


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

Title:	Safe to Practice – Impaired Practice	Number	A40.03
Reference:			
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Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	A40.01 - May 13, 2011 A40.02 - September 13, 2013		
Approved:			
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PURPOSE:

Nurses and employers express concerns about “safe to practice” issues. The most common concerns include, but are not limited to:

- Practicing while taking prescribed medications, (including controlled substances) or using recreational or medical marijuana;
- Refusing assignments to work overtime or extra shifts when feeling unsafe to practice;
- Practicing with a positive THC drug test.
- Practicing with acute or chronic conditions.

This policy provides direction to assist nurses and employers in addressing these concerns.

POLICY

One essential element of safe nursing practice is a nurse’s functional ability. It is the competence and reliability with which a nurse can practice at any given time that determines the functional ability of the nurse.

Mood-altering substances such as alcohol, cannabis, narcotics, and hallucinogens can impair a nurse's ability to think clearly, make sound judgments, and act decisively.

Testing for tetrahydrocannabinol (THC) impairment is complex since no drug tests reliably measure whether someone is currently impaired. A nurse can test positive for marijuana weeks after their last use and there may not be any other objective signs of impairment.

A nurse's mental health is critical to nursing care. Mental health affects critical thinking, decision-making, and may trend towards violent tendencies. These may lead to an unsafe work environment. Increased workload, sleep deprivation, stress, and the risk of burnout can lead to unsafe practices. Chronic or acute illnesses can also result in cognitive and/or physical deficits, some of which may require pain management or the use of maintenance-level prescribed medication. Any of these may limit a nurse's functional ability.

The nurse's ability to function safely and effectively determines whether a nurse should continue active nursing practice. The assessment of functional ability is an individualized process that does not lend itself to application of a set format based on select elements. Assessment of functional ability requires active consideration of all relevant factors, such as diagnosis, prescribed treatment and situational events, as well as an evaluation of the impact of those factors on the individual.

Constant evaluation of the nurse's ability to safely and competently practice is the responsibility of each individual nurse. Licensed nurses are accountable for assuring that their actions and behaviors always meet all applicable standards. This requires constant awareness of the demands of the job and a continual process of evaluation and assessment to ensure the nurse is fit to practice and competent to safely perform those functions that fall within the defined scope of nursing practice and for which the nurse has accepted responsibility.

Employers are required to report nurses that are unsafe in practice to the Nursing Care Quality Assurance Commission (NCQAC) and must protect patients from harm. Nurses are responsible to know and comply with their employers' policies and procedures regarding safe-to-practice issues.

The NCQAC investigates and evaluates violations of safe practice. In some instances, it may be necessary for the NCQAC to require an objective physical and/or functional assessment of the nurse using reliable psychometric instruments and methods administered by qualified licensed professionals. For example, even though an individual nurse might perceive they are capable of safe practice, a neuropsychiatric assessment, done at NCQAC's request, may indicate functional impairment.

Nurses who practice while not fit to do so may be subject to discipline. Sanctions may include action by the NCQAC including, among others, remedial measures, monitored practice, license suspension, or revocation.