

Wyoming State Board of Nursing

NURSE MONITORING PROGRAM

HANDBOOK



130 Hobbs Avenue, Suite B • Cheyenne, WY 82002 • Phone: 307-777-7616 • Fax: 307-777-3519
wsbn.nursemonitoring@wyo.gov

I. Introduction

Welcome to the Wyoming State Board of Nursing (Board) Nurse Monitoring Program (NMP). This handbook provides information that will assist you in understanding your roles and responsibilities with the NMP. This handbook outlines the NMP policies and procedures that you will be expected to adhere to in order to comply with the monitoring agreement that you signed. You are responsible for understanding and following individual contract requirements, in addition to the Board Order entered against your license or certificate. If you require clarification of the information, please contact the NMP Manager at 307-777-7616 or wsbn.nursemonitoring@wyo.gov.

The NMP monitors both those licensees found to have a substance use disorder (SUD) as well as those licensees who do not have an SUD but pursuant to a Board order require monitoring for other purposes such as continuing education, mental health concerns and/or peer review requirements.

For those individuals who are in the NMP for substance use issues, the NMP provides the framework and guidelines that will promote competent nursing practice and patient safety. The requirements of the program may initially seem overwhelming and perhaps excessively structured. Research shows that chaos and disorder are typical for individuals with SUDs. This program will help reduce the chaos in your life, thereby easing your journey toward sobriety. As you progress through the program, one of the objectives is to assist you with development of a better understanding of the need for structure and your responsibilities. To the extent that you understand and accept this concept, and your ability to comply with the program's structure, will determine how long you require all of the elements of external structure to remain in place. Drug and alcohol testing, practice restrictions, treatment, and the documentation required of each nurse or certified nursing assistant (CNA) while in the NMP will provide evidence of recovery progress and your ability to move toward routine or unrestricted nursing practice.

II. Mission of the Wyoming State Board of Nursing NMP

The ultimate goal of the Board is public protection and patient safety. The NMP has the following goals:

- Provide a clear structure for nurses and CNAs with SUDs to seek recovery while retaining nurse licensure or certification;
- Provide monitoring and guidance for nurses and CNAs with practice safety issues and/or mental health concerns, to seek help and further education and training while retaining nurse licensure or certification;
- Outline the specific behaviors required that will demonstrate the nurse's or CNA's commitment to recovery, continuing education and patient safety;
- Promote accountability of the nurse or CNA with a substance use disorder, practice safety issue or mental health concern to self, to the Board, and to the public;
- Allow the Board to be directly accountable and transparent in its mission to protect the public through regulation of nursing practice.

While in the NMP you have the right to expect:

- To be treated with respect and dignity;
- Confidentiality will be maintained in accordance with state and federal law;
- To be informed of the consequences of noncompliance and prematurely terminating the program.

While in the NMP you are responsible for:

- Adhering to the terms of the Board order and your monitoring contract, including any modifications or amendments thereto;
- Following the treatment recommended by your mental health professional;
- Payment of all costs associated with NMP participation, including but not limited to:
 - Assessments, evaluations, therapy, and treatment programs;
 - Drug/alcohol testing;
 - Attendance/completion of any continuing education courses.
- Submitting all required documentation in a timely manner according to your individualized agreement;
- Providing current mailing address, email address and phone numbers: home, cell and work.

The NMP Manager will communicate with you primarily through e-mail though may also contact you via phone or written correspondence. If you prefer to not communicate via e-mail please notify the NMP Manager in writing and provide a current address and phone number for communication purposes.

Failure to follow your contract will result in notification to the Disciplinary Committee (DC) for possible further discipline which may include revocation of your license or certificate.

III. Substance Use Disorder Monitoring

A. General Provisions

After a Board order has been approved requiring your enrollment in the NMP for monitoring of a substance use disorder you will be provided an NMP SUD Monitoring Contract to review and sign. The NMP Manager will monitor you and ensure documentation and follow-up is completed in accordance with evidence-based guidelines and the recommendations based on the evaluation of your SUD or Board order.

In addition, you will need to complete and return the following forms:

- i. NMP Intake Form;
- ii. Medical Review Officer Medical Release Form;
- iii. Information Addendum When Monitoring with EtG/EtS
- iv. Third-party monitoring registration form.

These forms are available on the Board's webpage under the tab "Nurse Monitoring Program" (NMP Webpage).

You will demonstrate compliance by adhering to all monitoring contract requirements including, but not limited to:

- Signing required releases of information;
- Following through with referrals to therapists, pain specialists, psychiatrists, evaluators, treatment centers, or other third-party providers as requested;
- Submission of all monthly paperwork by the 1st of the month following monitoring. A grace period to the 10th day of the month is allowed;
- Following **all** elements of your randomly assigned urine drug and alcohol testing schedule. The contracted third-party monitor will provide you with specific details for calling in and reporting for drug and alcohol testing.

You must complete any and all required consent forms needed to permit disclosure so that we are able to exchange information with treatment providers, criminal justice authorities, urine drug screening test sites and potentially, the Disciplinary Committee, your employer and you sponsor. Disclosure of your personal and sensitive information will only be done as necessary.

During the monitoring period you are required to submit directly to the third-party monitoring system a written monthly Self-Report that is due by the 1st of the month following monitoring; a grace period to the 10th day of the month is allowed.

B. Daily Call-Ins or Log-Ins for Testing

- You are required to call or log-in with the third-party monitoring system every weekday, including weekday holidays, to see whether you are required to test that day (weekends are excluded);
- You are required to maintain a log of all of your confirmation numbers for everyday that you call or log-in. If a missed call is noted you will be requested to provide this confirmation as proof that you did in fact call or log-in that day;
- Failure to call or log-in during the allotted hours is non-compliance with the NMP.

Following are the NMP policies and procedures for missed calls/log-ins in a six (6) month period:

1st Missed Call – If you miss calling or logging-in you will need to test by the end of business on the following business day, even if you were not scheduled to test on the day of the missed call. You will be required to provide the Chain of Custody (COC) number for this “make-up” test to the NMP Manager demonstrating proof that you fulfilled this requirement.

2nd Missed Call – In a six (6) month period, you will need to test by the end of business on the following business day and testing frequency will be increased.

3rd Missed Call – In a six (6) month period, you will need to test by the end of business on the following business day and a formal Notice of Warning (NOW) will be issued that will remain a permanent part of your file with the Board. You may also be requested to undergo and pay for a hair test.

4th Missed Call – In a six (6) month period, you will need to test by the end of business on the following business day and the matter will be referred to the Disciplinary Committee for possible further discipline. You may be asked to undergo an evaluation at your own expense.

C. Random Drug Screening Requirements.

During the entire monitoring period in the NMP:

- a. Random drug and alcohol screenings will be performed twenty-four (24) to forty-eight (48) times per year. Depending upon your recovery and compliance in the NMP, there may be a gradual decrease in the frequency of random drug screens. *The typical cost per drug screen is approximately \$38.00 depending on the panel ordered. All participants are screened several times throughout the year using a more extensive and costly panel. There is also a site collection fee charged by the facility. The inability to pay is not an excuse for missing a required drug screen.*
- b. Drug and alcohol screening can be requested for cause at any time and within any timeframe.
- c. Chain of custody must be strictly followed (observed collection, specimen sealed and signed by you, the collector and lab).
- d. When indicated, a hair analysis drug test (from any area of the body) may be done in conjunction with urine tests. Hair testing will not be the sole means of testing. Drug and alcohol testing may include body fluid, hair, saliva or any other valid and reliable method of testing.
- e. You are required to submit to drug screening on the same day that you are informed. If you are asked to provide a specimen for cause (i.e., your employer suspects you are impaired on duty) you must provide a specimen within two (2) hours.

D. Positive Drug Screens

Any positive drug screens will be reviewed by the Medical Review Officer (MRO). The fee for this review will be paid by you. The MRO will review the results of the drug screen and related information to determine whether there is a legitimate medical explanation for the positive result.

If the MRO confirms the result is positive with no legitimate medical explanation for the same, the following will occur:

- The NMP Manager will notify you and your employer when positive tests are received;
- The NMP Manager will notify the Disciplinary Committee of the positive result for possible further disciplinary action;
- Monitoring contracts may be revised to reflect the positive drug screen;
- Increased testing frequency may occur and you may be required to provide a hair sample.

In addition, the following may be required after a positive drug screen:

- Evaluation by a Board approved mental health provider;
- Increase in attendance of 12-step meetings;
- Increase in therapy sessions;
- Increase in Treatment Level of Care (residential, outpatient, and/or intensive outpatient treatment, additional aftercare).

E. Prescription and Over-The-Counter Medication Requirements

During the monitoring period in the NMP, you are required to:

- a. Notify the NMP if you receive a prescription for any substance that may affect your drug screens, including over-the-counter (OTC) medications; see link to *Talbott Recovery Medication Guide* on the NMP webpage. **Notify the NMP of any medications taken within twenty-four (24) hours of receipt for both prescription and over-the-counter medications.** You may also be required to refrain from nursing practice if the medication is mind-altering, and must notify the NMP prior to returning to nursing practice.
- b. **Promptly provide a MEDICATION VERIFICATION FORM completed by your prescribing provider that confirms the provider's awareness of your history of a Substance Use Disorder and participation in the NMP, and which lists the prescriptive medications, and the over-the-counter medications listed in Class B of the *Talbott Recovery Medication Guide* that you will be taking under the provider's care. You are not to take any Class B substances listed in the *Talbott Recovery Medication Guide* without the direction of a treatment provider.**
- c. Notify any and all health care providers (doctor, nurse practitioner, dentist, psychologist, counselor, etc.) of your Substance Use Disorder history prior to receiving or asking for a prescription.
- d. Agree to use **only one** pharmacy, primary care physician, and dentist and provide contact information for each to the NMP.

- e. The NMP will obtain your prescription drug profile from the Wyoming State Board of Pharmacy at least quarterly. If you use a pharmacy in another state, you are required to **self-request your own pharmacy profile** from that state and provide a copy to the NMP at least quarterly.
- f. If you require pain management, you shall sign a pain management contract with your provider and provide a copy of the same to the NMP Manager.

Please refer to the *Talbott Recovery Medication Guide* for a list of potentially addictive medications, substances containing alcohol, and safe alternatives.

F. Missed Drug Screens

Following are the NMP policies and procedures for multiple missed drug screens in a six (6) month period:

1st Missed Test – If you miss a test you will need to arrange a make-up test by the end of the next business day. In addition, an informal advisory letter will be issued explaining that further missed tests will result in increased testing frequency.

2nd Missed Test – In a six (6) month period, you will need to arrange a make-up test by the end of the next business day and testing frequency will be increased, which may include higher panel testing.

3rd Missed Test – In a six (6) month period, you will need to arrange a make-up test by the end of the next business day and a formal Notice of Warning (NOW) will be issued explaining that missed tests are treated as positive results and are non-compliance with the NMP. In addition, you will be required to undergo and pay for a hair test.

4th Missed Test – In a six (6) month period, you will need to arrange a make-up test by the end of the next business day and the matter will be referred to a DC for possible further discipline. You may be asked to undergo evaluation at your own expense.

G. Dilute Drug Screens

Urine specimens with low creatinine levels are interpreted as dilute test results and should be avoided. To avoid producing dilute specimens, submit urine specimens early in the day – before noon, before drinking excessive amounts of water, and/or prior to consuming any caffeinated beverages or other diuretics. Following are the NMP policies and procedures for multiple negative –dilute drug screens in a six (6) month period:

1st Dilute Drug Screen – An informal advisory letter will be issued explaining that an increase in testing frequency will result if a subsequent dilute result is received in the next six months.

2nd Dilute Drug Screen – In a six (6) month period, will result in the issuance of a formal Notice of Warning (NOW) explaining that dilute specimens need to be avoided and are a form of non-compliance with the NMP program. Higher panel testing may also result.

3rd Dilute Drug Screen – In a six (6) month period, you will be required to submit to a hair test, at your own expense. In addition, you will be required to undergo a physical evaluation to determine whether there is an underlying condition causing the dilute results.

4th Dilute Drug Screen – In a six (6) month period, the matter will be referred to a Disciplinary Committee for possible further discipline. You may be asked to undergo an evaluation at your own expense.

H. 12-Step Meeting and Peer Support Group Attendance

- You must participate in 12-step group meetings or a Board approved equivalent;
- These groups may include Alcoholics Anonymous, Narcotic Anonymous, or other like group;
- Attendance sheets must be signed by the group leader or your sponsor and must be kept for your records and for future verification purposes. The information from this log is to be submitted/inputted directly to third-party monitoring system by the 1st of the month following meeting attendance, a grace period to the 10th day of the month is allowed;
- You may be required to participate in Peer Support Groups:
 - Peer support groups are not intended to replace treatment, therapy, or self-help groups, they are confidential forums modeled on a system of colleague helping colleague;
 - Group sessions and the content of the discussions are confidential with the exception of evidence of danger to self or others;
 - Attendance must be submitted/inputted directly to the third-party monitoring system by the 1st of the month following meeting attendance; a grace period to the 10th day of the month is allowed.

III. NON-SUD Participants and SUD Participants (as applicable)

A. Required Evaluations and Assessments

While enrolled in the NMP and pursuant to your Board order:

- a. As directed, you will be required to submit to evaluations and/or mental health assessments specific to your Substance Use Disorder and any co-occurring mental health diagnoses, and any subsequent treatment, continuing care, and aftercare. All evaluations and assessments are at your own expense and must be done by an approved provider.

- b. You **must submit** a progress report from your mental health treatment provider or counselor to the NMP quarterly, or as directed by your Board order.
- c. You must notify the NMP of co-occurring psychiatric or medical diagnoses.
- d. If directed or recommended, you must obtain an assessment to determine treatment recommendations from a physician approved by the NMP for independent psychiatric or medical evaluations. You must sign and adhere to a pain management contract if you have a diagnosis of chronic pain as well as a Substance Use Disorder.
- e. Undergo any additional evaluation requested by the NMP or your treatment or healthcare provider. Treatment or healthcare providers can include:
 - Physician;
 - Psychiatrist;
 - Psychologist;
 - Eating Disorder Specialist;
 - Pain Management Specialist;
 - Addiction Specialist (AS);
 - Neuro-Cognitive Specialist.

If recommended by your provider, you must participate in and complete a formal treatment program, including but not limited to:

- Residential treatment;
- Inpatient treatment/partial hospitalization;
- Intensive outpatient treatment;
- Outpatient treatment/therapy
- Aftercare/continuing care for a minimum of one year or as otherwise indicated/recommended.

B. Worksite Monitoring Requirements

The following are the employer monitoring and reporting requirements while you are employed during the monitoring period in the NMP:

1. Monthly Worksite Monitor Report

- a. You are required to have work site monitoring in place **before** returning to work in any nursing position. You may be required to have work site monitoring in place before returning to work in any NON-nursing position.
- b. Your Work Site Monitor (WSM) can be your supervisor or other assigned person licensed to practice nursing with at least your level of credentials (i.e., an LPN may not be a worksite monitor for an RN). The WSM's license must be unencumbered and the WSM may not be a current participant in any alternative or disciplinary program for Substance Use Disorder. The WSM for a CNA must be a licensed nurse.

- c. Your WSM must complete and submit a one-time, initial “Worksite Monitor Agreement” form to the NMP at the address above. A new WSM Agreement must be provided to the NMP within two (2) days of any change to your WSM.
- d. Your WSM must **complete and submit a WSM Monthly Report directly to the third-party monitoring system** by the 1st of the month following monitoring, a grace period to the 10th day of the month is allowed. The WSM will be provided a username and password for submission of this report.
- e. You are required to notify the NMP of any change in your supervisor, WSM, significant job duties, or employment status within two (2) days.

2. Quarterly Supervisor Report

- a. You are required to have your **supervisor complete and submit a Quarterly Supervisor Report**. This report is to be **completed and submitted directly to the third-party monitoring system** by the 1st of the month following the quarter of monitoring. Your supervisor will be provided a username and password for submission of this report.

PLEASE NOTE: Your Board order may contain various restrictions with respect employment in the medical field, including restrictions on the handling and administration of controlled substances; the days, shifts, and hours that can be worked in a given week; and the types of employment (i.e. home health traveling agency). Any restrictions contained in your Board order will apply to your employment and will be enforced through the NMP.

C. **Noncompliance & Relapse**

During the monitoring period in the NMP:

- a. The consequences of relapse and noncompliance with the NMP are possible further disciplinary action against your license or certificate.
- b. “Relapse” is defined as any use of alcohol or mind-altering substances, or the abuse or misuse of prescription or over-the-counter medications or substances following Board action or enrollment in the NMP.
- c. Any drug screening missed without prior authorization is considered non-compliance with the NMP.
- d. Any confirmed positive drug screen is considered noncompliance if the NMP has not received notification of the medications being taken, or the proper documentation from the prescribing provider (as required under this Contract). Such noncompliance will result in further discipline and/or restrictions.
- e. Any drug screen confirmed as a dilute, adulterated or substituted specimen may result in further discipline and/or restrictions.
- f. Monitoring requirements continue during the investigation of relapse behavior.

- g. You will be required to submit to re-assessment by a licensed addiction counselor or a medical or mental health provider in the event of relapse and to abide by further recommendations deemed clinically appropriate.

D. Travel

- Please notify the NMP Manager of your plans to travel at least three (3) weeks before your travel dates so that a testing location can be located near your destination for testing purposes;
- Testing is NOT waived due to travel, exceptions may be made for emergency travel situations, please contact the NMP Manager for more information;
- If you travel out of the country where testing is not feasible, you may be required to submit to hair test to be completed within a week of your return.

E. Request for Monitoring Contract Changes

- Requests for modifications to the monitoring contract must be made in writing, signed and submitted to the NMP Manager;
- Contract changes will only be considered after you have demonstrated compliance with all monitoring contract requirements prior to the initial request;
- Any written requests for monitoring contract changes will be submitted to the Disciplinary Committee for consideration and approval;
- You may be asked to provide supporting documentation/ recommendations regarding the request from therapists, employers, etc.

F. Withdrawal and Dismissal from Program

- You may withdraw from the program at any time by notifying NMP Manager in a signed writing;
- Your employer will be notified of the withdrawal;
- Your request for withdrawal will be provided to the Disciplinary Committee for review and consideration. Withdrawal from the NMP before completion of the Program could result in additional actions against your Wyoming license or certificate.

G. Completing the NMP and Reinstatement of License or Certificate

You may seek full reinstatement of your license or certificate at any time by submitting a reinstatement application packet (including the applicable fee and required documents) to the Board. You are encouraged to demonstrate at least three (3) years of complete compliance with the NMP before seeking reinstatement (though this is not a prerequisite to seeking reinstatement).

Your application packet will be reviewed and considered by the Disciplinary Committee who will either recommend reinstatement or deny reinstatement. The full reinstatement of your license will remove all restrictions and conditions that were previously placed on your license or certificate. Please contact the NMP Manager for more information on the reinstatement process.

PLEASE NOTE THAT THE INFORMATION CONTAINED IN THIS HANDBOOK AND THE TERMS AND CONDITIONS OF YOUR MONITORING CONTRACT DO NOT TAKE THE PLACE OF THE CONDITIONS AND REQUIREMENTS CONTAINED IN YOUR BOARD ORDER.

CHECKLIST

1. Monitoring Agreement to be signed and returned to the NMP: _____
2. Intake sheet be completed and returned to the NMP: _____
3. Medical Review Officer Medical Release Form signed & returned: _____
4. EtG/EtS Addendum to be signed and returned to the NMP: _____
5. Third-Party Monitoring System Enrollment form for Drug Testing: _____
6. Facility Agreement Form to be signed and returned to WSBN by _____
7. Monthly Worksite Monitor Report due by the **1st of each month.**
8. Monthly 12-Step Log due by the **1st of each month**
9. Monthly Self Report due by the **1st of each month**
10. Quarterly Supervisor Report due by the **1st** of the month following the quarter:
 - Jan – Mar report due by **April 1st**
 - Apr – Jun report due by **July 1st**
 - Jul – Sept report due by **Oct 1st**
 - Oct – Dec report due by **Jan 1st**