disorder
- Supporting the recovery of a nurse colleague with chemical-dependency/substance use disorder

**Note:** The term "chemical dependency" as defined in Section 4723.35(A), ORC, includes or may otherwise be referred to as a "substance use disorder" to the extent the disorder involves dependency and not abuse. While the term "chemical dependency" cannot completely be replaced as the law requires the Board to establish a "chemical dependency monitoring program", the rules are updated to begin to incorporate the term.

### Excerpt from the ANA Code of Ethics

"Nurses must be vigilant to protect the patient, the public, and the profession from potential harm when a colleague's practice, in any setting, appears to be impaired. In a situation where a nurse suspects another's practice may be impaired, the nurse's duty is to take action designed

both to protect patients and to assure that the impaired individual receives assistance in regaining optimal function...".

"Nurses in all roles should advocate for colleagues whose job performance may be impaired to ensure that they receive appropriate assistance, treatment and access to fair institutional and legal processes. This includes supporting the return to practice of the individual who has sought assistance and is ready to resume professional duties."

"If impaired practice poses a threat or danger to self or others, regardless of whether the individual has sought help, the nurse must take action to report the individual to persons authorized to address the problem." (ANA, 2015, p. 17)

### **Safety for the Nurse with Chemical-Dependency/Substance Use Disorder, and Other Team Members**

The nurse with chemical-dependency/substance use disorder is at risk for injury due to impairment, and even for death due to injury or overdose.

Members of the healthcare team are also at risk when the actions of a chemically-impaired team member threatens their safety either through negligence on the part of the impaired team member, or through overt hostile actions by the impaired team member.

Ohio Law and Rules do not specifically state that a nurse is required to report an impaired colleague. However, the overall purpose of the Ohio Board of Nursing and the Nurse Practice Act is to protect public safety and prevent incompetent practice.

Workplace policies may mandate that nurses report healthcare team members whom they suspect of impaired practice (Thomas & Siela, 2011).

### **Employers' Obligation to Report**

Ohio Law requires that employers of nurses report to the Board of Nursing (BON) any conduct that is grounds for disciplinary action by the BON.  
(ORC 4723.34)

Specific conduct identified as grounds for disciplinary action includes:

- "Self-administering or otherwise taking into the body any dangerous drug...in any way that is not in accordance with a legal, valid prescription issued for that individual, or self-administering or otherwise taking into the body any drug that is a schedule I controlled substance;
- "Habitual or excessive use of controlled substances, other habit-forming drugs, or alcohol or other chemical substances to an extent that impairs the individual's ability to provide safe nursing care ...;
- "Impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care ...because of the use of drugs, alcohol, or other chemical

substances;”  
(ORC 4723.28, sections 8-11)

When an employer reports chemical-dependency related misconduct to the BON, the nurse may apply to the Alternative Program for Chemical-Dependency/Substance Use Disorder Monitoring.

**Note:** References to use of alcohol include products which contain alcohol

### **Chemical-Dependency/Substance Use Disorder among Nurses**

Though sources vary, research that synthesized several sources estimated that between 14% and 20% of nurses practicing in the U.S.A. suffer from the disease of addiction (The National Council of State Boards of Nursing [NCSBN], 2018).

These characteristics frequently paint a portrait of the nurse with chemical-dependency/substance use disorder:

- Over achievers, top third of their classes, many holding advanced degrees and certifications
- Hard-working individuals: efficient, capable, responsible, and admired by their colleagues
- Perfectionists, holding themselves to a higher standard and distressed when they do not meet this self-set high standard
- Manager's dream: willing to stay on into the next shift, to arrive early to cover the unit, or sign up for additional hours
- Unconsciously in need of acceptance and approval
- Children of alcoholics with a legacy of rescuing and caring for others.
  - Some estimate that 40% - 50% of those in helping professions, including nursing, are adult children of parents with an addictive disorder.

(Narconon International, 20015)

### **Contributing Factors**

Nurses' knowledge about drugs and their effects may lead to overconfidence about their ability to self-medicate without harmful consequences.

Most RNs who abuse chemicals or alcohol begin by self-medicating to relieve pain or stress, rather than as sensation-seeking behavior.

Nurses may also self-medicate to:

- Appear competent and strong
- Suppress anxiety, guilt, excessive shame or humiliation
- Relieve loneliness, fear, or the dread of growing old and dying badly

(NCSBN, 2011)

The experience of moral distress – the conflict between knowing the ethical action to take and situational barriers to ethical action – causes dissatisfaction for both physicians and nurses. Some nurses respond to this distress by leaving nursing or by self-medicating with alcohol and/or drugs (Narconon International, 2015; NCSBN, 2018).

### Test Your Knowledge

Why do most nurses start to self-medicate?

- A. Moral distress
- B. **Relieve pain and stress**
- C. Sensation-seeking
- D. Nursing dissatisfaction

Rationale: Most RNs who abuse chemicals or alcohol begin by self-medicating to relieve pain or stress, rather than as sensation-seeking behavior.

### Myths and Truths

**MYTH:** Impaired nurses use only street drugs.

**TRUTH:** Many chemically dependent nurses use medications encountered in the workplace. They may have begun by taking a patient's medication to relieve a headache, back pain, or stress. Some may substitute saline for injectable and other liquid medications or dilute the liquid to replace what they have taken.

(Thomas & Siela, 2011)

**MYTH:** Impaired nurses have a long history of substance abuse.

**TRUTH:** Though some may have a long history, and some may have a family history, many become chemically-dependent as a means of coping with a recent stressful life event such as divorce, accident, death of a loved one, or other stressful events.

(Thomas & Siela, 2011)

**MYTH:** Impaired nurses are easy to recognize.

**TRUTH:** Although there are observable signs and behavior patterns associated with chemical dependency, a chemically-dependent nurse is likely to take precautions to avoid detection.

(Thomas & Siela, 2011)

**MYTH:** Chemical-dependency/substance use disorder is voluntary.

**TRUTH:** Chemical-dependency/substance use disorder is a compulsive behavior that affects the brain. There are many contributing factors including family history, poor choices, loss of support systems, enabling behavior, and other factors. However, once the compulsive behavior is established, it is not an entirely voluntary action.

(Thomas & Siela, 2011)

**MYTH:** Combining drugs or drugs with alcohol is not harmful.

**TRUTH:** Combining drugs or drugs with alcohol can produce permanent physical impairment or lethal effects.

(Thomas & Siela, 2011)

**MYTH:** Chemically-dependent nurses only need treatment for a few weeks.

**TRUTH:** Short-term inpatient programs should be at least 21 days. Follow-up supervision and emotional support are important. Length of treatment and willingness of the nurse to succeed are the best predictors of success. Nurses who remain in treatment for at least one year are twice as likely to be drug free, but the struggle for recovery will last a life time. Nurses who desire to recover and have adequate support and opportunity can make a complete recovery.

(Thomas & Siela, 2011)

**MYTH:** Chemically-dependent persons must want treatment and cannot be forced into it.

**TRUTH:** The desire to recover is an important factor in the success of a treatment program. However, in most cases chemically-dependent nurses deny the problem, resist treatment, and are forced to enter treatment by a court order and peer, employer, or family encouragement. Once they engage in treatment, their desire to continue treatment and recover is critical to their success in recovery.

(Thomas & Siela, 2011)

**MYTH:** An intoxicated person can sober up quickly.

**TRUTH:** Depending upon a person's weight, consumption of food, and other factors, it takes about 3 hours or more to sober up from alcohol intoxication. Effects of medications and drugs vary in length with the type of substance. Nurses may overestimate their ability to recover quickly and report to work impaired after consuming alcohol.

(Thomas & Siela, 2011)

**MYTH :** Beer has less alcohol than hard liquor.

**TRUTH:** In the amounts usually consumed as a "serving," beer, wine, and liquor are equal in alcohol content:

12 ounces of beer = 5 ounces of wine = a shot (1.5 ounces) of 80 proof liquor.

(Thomas & Siela, 2011)

### **Test Your Knowledge**

Is it easy for a nurse to recognize a nurse with chemical dependency/substance use disorder?

- A. Yes, the nurse usually admits abuse to at least one colleague.
- B. Yes, the behavior of a chemically dependent/substance abuse disorder colleague is obvious
- C. No, the pattern of signs and symptoms can develop from variety of other causes.
- D. No, a nurse with chemical-dependency/substance use disorder is likely to take precautions to avoid detection.**

Rationale: A chemically-dependent nurse is likely to take precautions to avoid detection.

## **Behavior Patterns**

- Deterioration in grooming and personal appearance
- Long-sleeved clothing, even in warm temperatures
- Excessive weight loss or gain
- Emotional hypersensitivity; mood swings including outbursts of anger and inappropriate laughter
- Forgetfulness, confusion and difficulty concentrating
- Dishonesty, even in unimportant matters
- Elaborate excuses for simple problems
- Increase in personal problems, such as financial difficulty or divorce
- Increase in physical complaints
- Blackout periods (inability to remember events that occurred while intoxicated)
- Frequent accidents or emergencies
- Insomnia

(Narconon International, 2015)

## **Behavior Patterns in the Workplace**

- Isolation and withdrawal from peers, including work-related social events
- Frequent, unexplained absences from work or from the unit
- Increased and unexcused tardiness
- Mood changes after meals or breaks
- Rounding at odd hours
- Working too many hours (for greater access to opioids or to avoid withdrawal symptoms)
- Preference for shifts with less supervision and greater access to opioids
- Poor clinical decision-making and judgment
- Errors, particularly involving medication, incomplete/inaccurate documentation or discrepancies between narcotic record and patient record
- Spending excessive time around opioids or medication dispensing machine
- Signing out or wasting excessive amounts of opioids
- Offering to medicate co-workers' patients
- Colleagues noting opioids missing in the workplace
- Altered verbal or telephone medication orders
- Asking physicians for prescriptions

(Narconon International, 2015)

## **Overt Indicators of Chemical Dependency**

Overt indicators that may provide reason for concern include:

- Shakiness or tremor
- Slurred speech
- Diaphoresis



- Pupils constricted (opiates, heroin, sometimes benzodiazepines) or dilated [alcohol, cocaine, marijuana, methamphetamine, MDMA (Ecstasy)]
- Watery eyes
- Nausea, vomiting, diarrhea
- “Nodding off”
- Lethargy or hyperactivity
- Frequent use of mouthwash or mints
- Frequent runny nose
- Unsteady gait

(Narconon International, 2015; The National Council of State Boards of Nursing (NCSBN), 2018)

### Test Your Knowledge

An overt indicator of chemical dependency is:

- Altered verbal telephone orders for medication
- Wasting excessive amounts of opioids
- Constricted pupils**
- Hypoactivity

Rationale: Overt indicators that may provide reason for concern include:

- Shakiness or tremor
- Slurred speech
- Diaphoresis
- Pupils constricted (opiates, heroin, sometimes benzodiazepines) or dilated [alcohol, cocaine, marijuana, methamphetamine, MDMA (Ecstasy)]
- Watery eyes

### Think About It

#### Reporting a Colleague Suspected of Impaired Practice

Researchers posed the following questions to 55 RNs:

- “If you suspected a colleague was using or abusing alcohol or other drugs, would you be comfortable addressing your suspicion with that colleague?”
- “If you suspected a colleague was using or abusing alcohol or other drugs, would you report your suspicion? If so, to whom would you report?”
- “What are some reasons that would prevent you or your coworkers from confronting a chemically-dependent colleague?”

**How do you answer these questions for yourself?  
Compare your answers with the research findings that follow.**

#### Confronting an RN Colleague

One RN who participated in an alternative discipline program (Dittmann, 2012, p. 39) stated:

*I describe my intervention day as the worst and best day of my life. I still keep in contact with the nurse who reported me for my diversion activities. It seems funny that we stayed in touch. I call her at least once a year on the 22nd of June just to say thank you for saving my life.*

Research findings indicate that peer intervention related to impaired practice is uncommon (Narconon International, 2015; The National Council of State Boards of Nursing (NCSBN), 2018).

## **Would You Confront Your Colleague?**

### **What would you do?**

57% of the nurses would not confront.

Some of their comments included:

- I'm not sure I trust my own observations or instincts to confront [a colleague].
- I know I'm not an expert in chemical dependence and think it would be better dealt with by someone who is.
- I already have enough patients on my floor to take care of. I don't need another one.
- I'm too busy in the ICU to handle this sort of situation without having direct evidence.

Many nurses said they felt confident a supervisor would intervene without them having to say anything.

More experienced nurses were more likely to confront, including one nurse who had faced the situation three times and stated that a colleague had died on her unit with a needle in her arm.

## **Intervening with a Colleague with Chemical-Dependency/Substance Use Disorder**

### **Six Steps to Helping a Chemically-Dependent Colleague**

1. Convey a message of genuine hope.
  - The nurse may feel hopeless after many losses. Encourage the nurse that recovery is possible.
2. Enlist the help of a recovering nurse.
  - Someone who has "been there" can offer hope and empathy.
3. Make sure the intervention team has been trained to deal with the situation.
  - The impaired nurse's thinking is impaired. Team members need to be thinking clearly and understand chemical dependency and the power of denial. They must lead the nurse to acknowledge the problem.
4. Plan the intervention well.
  - Use a team; peer, supervisor, nurse administration representative - never one-on-one. Include two people to get the nurse to a treatment facility, and someone from a peer assistance intervention or advocacy program to guard the rights. Meet to plan the intervention: when and where, who delivers opening statement, who arranges bed in treatment center, who checks nurse's insurance.

5. Reassure the nurse that his or her job will be waiting when treatment is successfully completed.

- Help the nurse retain his or her insurance to pay for treatment. A key factor in getting the nurse to accept treatment is often the realistic hope of returning to practice.

6. Use power and authority carefully.

- If the confronted nurse continues to deny, proceed carefully through the sequence of possible alternatives:
  - First suspension or termination
  - Next discuss reporting to Board of Nursing - license in jeopardy
  - Next the hospital may report the incidents of narcotics diversion to the law enforcement agencies
  - Present the alternatives in sequence, give ample time for nurse to think about each one, and use criminal threat only as a last resort.

(NSCSBN, 2011; Wisconsin Nurses Association Peer Advisory Council, n.d.)

## Test Your Knowledge

The correct sequence of steps for intervening with a colleague with chemical-dependency/substance use disorder are:

- A. Enlisting the help of a recovering nurse, training the intervention team, and reassurance of job security.
- B. Reassurance of job security, enlisting the help of a recovering nurse, and training the intervention team.
- C. Training the intervention team, reassurance of job security, and enlisting the help of a recovering nurse.

Rationale: Enlisting the help of a recovering nurse, training the intervention team and reassurance of job security.

The six steps to helping a chemically-dependent colleague are:

1. Convey a message of genuine hope.
2. Enlist the help of a recovering nurse.
3. Make sure the intervention team has been trained to deal with the situation.
4. Plan the intervention well.
5. Reassure the nurse that his or her job will be waiting when treatment is successfully completed.
6. Use power and authority carefully.

## Would You Report Your Colleague?

What would you do?

80% of nurses would report their suspicions to a supervisor. A few said they would also contact the human resources department or the licensing board; two said they would keep their suspicions to themselves.

Their comments included:

- I would be afraid [the colleague] might react in a way that would harm me.
- I would be fearful of possible retribution or retaliation.
- I would feel like I was being a tattletale.
- I wouldn't want to be the one responsible for jeopardizing [a colleague's] job.

(Narconon International, 2015; The National Council of State Boards of Nursing (NCSBN), 2018)

## **Barriers to Confronting and Reporting**

Nurses identified these barriers:

- The belief that a supervisor will handle the situation.
- Lack of knowledge about the disease nature of chemical dependency.
- Lack of a clear protocol to address the situation.
- Lack of knowledge about alternatives to the disciplinary actions of loss of license, loss of employment, and or other career-ending disciplinary actions by the State Board of Nursing and/or by the employer.
- Lack of knowledge of about the success of treatment programs and the possibility of a nurse who is in recovery returning to work while still in a treatment program.
- Use of terminology such as "confront" rather than "assist" a colleague who is impaired. (Narconon International, 2015; The National Council of State Boards of Nursing (NCSBN), 2018)

## **Supporting the Recovery of a Nurse Colleague**

Impaired practice violates the Nurse Practice Act (ORC 4723.28) and qualifies for disciplinary action which might include revoking the RN license.

Ohio and most other states have established an alternative to discipline program for the chemically-dependent nurse: ORC 4723.35 Establishing chemical dependency monitoring program and OAC Chapter 4723-6 Alternative Program for Chemical-Dependency/Substance Use Disorder Monitoring (Ohio Law and Rules, 2015).

The alternative program includes criteria for participation and outlines a program of monitoring, treatment, and re-entry into practice.

Confidentiality is an important aspect of the alternative program. A nurse who is participating in the program may re-enter practice on your unit.

You may not know that the nurse is participating in the program and you are not responsible for the nurse's treatment and recovery. However, doing your part to create a supportive professional environment will aid the nurse's recovery.

Your knowledge that the alternative program offers a means of recovering and of continuing to practice may encourage you to act if you suspect that a colleague may be practicing while impaired.

## **Success in Alternative Programs**

Participation in an alternative program can begin promptly and may be completed in two years though the timeframe is individualized. The nurse may return to practice while participating in the program, according to stipulations of the agreement to participate. The disciplinary process takes much longer and leaves the nurse's status uncertain during that time.

## **Common Workplace Stipulations for Re-entering Nurses:**

- A workplace monitor, usually the nurse's immediate supervisor
- Attendance at weekly meetings with the nurse supervisor and at monthly meetings with the Employee Assistance Program (EAP) counselor
- No night shifts, overtime work, rotating shifts, and/or work on other units for at least six months, to be renegotiated at the end of that period by the nurse and supervisor
- In most cases, no access to controlled substances for six months to one year
- In most cases, working in a position other than the former one, with no access to controlled substances. If a nurse recovering from opioid addiction will return to a position that provides access to these drugs, a daily regimen of naltrexone 50 mg may be initiated and urine screens (which also can assess naltrexone compliance) should be done more frequently.

The nurse must have worked fulltime for a minimum one-year in a position requiring a license/certificate prior to consideration for release. This is consistent with recommendations adopted by NCSBN.

(Narconon International, 2015; The National Council of State Boards of Nursing (NCSBN), 2018; ORC, 2015)

## **Common Stipulations for Re-entering Nurses Outside the Workplace:**

- Attending:
  - Individual therapy sessions
  - Marital therapy or workshops
  - Workshops on anger, codependency, shame, or other issues (depending on the individual)
  - A gender issues group, with separate male and female groups
  - At least three 12-step meetings per week
- A counselor-facilitated aftercare group or nurses' support group (preferably counselor facilitated); such groups have been a critical component for recovering health-care professionals, increasing the chance for a successful long-term outcome
- Weekly contact with a sponsor
- Frequent random and observed urine screens
- In some cases, placement in a recovery residence (such as a halfway house)  
(Narconon International, 2015; The National Council of State Boards of Nursing (NCSBN), 2018)

## Test Your Knowledge

Restrictions and requirements placed on nurses who are in alternative to discipline programs for chemical-dependency are limited to restrictions in the workplace.

True

**False**

Rationale: Restrictions may also include therapy, 12-step meetings, urine and drug screens, and other measures to support the recovery process.

## Monitoring the Nurse in Recovery

Some experts believe that monitoring should continue for at least two years. Experts also advocate treatment programs specifically designed for healthcare professionals that include five-year monitoring (Narconon International, 2015; The National Council of State Boards of Nursing (NCSBN), 2018).

## What Interferes with a Nurse's Recovery?

Factors that may interfere with a nurse's recovery:

- Failure to understand and accept that chemical dependence is a disease
- Feelings of denial and uniqueness, such as, "that recommendation may be fine for other nurses, but not for me"
- Dishonesty commonly exhibited as lies of omission
- A secret held by the chemically dependent nurse that causes anxiety
- Specific family dynamics, such as lack of family support or loved ones who disagree with the diagnosis, enable, or rescue the addict and thus limit the consequences of substance use
- Isolation
- Lack of participation in a spiritual program
- Repeated stress within or outside the workplace, with no awareness of the possible resolution or communication of that stress to others who could help
- Untreated post-traumatic stress disorder
- Exposure to cues that induce involuntary craving
- Cross-addiction with another substance, such as an opioid addict may start to drink alcohol, rationalizing that she has never had a problem with alcohol, or addictive behaviors, such as gambling or compulsive sexual behavior

(Miller, Kanai, Kebritchi, Rendell, & Howard, 2015; NCSBN, 2018)

## Think About It: A Recovering Nurse Colleague

- Alternative programs for chemical-dependency/substance use disorder assure confidentiality for the nurse who is in recovery and participating in the program.

- Do you think nurse colleagues should be made aware that a co-worker is participating in an alternative program? Why or why not?
- Would you behave differently toward a co-worker who you knew to be participating in an alternative program? If so, how?
- If you were participating in an alternative program, would you disclose this information to your colleagues? Why or why not?

## **Impaired Practice and the Ohio Law**

Clearly, practicing while impaired endangers patients, the impaired nurse, and potentially other team members. Therefore, laws governing nursing practice identify impaired practice as a violation of the nurse practice act subject to disciplinary action.

Specifically, the Ohio Nurse Practice Act states that:

“The board of nursing... may... deny, revoke, suspend, or place restrictions on any nursing license...; reprimand or otherwise discipline a holder of a nursing license...; or impose a fine of not more than five hundred dollars per violation.” (ORC 4723.28) The law lists several offenses including:

- “Self-administering or otherwise taking into the body any dangerous drug...in any way that is not in accordance with a legal, valid prescription issued for that individual, or self-administering or otherwise taking into the body any drug that is a schedule I controlled substance;
- “Habitual or excessive use of controlled substances, other habit-forming drugs, or alcohol or other chemical substances to an extent that impairs the individual's ability to provide safe nursing care ...;
- “Impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care ...because of the use of drugs, alcohol, or other chemical substances;”  
(ORC 4723.28)

## **Alternative to Disciplinary Action**

The Ohio BON may abstain from taking disciplinary action against an individual with a chemical dependency if it finds that the individual can be treated effectively and there is no impairment of the individual's ability to practice according to acceptable and prevailing standards of safe care.

The Ohio BON has established a chemical dependency/substance use disorder monitoring program to monitor registered nurses, licensed practical nurses, dialysis technicians, and certified community health workers against whom the board has abstained from acting. The board developed the program, selected the program's name, and designated a coordinator to administer the program.

## **Eligibility Criteria for Ohio’s Alternative Program**

A nurse must:

- Hold a current, valid license
- Request or obtain a program application from the BON:
  - [http://www.nursing.ohio.gov/PDFS/Forms/ALTP/FORM\\_I-Personal\\_Report.pdf](http://www.nursing.ohio.gov/PDFS/Forms/ALTP/FORM_I-Personal_Report.pdf)
- Submit a completed **voluntary temporary license surrender form**, accompanied by the nurse's license, within 10 business days of the date the application was mailed by the BON
- Submit a completed program application within 60 days of the date the application was mailed by the BON to the individual; must be accompanied by a chemical dependency assessment, including a bio-psycho-social evaluation by a qualified practitioner, documentation of the diagnosis of chemical dependency, and an organized plan for treatment
- Sign waivers giving the program consent to receive and release information necessary for purposes of determining program eligibility – including, but not limited to: information to and from employers, probation officers, law enforcement agencies, peer assistance programs, and any treatment providers or healthcare practitioners

No person with knowledge of any information disclosed by the program shall divulge the information to any other person. The information contained in the completed application shall indicate to the BON that the nurse may be effectively treated for the chemical dependency, may be effectively monitored for compliance with program requirements, and does not meet criteria for ineligibility (OAC 4723-6-02).

### **Ineligibility Criteria**

If the BON receives information indicating that a nurse's compliance with the program may not be effectively monitored, the nurse may not participate. This information includes, but is not limited to; the nurse:

- Is currently using or being prescribed a drug of abuse
- Has a medical and/or psychiatric condition, diagnosis, or disorder, other than chemical dependency, in which the manifest symptoms are not adequately controlled
- Has attempted or completed two or more chemical dependency treatment programs or diversion programs as of the date of the application, notwithstanding the nurse's current chemical-dependency/substance use treatment plan and related treatment currently submitted for purposes of program eligibility. Board staff is responsible for notifying the Board that an individual who is before the Board for disciplinary action has previously completed the AP. See also Rule 4723-16-07 (B)(2).
- Has substituted or tampered with a substance or drug of abuse, including products containing alcohol
- Has completed the program or a similar program in another jurisdiction
- Has been terminated from the program or from a similar program in another jurisdiction
- Was admitted to, but did not complete or is no longer in good standing, in a similar program in another jurisdiction
- Has a conviction of, a plea of guilty to, a plea of guilty to notwithstanding a guilty plea



resulting in intervention in lieu or treatment in lieu of conviction, a judicial finding of guilt of, or a judicial finding of guilt resulting from a plea of no contest to any felony or an act in another jurisdiction that would constitute a felony in Ohio

- The BON has acted against the individual's license to practice nursing in Ohio.
- A board regulating nursing in another jurisdiction has acted against the nurse's license.
- The BON determines that the public may not be adequately protected from unsafe practice if the individual enters the program, or the nurse has failed or refused to cooperate with a board investigation.

(OAC 4723-6-02).

## Test Your Knowledge

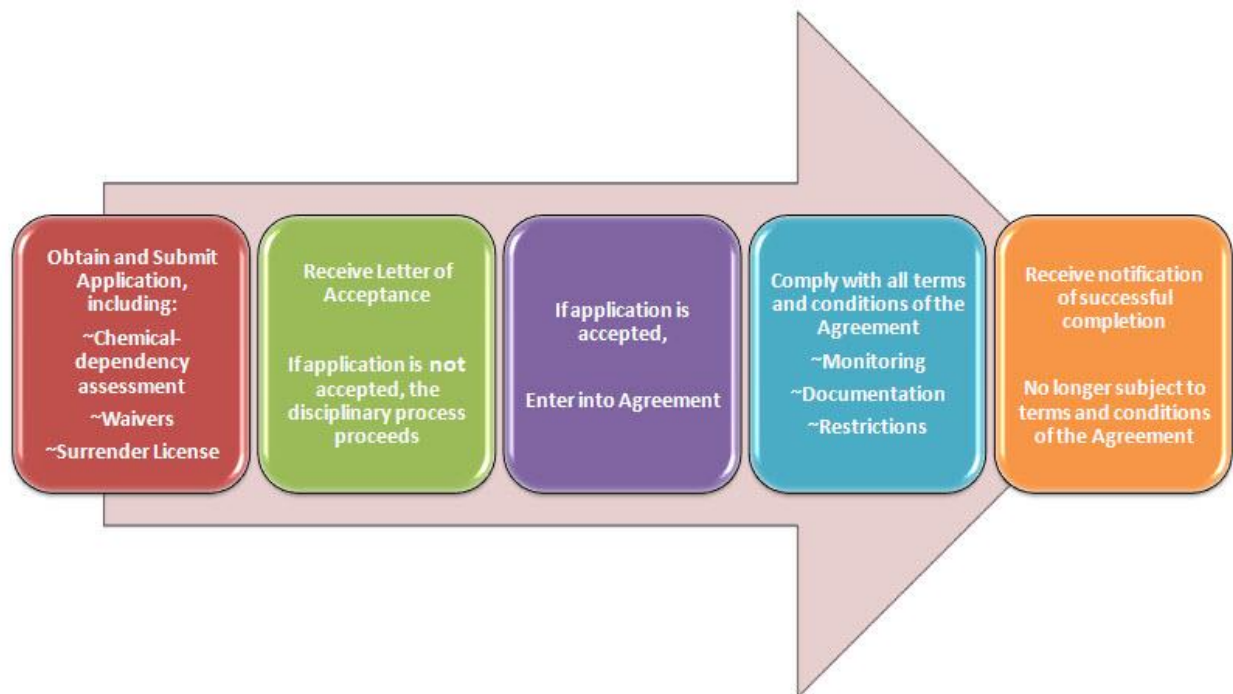
Which of these nurses is ineligible for the Alternative Program for Chemical-Dependency/Substance Use Disorder Monitoring in Ohio?

- A. A nurse whose employer urges her to apply to the program.
- B. A nurse who has been caught diluting vials of hydromorphone with saline on the unit.
- C. A nurse who surrenders his license to the Board of Nursing when applying to the program.

Rationale: A nurse who has been caught diluting vials of hydromorphone with saline on the unit. Criteria for ineligibility include: Substituting or tampering with a substance or drug of abuse

(OAC 4723-6-02)

## Alternative Program Process



## **The Agreement**

The program notifies the nurse of acceptance or non-acceptance of the application. If the application is not accepted, the disciplinary process proceeds.

If the program accepts the nurse's application, the nurse is assigned a representative with whom to meet and review the nurse's program agreement.

The nurse makes an agreement with the program and must comply with all the terms and conditions of the agreement for the period specified in the agreement.

The agreement requires that the nurse:

- Enters chemical dependency/substance use disorder treatment in an approved treatment program no later than 30 days from the execution of the agreement
- Complies with all requirements of the nurse's chemical dependency treatment plan

The nurse enters into an individualized agreement with the program with timeframes and provisions specific to the individual nurse's situation.

The following slides contain provisions of the agreement as stated in the OAC.  
(OAC 4723-6-03)

## **Provisions for Treatment**

The nurse:

- Takes necessary action to assure that the program receives acceptable documentation of:
  - Compliance with the terms of the agreement
  - Any medication prescribed for or administered to the nurse, including but not limited to drugs of abuse
  - Progress in reports of all healthcare practitioners, chemical dependency treatment providers, and counselors at the intervals specified in the nurse's agreement
- Abstains from the use of alcohol, drugs of abuse, and controlled substances, except as a time-limited part of the treatment plan
- Ceases working as an RN or LPN while taking medications prescribed as a part of the treatment plan
- Informs all treating healthcare practitioners of the nurse's chemical dependency and recovery status prior to receiving treatment and prescriptions
- Submits to random alcohol and drug screens when requested by the program, and complies with all requirements of random alcohol and drug screening as specified in the

agreement

- Attends support, peer group, or 12-step group meetings as specified in the agreement, verifies attendance at these meetings by signature of a group leader or meeting representative, and submits such signatures to the program using the meeting form provided by the program

(OAC 4723-6-03)

## **Work Restrictions**

The nurse:

- Complies with the employment restrictions specified by the agreement and terms and conditions of employment as executed at the time of employment approval by the program.
- Returns to employment that requires a nursing license while under the terms of the agreement. When the BON's supervising member for disciplinary matters determines that the nurse is capable of resuming practice according to acceptable and prevailing standards of safe care, the program coordinator returns the nurse's license. If the nurse violates the terms and conditions of resumed practice, the coordinator shall require the nurse to surrender the license as a condition of continued participation in the program. The coordinator may require the surrender only on the approval of the board's supervising member for disciplinary matters.

Restrictions may include, but are not limited to:

- Work schedule restrictions
- Work site supervision restrictions, such as work site monitors
- Restrictions against administering and having access to consumable alcohol, controlled substances, and drugs of abuse
- Practice setting or client restrictions

(OAC 4723-6-03)

## **Additional Provisions**

The nurse:

- Signs waivers to facilitate the transmission of information about monitoring to the program. Waivers may include exchange of information with employers, probation officers, law enforcement agencies, peer assistance programs, chemical dependency treatment providers, healthcare practitioners, government agencies, or court officials. No person with knowledge of any information disclosed by the waivers shall divulge the information to any other person.
- Assumes responsibility for all costs resulting from program requirements. All costs incurred are wholly between the nurse and any person providing the services in accordance with the program requirements. None of the costs incurred shall be charged to the program and the program assumes no liability for any costs incurred.
- Submits a written personal report to the program at the intervals specified by the nurse's agreement.

- Meets in person with a program representative at the intervals specified by the nurse's agreement.
- Obeys all federal, state, and local laws and rules including, but not limited to, all laws and rules regulating the practice of nursing in Ohio.
- Complies with all requirements specified in the agreement which the program determines are necessary to ensure effective monitoring of compliance with program requirements and that the public is adequately protected from unsafe practice.

(OAC 4723-6-03)

### **Test Your Knowledge**

As outlined in the Ohio Administrative Code (OAC), provisions of the agreement between the nurse and the Alternative Program for Chemical-Dependency/Substance Use Disorder Monitoring include:

- A. The nurse must disclose her participation in the program to co-workers.
- B. The program must disclose participation in the program
- C. The program pays the costs associated with chemical dependency treatment.
- D. The nurse may be prohibited from practicing on a unit while in the program.

Rationale: The nurse may be prohibited from practicing on a unit while in the program.

Restrictions may include, but are not limited to:

- Work schedule restrictions
- Work site supervision restrictions, such as work site monitors
- Restrictions against administering and having access to consumable alcohol, controlled substances, and drugs of abuse
- Practice setting or client restrictions

(OAC 4723-6-03)

### **Successful Completion**

Successful completion equals compliance with the terms and conditions of the program specified in the Ohio Law & Rules (ORC and OAC) pertaining to the program and in the agreement for the time specified in the agreement.

When the nurse has successfully completed the program, the program notifies the nurse in writing. Once the nurse receives this written notification of successful completion from the program, the nurse is no longer required to comply with the terms and conditions of the program and the agreement.

When deciding regarding disciplinary action for violations of Chapter 4723 of the ORC or the OAC, the BON will be notified if the nurse previously successfully completed the program.

The nurse who successfully completes the program will not be reported to the National Council of State Boards of Nursing's (NCSBN) disciplinary data bank or the federally mandated

healthcare integrity and protection data bank unless the board imposes disciplinary action against the nurse.

(OAC 4723-6-04)

### **Termination from the Program**

The nurse's participation in the alternative program may be terminated if the nurse:

- Fails to comply with any of the terms and conditions of the program specified in the ORC and the OAC
- Fails to comply with any provision of the agreement
- Is unable to practice according to acceptable and prevailing standards of safe care

The nurse's participation may also be terminated if the program receives information which, after investigation, indicates that the participant may have committed an additional violation of a provision of the ORC or OAC.

(OAC 4723-6-05)

### **Confidentiality Rights**

Admission and ongoing monitoring are conducted in a manner that maintains the confidentiality of the individual.

All records regarding the nurse's application to or participation in the program are confidential and are not public records. The records include, but are not limited to:

- Medical records
- Chemical dependency records
- Mental health records
- Treatment records
- Reports required by the nurse's agreement
- Waivers and releases required by the nurse's agreement
- Alcohol and drug screen results
- Verification of attendance at support, peer group or twelve-step meetings
- Internal program documentation concerning nurses in the program, including program assessments and recommendations.

The nurse may authorize in writing the release of information regarding his or her progress in the program.

All program records shall be maintained in a secure storage area for a period of two years following the participant's date of successful completion of the program, or for a period of two years following a determination that an applicant is not eligible for participation.

(OAC 4723-6-06)

### **Conclusion**

*Ohio Law and Rules: Alternative Program for Chemical-Dependency/Substance Use Disorder Monitoring* has provided information about chemical dependency among nurses and described Ohio's Alternative Program for Chemically-Dependent Nurses.

It is important to recognize chemically-dependent nurses and understand the implications for safety of all involved. These nurses require support, and to identify programs available to assist them. The Alternative Program for Chemical-Dependency/Substance Use Disorder Monitoring in Ohio has defined eligibility criteria and steps in the process. Success can be achieved by following the needed components in the program.

After studying this course, you have learned:

- Issues concerning chemical dependency among nurses.
- Eligibility criteria for participation in the Alternative Program for Chemical-Dependency/Substance Use Disorder Monitoring in Ohio.
- The process of the Alternative Program for Chemical-Dependency/Substance Use Disorder Monitoring in Ohio.
- The requirements for successful completion of the Alternative Program for Chemical-Dependency/Substance Use Disorder Monitoring in Ohio.
- Causes for termination of participation in the Alternative Program for Chemical-Dependency/Substance Use Disorder Monitoring in Ohio.
- Confidentiality rules related to the Alternative Program for Chemical-Dependency/Substance Use Disorder Monitoring in Ohio.

## Resources

Ohio Board of Nursing. (2015). Alternative program for chemical dependency: Frequently asked questions (includes application information). Retrieved from [http://www.nursing.ohio.gov/PDFS/FAQ/AP\\_FAQs.pdf](http://www.nursing.ohio.gov/PDFS/FAQ/AP_FAQs.pdf)

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Miller, T., Kanai, T., Kebritchi, M., Rendell, R., & Howard, T. (2015). Hiring nurses re-entering the workforce after chemical dependence. Retrieved from: [www.sciedu.ca/journal/index.php/jnep/article/download/6946/4608](http://www.sciedu.ca/journal/index.php/jnep/article/download/6946/4608)

Narconon International. (2015). Signs and symptoms of drug abuse. Retrieved from <http://www.narconon.org/drug-abuse/signs-symptoms-of-drug-abuse.html>

The National Council of State Boards of Nursing (NCSBN). (2018). Substance use disorder in nursing. Retrieved from: <https://www.ncsbn.org/substance-use-in-nursing.htm>

Ohio Law and Rules, Ohio Revised Code (ORC) and Ohio Administrative Code (OAC) (2015):  
ORC 4723.28 Disciplinary actions.  
ORC 4723.34 Reporting misconduct.  
ORC 4723.35 Establishing chemical dependency monitoring program  
OAC Chapter 4723-6 Alternative Program for Chemical-Dependency/Substance Use Disorder  
Monitoring  
Retrieved from [http://www.nursing.ohio.gov/Law\\_and\\_Rule.htm](http://www.nursing.ohio.gov/Law_and_Rule.htm)

Thomas, C. & Siela, D. (2011). The impaired nurse: Would you know what to do if you suspected substance abuse? *The American Nurse*, 6(8). Retrieved from <http://www.americannursetoday.com/article.aspx?id=8114&fid=8078#>

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