


**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE**

Title:	Contract Terms and Conditions	Number:	W35.02
Reference:	RCW 18.130.160 RCW 18.130.175 WAC 246-840-750 through 246-840-780 Current DSM and ASAM Placement Criteria		
Contact:	Paula R. Meyer, MSN, RN, FRE Executive Director Nursing Care Quality Assurance Commission		
Effective Date:		Date Reviewed:	
Supersedes:	W06.01 and W35.01		
Approved:	 Laurie Soine, Ph.D., ARNP Chair Nursing Care Quality Assurance Commission		

PURPOSE:

Washington Health Professional Services (WHPS) determines the length and terms of the Program Participation Contract based on the Substance Use Disorder (SUD) evaluation, time in recovery, prior treatment episodes, license type, professional duties, and the specifics of the nurse's use patterns and behavior. WHPS may also amend the contract based on prior treatment and recovery time.

Note: Nationally accepted substance use disorder monitoring guidelines are contained in the National Council of State Boards of Nursing *Substance Use Disorder in Nursing*.

PROCEDURE:

- I. Contract Lengths
 - A. No Substance Use Disorder Diagnosis (Diagnostic Contract)
 - 1. Circumstances indicate that the nurse may have misused alcohol or other drugs; however, the nurse has not been diagnosed with a SUD.
 - 2. Diagnostic contracts are from six months to two years in length.
 - 3. Recent substance misuse and/or related criminal conviction (within previous year) may warrant an extended contract length.
 - 4. Nurses who have been in sustained recovery for three or more years may not be appropriate for monitoring. Demonstration of recovery may be supported by

documentation including, but not limited to, treatment completion, letters of endorsement, drug testing records, and self-help group attendance records.

- B. Mild Substance Use Disorder Diagnosis
 - 1. The nurse has a mild SUD diagnosis.
 - 2. Monitoring contracts are three years in length.
 - 3. WHPS determines self-help group (e.g., Alcoholics Anonymous, SMART Recovery) attendance requirements on a case-by-case basis.
- C. Moderate to Severe Substance Use Diagnosis:
 - 1. The nurse has a moderate/severe SUD diagnosis.
 - 2. Monitoring contracts are five years in length.
 - 3. A nurse whose SUD evaluation indicates an inability to practice with reasonable skill and safety agrees to cease practice until they make satisfactory progress in treatment.
- D. Diagnosis in Sustained Full Remission
 - 1. WHPS may give the nurse a shorter contract to account for the length of time actively involved in recovery and maintenance of sobriety.
 - 2. The nurse may demonstrate recovery by supporting documentation including, but not limited to, treatment completion, letters of endorsement, drug screening records, and self-help group attendance records.
- E. Applicants
 - 1. Nurses applying for licensure and referred under an Agreement to Practice Under Conditions (APUC) order will generally be offered a one- to two-year contract in order to verify recovery and safety to practice.

Agreement to Practice Under Conditions (APUC)

Diagnosis	Contract
No Diagnosis	six months
Mild (in full remission)	one year
Moderate, severe (in full remission)	two years

II. Contract Conditions

The nurse must agree in writing to all contract terms and not alter the contract.

- A. The Program Participation Contract must address the following areas:
 - 1. Agree to limit practice in this state only.
 - 2. Specific SUD treatment and report requirements.
 - 3. Authorization to release information.
 - 4. Abstinence from non-prescribed/non-approved, mind/mood altering substances.
 - 5. Healthcare provider notification of substance use history.
 - 6. Notification of prescription medications and agreement to submit to specialty evaluations.
 - 7. Random and for-cause drug testing.
 - 8. Self-report of unauthorized use – cease practice, and evaluation and treatment requirements.
 - 9. Agreement to appear in person as requested by WHPS.
 - 10. Self-reports on recovery status.
 - 11. Self-help group participation; scheduled reports and sponsor status.
 - 12. Peer support group participation.

13. Employment conditions - practice restrictions and worksite monitor (WSM) requirements.
 14. Notification of pending relocation to another state.
 15. Nurse's responsibility for all fees and costs associated with program participation.
 16. WHPS obligation to report significant contract non-compliance to Substance Use Disorder Review Panel (SUDRP).
 17. Non-compliance with any contract conditions may require WSM notification and cease practice.
 18. Notification within two days of any hospitalization or surgical procedures.
 19. Notification within two days of workplace disciplinary meeting or employment counseling.
 20. Notification of change in employment, contact information, termination or resignation.
 21. Notification of arrests, deferred sentences or conviction following nolo contendere.
 22. Notification of any new disciplinary complaint.
- B. Work practice restrictions may include, but are not limited to:
1. Not function in an unsupervised role.
 2. No staffing agency, home health or adult family home work.
 3. Will not work beyond a 12-hour shift, and not more than 40 hours per week.
 4. Will not work overtime or take on-call assignments.
 5. Will not work a three shift (day, evening, night) rotation within a seven-day period.
 6. Will not float from unit to unit.
 7. Will not work night shift (generally 2300 to 0600).
 8. Upon resuming practice, will not have access to, dispense, administer, count or waste controlled substances, or any potentially addictive medications until re-evaluated. *(Access restrictions are generally for six to 12 months. If there is evidence of drug diversion, prescription fraud or patient harm, access is restricted for 12 months. Access restrictions may not be necessary for nurses whose sole misuse is alcohol and/or marijuana and there has been no work involvement.)*
 9. Will not have multiple employers.
- C. Case managers may work with nurses and employers to amend work restrictions as long as appropriate protections are in place. WHPS will consider contract amendments after 12 months of practice when the nurse is has not engaged in significant non-compliance. *(See W32 Program Non-Compliance and Discharge Criteria.)*
- D. WHPS may consider night shift, staffing agency, home health, and adult family home employment on an individual basis. Registry work requires a minimum three to six months assignment. The nurse, WHPS, and employer will sign an agreement outlining supervision for all home health and adult family home work.
- E. Research has shown that health professionals have a lower relapse rate upon return to practice if they are receiving Medication Assisted Treatment (MAT).
1. WHPS will consider an amendment of controlled substance access restrictions for nurses on MAT.
 2. Generally, therapy will be required for a period of one to two years.
 3. The case manager will consult the WHPS Assistant Director on all access amendment requests.

III. Transition Contracts

- A. WHPS will review and amend three to five year contracts as appropriate prior to the final year in order to transition nurses towards graduation. The purpose is to thoughtfully

reduce the requirements and restrictions previously imposed on the nurse in an effort to prepare the nurse for life without monitoring. WHPS bases the timing of this contract on the nurse's progress in recovery and compliance with their monitoring contract.

- B. WHPS will generally not consider transition contracts until the nurse has worked successfully in healthcare for 12 months.
- C. To be eligible for a transition contract, nurses must not have engaged in any significant contract non-compliance within the past two years as defined in *Procedure W32 Program Non-Compliance and Discharge Criteria*.
- D. Prior to beginning their transition contract, the nurse will submit a written summary of their recovery and relapse prevention plan.
- E. Before WHPS approves a transition contract, the case manager will consult with the peer support group facilitator and worksite monitor to determine the nurse's readiness for a reduction in monitoring requirements and restrictions.
- F. During the transition, WHPS may amend the contract to reduce the number of report submissions, self-help and peer support group attendance, and work restrictions. However, the transition contract includes:
 - 1. May not miss more than 12 support group meetings per year, missing no more than two consecutive meetings.
 - 2. Quarterly self and worksite monitor reports.
 - 3. Self-help group attendance as needed.
 - 4. Work restrictions as needed.
 - 5. Ongoing worksite monitor/supervision is required.
 - 6. Must test not less than 12-18 times per year. (*See Procedure W42 Drug and Alcohol Testing.*)

IV. Out-of-State Contracts

- A. Nurses must notify WHPS of an anticipated move prior to relocating.
- B. WHPS will continue to monitor nurses who choose to reside outside of Washington State.
- C. Nurses relocating or practicing under another state license must notify that state's nursing board or commission of WHPS participation and enroll in that state's monitoring program as directed. Once WHPS receives documentation of enrollment, WHPS will issue an out-of-state monitoring contract and the other state will submit quarterly compliance reports. Nurses are eligible to graduate from WHPS when they receive written notification of graduation from the other state.