



Washington Health Professional Services Worksite Monitor Education Course

Getting Started Learners should complete all course materials in the order presented below.

Course Outline **Introduction**

Module 1 Overview of Washington Health Professional Services
A Monitoring Program for Health Professionals with Substance Use
Disorders

Module 2 Recognizing the Signs of Substance Misuse

Module 3 Return to Work Issues

Module 4 Role of the Worksite Monitor

Course Evaluation

Getting Help Email: whps@doh.wa.gov
Phone: 360-236-2880, option #1
Monday – Friday 8 am.–5 pm PST



Worksite Monitor Education Course

Introduction

Washington Health Professional Services (WHPS) is a monitoring program designed for nurses with substance use disorders. Although not a treatment program, the focus is on early detection and treatment of nurses experiencing alcohol and/or other drug problems. Our mission is to promote early intervention and treatment, safely return the nurse back to practice, and provide effective monitoring in order to ensure public safety and confidence. We accomplish this mission by contracting with and monitoring nurses for compliance with treatment and recovery goals.

WHPS supports the return to employment under specific conditions. Before approving employment, the WHPS team evaluates the professional's stability in recovery, compliance with the monitoring contract, and ability to practice in a safe and competent manner. Employment approval and monitoring almost always includes a set of work restrictions as an added safety measure. These restrictions may be lessened or modified over the course of the contract.

As a worksite monitor, you play a pivotal role in the monitoring of WHPS nurses. **All nurses in the WHPS program are required to have a monitor in the worksite in order to return to practice.** To serve in the capacity of a worksite monitor, one must be in professional service in a supervisory or senior role. Worksite monitors are in a unique position to assist recovering healthcare professionals remain in the workforce and to ensure patient safety through a program of close monitoring.

The worksite monitor may be the only person monitoring the WHPS nurse at the worksite. Yours is a critical role toward ensuring patient and public safety, as well as a safe environment for the nurse.

Other WHPS requirements include, but are not limited to, random drug screening, and involvement with support groups. Non-compliance with any area of the nurse's WHPS monitoring contract is taken very seriously. It is our goal to identify early signs of potential relapse, and to work with the nurse and the employer to address any issues. We want to assure that all WHPS nurses are practicing their profession safely and competently.

Nurses engaged in monitoring most often do well when employed. Worksite monitoring is an integral part of their recovery program. We ask that you accept the responsibility as worksite monitor with the diligence and sensitivity it deserves, allowing nurses to return or continue to practice their profession in a way that safeguards the public.

WHPS Case Managers are available to discuss the program and answer any questions or concerns that arise. To speak directly with a WHPS Case Manager, please call 360-236-2880, option #1.

Please direct further questions to: Grant Hulteen
Assistant Director of Discipline, WHPS
whps@doh.wa.gov
Phone 306-236-2880 option #1



Worksite Monitor Education Course

Module 1: Overview of Washington Health Professional Services – A Monitoring Program for Health Professionals with Substance Use Disorders

FOUNDATION

It is difficult to ascertain the number of nurses with substance use disorders because it is difficult to measure those things many people do not want to talk about. Further, the nurse is not likely to step forward to be identified for fear of license discipline and public exposure. If one applies the generally accepted statistic of 10 percent, we can estimate the number of nurses personally affected by substance abuse in our state at any given time is approximately 11,000,000. It is often difficult for healthcare professionals to report the suspicion of alcohol or drug misuse in a colleague and even more **difficult to recognize it in themselves**. In order to break through what has been termed a conspiracy of silence, it is important that healthcare organizations provide education and establish clear, accessible policies that take a non-punitive approach to addressing substance misuse.

WHPS provides a structured approach to the regulatory monitoring of health professions with substance use disorders, protects public safety, and provides for uniform accountability. Substance use monitoring services have been provided to more than 5,000 nurses and other health professionals since 1988.

LEGISLATIVE INTENT

WHPS provides comprehensive statewide professional intervention, referral, and monitoring services to nurses with substance use disorders in accordance with RCW 18.130.175. The legislature specifically intends that:

“...disciplining authorities seek ways to identify and support the rehabilitation of health professionals whose practice or competency may be impaired due to the abuse of drugs or alcohol. The legislature intends that such health professionals be treated so that they can return to or continue to practice their profession in a way which safeguards the public.”

PROGRAM OVERVIEW

In 1988, the Substance Abuse Monitoring Program (SAMP) was developed in partnership with the Board of Nursing (now the Nursing Care Quality Assurance Commission). Washington Health Professional Services was established in 1991, as an independent program and expanded its services to include more than 70 licensed health professions. In December 2015 WHPS became the sole service provider to the nursing professions (LPN, RN, ARNP, and CRNA).

WHPS is a voluntary referral and monitoring program designed as an alternative to license discipline. Although not a treatment program, the focus is on early detection and treatment of nurses experiencing alcohol and/or drug problems.

WHPS is a confidential resource, to the maximum extent provided by law, for nurses, employers, and colleagues who have concerns that a nurse might be at risk for potential impairment. Access to records is limited to program staff and is protected from public disclosure. If a nurse is referred by a licensing or

certification board or commission, compliance information may be released to that board or commission as necessary to monitor compliance.

The confidentiality of WHPS nurses is protected by state and federal law; Revised Code of Washington (RCW) 18.130.175 and 42 CFR Part 2. Nurses can feel secure that their identity and personal health information is protected from public scrutiny.

MISSION STATEMENT

Washington Health Professional Services works to protect and improve the health of people in Washington State by supporting early intervention, safe return to practice, and providing effective monitoring of nurses with substance use disorders.

VISION STATEMENT

To continue to be a leader in the monitoring of nurses with substance use disorders by using current research and best practices in order to most effectively allow nurses to return or continue to practice their profession in a way that safeguards the public.

VALUES

- We honor the public's trust and maintain a commitment to public safety
- We recognize the right of everyone to be treated with dignity and respect
- We are accountable, effective, and responsive
- We act in integrity and the courage to change
- We protect confidentiality to the maximum extent of the law
- We work collaboratively with partners and communities to support the WHPS mission

Nurses may enter WHPS by contacting the program directly or through a referral from the Nursing Commission. The Nursing Commission becomes involved when a complaint has been made regarding the performance and behavior of the nurse, an investigation is conducted, and all due process requirements are followed. Disciplinary action may or may not be taken depending on the facts of the case and nurses are often offered the opportunity to enter WHPS in lieu of discipline. Non-compliance with program requirements may result in disciplinary action, including license suspension until such time as the nurse can demonstrate good cause why the license should be returned. Factors that influence disciplinary action include, but are not limited, to practicing under the influence of alcohol or other drugs, diversion of drugs from the workplace, drug substitution or alteration, and any other actions that place the public at risk.

PROGRAM SERVICES

WHPS develops monitoring contracts that outline the terms and conditions of the nurse's participation in the program. Program services are facilitated in the following ways:

✓ Case development

- Referrals for a substance use evaluation and/or treatment
- Documented continuing care plan
- Coordination of treatment resources

✓ Contract for Program Participation

- Partnership with employers and worksite monitors
- Referrals for mental health, pain management and other services

- Referrals to professional peer support groups
 - Practice restrictions
 - Random drug screening
 - Filing of reports to document compliance
- ✓ **Outreach and education**
- Participation in conferences
 - Consultation to employers, in-service trainings, and intervention options
 - Assistance with drug free workplace policy development
 - Development of educational opportunities for program nurses
- ✓ **Consultation with other states and regulatory entities**
- WHPS has been a leader in developing alternative to discipline programs on the national level and continues to participate in efforts to support research and establish best practices

More information about the WHPS program is on the Nursing Care Quality Assurance Commission website at nursing.wa.gov/support-practicing-nurses/support-substance-use or call us at 360-236-2880, option 1.



Worksite Monitor Education Course

Module 2: Recognizing the Signs of Substance Misuse

RECOGNIZING THE SIGNS OF SUBSTANCE MISUSE

- Stages
- Recognizing impaired practice – behavioral signs
- Signs that the nurse may be diverting and/or using
- Responding to suspected substance abuse in the workplace

I. Stages

Dependency does not become full blown at first use. As a worksite monitor, it is important for you to understand that physical and psychological dependence evolves in stages. The stages include:

Stage One: Experimentation

The first stage, experimentation, is the voluntary use of alcohol or other drugs. Quite frequently, the person experimenting is trying to erase another problem. An older person may start drinking to cope with depression after losing a spouse. A teenager, angry about his parents' divorce, could start smoking marijuana or huffing inhalants. Experimentation may even include a husband taking his wife's prescription painkillers to cope with a back problem. The substance seems solve the problem. So, the person takes more, and moves from experimentation to regular use, the next stage.

Stage Two: Regular Use

Some people stay in the regular use stage indefinitely. They will not develop a problem and stop by themselves. Others start using substances in a manner that is risky or hazardous to themselves or to others. Risky behaviors include smoking marijuana and driving; binge drinking (consuming more than the recommended amount of alcohol on one occasion); and unexplained violence, to oneself or another.

Stage Three: Risky Use

When and how the transition from regular to risky use happens differs for every person. So, what constitutes "risky behavior" by another person can be difficult to gauge. Just the same, if someone's behavior concerns you, say so. People can pass quickly from risky use to dependence.

Stage Four: Dependence

Characteristics of dependence include: Repeated use of alcohol or other drugs that leads to failure to fulfill major responsibilities related to work, family, school, or other roles; repeatedly drinking or using drugs in situations that are physically hazardous, such as driving while intoxicated or using heavy machinery when intoxicated; repeated legal problems; and/or any combination of these.

Many dependent people can work, maintain family relationships and friendships, and limit their use of alcohol or other drugs to certain time periods, such as evenings or weekends.

Stage Five: Addiction

The last phase of the spectrum of substance use problems is addiction. Addiction is a medical condition involving serious psychological and physical changes from repeated heavy use of alcohol, other drugs, or both.

- *Symptoms include* uncontrollable alcohol or other drug craving, seeking, and use, that persists even in the face of negative consequences.
- *Addiction is a progressive illness.* If left untreated, it gets worse. It is also chronic, or long-standing (versus acute, or short-term).
- *Addiction is a treatable illness.* Recovery rates for people who go through treatment are very similar to those who get treatment for other chronic diseases such as diabetes and asthma. There are several treatment methods and community resources, including outpatient or residential treatment programs and 12-step groups. These approaches can be customized to fit the needs of the person and family.

Recovery

The recovery stage begins when a substance-dependent person discontinues the use of drugs. Physical recovery occurs before emotional growth and recovery. Substance-dependent people who discontinue drug use must learn healthy ways to deal with anguish and pain. Destructive habits must be replaced with healthy ones. Emotional growth comes from facing up to stressful events and consistently trying to improve. Many substance-dependent professionals describe recovery as a spiritual awakening. As the substance-dependent person recovers, family issues frequently mend and there are successes at work. Many substance dependent people find a high level of support when they transition back to work and develop new associates and service opportunities.

II. Recognizing Impaired Practice – Behavioral Signs

The first step in assisting a colleague is *recognition*: Substance misuse should not be presumed by a single sign or symptom, but rather by changes in behavior and job performance. Because nurses define themselves by their profession, evidence of the disease on the job often indicates a late stage of illness. Workplace problems are a last step in a downward spiral. Often coworkers are shocked when the illness is uncovered. Fear of punishment and bad press affects everyone, which perpetuates a code of silence that prevents professionals from receiving the help they need to recover.

WHPS has identified guidelines to assist employers in recognizing substance abuse in the workplace. These guidelines are divided into **pre-employment** and **employment** indicators.

Pre-Employment Indicators

Substance use disorder should not be presumed by a single indicator, but rather by **changes in behavior**.

- | | |
|--|--|
| • Numerous job changes in last three to five years | • Inappropriate references |
| • Frequent relocations | • Inappropriate job qualifications |
| • Frequent hospitalizations | • Tendency to prefer night shift duty |
| • Elaborate and complicated medical history | • Reluctance to submit to a physical examination |
| • Unexplained time lapses in life | |

Employment Indicators

✓ Absenteeism

- Leaving without permission
- Excessive sick leave
- Frequent absences near days off
- Repeated absences, particularly if they follow a pattern
- Lateness at work; especially on Monday mornings and/or returning from lunch
- Leaving work early
- Peculiar and increasingly unbelievable excuses for absences or lateness
- Absent more often than other employees for colds, flu, gastritis, etc.
- Frequent unscheduled short-term absences with or without medical explanation

✓ “On the Job” Absenteeism

- Continued absences from unit more than job requires
- Long coffee breaks, lunch breaks
- Repeated physical illness on the job
- Frequent trips to the bathroom
- Frequent coffee breaks taken alone

✓ Confusion

- Difficulty following instructions
- Increased difficulty handling complex assignments

✓ Uneven Work Patterns

- Alternate periods of high and low productivity
- Change from volunteering to work extra to doing only minimal work

✓ High Accident Rate

- Accidents on the job
- Accidents off the job that affect job performance
- Horseplay that causes unsafe conditions

✓ Problems with Memory

- Difficulty in recalling instructions, details, conversations
- Difficulty in recalling one’s own mistakes

✓ Difficulty in Concentration

- Work requires greater effort
- Job takes more time
- Repeated mistakes because of inattention
- Making bad decisions or poor judgment
- Errors in charting, illogical or illegible entries
- Changes in handwriting
- Late entries for narcotics and other drugs
- Forgetfulness
- Increased number of medication errors

Reporting to Work in Altered or Impaired Condition

✓ **General Lowered Job Efficiency**

- Missed deadlines
- Complaints from patients and their family members
- Improbable excuses for poor job performance
- Cannot be depended on to be where they say they will be or what they say they will do – unreliable
- Shuns job assignments and/or incomplete assignments

✓ **Poor Employee Relationships**

- Failure to keep promises and unreasonable excuses for failing to keep promises
- Over-reaction to real or imagined criticism
- Borrowing money from co-workers
- Unreasonable resentments
- Avoidance of associates
- Lying and exaggerating
- Complaints from co-workers, supervisors, and other staff members
- Blames others for problems

✓ **Appearance**

- Decreasing attention to personal appearance and hygiene
- Odor of alcohol on breath
- Glassy, red eyes
- Tremors
- Unsteady gait or slurred speech

✓ **Other Behaviors**

- Sleeping on the job
- Withdraws from others
- Mood swings
- Increased irritability
- Relates problems at home, with relationships, with finances
- Preference to work alone or eat alone
- Excessive use of breath mints
- May drink sodas frequently
- Frequently solicits physicians for “hallway prescriptions”
- Frequently visits ER for various physical problems requiring pain medications

III. Signs that the Professional May be Diverting Drugs

- Always volunteers to give medications
- Patients complain of no pain relief from medications given
- Discrepancies on medication administration records
- Always gives IM, PRN, and maximum doses when other nurses do not
- Has frequent wastage, such as spilling drugs or breaking vials
- Unobserved wastage – no co-signature
- Is working on a unit where drugs are missing or have been tampered with
- Frequently volunteers for additional shifts and on unit when not assigned
- Excessive amount of narcotics signed out to patients
- Volunteering to care for patients who have regular pain medications
- Selected patients will receive sleeping pills and narcotics only when nurse is on duty
- Abnormal number of syringes used or missing
- Evidence of broken syringes in employee restroom
- Borrows narcotics from other units
- Narcotics signed off controlled substance record but not recorded on patient record

IV. Responding to Suspected Substance Abuse in the Workplace

The goals in identification of the nurse with a substance use disorder substance- are to ensure the safety of patients entrusted to their care, and to help the nurse s get treatment for the illness and eventually to transition back to practice once in recovery. Documentation of performance and behavior is essential for the objective evaluation of the situation, as well as crucial to an effective resolution or intervention. Managers or supervisors should be involved when the healthcare professional returns to work.

Worksite Monitors must be **Supervisors or Managers**

In limited circumstances, independent practitioners may be paired with senior colleagues.

It is most helpful for all people involved if an organization has **written policies and procedures** in place to provide for a consistent approach to removing the nurse from the workplace, and to set the parameters for return to practice. An **organizational plan** may include:

- Emphasizing early identification, intervention, follow-up, and re-entry into practice
- Identifying skilled personnel to serve as consultants throughout the process
- Providing educational programs for the nursing administration team, staff, hospital administration and human resources personnel addressing the prevalence of chemical dependency and the need for a supportive environment.



Worksite Monitor Education Course

Module 3: Return to Work Issues

Module Topics

- Responsibilities of the WHPS nurse
- Responsibilities of the WHPS program
- Responsibilities of the worksite monitor
- Creating a supportive work environment
- Unauthorized substance use and relapse

Responsibilities of the WHPS Nurse

- Inform employer of participation in the WHPS program
- Comply with all program requirements
- Ensure the employer assigns a worksite monitor
- Inform WHPS of the worksite monitor's contact information
- Complete all required documentation
- Meet regularly with worksite monitor for feedback and support

Responsibilities of the WHPS Program

- Determine when the WHPS nurse may return to work
- Explain any practice restrictions that are part of the monitoring contract
- Provide the worksite monitor with instructions how to complete monthly work performance reports online
- Serve as a resource to the worksite monitor and employing organization

Responsibilities of the Worksite Monitor

- Be available to the nurse, preferably working the same hours
- If the worksite monitor is recovery from chemical dependency, he/she must have two years sobriety
- Be in professional service in a supervisory or senior capacity. The worksite monitor should not be a peer, colleague, or professional partner
- Shall not have a provider-patient relationship with the nurse
- Willing to monitor the nurse's job performance in relation to the illness, quickly and effectively communicating any concerns to the employer and WHPS
- Review and sign the WHPS Employment Contract
- Willing and able to submit reports online

Creating a Supportive Work Environment

Healthcare managers and supervisors play a critical role in addressing impairment in the workplace. Managers and supervisors must be knowledgeable, prepared, proactive and compassionate to be most successful. In addition, managers and supervisors should:

- ✓ Be knowledgeable about addiction and the recovery process
- ✓ Set reasonable policies
- ✓ Develop a positive work environment
- ✓ Set clear limits that are mutually respectful and supportive
- ✓ Educate staff members about the signs of impaired practice

When a healthcare professional is in recovery, the support received from co-workers, supervisors and managers can be crucial to returning to the work environment. The recovering nurse needs their support, understanding, and patience.

- Initial physical recovery may last six to 24 months.
- Emotional recovery may last five years or longer.

Some co-workers may have difficulty accepting the nurse's returning to practice. These co-workers may experience:

- **Fear** that they may do the wrong thing that will hinder the nurse's recovery
- **Denial** that one of your co-workers has a substance use disorder
- **Guilt** related to what they could have done to prevent the addiction
- **Resentment** because co-workers have extra workload because of the nurse's practice restrictions

When resentment occurs, supervisors and managers can assist by acknowledging negative feelings and put them into perspective. Unresolved hostility can affect an entire unit. Supervisors and managers may help by setting the tone. As healthcare professionals, we must care enough to help colleagues struggling to overcome an illness.

It is recommended that organizations adopt a clear policy regarding the management of relapse. It should include areas of:

- Identification
- Documentation
- Intervention
- Referral for fitness to practice
- Assessment-treatment, and
- Parameters for return to practice

Written policies increase the likelihood that all healthcare professionals will be treated in a similar manner. In addition, policies protect the organization legally. Policies serve as a framework for intervention when impaired practice is suspected. Policies must be written from a medical model recognizing substance abuse as an illness requiring appropriate treatment. All employees should be aware of this philosophy as it promotes an environment that encourages self-referral.

Policy development can be broken down into three stages:

1. The first identifies resources
2. The second establishes a committee, and
3. The third educates task force members.

Components of the policy include:

- Prevention and early intervention
- Identification of impaired practice
- Intervention, evaluation, and treatment
- Reentry to practice

For years, nurse's suspected of substance abuse were terminated from their positions. The termination was usually attributed to poor performance or attendance without addressing the substance use concern. These nurses were often lost to the profession when they could have recovered with appropriate treatment.

It is important to have a consistent approach to the recovering nurse. By providing guidelines for recognizing signs of substance abuse, managers and worksite monitors can more effectively provide a supportive and caring environment for the recovering nurse and for other staff members.

Unauthorized Substance Use / Relapse

WHPS is an abstinence-based program. In the event of an episode of unauthorized substance use the nurse will be required to suspend practice, during which time WHPS will refer the nurse to a Department of Health Behavioral Health and Recovery-certified treatment center for an evaluation to determine if there is a substance use disorder diagnosis based upon the Diagnostic and Statistical Manual of Mental Disorders (DSM). Should the evaluation determine a diagnosis and treatment is recommended, the nurse is expected to begin the recommended level of treatment as soon as possible. The nurse may not return to practice until approved by the treatment provider and authorized by WHPS. A review-revision of the nurse's participation contract will be conducted prior to the nurse's return to work, or it could result in termination from the program and referral to the Nursing Commission for disciplinary review.

As part of the participation contract, nurses agree to immediately **report** any use of alcohol or non-prescribed substance use to WHPS and the worksite monitor. A relapse may result in a restructuring of the monitoring contract or termination from the program and referral to the licensing authority for disciplinary review.

Relapse is one of the biggest challenges for recovering nurses. It is a process that exhibits itself in a progressive pattern of behavior that reactivates the symptoms of the illness or creates related debilitating conditions in a person who has previously experienced remission from the illness.

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides us with a "working definition" of recovery from a 2005 National Summit on Recovery as follows: "Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life."

The nurse must identify the things that put them at risk for relapse and use the various recovery tools on an ongoing basis. Some common tools for the WHPS nurse are:

- Journaling the recovery progress
- Meetings (support groups, AA, NA)
- Reaching out to friends, family, and other recovering people
- Prayer and meditation



DOH 669-384 December 2022

- Reading recovery books and literature
- Relaxation techniques
- Plan of action when cravings or symptoms increase

In addition, as an added patient safety measure, nurses taking PRN narcotic medications must report this to the worksite monitor and WHPS. The nurse may not provide direct patient care until 24 hours after taking the last dose.



Worksite Monitor Education Course

Module 4: Role of the Worksite Monitor

Module Topics

- Worksite monitors
- Compliance monitoring
- Participation contracts
- Worksite monitor report form
- Resources for the worksite monitor

Worksite Monitors

All nurses in the WHPS program are required to have a monitor at the worksite. Nurses are responsible for informing the employer of their WHPS participation and for ensuring the appointment of worksite monitors. Monitoring at the place of employment is required in order to continue or return to practice.

Worksite Monitor Qualifications

<ul style="list-style-type: none"> • Manager or supervisor to whom person is accountable 	<ul style="list-style-type: none"> • Monitor may not be an employee of or supervised by the WHPS nurse, share in any fiduciary responsibility with the nurse, or have a provider-patient relationship with the nurse
<ul style="list-style-type: none"> • Time available to participate in the monitoring program 	<ul style="list-style-type: none"> • Monitor may not be a WHPS nurse
<ul style="list-style-type: none"> • Preferably work same hours and same location as the nurse 	<ul style="list-style-type: none"> • Willing to communicate with the WHPS program
<ul style="list-style-type: none"> • Willing to monitor the work performance of the nurse 	<ul style="list-style-type: none"> • Complete monthly evaluation form documenting nurse's work performance

Worksite Monitor Responsibilities

- “Keep an eye out” for the WHPS nurse
- Help transition the nurse back into the environment
- Provide reports and documentation of progress, or lack of, to the WHPS case manager
- Identify signs that the WHPS nurse may be in danger of relapse
- Recognize signs of impairment and when to intervene appropriately to safeguard patients

Compliance Monitoring

WHPS monitors the nurse's compliance with the terms and conditions of their agreed upon contract. Monitoring can be facilitated in the following ways:

- Referral for treatment and continuing care
- Stipulated program participation requirements
- Random drug screens
- Worksite monitoring
- Practice restrictions
- Support group attendance
- Filing of reports necessary to document compliance and recovery

Random Drug Screens

All WHPS nurses participate in a random drug screening program. All nurses are required to check-in Monday through Friday to find out if they have been selected that day for a random drug screen. If the nurse is selected for screening, a specimen is required to be submitted that calendar day. Failure to comply with the drug screening requirements may result in discharge from the program.

Practice Restrictions

Practice restrictions are established to protect the safety of patients, to help prevent relapse, and to support recovery. Examples of practice restrictions include, but are not limited to, not having access to narcotics or other controlled substances, or having supervision when administering controlled substances, no floating from unit to unit, no graveyard shifts, and no scheduled overtime. Practice limitations may include specific units where a nurse may not practice, such as the intensive care unit or the emergency room, where access to drugs may pose a potential safety risk. Any practice limitations will be part of the monitoring contract and will be provided to the worksite monitor. The worksite monitor and an employer representative must attest by signature to the knowledge of the nurse's work restrictions and ability to accommodate.

Professional Support Groups

Professional support groups are an important part of the recovery plan and help the nurse commit to a drug-free lifestyle. Support groups WHPS nurses attend must:

- Believe in the total abstinence model of recovery and in the 12-step program principles
- Maintain Member confidentiality
- Have a weekly scheduled meetings that are conducted by a qualified facilitator

The WHPS program staff refers nurses to support groups and monitors attendance at the meetings as a condition of participation in the program. The purpose of support group participation is to provide **strength, hope and support** in addressing issues related to the process of recovery and professional issues to include re-entry into practice.

In addition, WHPS nurses must typically attend two to three self-help groups per week. These include groups such as Alcoholics Anonymous and Narcotics Anonymous.

Participation Contracts

The nurse's terms and conditions of participation contract is developed by the WHPS case management team. The individualized participation contract consists of the following components:

- Standard conditions required in all contracts
- Practice restrictions (if any)
- Signatures

The intent of this comprehensive contract is to immerse the nurse in a culture of recovery.

The participation contract incorporates the major conditions, limitations, and terms of participation. Nurse's and worksite monitors sign and are provided copies of the contract. Additional program participation and compliance information is included in the WHPS Participation Handbook.

The participation contract includes treatment and continuing care requirements, worksite monitoring, practice restrictions, random drug screening, support group participation, and filing of scheduled reports. As a worksite monitor, the nurse provides with the supplemental employment contract, which outlines employment expectations and restrictions.

Worksite Monitor Report

WHPS nurses are engaged in a comprehensive and collaborative recovery support program. As a worksite monitor, **you** are an integral part of this process. Professionals engaged in monitoring do well when employed. Worksite monitoring is a fundamental part in this process. By working together, we want to assure that all WHPS nurses are practicing their profession safely and competently

WHPS utilizes a secure online database system to manage random drug testing, compliance monitoring and case management. The system is used by WHPS staff members, nurses, and WHPS partners, like you the worksite monitor.

As a worksite monitor, you will provide monthly reports to the WHPS program thru an online database system. You will be asked to provide information regarding work performance, punctuality, and professional demeanor. The workplace monitoring primary assessment form includes a series of behaviors that describe job performance and may help you to identify a person who is at risk.

Please note the employer information fields will be pre-populated once the WHPS supplemental employment contract with your signature and business card has been received.

Please note that reports for the previous month are due on the first of the following month and are late after the sixth. The WHPS nurse you are monitoring is counting on you to provide complete and timely reports as these are part of their overall compliance.

WHPS will provide you with step-by-step instructions on how to enroll and access the confidential database system through the secure online portal, Secure Access Washington. Once logged into the database system, use the *WHPS-RT Report Submission Instructions for Worksite Monitors* you will receive by WHPS with instructions on how to complete and submit your reports. The instructions can be found in the My Document Tab in the database system portal.

A recently added feature is available to worksite monitors to complete **monthly** reports. By providing WHPS with your work email address, you will receive an email reminder when the report is due and past due. Our staff is always available to answer any questions you may have or to assist you with submitting your report.

Resources for the Worksite Monitor

- **Alcohol and Drug 24-Hour Help Line:** <http://www.adhl.org/>
- **Alcoholism and Substance Abuse Program Branch of the Indian Health Service:** <http://www.ihs.gov/>
- **American Association of Nurse Anesthetists – Peer Assistance Directory:**
<http://www.aana.com/peer/directory.asp>
- **Chemical Dependency Handbook** published by NCSBN. For details and how to purchase the book, see: <https://www.ncsbn.org/246.htm>
- **Department of Health Behavioral Agency Directory,** see: www.doh.wa.gov/licenses-permits-and-certificates/facilities-z/behavioral-health-agencies-bha
- **Employee Assistance Professionals Association:** <http://www.eapassn.org>
- **NCSBN Online learning Module: *Confronting Colleague Chemical Dependency.*** For details about how to enroll, see: www.learningext.com
- **Nurses House (Helping nurses in need of financial assistance):** <http://nurseshouse.org/>
- **Regulation of Health Professions - Washington Uniform Disciplinary Act 18.130. RCW:**
<http://apps.leg.wa.gov/RCW/default.aspx?cite=18.130>
- **Talbot Recovery Medication Guide:**
<https://www.talbottcampus.com/index.php/resources/medication-guide/>
- **Washington Health Professional Services:** www.nursing.wa.gov/support-practicing-nurses/support-substance-use
- **Washington State Nursing Care Quality Assurance Commission:** www.nursing.wa.gov

Please direct questions to the Washington Health Professional Services Program at:

PO Box 47872

Tumwater, WA 98501-7872

Telephone: 360-236-2880, option #1

Email: whps@doh.wa.gov

Or our website at www.nursing.wa.gov/support-practicing-nurses/support-substance-use

We would like to thank you for partnering with the WHPS program and for providing the opportunity for healthcare professionals experiencing alcohol and/or drug problems to safely return to practice by providing effective monitoring. We appreciate your support!

Adapted with permission from the South Dakota Health Professionals Assistance Program.

Request for Speaking Engagement

We are available to provide education and consultation free of charge to your staff and students about substance use disorders among healthcare professionals and the WHPS program. Providing this information to nursing students is a valuable part of their education.

Washington Health Professional Services

Date:	Requested Dates (provide three dates):		
Presentation Topic:		Name of Meeting Room:	
Name of Organization:			
Address:		City:	State: Zip:
Contact Name:		Email:	
Phone Number:		Best Time to Call:	
Audience (primary specialty of attendees):			No. of Attendees Expected:
Available Audiovisual Equipment:			

Please send the completed form to WHPS via fax 360-359-7956 or email whps@doh.wa.gov. Once we receive the request form, we will contact you to schedule a speaking engagement. If you have questions or need assistance, please call us at 360-236-2880.



Washington Health Professional Services

Course Evaluation

Thank you for participating in this worksite monitors orientation course evaluation. To help us better meet the needs of future worksite monitors, we would appreciate your comments regarding the following questions. After completing the evaluation, please submit it to whps@doh.wa.gov at the Washington Health Professional Services Program.

1. Please rate your knowledge of the Washington Health Professionals Services Program before and after completing the orientation program.

Before completing the orientation program:

Not knowledgeable	Somewhat knowledgeable	Knowledgeable	Very knowledgeable
-------------------	------------------------	---------------	--------------------

After completing the orientation program

Not knowledgeable	Somewhat knowledgeable	Knowledgeable	Very knowledgeable
-------------------	------------------------	---------------	--------------------

2. Will this information assist you in your role as a worksite monitor?

Not at all	Very little	Somewhat	Very easy
------------	-------------	----------	-----------

3. What was your view of the recovering healthcare practitioner returning to practice before completing this course?

4. How has your perception changed as a result of completing of this course?

5. How would you describe the ease of use for this course?

Not at all	Very little	Somewhat	Very easy
------------	-------------	----------	-----------

6. Please provide the length of time required for you to complete this course.

30 minutes	One hour	1.5 hours	Two hours
------------	----------	-----------	-----------

7. What recommendations do you have for additional content to assist worksite monitors?

8. Please share any comments and suggestions you have for the orientation program.

Name of Person Completing Form

Date

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov