



TEXAS
PEER ASSISTANCE
PROGRAM FOR NURSES

General Information

HOW TPAPN WORKS

Texas Peer Assistance Program for Nurses is:

- Voluntary – every nurse referred to TPAPN has the right not to participate.
- Confidential – the program maintains confidentiality consistent with state and federal laws.
- Available – TPAPN accepts eligible nurses who may benefit from peer assistance services.

Texas Peer Assistance Program for Nurses requires:

- Abstinence – TPAPN adheres to the philosophy of total abstinence from all abusable drugs, including alcohol, as being essential to the participating nurse's successful recovery.
- Monitoring – TPAPN monitors a participant's recovery via their adherence with treatment recommendations, return-to-work restrictions, attendance at self-help meetings, and random drug tests.
- Participation costs – program participants are responsible for the costs of treatment and drug screens.

TPAPN ASSISTS

- Self Referrals – a nurse without a reported practice violation may self refer to TPAPN.
- Employers – from identification and referral to monitoring nursing practice, employers play a significant role in peer assistance. Employers must sign a Work Agreement prior to the nurse returning to work.

ADDITIONAL FACTS ABOUT TPAPN

- Civil Immunity – Texas state law provides civil immunity for all reports made in good faith and for all employers who work with TPAPN nurses in good faith.
- Relationship to Licensing Boards – TPAPN is independent of the licensing boards. The Texas Board of Nursing maintains a service contract with TPAPN.
- Funding- the majority of TPAPN's funding comes from a portion of each nurse's re-licensure fee.
- Administration – TPAPN is a non-profit program and is administered by the Texas Nurses Foundation (TNF), a non-profit arm of the Texas Nurses Association that supports Texas health care consumers through professional and educational programs.

WARNING SIGNS: CLUES TO NURSES WITH PROBLEMS

Alcoholic Nurse

- Irritability, mood swings
- Elaborate excuses for behavior; un-kept appearance
- Blackouts (periods of temporary amnesia)
- Impaired motor coordination, slurred speech, flushed face, bloodshot eyes
- Numerous injuries, burns, bruises, etc. with vague explanations
- Smell of alcohol on breath, or excessive use of mouthwash, mints, etc.
- Increased isolation from others

Drug Addicted Nurse

- Rapid mood and/or performance changes
- Frequent absence from unit; frequent use of the restroom
- May work a lot of overtime, usually arriving early and staying late
- Increased somatic complaints necessitating more prescriptions of pain medications
- Consistently signs out more or larger amounts of controlled drugs than anyone else; excessive drug wasting
- Often medicates others' patients; may wear long sleeves all of the time
- Increased isolation from others
- Patients complain that pain medication is not effective or they deny receiving medication
- Excessive discrepancies in signing and documentation procedures of controlled substances

Mentally Ill Nurse

- Depressed, lethargic, unable to focus or concentrate, apathetic
- Makes many mistakes at work
- Erratic behavior or mood swings
- Inappropriate or bizarre behavior of speech
- May also exhibit some of the same or similar characteristics as chemically dependent nurses

Note: It is MOST IMPORTANT to look for patterns or changes in behavior, appearance or practice. Not all characteristics need to be present to indicate that a problem exists.

WHEN TO REFER

The following instances may be useful to employers in deciding when to refer an employee to the Texas Peer Assistance Program for Nurses:

- When you receive a positive pre-employment drug screen result for any illegal substance or any non-prescribed, legal substance (ask nurse to show you copies of all current prescriptions prior to screening).
- When at least two people witness a nurse with alcohol level (and/or a nurse's urine specimen tested positive for alcohol).
- When you receive a positive blood alcohol level (and/or a nurse's urine specimen tested positive for alcohol).
- When you receive a positive urine drug screen result (for mood-altering substances) and the nurse cannot or has not produced a legitimate, pre-existing prescription.
- When a nurse is visibly/physically impaired while on duty (whether taking legitimate prescription medications or not), e.g., falling asleep, slurring speech, staggering.
- When a nurse displays a pattern of forgetfulness, poor nursing judgment, inability to perform, medication errors (generally non-narcotic drug involvement if a mentally illness only), physical deterioration, isolation, moodiness and/or mood swings.
- When a home health nurse is a no show, no call for scheduled patients, and drugs/alcohol or mental illness is indicated (e.g., nurse is alleged to have tampered with or removed controlled substances

from their patients' homes, or is charged with a DWI or possession of controlled substances while driving to work or to their patients' homes, or has displayed signs and symptoms of a mental illness or other impairment while on duty).

- When you discover a paper trail of narcotic/controlled substance discrepancies indicative of drug diversion and the evidence points directly to one nurse (e.g., this nurse gave drugs at inappropriate intervals or with MD orders, or to patients who were already discharged or deceased, or to patients assigned to other nurses).
- When you find the obvious: a nurse is passed out in the bathroom with a needle in his/her arm and a Demerol vial on the floor. Or the not so obvious: a nurse makes frequent trips to the bathroom, disappears for long periods of time from the unit without telling anyone, always wears long sleeves, has blood specks on pants legs or sleeves or a t buttocks area coupled with dilated or constricted pupils, mood-swings or other impaired behavior and you discover narcotic discrepancies on the unit.
- When in doubt, but you know drugs and/or a mental illness are involved in a work place incident or anytime you suspect that a violation of the Nursing Practice Act, involving drugs and/or mental illness has occurred.

HOW TO REFER

TPAPN accepts written and verbal referrals from individuals concerned about the practice of an RN or LVN in the State of Texas. When a nurse's practice is impaired due to substance use or mental illness, the Texas Nursing Practice Act allows for concurrent referral to TPAPN and to the Texas Board of Nursing in lieu of peer review (see Section 301.410 of the Texas Nursing Practice Act). Texas law provides civil immunity for those who report a nurse in good faith.

A referral may be made in two ways:

- By telephoning a TPAPN intake coordinator at 1-800-288-5528 (between 8:00 a.m. and 5:00 p.m., M-F). All verbal referrals need to be followed with written documentation to fulfill the mandatory reporting requirements of the Texas Nursing Practice Act.
- By downloading and completing the REFERRAL FORM, making sure to include all relevant documentation. The completed referral form may be faxed to TPAPN at 512-467-2620 or mailed to:
 - TPAPN
c/o Texas Nurses Foundation
8501 N. MoPac Expy., Ste. 400
Austin, TX 78759

If you are uncertain whether a referral is warranted, contact TPAPN for consultation: 1-800-288-5528.

TPAPN does not accept anonymous referrals.

BECOME A VOLUNTEER!

[Download the TPAPN Advocate Application](#)

WHY BECOME A TPAPN VOLUNTEER?

TPAPN volunteers are nurses who care about helping their colleagues through a difficult time. The following is what two nurses had to say about volunteering with TPAPN:

“While doing volunteer work as a TPAPN nurse advocate, I heard employers say, ‘Nurses eat their own.’ That phrase always gave me chills. It is difficult for me to think that our care giving is limited to our patients while we ‘throw away’ our colleagues who are ill. I found that by volunteering as a TPAPN advocate, I was able to support my fellow nurses while promoting high standards of nursing practice. I have met many wonderful nurses and received the gift of being part of their journey towards recovery.”
- *Former TPAPN advocate, current case manager*

“Having an advocate to guide me through TPAPN, supporting and assisting me with my return to the nursing workforce, was very important to me. At the time, I believed I was the only one who had ever experienced such a thing. It was helpful to have someone there for me, to know I wasn’t alone and that others had gone before me.”

“Now, I am available to help others like me who need reassurance to know they are not alone, and to affirm for them that there is life ‘out there.’”
- *Former TPAPN participant, current advocate*

CONTACT TPAPN

Texas Peer Assistance Program for Nurses
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tpapn@texasnurses.org

Toll free: (800) 288-5528

Local: (512) 467-7027

Fax: (512) 467-2620

TPAPN SUPPORTERS

TPAPN seeks a broad base of support from several nursing and health related organizations. These organizations support TPAPN and serve as resources for the program. Representatives of the organizations listed below along with representatives of other stake holders participate in TPAPN’s Advisory

Committee, making recommendations to the Texas Nurses Foundation regarding program services, policies and initiatives.

TPAPN is supported by:

- Texas Nurses Foundation (TNF)
- Texas Nurses Association (TNA)
- Texas Organization of Nurse Executives (TONE)
- Texas Association of Nurse Anesthetists (TxANA)
- Licensed Vocational Nurses Association of Texas (LVNAT)

TPAPN is approved by/maintains service contract with the Texas Board of Nursing

TPAPN is certified by:

- Texas Department of State Health Services
- Texas Board of Nursing