

Comparison of NCSBN Guidelines for Alternative Programs and Discipline Monitoring Programs and the Texas Peer Assistance Program for Nurses (TPAPN) Policies

Summary:

Staff requests the Board review the documents provided.

History:

In 2009 the NCSBN Board of Directors charged the Chemical Dependency Committee to review existing guidelines for alternative programs and management of chemically dependent nurses. Michael Van Doren, Program Director of TPAPN, was a member of this committee.

The committee was asked to make revisions and recommendations based on state of the art practice. The committee brought together leading experts from all areas of substance use, treatment programs and alternative programs. The product developed expands the existing recommendations and provides readers with practical and evidence-based guidelines for evaluating, treating, and managing nurses with substance use disorders. At their December meeting the Board of Directors approved the final publication of this committee, *Substance Use Disorders in Nursing: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs*. **(See Attachment A)**.

Texas Board of Nursing staff asked Mr. Van Doren to compare TPAPN's practices and policies against the new guidelines. He created the attached comparison. **(See Attachment B)**.

Next steps include staff review of our own rules and policies against these guidelines. The goal is to conform to evidence based national standards. Recommendations will be brought back to the Board at a future meeting.

Recommendation:

Board discussion and input is requested. No action is requested at this time.

Appendix A Guidelines for Alternative Programs and Discipline Monitoring Programs

The purpose of these guidelines is to provide practical and evidence-based guidelines for the regulatory management, monitoring of nurses with substance use disorders. The guidelines are based on a review of the most current research and knowledge synthesized from the literature and from the field.

These Guidelines were developed and written with the primary focus on alternative programs for nurses with substance use disorders. These programs are known as alternative or diversion programs because nurses are directed into treatment and early monitoring rather than to the disciplinary process. These programs rest on the rationale that they can quickly remove someone from practice and provide a path to recovery for nurses with substance use disorders. With proper monitoring they avert harm to the public and once determined to be safe to practice, help to retain nurses in the workforce. The Guidelines underlying principles, however, are applicable to traditional discipline monitoring programs as well.

Implementing these guidelines present a number of opportunities. They present “best practices” so that the public can have confidence that nurses in these programs are safe to practice. Guidelines also set benchmarks for standardization and performance and quality measures for alternative and discipline monitoring programs. However, in order to adopt these guidelines it may be necessary to make changes in state laws, regulations, and policies.

Responsibilities of the Program

Programs operate as agents of the board to enforce statutes and rules designed to protect the public. To meet this charge of public protection, programs have the following functions and responsibilities:

1. To protect the public while monitoring the nurse to ensure safe practice.
2. Encourage early identification, entry into treatment, and entry into a contractual agreement for monitoring of compliance with treatment and practice monitoring
3. Identify, respond to, and report noncompliance to the Board of Nursing in a timely manner.
4. To facilitate nurses to enter and maintain on-going recovery consistent with patient safety.
5. To be transparent and accountable to the public by providing information to the public which includes:
 - a. Policies and procedures of the program
 - b. Annual reports, audits, and aggregate data
 - c. Educational materials and other resources
 - d. Conferences and continuing education offerings
6. To provide adequate resources and staffing to implement policies and procedures and all contract requirements.

7. All nurse participants or nurse licensure applicants in alternative programs should be reported to a non-public national database that all states would have access to.

Eligibility Criteria

Not everyone with a substance use disorder is appropriate for entry into the alternative program and may be referred to the disciplinary monitoring program of the board of nursing. Those who are not eligible should be referred to the Board for further review, investigation, and Board decision.

8. Those who are ineligible for the alternative program include:
 - a. The nurse has diverted controlled substances for other than self-administration. For example, when it has been determined that the nurse engaged in prescription fraud with the purpose of selling or distributing to others.
 - b. The nurse has caused known provable harm to patients.
 - c. The nurse has engaged in behavior that has high potential to cause patient harm such as diverting drugs by replacing the drug with another drug. This is an example of reckless disregard for patient safety.
9. Those who need approval of the Board by policy or case by case prior to admission to the alternative program include:
 - a. The nurse who has a history of past disciplinary action that is not related to substance use and resulted in probation, revocation or suspension may still be eligible for admission. For example: A nurse's license was previously suspended for administering medications without an authorized order but the Board of Nursing determined that in this particular case, the nurse with substance use disorders was eligible for the alternative program.
 - b. The nurse who has a pending criminal action(s) or a prior felony conviction(s) may still be eligible for admission. For example: A nurse with a pending criminal charge or conviction for substance abuse or misuse and the Board of Nursing determined that in this particular case, the nurse with substance use disorders was eligible for the alternative program.
 - c. There is information available indicating that incidents have occurred where the nurse may have caused harm, abuse, or neglect to patients. However, the nurse is determined not to pose significant risk for the health care consumer as determined by alternative program staff, a representative of the board.
 - d. Nurse actions are suspected to cause harm to the patient. For example, patient's pain may have been inappropriately treated because nurse took patient's meds.
 - e. The nurse who has been unsuccessfully discharged or terminated from the same or any other alternative program for non-compliance(s). For example, a nurse may be terminated from an alternative program for violating his/her contract by not providing self reports, supervisor, monitor, or sponsor reports. If this nurse brings her documentation into compliance, the Board of Nursing may determine that the nurse may re-enter the alternative program.
 - f. Individuals on medication assisted treatment or therapy.

- g. Individuals who are prescribed controlled substances for dual diagnosis and/or chronic pain.
- h. The applicant is not eligible for licensure in the jurisdiction. For example, a student nurse who has yet to be licensed.
- i. The applicant who has had previous and unsuccessful participation and substantial noncompliance with the contractual agreement in the last 5 years.

Screening and Assessment

To assure individuals entering into the programs are appropriate and qualified for an alternative option it is essential that appropriate screening and assessment take place.

10. A nurse seeking admission into the alternative program is initially screened by staff to determine the nurse's motivations for entering the alternative program and whether the nurse meets admission requirements and is willing to participate. The alternative program includes in its Participant Agreement with the licensee recommendations from approved substance use disorders evaluators regarding a substance use disorder treatment plan for all nurses seen through the alternative program.
11. All pertinent information related to the nurse is to be gathered from the employer, nursing board investigator, and all others who have information related to that case, in order to complete the admission information and to determine program eligibility.
12. Demographic assessment data include:
 - a. Name, address, telephone number, Social Security number, date of birth and race
 - b. All states in which the nurse is or has been licensed and license number(s) and the status of the license.
 - c. Any other professional licenses held
 - d. History of licensure disciplinary action or pending action in any state or territory
 - e. Gender, marital status, children, and their ages
 - f. Educational preparation.
 - g. Referral source to alternative program.
 - h. Any previous participation in an alternative program
13. Employment history data include:
 - a. All work settings, including military reserve assignments
 - b. Specialty area of practice
 - c. Employment position
 - d. Years in nursing
 - e. Present employment status.
 - f. Previous employment history (for at least five years), including information about employment discipline.
 - g. Current employment
 - h. Dates of employment
 - i. Supervisor contact information
14. Academic history (for unlicensed student participants or licensed nurses who are currently in or entering into a nursing academic program) data include:
 - a. Year in program
 - b. Overall grade status
 - c. Expected graduation date

- d. Number of course hours currently taking or to be taken
 - e. Clinical rotations (access to controlled substances)
 - f. Clinical instructor(s) and mentor(s) and their contact information
 - g. Program director, Dean or Administrator with oversight and their contact information
15. Health history should include any hospitalizations and treatment providers within the last five years (list dates and diagnoses) and any medications being taken (prescription and nonprescription drugs), and contact information for current treating and prescribing medical providers.
16. The alcohol and drug history should include the following:
- a. Age of first use of any drug or alcohol
 - b. Drug of choice (amount used, frequency of use, how long used, and how obtained).
 - c. Previous attempts at treatment
 - d. Other drugs used/abused
 - e. Medical complications of use including physical and emotional manifestations
 - f. Last time of drug use, last time of alcohol use and longest period of abstinence
 - g. Withdrawal risk and assessment
 - h. Current medications.
17. Psychiatric history should include present and past psychiatric treatment, current contact information for providers and prescribers, current medications and any suicide attempts.
18. The family/social history should include the history of alcohol or drug use in the individual members of the family. The following areas should also be assessed: present living arrangements, social relationships and support systems, and any history of trauma/ family abuse or other substance use within the living environment.
19. A legal history will assess any present and/or past arrests, convictions, and actions on any license, registration, or certification. The legal assessment should also include current status of any professional license in any state in which they are currently or previously licensed, any actions taken by other states, adverse military record, and name, address and telephone number of current probation officer, lawyer and/or social worker.
20. A financial history should determine any present/past financial problems and whether or not the nurse has health insurance including the length of time coverage exists.

Contracts

The contract is a legally binding written agreement informing all parties of what is expected. Nurses will be held accountable for all terms and conditions of the contract.

- 21. The alternative program should have a written agreement which the participant must sign voluntarily upon entering the program.
- 22. Each contract/agreement should bear the witnessed signature of the nurse participating in the alternative program and the alternative program coordinator or designated representative.
- 23. The contract should address the following areas:
 - a. The voluntary and nondisciplinary nature of the program
 - b. The program records that are non-public and have necessary exceptions for disclosure, such as to Board of Nursing members, other State Boards and

other states' alternative programs regarding the participants in the alternative program.

- c. The dates of the nurse's participation and the expected length of participation
- d. The requirements of drug and alcohol screens, 12-Step, support, and therapeutic meeting attendance, and self- and supervisory reports.
- e. The requirements for work site monitoring upon return to work.
- f. The consequences of relapse and noncompliance with the alternative program contract, including dismissal from the alternative program and/or referral to the Board of Nursing for disciplinary action because of noncompliance with alternative program contract requirements.
- g. The parameters for referral to the Board of Nursing, including non-public records of program participation that would be shared with the Board.
- h. Definitions of relevant terms, such as "relapse"
- i. Appropriate waivers and releases
- j. The period of monitoring should be three to five years. Contract conditions may be gradually decreased after a minimum of one year of full compliance and/or evidence of other recovery parameters. Those participants who do not have full compliance may have their contract conditions increased.

24. The terms and conditions set forth in the contract, as follows. The participant shall:

Initial Entry Requirements

- a. Abstain from all alcohol and alcohol-containing products without prior approval from the alternative program.
- b. Abstain from drug use including all over-the-counter medications and other mind-altering substances unless lawfully prescribed with prior approval of the alternative program.
- c. Obtain a current evaluation of co-occurring conditions, e.g., psychiatric or medical disorders as indicated.
- d. Maintain current state nursing licensure including meeting any continued competence and/or continuing education requirements.
- e. Cease nursing practice and agree to inactivate their license until or unless approved to continue or return to practice by the treatment professional and the alternative program.
- f. Sign releases necessary for monitoring and consents to information exchange between:
 - i. Employer and alternative program
 - ii. Healthcare providers and alternative program
 - iii. alternative program and Board of Nursing
 - iv. Treatment professionals and alternative program
 - v. Other state boards and alternative programs and
- g. Enter treatment and participate in all treatment recommendations
- h. Provide counselors with the necessary forms to complete and give back to the program.
- i. Obtain an assessment by a medical doctor who is approved by the alternative program and has a sub-specialty in addictions and pain management.

- j. Sign and adhere to pain management contracts if there are pain issues as well as addiction issues. Undergo any additional evaluation as requested by the alternative program or treatment provider.
- k. Complete substance abuse/dependency and/or mental health assessment, treatment, continuing care, and aftercare.

Recovery Monitoring Requirements

- l. Attend three 12-step or other approved self-help meetings a week and one peer support group per week and submit documentation to the alternative program at least monthly.
- m. Maintain an active and consistent relationship with a sponsor
- n. Select and provide the contact information for one pharmacy for prescription needs, one healthcare provider for healthcare needs, and one dentist for dental needs to the alternative program.
- o. Report any prescriptions for mood-altering drugs as well as over-the-counter medications within twenty-four hours of receipt of prescription to the alternative program and prior to returning to nursing practice.
- p. Notify any and all health care providers of substance abuse history prior to receiving any prescription.
- q. Provide a written statement from the prescribing provider that confirms the provider's awareness of the participant's history of substance abuse/dependence and the participant's responsibility to confirm any prescription within twenty-four hours of prescribing.
- r. Have practitioners complete medication verification forms and medication logs provided by the program and submit quarterly.
- s. Submit medication forms (log) quarterly.
- t. Provide written self-reports as specified (minimum monthly).
- u. Submit to random drug and alcohol testing at a minimum of two to three times per month for the first 12 months of participating in the alternative program. Drug and alcohol testing then may be gradually reduced in frequency. Upon return to nursing practice drug screening should increase for the first 12 months of clinical practice. Drug and alcohol testing may include body fluid testing, hair testing, or any other valid and reliable method of testing (saliva).

Practice Requirements and Limitations

- v. Limit nursing practice to one state only. Permission to work in any other states requires written approval from the alternative program and the Board of Nursing in both states
- w. If licensed in another state or seeking licensure in another state, authorize alternative program to release participant information to any other state of licensure or where seeking application for licensure.
- x. Maintain continuous employment in a nursing position for at least one year of the three to five year contract, to be eligible for successful discharge from the program.

- y. Notify and obtain approval of any healthcare related position or job change prior to making the change or relocating.
- z. Abide by return to work restrictions and requirements.
- aa. Abide by all policies, procedures, and contracts of employer.
- bb. Inform all employers or schools of participation in the alternative program and provide copy of contract, stipulations and/or final orders from the Board of Nursing to any prospective or current nursing position employers.
- cc. Ensure that the supervisor is given a copy of the contract and any other necessary forms.
- dd. Ensure that the alternative program receives the agreement form signed by the direct supervisor prior to beginning a new or resuming an existing position.
- ee. Schedule at least monthly check-in meetings with supervisor for the purpose of addressing any concerns of either party (documentation of such meetings shall be available to the alternative program staff if requested).
- ff. Notify the program within two days of any change in supervisor, workplace monitor, or employment.
- gg. Any exceptions to work restrictions are approved in writing by the alternative program. Obtain approval by alternative program prior to any position acceptance, job responsibility change, or other related employment activity.
- hh. Discontinue access to and administration of controlled substances or any potentially addictive medications for a minimum of 6 months of returning to work.

Program Notification Requirements

- a. Notify the alternative program within two days if participant has a disciplinary meeting or employment counseling with employer.
- b. Notify within two days of any changes in residency, contact information, and for any termination or resignation from employment
- c. Report within twenty-four hours any crimes committed, criminal arrests, citations, or deferred sentences, and convictions, including a conviction following a plea of nolo contendere.
- d. Notify program if a complaint is filed against the license of the participant nurse
- e. Report any and all alcohol or unauthorized substance use, regardless of amount or route of administration.
- f. Shall obtain a re-assessment by a licensed addiction counselor in the event of relapse or suspected relapse.
- g. Abide by further recommendations in the event of a relapse or suspected relapse, as deemed clinically appropriate.
- h. Appear in person for all routinely scheduled interviews and any additional interviews with reasonable notice given by the program.
- i. Inform the program manager verbally and in writing of a pending relocation out of the state.
- j. Pay all fees and costs associated with being in the program.

25. In signing the contract, the participant agrees to the following:

- a. The nurse has had or is having problems with substance use and abuse or has a substance use disorder.
- b. Admit they have violated the nurse practice act and any violation of the contract is a further violation of the nurse practice act and grounds for referral to the Board of Nursing.
- c. Entry into the alternative program was voluntary, there was an opportunity to seek advice of legal counsel or personal representative, and there was opportunity to clarify any terms or conditions which were not understood.
- d. Agree to read, sign and abide by the terms and conditions of the program handbook or manual as well as any new policies or procedures received in writing throughout participation in the alternative program.
- e. Agree to waive all rights to appeal, grievances, complaints, or otherwise contest licensure actions relating to or arising out of alternative program participation. Waive the right to contest the imposition of discipline arising from a breach of this agreement, with the exception of contesting a determination that one or more terms of the agreement have been violated.
- f. Identity of participants and the terms of the contract are non-public and may be shared with parties who have an official need to know, such as the state Board of Nursing members, other state boards, other state's alternative programs, and participant's employers.
- g. The supervisor is given a copy of the contract and any other necessary forms prior to beginning a new or resuming an existing position and agrees to notify the program immediately of any change in supervision. Failure to comply will result in an immediate cease and desist of all work-related activities from the alternative program.
- h. Any noncompliance with the contract or unsuccessful termination from the program is unprofessional conduct, is in violation of the rules and laws regarding the practice of nursing, and may be used to support any future progressive disciplinary actions.
- i. If any single part, or parts, of the contract are violated by the participant, the remaining parts remain valid and operative.
- j. Any unauthorized missed drug or alcohol testing will be considered non-compliance with the program.
- k. Any confirmed positive drug screen may be considered noncompliance if the program has not received the proper documentation from the prescribing practitioner.
- l. Any confirmed positive drug screen for which the alternative program has not received prior written authorization and confirmation from an approved provider and any drug screen that is confirmed as an adulterated or substituted specimen shall result in the participant ceasing nursing practice until further evaluation and receipt of written authorization to return to practice from the alternative program.
- m. Noncompliance with drug and alcohol testing will result in an increased level of testing and will result in a report to the Board.
- n. In the event of any non-compliance with any of the terms of the contract in any respect, the alternative program may require the nurse to cease practice,

- notify the nurse's employer and the length and terms of this contract may be extended and modified.
- o. In the event of any non-compliance with the terms of the contract, the participant may be discharged from the alternative program or reported to the Board while remaining in monitoring.
 - p. If discharged from the alternative program for non-compliance or referred to the Board of Nursing for non-compliance, the Board of Nursing may use any misconduct that may have occurred while enrolled in the program in disciplinary proceedings, and the Board of Nursing may obtain complete records of participation in the alternative program.
 - q. The contract does not preclude the program from initiating and/or taking appropriate action regarding any other misconduct not covered by the contract. Such action could include reporting offense to the Board of Nursing.

Special Contracts and Provisions for Nurses Prescribed Potentially Addicting or Impairing Medications

Individuals with a dual diagnosis of psychiatric disorder and/or of chronic pain substance use disorders are a high risk population for relapse. Nurses who are receiving medication assisted treatment for opioid dependence are a high risk population that requires special and ongoing consideration. Alternative programs that monitor high risk populations such as CRNAs should be guided by the specialty organization's recommendations. The Board of Nursing should have a written policy for approving or prohibiting this population's participation in the alternative program. The contract should be negotiated and include the following:

The participant shall engage in:

26. Pain management treatment and/or medication assisted treatment when indicated. The contract shall specify that the participant will comply with recommendations of the evaluator and the program contract may be amended to include the following requirements in addition to the other standard eligibility and monitoring requirements:
- a. Minimum five year participation in the alternative program.
 - b. Submit to a neuropsychological or neuropsychiatric evaluation to determine fitness for duty and at any time that cognition appears to be negatively impacted as a result of illness or treatment.
 - c. Obtain an assessment by a medical provider approved by the program who has a sub-specialty in addictions and pain management if there are pain issues as well as sign and adhere to a pain management contract.
 - d. Engage in treatment with one provider that has expertise in addictions and pain management.
 - e. Maintain release of information allowing provider to communicate directly with alternative program staff.
 - f. Direct supervision.
 - g. No night shift.
 - h. No shift greater than 12 hours in length.
 - i. No more than 40 hours per week (maybe less depending upon provider recommendation).

- j. No access to controlled substances in the workplace for a minimum 18 months if there is a history of diversion, prescription fraud or multiple prescribers.
- k. Monthly progress reports submitted from provider.
- l. Monthly reports from nursing employer for first year and if no identified issues, quarterly thereafter or more frequently.
- m. Utilize one pharmacy and provide name of the pharmacy to alternative program.
- n. Provide quarterly prescription profiles.
- o. Regular verification of prescriptions through prescription profile or State authorized prescription monitoring program, if available (every 6 months but may do more frequently as determined by the alternative program).
- p. Notification of nursing employer and alternative program staff of any changes to medications, including addition, deletion or change in dose prior to assuming any patient care duties.
- q. Submit letter from provider verifying safety to practice with any change in medication as above.
- r. Agreement to immediately cease practice upon notification of alternative program of non-compliance or other symptoms suggestive or known to be relapse.
- s. Random drug screening weekly during first year, three times monthly for the second year and tapering to minimum of two per month if fully compliant with all parameters including practice documentation by the supervisor as safe and appropriate.
- t. Minimum attendance in 12-step meeting, not including aftercare, relapse prevention, nurse support of three times per week.
- u. Relapse prevention therapy with a provider who has expertise in pain management, addiction and relapse.

Standards for Treatment Programs

Nurses with substance use illness should be offered long-term, coordinated management of their care for substance use illness and any coexisting conditions, and this care management should be adapted based on ongoing monitoring of their progress. In order to work effectively with the alternative program the following criteria must be in place for any treatment program to be approved to provide services for participants:

27. The minimum standards for approved treatment providers include:

- a. Licensure by the state
- b. Provide a geographically convenient location for treatment to encourage the participation of family members in the nurse's primary treatment.
- c. Offer family involvement in treatment.
- d. Adhere to an abstinence-based program
- e. Adhere to a 12-step philosophy
- f. Require frequent random and for cause drug screening with positive results reported to the alternative program.
- g. Development of an individualized initial treatment and 12 month (minimum) aftercare program to meet the specific needs of the nurse client, based on evaluation by a multidisciplinary team.
- h. Provide information to the alternative program staff on the status of

referred clients after appropriate consents to release information are obtained, including immediate reports on significant events which occur in treatment that are related to the nurse's ability to practice safely. Information to be communicated includes assessments, diagnosis, prognosis, discharge summary, follow-up recommendations, and compliance with treatment.

Nurse Support Groups

In addition to 12-step or other approved self-help group meetings, nurse support groups are an essential component of monitoring compliance and facilitating safe and appropriate reentry into the workplace.

28. Nurse support groups which participate in the monitoring program shall:
- a. Adhere to the total abstinence model of recovery and the 12-step program model.
 - b. Require the participant nurse to sign a release of information form permitting disclosure of known or suspected relapse or a threat to self or others.
 - c. Be prepared to respond to crisis situations by either intervening or referring.
 - d. Organize at least weekly meetings which are conducted by a qualified facilitator.
 - e. Provide a facilitator-to-nurse ratio not to exceed 12 participants per facilitator. It is recommended that support groups include graduates of the program.
 - f. A facilitator for the nurse professional support group should:
 - i. Be a licensed nurse or a health professional in good standing with the Board of Nursing or other licensing entities.
 - ii. Have demonstrated expertise in the field of substance use disorder as evidenced by having worked in the area for at least one year within the last three years and having at least 30 hours of continuing education in the area, or have certification or eligibility for certification in substance use disorder.
 - iii. Have a minimum of six months experience facilitating groups.
 - iv. If recovering, have a minimum of four years' continuous recovery.
 - v. Not have any current complaints pending with the Board of Nursing or other regulatory board.
 - vi. Not be a current participant in the alternative program.
 - vii. Not have a current license encumbrance.

Drug and Alcohol Testing

An objective measure of abstinence and compliance is frequent, random, and observed drug and alcohol testing.

29. Drug and alcohol testing must be random.
30. Drug and alcohol testing can be requested for cause at any time and within any timeframe.
31. Recommend random drug screening three times a month with a minimum of twice monthly for at least the first year in the alternative program. Gradually decrease the frequency of random drug screens for the duration of the contract depending upon compliance and recovery status.
32. The participant nurse is required to submit to drug and alcohol testing on the same business day or within two hours for cause drug screen.

33. When indicated, a blood alcohol test or breathalyzer may be done as well as a urine drug screen. This is of critical importance if the odor of alcohol is present on the participant nurse.
34. Testing for alcohol includes EtG and EtS testing.
35. When indicated, a hair analysis drug test may be done in conjunction with urine tests. Hair testing should not be the sole means of testing.
36. Drug testing should be observed.
 - a. If an observed collection is not available, the minimum standard is a dry room collection. A dry room requires that the only source of water available in the room is in the commode. The water supplying the commode contains a dyeing agent (most commonly blue) to prevent or detect the substitution of toilet water. An observed collection should be required if a dry room is not available or the nurse has a prior history of substitution, dilution, and/or adulteration of specimens or if a report of the nurse substituting, diluting or adulterating specimens is received.
37. A strict chain of custody must be followed (observed collection, specimen sealed and signed by participant nurse, collector and lab).
38. The participant nurse is responsible for payment of charges for the drug and alcohol testing.
39. All screens must be performed by a certified laboratory and the laboratory sends results directly to the alternative program.
40. The alternative program will be notified by the lab of any positive, adulterated, missed, or noncompliance within the same business day of the identification.
41. Strict guidelines for selecting drug testing service providers (DTSP) should be followed.
 - r. The DTSP should possess all the materials, equipment, and technical expertise necessary to provide all the required services.
 - s. The DTSP should be able to scientifically test for urine, blood, and hair specimens for the detection of alcohol, illegal, and controlled substances. The DTSP should have or subcontract drug testing services with toxicology laboratories accredited and certified by the U.S. Department of Health and Human Services, College of American Pathology, or American Board of Forensic Toxicologists.
 - t. The DTSP should provide collection sites that are located in areas throughout the testing State.
 - u. The DTSP should have an automated 24-hour toll-free telephone system.
 - v. The DTSP should have or be subcontracted with operating collection sites that are engaged in the business of collecting urine, blood, and hair follicle specimens for the testing of drugs and alcohol within the testing State.
 - w. The DTSP should have a secure, HIPAA compliant, website or computer system to allow regulatory or alternative program staff access to drug test results and compliance reporting information that is available 24 hours a day.
 - x. The DTSP should employ or contract with Toxicologists that are licensed physicians and have knowledge of substance abuse disorders and the appropriate medical training to interpret and evaluate laboratory drug test results, medical histories, and any other information relevant to biomedical information.

Return to Work

Upon entry into the alternative program, the participant agrees that his/her license will be placed on inactive status until return to work is recommended by the alternative program.

In order to ensure patient safety the nurse's practice must be monitored through the following:

42. The participant's supervisor and, whenever possible, at least one nurse monitor should be identified in the participant's return to work contract.
43. Supervisors and worksite monitor (should be licensed to practice nursing) and/or supervisor whose license is unencumbered and is not a current participant in any alternative program and avoid conflicts of interest that could impede the ability to objectively monitor the nurse.
44. Supervisors and worksite monitors are nurses who have assumed responsibility for overseeing the participant's practice. At least one monitor or the supervisor must be available on-site in order to intervene if there is a concern or an incident involving the participant.
45. Supervisors and worksite monitors must be knowledgeable of the participant's nursing role (job functions) and the nurse's participation in the alternative program including the nurse's return to work agreement and any associated practice restrictions.
46. Nurse monitors or supervisors should provide to the alternative program regular and as needed reports on the nurse's ability to practice safely.
47. Nurse monitors, supervisors, and program staff should have continuous and on-going communication to ensure the nurse's compliance with the contract and workplace policies and procedures.
48. Periodic face-to-face visits with the nurse, worksite monitor, and/or supervisor.
49. Nurse employers must make reasonable accommodations for nurses with substance use disorders under the American Disabilities Act of 1990.
50. The employer shall have the authority to request a for-cause specimen for drug testing when warranted or when requested by the alternative program.
51. It is recommended a meeting be held with the nurse's co-workers who have a legitimate need to know regarding the nurse's work restrictions.
52. Upon return to work the participant is not allowed to work any of the following for a minimum of 12 months:
 - a. Odd schedules-overtime, night shift, anything in excess of a 12 – hour shift.
 - b. More than three consecutive 12 hour shifts.
 - c. Without direct supervision.
 - d. With limited or full access to controlled substances.
 - e. In a home health or hospice type of setting, travel, registry/agency, float or on-call (prn) pool, tele-nursing and disaster relief nursing.
 - f. In any other unsupervised nursing position.
53. If relapse, diversion, or other violations of the work-related requirements occur, the alternative program will require the participant to immediately cease practice and the alternative program will notify the employer and the Board of Nursing.
54. The program will continue to monitor the nurse even after referring the nurse to the Board of Nursing and/or the discipline program until the discipline program can begin monitoring or pending board action.

Return to Academics (if the program has the authority to monitor unlicensed personnel)

In order to ensure patient safety the unlicensed student nurse's academics including clinical must be monitored through the following:

55. The student's clinical rotation schedule and potential for access to controlled substances is provided to the alternative program.
56. Student must have approval of his or her substance use treatment provider prior to working clinicals (academic related or other) that involve working with substance abuse or dependency patients.
57. Clinical monitor(s) are identified to the program, e.g., nurse faculty and/or clinical nurse mentor, prior to each clinical rotation. The clinical monitor must have an unencumbered nursing license and must not be a current participant of any alternative program.
58. At a minimum student must check-in, face-to-face, with his or her clinical faculty before and after each clinical.
59. The ongoing status, i.e., passing or failing, of the student nurse is to be made known to the program by the end of each quarter or semester.
60. Self-reports are provided to the alternative program.
61. All drugs including over-the-counter medications and prescribing providers or advanced practice registered nurses are to be made known to the alternative program.
62. Student nurse and nursing academic program agree that the student's course and clinical work hours combined with any employment hours do not exceed an average of 40 hours per week.
63. If unacceptable academic or clinical performance occurs, including relapse or other violations of the re-entry to academics occurs, the student will be required to cease academics, including clinicals, and obtain re-evaluation.
64. If student is dismissed from the nursing academic program the student will also be dismissed from the alternative program.

Monitoring

Monitoring compliance of the nurse participant with the contractual agreement and prescribed treatment program is essential to ensuring patient/client safety. Close scrutiny of contract compliance including the timely identification and program response to noncompliance is essential to ensure the nurse is competent to practice.

65. Monitoring should assure that nurses comply with the all contract requirements such as:
 - a. Initial assessment, treatment, and aftercare
 - b. Drug screening requirements
 - c. Support group attendance
 - d. All practice stipulations in the contract
 - e. All monitoring reports
 - f. Worksite reports
 - g. Self-reports
 - h. Verification of all prescribed medications

Program Completion

In order to verify successful completion of the requirements of the contract the following components must be in place:

66. Prior to discharge the alternative program shall verify successful completion of the program as evidenced by the following:
 - a. All necessary program forms on file including any subsequent participation agreement(s) as may be required (due to relapse).
 - b. Adherence to terms of participation for the minimum required length as established in the participation agreement.
 - c. Completed treatment/therapy as recommended by approved assessor/evaluator.
 - d. Maintained compliance with drug screening and abstinence requirements.
 - e. Demonstrated safe nursing practice for the minimum length of time as established by their contract.
 - f. Documented attendance at the minimum number of self-help and/or support group meetings required by the alternative program during the contract period
 - g. Maintained communication, electronic and/or face-to-face with the alternative program or its designated representative(s)
 - h. Submitted reports within mandated time frame(s) established by the alternative program, all other required program documents and having them on file with the alternative program.
 - i. Developed and submitted a relapse prevention plan.
 - j. Submitted written request for program completion and other supporting documentation (e.g., letter of support from supervisor, sponsor, and therapist).
 - k. Successfully addressed any other requirements stipulated by the alternative program.
 - l. Student nurses will be responsible for completing the required length of the alternative program per participation contract and thus may participate with the program after they have obtained licensure. Once licensed they must continue to adhere to all applicable requirements of the alternative program.

Relapse and Program Noncompliance

.For the purposes of uniform regulatory standards noncompliance is the failure to adhere to any of the terms of the program contract and relapse is defined as any unauthorized use or abuse of alcohol, medications, or mind-altering substances. Patient safety is jeopardized if a relapse is not identified early. Consistent monitoring and immediate identification of relapse is critical as it puts the nurse's health in immediate jeopardy and may be fatal.

67. Any relapse is considered noncompliance and shall be reported to the board.
68. One relapse is considered noncompliance and participant must immediately cease nursing practice until receiving written approval from the Board of Nursing or its designee and a written recommendation from the alternative program staff to return to practice.
69. Substantial noncompliance should be evaluated and reported to the board.

70. Substantial noncompliance can include:

- a. Violating any practice or work related restrictions
- b. Failure to complete treatment
- c. Failure to attend meetings as required
- d. Failure to submit required reports as defined by the program.
- e. Criminal convictions
- f. The unauthorized use of any medications
- g. Use of multiple prescribers and pharmacies
- h. Failure to report prescription medication use to the alternative program

Policies and Procedures

Policies and procedures assure consistent actions by staff, clear direction to participants and accountability to the public and assure quality outcomes.

71. The alternative program shall develop a policy and procedure manual. Program policies and procedures should contain details regarding the following items:

- a. The program's function per administrative and statutory authority.
- b. Relationships and functioning of entities having administrative authority or advisory capacity over the program.
- c. The normal business operating hours that should coincide, at minimum, with the licensing board's business days/hours.
- d. Job descriptions and related human resource documents for program staff.
- e. Intake (referral) process including information required and how it shall be obtained including verification of licensure and licensure action or current board investigation.
- f. Coverage of the intake process when the program's primary intake staff is absent.
- g. All aspects of office operations including measures taken to ensure the maintenance of non-public information, procedures detailing the program's case management system, and what type of communication will be sent by the program, e.g., initial contact letters, noncompliance letters, by what time-frame.
- h. Case management criteria for compliance. For example, required program forms, receipt of appropriate assessment and treatment recommendations, registration, initiation, and results of drug and alcohol testing, etc.
- i. The program will report noncompliance (how, to whom and within what time period) and communicate what the consequences are to the participant. There should be clear criteria for acts of noncompliance and how noncompliance will be reported to the board for possible disciplinary action.
- j. How continuity of case management will be maintained in the event of absences.
- k. What constitutes successful completion of the program, what documentation is required and to whom, including whether or not the program is obligated to report successful completion to the board.
- l. Type, frequency and protocol for audits, financial and performance reports.

72. Program policies and procedures should be reviewed at least annually by the program director and/or designated staff as well as the Board or its designee in order to ensure their currency with existing practice, laws and other requirements and objective review.

73. The Board of Nursing should know the identity of and be notified of any identified

non-compliance of each nurse participant in the alternative program.

74. All alternative program records related to noncompliance, discharge or termination from the alternative program should be available to the Board of Nursing or the Board's representative upon request and upon discharge or termination from the alternative.
75. The Board of Nursing should be able to review nurse participant files and audit the administrative records for overall compliance of nurses in the alternative program.
76. Admission procedures should include obtaining a release of information agreement signed and dated by the participant nurse and authorizing the exchange of information between the alternative program and employers, the Board of Nursing or designee, health care providers, support group facilitators and any treatment providers while participating in the alternative program.
77. All nurses entering the alternative program should be asked to sign informed consent(s) which outline all terms, requirements and conditions for participation.
78. Programs should keep records of the following data, compile and analyze those data and share with the Board of Nursing to verify compliance with all program expectations and requirements
 - a. Referral and entry into the program
 - b. Demographics of participants
 - c. Program requirements
 - d. Relapses
 - e. Other program violations
 - f. Referral to Board
 - g. Non-completers (participants who did not successfully complete the program)
 - h. Participants who sign new contracts due to noncompliance
 - i. Recidivism rate (of participants who successfully completed the program and relapsed)
 - j. Completers (participants who successfully complete the program)
 - k. All programs need to provide new participants with an orientation handbook

Program Education and Outreach

An important role of alternative programs is to educate and inform all stakeholders (nurses, the public, educators, students, facilities, agencies, etc.) to improve early identification and referral and reduce risk factors.

79. Alternative programs shall have education/outreach services that are mutually agreed upon with the Board of Nursing. For example, through service contracts, require alternative programs to provide written annual educational plans and reports to include:
 - a. Education/outreach goals
 - b. Target audiences for educational activities
 - c. Dates of proposed educational activities/offerings.
 - d. Locations (cities/facilities within the state)
 - e. Type and length of education to be provided, e.g., orientation versus formal workshop

- f. Means by which the education/outreach will be provided, e.g., on-site by program staff, e-media based continuing education, flyers and brochures
- g. Formal contact hours in nursing (if any) to be awarded
- h. Method(s) by which the programs will be evaluated. For example, formal written evaluation, individual follow-up as to whether changes in nurses' practices have occurred
- i. Status of the resources both material and manpower

Program Annual Evaluation and Reporting Requirements to the Board of Nursing

Accountability to the public and the Board is a critical. On-going evaluation provides checks and balances that policies and procedures are being implemented correctly and consistently. These also ensure the program is meeting its mandates to protect the public and can identify areas for change and improvement.

80. The alternative program and the Board of Nursing shall set performance measures with respect to program requirements to foster program accountability and public protection.

81. The annual evaluation of the program should include the following reporting requirements to the Board of Nursing:

- a. Number of referrals.
- b. Length of time the program receives the referral to the execution of the agreement.
- c. Length of time to determine eligibility for participation in the alternative program.
- d. Participation rates: Number of nurses participating (new and existing).
- e. Return to work rates: Number of nurses returned to work (RTW) (new and existing).
- f. Success rates: Number of participants successfully completing the alternative program requirements. Number of nurses removed from practice in timely and appropriate fashion.
- g. Relapse rates and number of relapses identified.
- h. Length of time it takes to remove a nurse with substance use disorders from practice (time period).
- i. Recidivism rates for completers.
- j. Caseloads of managers.
- k. Internal quality assurance frequency/findings. Case managers have addressed relapse and compliance issues. Documents are tracked and verifiable, etc.
- l. External audit findings (performance/legal/financial) as directed by the Board of Nursing.
- m. Review of policies and procedures.
- n. Policy recommendations to the Board of Nursing.
- o. Program direction to assure that decisions are congruent with current research, knowledge, best practices, and compliance with legislative and Board directives.
- p. Educational plans and reports.

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Item #	GUIDELINE	MEET or EXCEED	UNMET	COMMENTS	RECOMMENDATIONS
	Responsibilities of the Program				
1	To protect the public while monitoring the nurse to ensure safe practice	√		Part of mission statement	
2	Encourage early identification, entry into treatment, and entry into a contractual agreement for monitoring of compliance with treatment and practice monitoring	√		Through website, education, advocates, etc.	
3	Identify, respond to, and report noncompliance to the Board of Nursing in a timely manner	√		How to minimize possible harm from nurses reported by 3 rd parties or who were self-referrals, i.e., not board ordered, while awaiting outcome of investigation/disciplinary process?	Identify how monitoring could occur for nurses who are willing during interim investigation – and incentive for doing so, e.g., more favorable disposition, i.e., consideration of “time-served.”
4	To facilitate nurses to enter and maintain on-going recovery consistent with patient safety	√		Lacking requirements for comprehensive assessments and robust treatment program for (health professionals).	Develop/revise Participating Assessors System for better/comprehensive assessment. Work w/tx providers to develop affordable comprehensive inpatient tx programs in ea. region of state.
5	To be transparent and accountable to the public by providing information to the public which includes: a. Policies and procedures of the program b. Annual reports, audits, and aggregate data c. Educational materials and other resources d. Conferences and continuing education offerings	√		Written documents exist and some are placed on-line (website).	Post all items on TPAPN website: especially P&P, Reports and more education materials and annual CE offerings.
6	To provide adequate resources and staffing to	√		Needs to enhance measures	Provide resources directly

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	implement policies and procedures and all contract requirements			for proactive case management, nursing skill assessment, job guidance & placement and stress management	on website; provide links to other online resources; provide TPAPN friendly employers and develop a DVD, e.g., <i>Life-Work Balance for Nurses & Student Nurses</i>
Item #	GUIDELINE	MEET or EXCEED	UNMET	COMMENTS	RECOMMENDATIONS
7	All nurse participants or nurse licensure applicants in alternative programs should be reported to a non- public national database that all states would have access to		√	Database does not currently exist	Work with BON/NCSBN in database development as appropriate
	<p><u>Eligibility Criteria</u></p> <p>Not everyone with a substance use disorder is appropriate for entry into the alternative program and may be referred to the disciplinary monitoring program of the board of nursing. Those who are not eligible should be referred to the Board for further review, investigation, and Board decision.</p>				
8	<p>Those who are ineligible for the alternative program include:</p> <p>a. The nurse has diverted controlled substances for other than self- administration. For example, when it has been determined that the nurse engaged in prescription fraud with the purpose of selling or distributing to others.</p> <p>b. The nurse has caused known provable harm to patients.</p> <p>c. The nurse has engaged in behavior that has high potential to cause patient harm such as diverting drugs by replacing the drug with another drug. This is an example of reckless disregard for patient safety.</p>	√		Better assurance that these items are met given BON review of 3 rd party referrals. Self- referrals need and receive increase scrutiny from TPAPN.	

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9	Those who need approval of the Board by policy or case by case prior to admission to the alternative program include: NOTE: Contractual items under #9 are listed separately in rows below.				
9. a	The nurse who has a history of past disciplinary action that is not related to substance use and resulted in probation, revocation or suspension may still be eligible for admission. For example: A nurse's license was previously suspended for administering medications without an authorized order but the Board of Nursing determined that in this particular case, the nurse with substance use disorders was eligible for the alternative program.	√		Per BON Disciplinary Matrix and individual review by BON/TPAPN	Consider any needed program P&P needs or changes RE: Self-referrals.
Item #	GUIDELINE	MEET or EXCEED	UNMET	COMMENTS	RECOMMENDATIONS
9. b	The nurse who has a pending criminal action(s) or a prior felony conviction(s) may still be eligible for admission. For example: A nurse with a pending criminal charge or conviction for substance abuse or misuse and the Board of Nursing determined that in this particular case, the nurse with substance use disorders was eligible for the alternative program.	√		Per BON Disciplinary Matrix and individual review by BON/TPAPN	Consider any needed program P&P needs or changes RE: Self-referrals.
9. c	There is information available indicating that incidents have occurred where the nurse may have caused harm, abuse, or neglect to patients. However, the nurse is determined not to pose significant risk for the health care consumer as determined by alternative program staff, a representative of the board.	√		Per BON Disciplinary Matrix and individual review by BON/TPAPN	Consider any needed program P&P needs or changes RE: Self-referrals.
9. d	Nurse actions are suspected to cause harm to the patient. For example, patient's pain may have been inappropriately treated because nurse took pt's meds.	√		Per BON Disciplinary Matrix and individual review by BON/TPAPN	Consider any needed program P&P needs or changes RE: Self-referrals.
9. e	The nurse who has been unsuccessfully discharged or terminated from the same or any other alternative program for non-compliance(s). For example, a nurse may be terminated from an alternative program for	√		Per BON Disciplinary Matrix and individual review by BON/TPAPN	

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	violating his/her contract by not providing self reports, supervisor, monitor, or sponsor reports. If this nurse brings her documentation into compliance, the Board of Nursing may determine that the nurse may re- enter the alternative program.				
9. f	Individuals on medication assisted treatment or therapy.	√		Per review by BON/TPAPN given abstinence/return to work in nursing policies.	
9. g	Individuals who are prescribed controlled substances for dual diagnosis and/or chronic pain.	√		Per BON Disciplinary Matrix & individual review by BON/TPAPN given abstinence/return to work in nursing policies.	
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9. h	The applicant is not eligible for licensure in the jurisdiction. For example, a student nurse who has yet to be licensed.	√		Per BON Disciplinary Matrix and individual review by BON/TPAPN.	
9. i	The applicant who has had previous and unsuccessful participation and substantial noncompliance with the contractual agreement in the last 5 years.	√		Per BON Disciplinary Matrix and individual review by BON/TPAPN.	Consider any needed program P&P needs or changes RE: Self- referrals.
	<u>Screening and Assessment</u> To assure individuals entering into the programs are appropriate and qualified for an alternative option it is essential that appropriate screening and assessment take place.				

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10	A nurse seeking admission into the alternative program is initially screened by staff to determine the nurse's motivations for entering the alternative program and whether the nurse meets admission requirements and is willing to participate. The alternative program includes in its Participant Agreement with the licensee recommendations from approved substance use disorders evaluators regarding a substance use disorder treatment plan for all nurses seen through the alternative program.	√		Nurses are initially screened by TPAPN Intake Coord. by phone RE: appropriateness, possible motivation; types of drugs and/or alcohol used frequency and patterns of use. TPAPN does not include treatment recommendations in individual agreements, per say, but rather under the terms of participation all nurses must adhere to, i.e., must follow recommended treatment.	Requiring standardized assessment information from treatment providers would help to ensure information has been addressed & collected.
11	All pertinent information related to the case is to be gathered from the employer, nursing board investigator, and all others who have information related to that case, in order to complete the admission information and to determine eligibility.	√		Self-referrals represent greatest limitations for program to collect relevant info, e.g., employment status & practice incidents.	
Item #	GUIDELINE	MEET or EXCEED	UNMET	COMMENTS	RECOMMENDATIONS
12	Demographic assessment data include: a. Name, address, telephone number, Social Security number, date of birth and race b. All states in which the nurse is licensed in and license number(s). c. Any other professional licenses held. d. History of licensure disciplinary action or pending	√		Collected by TPAPN Intake	

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	<p>action in any state or territory</p> <p>e. Gender, marital status, children, and their ages.</p> <p>f. Educational preparation.</p> <p>g. Referral source to alternative program.</p> <p>h. Any previous participation in an alternative program</p>				
13	<p>Employment history data include:</p> <p>a. All work settings, including military reserve assignments</p> <p>b. Specialty area of practice</p> <p>c. Employment position</p> <p>d. Years in nursing</p> <p>e. Present employment status</p> <p>f. Previous employment history (for at least five years), including information about employment discipline</p> <p>g. Current employment</p> <p>h. Dates of employment</p> <p>i. Supervisor contact information</p>		√	TPAPN obtains most of this data but possibly not military reserve info. and 5 year employment history.	Revise intake and history form to include needed questions.
14	<p>Academic history (for unlicensed student participants or licensed nurses who are currently in or entering into a nursing academic program) data include:</p> <p>a. Year in program</p> <p>b. Overall grade status</p> <p>c. Expected graduation date</p> <p>d. # of course hours currently taking or to be taken</p> <p>e. Clinical rotations (access to controlled substances)</p> <p>f. Clinical instructor(s) and mentor(s)</p> <p>g. PD, Dean or Administrator with oversight</p>	√		Academic (when clinical practice is involved) must be approved by TPAPN – Normally the Nurse’s case manager will be involved w/approval and information gathering.	
Item #	GUIDELINE	MEET or EXCEED	UNMET	COMMENTS	RECOMMENDATIONS

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15	Health history should include any hospitalizations within the last five years (list dates and diagnoses) and any medications being taken (prescription and nonprescription drugs).	√		Through TPAPN Participant History form, though the form does not specifically state/request for past 5 yrs.	
16	The alcohol and drug history should include the following: a. Drug of choice (amount used, frequency of use, how long used, and how obtained). b. Previous attempts at treatment c. Other drugs used/abused d. Physical manifestations e. Emotional manifestations f. Last time of drug use, last time of alcohol use g. Withdraw and risk assessment and h. Current medications.	√		Obtained through TPAPN Intake along with local, licensed mental health providers and treatment facilities	TPAPN may want to require items as standard for all assessment & treatment providers.
17	Psychiatric history should include present and past psychiatric treatment, current contact information, for providers and prescribers, medications and any suicide attempts.	√		If psychiatric disorder is suspected as the primary presenting disorder Nurse must obtain a psychiatric eval' from a psychiatrist.	
18	The family/social history should include the history of alcohol or drug use in the individual members of the family. The following areas should also be assessed: present living arrangements, social relationships and support systems, and any history of trauma/ family abuse or other substance use within the living environment.	√		Family hx of substance abuse is collected on Participant History form and most information for this criterion would normally be collected by the tx provider.	
19	A legal history will assess any present and/or past arrests and convictions. The legal assessment should also include current status of any professional license in any state in which they are currently or previously licensed, any actions taken by other states, military record, and name, address and telephone number of current probation officer, lawyer and/or social worker.		√	Current/pending legal charges, convictions or deferred adjudications and licensure info. /status is asked upon intake and on Participant History but not a "full legal history." BON can perform background checks.	Include request for full legal history on Participant History form.

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20	A financial history should determine any present/past financial problems and whether or not the nurse has health insurance including the length of time coverage exists.		√	TPAPN Intake asks about insurance status. Financial problems are not delved into unless brought- up by Nurse.	
Item #	GUIDELINE	MEET or EXCEED	UNMET	COMMENTS	RECOMMENDATIONS
	<u>Contracts</u> The contract is a legally binding written agreement informing all parties of what is expected. Nurses will be held accountable for all contract terms/conditions.				
21	The alternative program should have a written agreement which the participant must sign voluntarily upon entering the program.	√			
22	Each contract/agreement should bear the witnessed signature of the nurse participating in the alternative program and the alternative program coordinator or designated representative	√		TPAPN does not sign- off on agreement	Obtain legal review
23	The contract should address the following areas:				
23. a	The voluntary and non- disciplinary nature of the program	√		Though TPAPN may be part of board discipline	
23. b	The program records that are non- public and have necessary exceptions for disclosure, such as to Board of Nursing members, other State Boards and other states' alternative programs regarding the participants in the alternative program.	√			Non- public terminology is being incorporated into revised program literature and forms.
23. c	The dates of the nurse's participation and the expected length of participation.	√		Stated in terms of participation: "Length of Program" section	
23. d	The requirements of drug and alcohol screens, 12- Step, support, and therapeutic meeting attendance.	√		In terms of participation: "Self- help group attendance" section	
23. e	The requirements for work site monitoring upon return		√	TPAPN has requirements in	Incorporate requirements in

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	to work.			employer guide section of participant handbook, but not in terms of participation	return- to- work agreement and terms of participation
23. f	The consequences of relapse and noncompliance with the alternative program contract, including dismissal from the alternative program and/or referral to the Board of Nursing for disciplinary action because of noncompliance with alternative program contract requirements.	√		In the terms of participation: "Withdrawal and Dismissal" section.	
Item #	GUIDELINE	MEET or EXCEED	UNMET	COMMENTS	RECOMMENDATIONS
23. g	The parameters for referral to the Board of Nursing, including non- public records of program participation that would be shared with the Board.	√		Stated in "Withdrawal and Dismissal" section of terms of participation and in individual consent form for redisclosure of information between TPAPN and BON.	
23. h	Definitions of relevant terms such as "relapse."		√	Abstinence is defined in the participation agreement but relapse and other terms are not defined.	TPAPN should include a glossary of terms as part of participation handbook or at least on TPAPN website.
23. i	Appropriate waivers and releases	√		Described in terms of participation under "Disclosure of Information and Consent" and required for participation/compliance	
23. j	The period of monitoring that should be three to five years. Contract conditions may be gradually decreased after a minimum of one year of full compliance and/or evidence of other recovery parameters. Those participants who do not have full compliance may have their contract conditions increased.		√	Participation is 2 years for RNs/LVNs unless APN then it is a 3 yr minimum.	
24	The terms and conditions set forth in the contract, as follows. The participant shall:				

