



a program of the Texas Nurses Foundation

PARTICIPANT HANDBOOK

TPAPN

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Texas Peer Assistance Program for Nurses

Participant Handbook



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Introduction

Welcome to the Texas Peer Assistance Program for Nurses (TPAPN). This handbook provides information that will assist participants in understanding their role and responsibilities with TPAPN.

- Chapter 1 contains information about TPAPN and the rights and responsibilities of participants.
- Chapter 2 contains program information, including the terms outlined in the TPAPN PARTICIPATION AGREEMENT.
- Chapter 3 contains a summary of required documentation.
- Attachment A contains additional resources for participants and others.

Please read this handbook carefully. Participants are responsible for understanding the terms of participation. Reading all chapters should help participants and their employers gain a greater appreciation of the collaborative role all parties play in providing safe patient care through a planned return to work and recovery process. For further clarification of the information provided in this handbook, please contact the TPAPN office at 1-800- 288-5528.

A Word for Participants

Welcome. We invite you to take charge of your physical, mental, social and spiritual health by participating in TPAPN. We understand that the work before you is not going to be easy. Taking charge of your future and facing your past in a positive way will help you to change those things in your life that have been ineffective or detrimental. You will find support by reaching out to family, a therapist or doctor, a twelve-step sponsor, your TPAPN advocate, and coworkers. Drug testing, practice restrictions, and the documentation required of you while in TPAPN will help to provide reasonable and safe boundaries while validating your good recovery and safe nursing practice. Through long-term monitoring, TPAPN will be able to attest to your hard work and your journey to a new way of living. We value you and your nursing abilities, and we look forward to working with you!

Sincerely,

TPAPN

TPAPN

Vision

To be a leader in the promotion of recovery from substance use disorders and certain psychiatric disorders for practicing nurses of Texas.

Mission

TPAPN offers life renewing opportunities to nurses for recovery from substance use and certain psychiatric disorders thus promoting professional accountability, protecting the public and returning nurses to safe practice.

Philosophy

TPAPN believes that substance abuse and psychiatric disorders are medical diagnoses that are treatable and that recovery from these disorders in nurses is possible with education and treatment. The program serves the purpose of returning the nurse to safe practice which is in the best interest of the profession and society.

TPAPN Program Overview

TPAPN

- Is voluntary.
- Allows nurses to demonstrate their good recovery and safe nursing practice through formal peer monitoring and thereby protects the public.
- Is an approved peer assistance program under Texas Health and Safety Code, Chapter 467.
- Provides education, advocacy and opportunity.
- Is a program of the Texas Nurses Foundation.

Case Managers

TPAPN staff specialized in substance use disorders and/or psychiatric disorders who:

- Offer information, support, and opportunity for nurses who are referred.
- Liaison between participants, treatment providers, advocates and employers.
- Monitor participants' work performance, program adherence and progress in recovery.
- Provide education for advocates, employers and participants.

Advocates

LVNs and RNs who serve TPAPN as trained volunteers and:

- Have a sincere desire to see their peers succeed.
- Assist participants with enrollment and return to work processes, as needed.
- Provide education for nursing supervisors and coworkers.
- Provide 1:1 peer support and educate participants about TPAPN and recovery.

Rights and Responsibilities

Participant has the right to:

- Be treated with dignity and respect.
- Informed consent.
- Confidentiality in accordance with state and federal guidelines.
- Seek legal counsel or a personal representative.
- Accept or decline participation in any research requiring consent.
- Be informed about the terms and conditions of participation prior to participating.
- Know the length of TPAPN participation and the projected date of completion.
- Refuse participation and to be informed as to the possible consequences.
- Terminate participation at any time and to be informed as to the possible consequences.
- Be informed about the cost involved with participating.
- Know the name and qualifications of the assigned Case Manager.
- Know of advocates' associations with treatment centers.
- Report a grievance regarding Case Manager or advocate.

Participant has responsibilities to:

- **Assume personal responsibility for one's participation and recovery by:**
 - » Adhering to terms of TPAPN agreements.
 - » Following treatment recommendations.
 - » Being accountable to one's personal recovery and to the nursing profession.
 - » Informing one's employer or school of nursing of participation in TPAPN and providing them a copy of the signed participation agreement and if applicable, any final orders from the Texas Board of Nursing.
- **Resolve grievances in a timely and responsible manner by:**
 - » Attempting to work things out with the person(s) directly involved.
 - » Contacting TPAPN Case Manager for assistance with TPAPN advocate-related grievances.
 - » Providing a written account directly to the TPAPN Clinical Supervisor or the TPAPN Program Director when necessary or as requested.

Terms of Participation

All nurses participating in TPAPN agree to follow the terms of participation as set out in the TPAPN PARTICIPATION AGREEMENT and as further detailed in this chapter. It is the nurse's responsibility to understand these terms and to abide by them for the duration of participation. For any questions contact a TPAPN Case Manager at 1-800-288-5528.

1. Eligibility

TPAPN accepts eligible nurses who may benefit from peer assistance services.

Nurses who fall within any of the categories listed below may *not* be eligible for TPAPN:

- 1.A. RNs or LVNs without a current Texas license or without direction per Agreed Order from TXBON.
- 1.B. Disciplinary action taken against their nursing license in the past five years.
- 1.C. Investigation by a nursing licensing board.
- 1.D. Any legal actions including but not limited to felony convictions, deferred adjudication, probation, arrests, or pending charges.
- 1.E. Convicted or registered sex offenders.
- 1.F. Prior participations in TPAPN.

2. Participant Communication

- 2.A. Participants must complete and submit all required documentation in a timely manner (refer to chapter 3). Failure to do so may result in extension of participation or dismissal from the program.
- 2.B. Participants are responsible for informing **all** health care providers of their recovery status and participation in TPAPN.
- 2.C. Participants are responsible for maintaining communication with TPAPN Case Manager, health care provider(s), advocate, and employer, including notifying the TPAPN office **within 24 hours** of:
 1. receipt or use of abusable prescriptions or substances
 2. change in health care provider(s)
 3. change of address/phone numbers
 4. any termination, resignation, change in or offers of employment
 5. change of nurse manager or supervisor
 6. planned in/out-of-state travel (via online travel authorization form) or international travel (2 weeks in advance)
 7. any crimes committed, criminal arrests, citations, deferred sentences, and convictions
 8. any complaint filed against one's nursing license
 9. any and all alcohol or unauthorized substance use

3. Assessment and Treatment

- 3.A. **Participants must obtain assessment by qualified, TPAPN-approved health care provider.**
1. Licensed Chemical Dependency Counselor (LCDC) or other addiction specialist for substance use disorders
 2. Psychiatrist for psychiatric disorders
 3. Use of TPAPN participating assessor(s) may be required
 4. TPAPN may require participants to obtain a second opinion
- 3.B. **All participants must successfully complete appropriate treatment. Participants not successfully completing treatment may be dismissed from TPAPN.**
1. Participants must choose treatment providers approved by TPAPN.
 2. Participants must follow treatment and continuing care plans recommended by treatment providers.
 3. Participants may be required to obtain additional assessment or treatment by a licensed addiction counselor and/or psychiatrist during the course of participation as warranted by TPAPN, e.g. in the event of relapse or suspected relapse.
 4. Participants must abide by recommendations in the event of a relapse or suspected relapse as deemed clinically appropriate.
 5. Participants have the right to ask for disclosure of TPAPN advocates' association with treatment facilities.
- 3.C. **Assessment and treatment costs are the responsibility of participants.**

4. Disclosure of Information and Consent

- 4.A. **Participants must complete any consent form needed to permit disclosure. Failure to complete required consent forms will result in dismissal from the program.**
1. With appropriate consent, TPAPN exchanges information with treatment providers, employers, criminal justice authorities, nursing licensing boards, other nursing peer programs and emergency contacts.
 2. TPAPN discloses information about a participant a) in medical emergencies to medical personnel, b) as allowed by court order, c) to qualified personnel for research, audit, or program evaluation and d) as otherwise permitted/required by state and federal law.

5. Self-Help Group Attendance

- 5.A. **Substance Use Disorder Participants:**
1. Twelve step group meetings (such as AA, NA, or CA) are required
 2. Daily 12-Step meetings for 90 consecutive days are required initially, followed by a minimum of four meetings per week. All meetings must be documented and submitted monthly to TPAPN. Documentation of meeting attendance may not be required for the final year of participation, based on program adherence
 3. An active and consistent relationship with a 12-Step sponsor is required
 4. Online 12-Step meetings will not normally count toward your required meeting attendance
 5. One alternative group, e.g., TPAPN affiliated, facilitated support group, therapy, or aftercare, per week may be counted as one of the required meetings

5.B. **Psychiatric Disorder Participants:**

1. Psychiatrists or therapists are to make recommendations for continuing care.
2. Documentation of routine medication management is required a minimum of every three months.
3. Individual therapy is typically required, at least monthly.
4. May attend TPAPN affiliated, facilitated support group as appropriate.

6. Nursing Practice

6.A. **Nursing positions must be approved by TPAPN Case Manager prior to signing a Work Agreement. Work Agreements are to be signed prior to commencement of nursing practice.**

1. Participants must demonstrate a minimum of one year of safe nursing practice, (a minimum of 64 hours per month).
2. TPAPN will continue to monitor nurse's practice for the duration of their participation.
3. Nurse's must inform TPAPN of all nursing employment as well as any employment outside of nursing. (Employment outside of nursing isn't monitored by TPAPN).

6.B. **Before TPAPN will approve any employment in nursing, participants must:**

1. Submit all required treatment documentation and enrollment forms
2. Register for drug screening and submit negative drug test result and receive chain of custody (COC) forms necessary for drug screening (does not apply to some psychiatric disorder participants)
3. Be engaged in treatment and submit a signed WORK RELEASE FORM from the appropriate treatment provider(s)
4. Notify employer of participation in TPAPN and of any licensure action
5. Provide TPAPN with signed consent for employer

6.C. **A nurse who does not return to nursing practice by the expected date of completion will be reported to the TX BON by TPAPN.**

6.D. **Supervision provided by the employer is required, and is considered the primary contact. Additional workplace contacts are nurses or other identified employees who:**

1. If state licensed, has licensure in good standing
2. Is not a current participant in TPAPN or other approved alternative peer assistance program
3. Is familiar with the participant's job duties
4. Is available to respond should concerns arise about the participant's practice and/or behaviors
5. Is familiar with the TPAPN work agreement
6. Has signed off as a contact on the participant's TPAPN Work Agreement and/or TPAPN Quarterly Update

6.E. **TPAPN Work Meeting**

1. Participant and the employer must sign the TPAPN WORK AGREEMENT which includes restrictions on practice.
2. Coworkers with a legitimate need to know may be informed of nurse's participation and practice restrictions via the TPAPN website at www.tpapn.org.
3. Work may begin after completed agreement and quarterly form are received by TPAPN.
4. Personnel involved with staffing and scheduling as well as House Supervisors must be informed of Nurses' work restrictions.

6.F. **Failure to notify the Case Manager of employment in nursing, failure to obtain job approval from Case Manager or failure to complete a TPAPN Work Agreement with employer before commencing nursing practice may result in dismissal from TPAPN.**

7. **Restrictions on Practice**

7.A. **Restrictions are enforced to help assure safe nursing practice. Modification of any restriction will occur only as mutually agreed upon by TPAPN, participant, and employer.**

7.B. **Participants agree NOT TO:**

1. Function in an autonomous or unsupervised role.
2. Work shifts longer than twelve (12) hours.
3. Work for multiple employers or to engage in self-employed practice.
4. Accept employment with short-term staffing agencies.
5. Work as a traveler.
6. Take on-call assignments during the first six months after returning to work in nursing.
7. Float to other units.
 - a. Nurse will only work a pre-determined area for the first year of work; thereafter, the floating restriction may be modified given certain conditions.
8. Work at multiple practice sites without BON approval.
9. Have access to controlled substances during the first six months of work in nursing. No access includes:
 - a. Not counting or administering controlled substances.
 - b. Not witnessing wastage, signing pharmacy receipts for controlled substances, or having the ability to access storage areas for controlled substances.
 - c. Not calling, faxing, or otherwise electronically authorizing prescriptions for controlled substances.
10. Work more than 96 hours per two-week pay period.
11. The controlled substance restriction may be waived by TPAPN Case Managers for nurses participating under a psychiatric disorder agreement.

7.C. **Advance Practice Registered Nurses (APRNs): Nurse Practitioners, Certified Registered Nurse Anesthetists (CRNAs), Clinical Nurse Specialists, and Nurse Midwives, are subject to the following additional restrictions:**

1. CRNAs must refrain from administration of anesthesia until after one year of documented recovery and abstinence from abusable drugs/alcohol.
2. APRNs will not have prescriptive authority for their first year of documented recovery and abstinence.

8. Abusable Drugs

Participants must abstain completely from the use of all abusable drugs. Abusable drugs include alcohol, illicit substances, controlled substances (with or without prescription), and uncontrolled substances (prescription or over-the-counter medications that contain alcohol or other abusable substances). Certain medications including antidepressants used to treat psychiatric disorders are not considered in this category.

If pain management is needed:

8.A. **TPAPN recommends that participants try non-addictive approaches before taking or continuing abusable medication.**

8.B. **If any potentially abusable medication is prescribed or taken:**

1. Participant must immediately notify TPAPN and employer about the prescription.
2. The prescribing healthcare provider must complete the TPAPN PRESCRIPTION INFORMATION form for participant to fax to TPAPN.
3. Participant must refrain from nursing practice until 24 hours after taking last dose and notifying Case Manager.

8.C. **Unreported use of abusable medications or failure to disclose prescriptions within 24 hours from the time they are obtained is considered behavior inconsistent with good recovery and may result in dismissal from the program, an extension of participation, or a renewal of the participation agreement.**

8.D. **PARTICIPANTS WITH CONDITIONS REQUIRING LONG-TERM USE OF ABUSABLE MEDICATIONS MAY NOT BE APPROPRIATE FOR TPAPN.**

8.E. ABUSABLE SUBSTANCE LIST

(TPAPN tests for these and other substances. This list is NOT all-inclusive.)

Alcohol

Amphetamines

Barbiturates, e.g., Butalbital, Fiorinal

Benzodiazepines, e.g., Ativan, Klonopin, Ambien

Butorphenol, i.e. Stadol

Diet Medications, e.g. Ephedrine, Phentermine

Fentanyl

Meprobamate, i.e. Soma

Midazolam, i.e., Versed

Opiates, e.g., Demerol, buprenorphine (Suboxone, Subutex), Methadone

Pentazocine, i.e. Talwin

Propofol, i.e. Diprovan

Propoxyphene, i.e. Darvocet, Darvon

Thiopental, i.e. Pentothal

Tramadol, i.e. Ultram, Ultracet

- 8.F. **Poppy seeds and hemp seeds/oil products are substances that may cause a positive drug test result. *Eating these products will not excuse a positive drug screen; therefore, participants must not eat these foods.***
- 8.G. **Alcohol (beer, liquor) and other alcohol-containing products will cause a positive drug test. Therefore, abstinence from alcohol includes not using any over-the-counter medications containing alcohol, such as liquid Nyquil and certain cough medications. Avoid the use of/ do not drink or consume alcohol-based mouthwashes, foods or beverages (e.g., vanilla extract or “near beer”). Please note that certain hand sanitizers have also been known to produce a positive test. *The use of any of these substances will not excuse a positive test.***
- 8.H. **Refer to the Talbott Recovery Campus Medication Guide online at www.TPAPN.org, for a more comprehensive listing of abusable medications, substances containing alcohol, and safe alternatives.**
- 8.I. **Any of the medications listed as Class B Drugs in the Medication Guide must also be approved by your TPAPN Case Manager.**
- 8.J. **TPAPN considers the use of Methodone or buprenorphine (Suboxone or Subutex) appropriate in a medically supervised treatment setting, e.g. detoxification. Participants who have a condition which warrants the long-term use of these medications may not be appropriate for TPAPN.**
- 8.K. **TPAPN participants are restricted from returning to nursing practice while using this medication and for approximately eight (8) weeks following discontinuation of medication.**
- 8.L. **TPAPN recommends you protect your recovery with a thorough “house cleaning.” Do not do this alone. Inform your treatment providers. Ask someone to help you do the following:**
1. Identify and clear your home of all abusable substances by cleaning out medicine cabinets, refrigerators, liquor cabinets, etc. and by appropriately disposing of abusable items.
 2. Medically-supervised withdrawal from some substances may cause you serious harm. Before disposing of medications, be certain to inform your prescribing treatment providers *and* counselors.

9. Drug Screens

9.A. **Substance Use Disorder and selected Psychiatric Disorder participants must enroll in TPAPN's drug test program.**

1. It is important for participants to approach drug screens in a positive manner.
2. Drug testing costs are the responsibility of the participant.
3. Participants are responsible for reading and understanding the instructions for TPAPN urine drug screen collections.
4. Participants must activate drug test accounts with TPAPN's drug testing customer service provider.
5. Participants must access the drug test system daily.
6. Participants must provide random specimens for drug tests as requested by the TPAPN office or the drug testing automated system including but not limited to urine, blood, hair, nail, and saliva.
7. Specimens must be provided on the day of random request and be witnessed and/or collected in accordance with federally approved standards.
8. *COC forms must be marked with an appropriate test panel number* and may be rejected if the correct panel number is not noted on the form.
9. Participants are responsible for having COC forms in their possession and having the ability to test at all times.
- 10. Failure to have a COC form while working, maintain an active drug test account, or provide specimens for drug testing on dates requested, may result in suspension from work and/or dismissal from TPAPN.**

9.B. **Diluted Specimens**

1. Urine specimens with low creatinine levels and dilute specimens will result in increased drug testing. Multiple low creatinine or dilute specimens will require medical evaluation, and may affect continued participation.
2. To avoid producing dilute specimens, submit urine specimens early in the day - before noon, limit fluids, and prior to consuming any caffeinated beverages or other diuretics.

9.C. **Reasonable-Cause Drug Screens**

1. Employers or TPAPN may request urine drug screens for reasonable cause.
2. Reasonable-cause or "for-cause" specimens must maintain proper chain of custody, be witnessed and collected within two hours of request.
3. An employer, who perceives that a participant's job performance or behavior is impaired, may request a "for-cause" drug screen.
4. Employers signing the TPAPN WORK AGREEMENT will receive a box of urine drug test collection kits and pre-paid courier service forms from TPAPN's drug testing administration program.
5. Employers may request additional drug screens in accordance with facility policy.

9.D. **Positive Drug Test Results**

1. The TPAPN office will notify nurse and employer by the next business day when positive tests are received.
2. Participants having positive drug screens showing the presence of any unauthorized drug must immediately refrain from nursing practice.
3. A confirmed positive for any unauthorized drug is considered conclusive proof of the use of the indicated drug and will result in either a contract renewal or dismissal from TPAPN.
4. Participants may have a positive specimen reviewed by the drug test administrator's Medical Review Officer (MRO), and a reconfirmation test may also be requested.
5. The cost for reconfirmation test and MRO are the participant's responsibility.

NOTE: Invalid, rejected, or adulterated specimens may result in additional drug testing and may affect continued participation.

10. Length of Program

10.A. **The length of program is one (1) to five (5) years.**

1. Any extensions, exceptions or modifications to the length of participation are handled on an individual basis following a formal review by TPAPN.
2. In the event of any nonadherence with the terms of the contract TPAPN will notify the nurse's employer and may require the nurse to cease practice. The participant's length and terms of participation may be extended and/or modified.

10.B. **The following could result in program extension:**

1. Failure by nurse participant to demonstrate incident-free, safe nursing practice for a minimum of 64 hours per month for twelve (12) consecutive months.

11. Withdrawal and Dismissal from Program

11.A. **A participant may withdraw from the program at any time by notifying TPAPN.**

1. The participant's employer will be notified of a participant's withdrawal.
2. The participant will also be reported to the nursing licensing board.

11.B. **A participant may be dismissed from TPAPN for the following reasons:**

1. Failure to abide by the terms and conditions of participation (i.e., nonadherence).
2. Moving out of Texas.
3. Subsequent allegations of nursing practice violations or a subsequent complaint filed against them by the nursing licensing board.
4. Having a felony charge filed against them, being convicted of a felony, or receiving probation or deferred adjudication relating to a felony charge.
5. A determination by TPAPN that the participant is exhibiting behaviors inconsistent with good recovery and/or is not capable of performing safe nursing practice.
6. Determination that the participant is medically incapable of adhering with the terms of participation.
7. Failure to obtain and sustain employment in nursing prior to the participation agreement enddate.
8. Inability to maintain stable employment.

12. Reporting to Licensing Board

12.A. **A participant's identity and other relevant information may be reported to the Texas Board of Nursing (BON). Participants are reported if they:**

1. withdraw from TPAPN
2. have a positive drug screen
3. demonstrate behaviors inconsistent with good recovery
4. are nonadherent with their TPAPN agreements
5. are dismissed from the program for any reason
6. endanger patients or compromise patient safety

Participants may be reported to the, BON, as authorized by a court order. If TPAPN believes doing so is in the public's interest, TPAPN may initiate proceedings seeking such an order.

13. Referral Status

- 13.A. A self-referral is defined as a nurse for whom either TPAPN or the BON have not received a third-party referral, and the nurse wishes to seek help before practice is affected. Self-referrals are normally not reportable to the BON unless the participant withdraws from TPAPN, is dismissed for any reason, or TPAPN believes doing so is in the public's interest.
- 13.B. If TPAPN receives a third-party referral concerning practice incidents involving a nurse who was originally a self-referral, the case may be converted to third-party referral status.
- 13.C. A third-party referral is defined as information received from third-parties, e.g., employers, concerned family members, or legal authorities, where a nurse's practice is considered to be adversely affected by drugs, alcohol or mental illness. TPAPN is required by state law to report third-party referrals to the BON.
- 13.D. If a third party is aware of a participant's involvement in TPAPN, or if the information on which the third-party referral is based, was acquired because of that nurse's participation in TPAPN, the case shall remain a self-referral; however, the incident may warrant either a renewal in TPAPN or a dismissal from the program.
- 13.E. Conversely, if the third-party was not aware of a nurse's participation in TPAPN, and if the information on which the referral was based was not acquired because of that nurse's participation in TPAPN, the case shall be converted to a third-party referral and governed by TPAPN policies relating to third-party referrals. The incident may also warrant renewing or dismissal from TPAPN with subsequent reporting to the BON.
- 13.F. State law requires TPAPN to notify referring parties if a nurse fails to participate.

14. Moving Out of State

- 14.A. Participants moving out of Texas may be dismissed from TPAPN and referred to the Texas Board of Nursing.
- 14.B. If a compact state has a peer assistance program similar to TPAPN, it may be possible for a participant to transfer to that program in lieu of being dismissed from TPAPN.
- 14.C. Participants must make all arrangements prior to moving and must obtain TPAPN's approval for transferring to another peer assistance program.
- 14.D. Only a TPAPN Case Manager can approve a transfer to another state's peer program.
- 14.E. Failure to make timely arrangements for transfer may result in dismissal from TPAPN.

15. Nursing School Attendance

- 15.A. Appropriate TPAPN consents must be signed and submitted to TPAPN to facilitate communication between academic representatives and Case Manager.
- 15.B. Prior to beginning clinicals, participant must have Case Manager approval.
- 15.C. Participants and representative of the nursing academic program must complete and submit TPAPN ACADEMIC CLINICAL AGREEMENT and ACADEMIC CLINICAL UPDATE. A new ACADEMIC CLINICAL UPDATE must be submitted prior to each clinical rotation.
- 15.D. Each clinical instructor or preceptor who oversees the nurse's work in a clinical practice setting must sign off on the ACADEMIC CLINICAL UPDATE.
- 15.E. Successful progression through nursing clinicals may count towards a participant's work requirements in nursing.
- 15.F. TPAPN must receive documentation that the nurse has successfully completed the clinical components of their nursing studies.
- 15.G. Participants attending a nursing academic program may be held to practice restrictions at least stringent as those in TPAPN's WORK AGREEMENT.

16. Cost and Fees

- 16.A. Participants are responsible for payment of the following costs associated with TPAPN participation:
 - 1. Assessment
 - 2. Treatment
 - 3. Drug testing
 - 4. Participation fees
 - 5. Facilitated Support Groups
- 16.B. Cost of assessments and treatment are determined by the individual treatment providers.
- 16.C. Participants will be notified of the amount of such drug testing/participant fees at the time they enroll in TPAPN.
- 16.D. Thirty days notice will be given regarding fee changes for participants currently enrolled.
- 16.E. Failure to pay any required participation fee by the stipulated due date will be grounds for dismissal from the program and referral to the licensing board.

Required Documentation

The following section outlines documentation that needs to be completed in order to participate in TPAPN and to be adherent with the program.

Participants should maintain records of all TPAPN related documents.

Treatment Providers

Documentation to be completed by treatment provider(s):

- **TPAPN ASSESSMENT FORM:** Participants must present this form to any treatment provider from whom they obtain treatment or an assessment. Must include diagnosis, treatment recommendations, and any medications.
- **Progress Reports:** Treatment provider sends periodic updates (frequency to be determined) to include attendance, adherence with, or changes in the treatment plan. (PRESCRIPTION INFORMATION FORM can be used.)
- **WORK RELEASE FORM:** This form must be obtained from participants' treatment provider when treatment provider decides it is appropriate.
- **Discharge Summary (Obtained from treatment provider):** To include admit and discharge dates/diagnoses and continuing care recommendations.

Participants

Initial enrollment documents to be completed and submitted:

- **PARTICIPATION AGREEMENT:** To initiate participation, nurses must read, sign, and date the agreement. Anticipated completion date will be based on the date agreement is signed.
- **PARTICIPANT HISTORY:** Complete all items. Mark "N/A" if not applicable.
- **CONSENT TO DISCLOSE INFORMATION BETWEEN TPAPN AND HEALTH CARE PROVIDER:** Participants must sign this consent form for each of their health care providers.
- **CONSENT TO DISCLOSE INFORMATION TO LICENSING BOARDS** (Self Referral or Third Party Referral as appropriate.)
- **CONSENT TO RELEASE INFORMATION FOR FAMILY MEMBER/SIGNIFICANT OTHER/ EMERGENCY CONTACT:** Participants must sign consent forms allowing TPAPN to exchange information with appropriate persons in emergency situations.
- **CONSENT TO DISCLOSE INFORMATION BETWEEN TPAPN AND EMPLOYER:** Participants must sign this consent form to allow TPAPN to communicate with current or prospective employers.
Note: Participants refusing to sign consent will not be eligible for participation or will be dismissed from the program.
- **Drug Test Registration:** Must be completed online or by phone with credit card information with the drug test administrator.(Enrollment Instructions are included in the enrollment letter.)
- **Passport-size photo:** Submit headshot only.

Return to Work Forms

- **Treatment Provider (HCP) WORK RELEASE FORM:** Participants must obtain and submit WORK RELEASE FORM when HCP provider decides it is appropriate.
- **TPAPN WORK AGREEMENT:** Prior to commencing nursing practice, participants must submit a TPAPN WORK AGREEMENT after completing it with employer.
- **QUARTERLY UPDATE:** A QUARTERLY UPDATE form is to be completed at the same time the initial WORK AGREEMENT is signed and every three months thereafter.
- **CONSENT BETWEEN EMPLOYER AND GOVERNMENT AGENCIES:** A copy of the signed consent must be submitted with the above forms. (Employer retains the original.)

Recurrent forms/required treatment documentation

- **PRESCRIPTION/PROGRESS REPORT:**
 - » If any medications are prescribed, changed, or discontinued, healthcare providers must complete the PRESCRIPTION/PROGRESS REPORT form for participants to submit to TPAPN.
 - » Participants must request psychiatrists/therapists complete and submit progress reports after each office visit. (PRESCRIPTION/PROGRESS REPORT form may be used.)
 - » Failure to obtain and submit psychiatric treatment updates at least quarterly may result in an extension of participation or dismissal from TPAPN.
 - » Participants must request and submit routine treatment updates/progress reports from addiction treatment providers, until treatment, including aftercare, is successfully completed.
- **ATTENDANCE RECORD:**
 - » ATTENDANCE RECORD is used for documenting Twelve Step meetings, psychiatrist, therapist, and group therapy, and facilitated support group sessions.
 - » It is the participant's responsibility to ensure that after each Twelve Step meeting, the chairperson signs off to verify attendance for that meeting.
 - » Participant is to submit monthly meeting form electronically through the drug testing administrator account. If unable to submit electronically participants may submit hard copies to the TPAPN office via fax or mail. During the final year and upon approval from TPAPN Case Manager, meeting documentation may not be required during the final year. TPAPN recommends participants continue documenting meeting/therapy attendance as positive reinforcement and for documenting one's recovery activities.
 - » TPAPN may request proof of meeting attendance at any point during participation; failure to submit requested records is program nonadherence.
 - » Lack of proper documentation or falsification of meetings is equivalent to missed meetings.
- **SELF REPORT FORM:**
 - » The purpose of the SELF REPORT FORM is to give participants an opportunity to inform TPAPN of their progress in recovery and to identify problems where additional assistance may be needed. SELF REPORT FORMs must be submitted electronically through the participant drug testing administrator account. If unable to submit electronically participants may submit hard copies to the TPAPN office via fax or mail.

- **QUARTERLY UPDATES:**

- » Quarterly Update meetings are held for the purpose of reviewing each participant's past three months' work performance, practice, adherence in TPAPN, progress in recovery and to document continuous employment in nursing.
- » Participants must have quarterly meetings with employer every three (3) months from date of return to work in nursing.
- » Immediately following each quarterly meeting, participants will submit the completed QUARTERLY UPDATE form to TPAPN.

Requests for program records

Requests for TPAPN records must be submitted in writing and must include:

- Participant's name in print and signature, nursing license number, items requested and where to send the records (Records must be sent directly to the participant via USPS certified mail or email).
- Participants will be notified of any charges for records totaling more than 10 pages, upon TPAPN's receipt of request.

Attachment A:

The ADA and TPAPN Nurses

NOTE: This fact sheet provides an overview to the most salient areas of the Americans with Disabilities Act (ADA) as they pertain to TPAPN. This summary is designed to assist employers so that they may operate with greater knowledge, humanity and legality when working with TPAPN nurses. Additional technical information and assistance on the ADA is available from the Southwest Disability & Business Technical Assistance Center, (ph.: 800/949-4232).

Why the ADA?

The nurse participating in TPAPN often faces more difficulties in obtaining a new job or returning to a former place of employment than most other nurses. One significant but necessary hurdle the nurse must clear prior to accepting employment, is informing an employer or a potential employer of one's participation in TPAPN - as required in the TPAPN terms of participation. Making one's participation in TPAPN known prior to being hired is essentially the same as informing an employer that one may require accommodation in the workplace as provided for by the ADA.

Unfortunately, the mere mention of TPAPN often creates fear and doubt in the mind of a job interviewer or health care administrator. The interviewer or administrator may not be very knowledgeable of the disease process of chemical dependency and mental illness or about TPAPN and the ADA. An interviewer may fail to look at the nurse applicant as an individual, different from past employees or individuals who may not have succeeded in their recovery from these diseases. Such lack of information and negative stereotyping can present real roadblocks for the TPAPN nurse who is applying for, or returning to, a job.

What is the ADA?

It is in part because of problems like those mentioned above, that the ADA was created. The ADA is a federal antidiscrimination statute designed to remove barriers, which prevent qualified individuals with disabilities from enjoying the same employment opportunities that are available to persons without disabilities. Employers with more than 15 employees must comply with the ADA. The ADA prohibits discrimination in all employment related practices and activities, e.g., job application, hiring, firing, advancement, training, compensation, and other terms, conditions, and privileges of employment.

Who is Covered by the ADA?

The ADA protects individuals with disabilities. Disabilities include people who have a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. In this regard, an individual recovering from chemical dependency or mental illness would be classified as a person with a disability. Therefore, nurses participating in TPAPN, who are in good compliance, are protected by the ADA. In fact, TPAPN and drug treatment programs may be considered to be reasonable accommodations under the ADA. Under the ADA an employer may not discriminate against an individual with a chemical dependency who is not currently using drugs and who has been rehabilitated because of a history of chemical dependency.

A qualified individual with a disability is a person who meets legitimate skill, experience, education, or other requirements of an employment position that he or she holds or seeks, and who can perform the essential functions of the position with or without reasonable accommodation.

What are the Essential Functions of a Job Under the ADA?

A particular function is essential depending upon: whether or not the position exists; the availability of employees to perform that job function; and the degree of expertise or skill required to perform the function. Requiring the ability to perform “essential functions” assures that an individual will not be considered unqualified simply because of inability to perform marginal or incidental job functions. Thus, it would be advantageous for employers to prepare a written job description for all positions outlining the essential functions of the job. Even if a job function is considered “essential,” an employer may be required to provide a reasonable accommodation to allow an employee an opportunity to perform that function.

What is Reasonable Accommodation Under the ADA?

Reasonable accommodation is a modification or an adjustment to a job or work environment that will enable a qualified applicant or employee with a disability to perform essential job functions.

Examples of reasonable accommodation include restructuring a job by reallocating or redistributing some functions of an employee’s job; modifying work schedules; or acquiring or modifying equipment. Typically, TPAPN work restrictions provide for accommodation by reallocating some functions and modifying the work schedule or restructuring the job to some degree. The individual with a disability requiring the accommodation must be otherwise qualified and the disability made known to the employer. An employer is not required to make an accommodation if it would impose an “undue hardship” on the operation of the employer’s business. Undue hardship is defined as “an action requiring significant difficulty or expense.” In general, a large (employing) organization would be expected to make accommodations requiring greater effort or expense than would be required of a small (employing) organization.

Applicants may be asked about their ability to perform specific job functions but may not be asked about the existence, nature or severity of a disability. A job offer may be conditioned on the results of a medical examination, but only if the exam is required for all entering employees in similar jobs.

What if the Employee is Unable to Perform the Essential Functions of the Job (Even with Accommodation), and/or “Relapses?”

A business may not discriminate against an applicant or employee with a history of drug or alcohol dependence out of a generalized fear that he or she will suffer a relapse. The ADA does not prevent an employer from discharging an employee with a disability (or refusing to hire an applicant with a disability), so long as the discharge (or refusal) is based upon individualized judgments, based on reliable medical or other objective evidence. For example, a job applicant can be denied employment on the basis of similar evidence, e.g., a positive pre-employment drug screen that cannot be explained by a legitimate prescription. Moreover, an individual who evidences poor recovery while on the job, e.g., has a nursing practice violation related to substance abuse or mental illness, is not protected by the ADA and may be discharged.

Who Enforces Compliance with the ADA?

The U.S. Equal Employment Opportunity Commission (EEOC) issued regulations to enforce Title I of the ADA. Charges of employment discrimination on the basis of disability, based on actions occurring on or after July 26, 1992 may be filed at any field office of the U.S. EEOC. Contact: www.eeoc.gov or 1-800-669-4000.

Attachment B:

Confidentiality of Alcohol and Drug Abuse Patient Records

Federal law and regulations protect the confidentiality of alcohol and drug abuse patient records maintained by this program. The program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- The patient consents in writing; OR
- The disclosure is allowed by a court order; OR
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.
- The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. § 290dd-3 and 42 U.S.C. § 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations.)

Attachment C:

Selected Resources

Books:

1. American Psychiatric Association: Diagnostic and Statistical Manual of Psychiatric Disorders Fifth Edition, Text Revision. Washington, D.C., American Psychiatric Association, 2013. ISBN 0-89042-025-4
2. Legal Action Center: Confidentiality and Communication: A Guide to the Federal Drug and Alcohol Confidentiality Law and HIPAA. Legal Action Center of the City of New York, Inc., New York City, NY. 2012.
3. Holloran, Patricia. Walking Like A Duck: The True Story of A Nurse Walking from Addiction to Recovery, New York, iUniverse, Inc., 2005. ISBN 0-595-34653-7.
4. Smith, Linda L., Recovery Maintenance Workbook for Nurses, Psychosocial Press, Madison, CT, 2004. ISBN1-887841-54-7.
5. Snow, Candace & Willard, David. I'm Dying to Take Care of You: Nurses & Codependence Breaking the Cycles. Professional Counselor Books, Redmond WA. 1989. ISBN 0-922352-01-1.
6. Sullivan, Eleanor; Bissell, LeClair, & Williams, Etta. Chemical Dependency in Nursing: The Deadly Diversion. Addison-Wesley Publishing, Menlo Park, CA. 1988. ISBN 0-201-07581-4.

Additional Consultative and Informational Resources:

1. Employee Assistance Professional Association. To find an EAP in your area, the online guide is located at www.eapassn.org/public/providers.
2. National Council of State Boards of Nursing. <https://www.ncsbn.org/2106.htm>: National Council of State Boards of Nursing's comprehensive publication, Substance Use Disorder in Nursing: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs, contains much useful information for nurses who work in clinical, managerial and monitoring roles.
3. National Institute on Drug Abuse. Information regarding drugs and substance abuse. www.nida.nih.gov. To order publications call 1-800-729-6686.
4. National Institute on Mental Health. www.nimh.nih.gov/. NIMH fosters research and the dissemination of information regarding the risk reduction and treatment of mental illness.
5. Southwest Disability and Business Technical Assistance Center. Information for employees and employers on specific aspects of the Americans with Disabilities Act (ADA). <http://www.swdbtac.org/> or call 1-800-949-4232.
6. Substance Abuse and Mental Health Services Administration. www.samhsa.gov. Substance abuse treatment referrals call 1-800-662-HELP, Knowledge Exchange for Mental Health services call 1-800-789-CMHS (2647).
7. Texas Board of Nursing (BON). <http://www.bon.state.tx.us/index.html>. The Texas BON's mission is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in the State of Texas is competent to practice safely. The BON frequently publishes articles related to the practice and discipline of nurses whose substance abuse or psychiatric disorders may impair their practice.
8. Texas Department of State Health Services (DSHS) <http://www.dshs.state.tx.us/default.shtm>. Among other activities, DSHS oversees local state health departments and the licensing and the regulation of mental health and substance abuse treatment facilities in Texas. DSHS provides information as to the treatment services that are available for mental health and substance abuse through licensed facilities in Texas.

MORE RESOURCES ON NEXT PAGE

Support Groups:

1. Alcoholics Anonymous: AA World Services, Inc., Grand Central Station, P.O. Box 459, New York City, NY10163 PH: 1-212-870-3400. www.alcoholics-anonymous.org.
2. Narcotics Anonymous: World Service Office, PO Box 9999, Van Nuys, CA 91409 PH:1-818-773-9999. www.na.org.
3. Anesthetists in Recovery (AIR): 2205 22nd Ave. South, Minneapolis, MN 55404 Call: 215-635-0183 <http://www.aana.com/resources>
4. Al-anon: Al-anon Family Group Headquarters/World Service Office, 1600 Corporate Landing Parkway, Virginia Beach, VA 23454, PH: 757-563-1600. www.al-anon.alateen.org.
5. Co-Dependents Anonymous (CoDA): A fellowship of men and women whose common purpose is to develop healthy relationships. P.O. Box 33577, Phoenix, AZ 85067-3577 PH: 1-602-277-7991. www.codependents.org
6. Emotions Anonymous: A twelve-step organization composed of people who come together for the purpose of working toward recovery from emotional difficulties. P.O. Box 4245, St. Paul, MN 55104 PH: 1-651-647-9712. www.emotionsanonymous.org.
7. National Alliance for the Mentally Ill (NAMI): Organization dedicated to improving the lives of persons affected by serious mental illness. Colonial Place Three, 2107 Wilson Blvd., Suite 300, Arlington, VA 22201; Helpline:1-800-950-NAMI [6264]. www.nami.org.
8. Pride Institute: Resource for substance abuse and behavioral health services for gay, lesbian, bisexual and transgender communities. www.pride-institute.com. PH: 1-800-54-PRIDE

Attachment D:

Texas Peer Assistance Program for Nurses POSSIBLE SIGNS of SUBSTANCE USE DISORDERS and/or PSYCHIATRIC DISORDERS

Substance Use Disorders

- Changes in behaviors & practice usually identified before physical changes
- Deteriorating pattern of behaviors, practice and/or physical appearance over time
- High level of functioning possible before “hitting bottom,” – work may be the last place “to go.”
- Isolates self from others more
- More frequent administration of PRN pain meds at higher dose than coworkers
- Noticeably rapid changes in mood and/or performance during shift – drug abuse indicator
- Arriving early and staying late for no apparent reason – and “working” with medications more
- At work but not on the job: Frequently absent from unit; frequent use of the bathroom
- Consistently signs out more or larger amts of controlled substances than others (esp. PRNs)
- Greater number of discrepancies related to controlled substances and their administration
- Excessive wastage and/or breakage
- Patients complain pain medication is ineffective or deny receiving medication
- Often volunteers to medicate other nurses’ patients
- At work less – especially after days off – possible alcohol abuse indicator
- Smell of alcohol on the breath; impaired motor coordination (stumbling); slurred speech
- Numerous injuries with vague or convoluted explanations
- May fall asleep while on duty due to alcohol or other abused drug(s)
- DWIs and other legal problems

Psychiatric Disorders

- Observe changes in behaviors & practice before physical changes
- Observe behaviors, practice & physical appearance deteriorating over time
- High level of functioning possible before “hitting bottom,” – Work may be the last place “to go.”
- Increasingly isolated over time
- Increasing number of mistakes at work
- Mood swings or erratic behaviors over days/weeks
- Erratic or decreasing attendance over time
- Chronic poor coping; Depressed affect; Difficulty concentrating and decision-making
- Disruptive or emotionally explosive towards coworkers and/or patients
- Emotionally labile; Tearful; Easily angered; Inappropriate affect
- Chronic sleep and/or appetite disturbance
- Lethargy to hyperactivity - depression to mania or vice-versa over days, weeks, months or yrs.
- Difficulty completing tasks; Loss of interest in daily activities and people
- Expressing excessive and unrealistic worry and fear for no apparent reason
- Pressured speech; Grandiosity; Reckless behaviors (without regard for consequences)
- Unexplained weight gain or loss
- Inability to function due to “break with reality,” hallucinations or other psychotic features.
- Expressing suicidal ideation/intention

MAKE A POSITIVE DIFFERENCE!

1. No one sign is proof positive on the other hand you need not have all signs to make a referral.
2. Document performance issues/corroborate with others.
3. Fulfill your mandatory report requirement: Sections 301.402 & 301.410 TXNPA.
4. Trust your instincts as much as your intellect. Don’t excuse or ignore negative behaviors!
5. Refer to your HR/EAP and/or community mental health resources as needed.
6. Consult with TPAPN for consultation/possible referral - call early rather than late.
7. Take action & intervene! Consider what’s at stake: A person’s health/life/license/patient safety.
8. Ensure your workplace has a “for cause” drug testing policy – and use it for critical incidents.
9. Use TPAPN as a positive risk management tool; retain valuable nurses & avoid turnover costs.
10. Recommend/obtain education about substance use/psychiatric disorders in nursing and TPAPN for yourself, your coworkers and administration.
11. Become a volunteer with TPAPN: Be the “peer” in peer assistance and witness positive transformations of the human spirit! Ensure your workplace has a TPAPN Advocate.
12. Contact the Texas Board of Nursing as necessary: <http://www.bon.texas.gov/>; (512) 305-7400.