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Contact Hours: **2**

# Recognizing Impairment in the Workplace for Florida Nurses

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**LEARNING OUTCOME AND OBJECTIVES:** Upon completion of this continuing education course, you will be able to recognize and understand how to respond appropriately to signs and behaviors that may be associated with impairment in the workplace. Specific learning objectives include:

- Identify risk factors and signs of impairment in the workplace.
- Analyze barriers to early identification of impaired nurses.
- Describe behaviors that may indicate diversion of controlled substances.
- Understand regulatory mandates that govern discipline and treatment of impaired nurses in Florida.
- Summarize the essential steps to report or refer a nurse who may be impaired.
- Outline the services provided by Intervention Project for Nurses in Florida.
- Outline employer initiatives aimed at prevention and early identification of impairment in the workplace.

## INTRODUCTION

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Impairment occurs when a nurse is unable to provide safe patient care due to the use of a mood- or mind-altering substance and/or due to the presence of a physical condition or a distorted thought process from a psychological condition (IPN, 2015b). Impairment not only endangers patients but also threatens the health and safety of the impaired nurse, puts colleagues at risk, causes a significant financial burden for employers, and compromises the integrity of the nursing profession.

Nurses are responsible for the safety of patients, and this includes a duty to deliver nursing care without impairment. The American Nurses Association (ANA) strongly advocates for all medical facilities to establish educational programs that teach nurses how to recognize impairment and respond according to state laws and institutional policies (ANA, n.d.). Some states, including Florida, have passed legislation requiring all nurses to participate in continuing education on this topic as a condition for licensure.

### DEFINITION OF TERMS

The following terms related to impairment are used throughout this course.

**Substance use disorder (SUD):** A disease of the brain characterized by the recurrent use of substances (e.g., alcohol, drugs) that cause clinical and functional impairment such as health problems, disability, and failure to meet major responsibilities at work, school, or home (APA, 2013)

**Addiction:** The most severe, chronic stage of substance use disorder, in which there is a substantial loss of self-control, as indicated by compulsive substance use despite the desire to stop using (Volkow et al., 2016); like other chronic diseases, progressive, often involves cycles of relapse and remission, and can result in disability or premature death if left untreated (ASAM, 2011)

**Impairment:** The inability or impending inability to engage safely in professional and daily activities as a result of a physical, mental, or behavioral disorder (IPN, 2015b)

**Drug diversion:** The transfer of a controlled substance from a lawful to an unlawful channel of distribution or use (Berge et al., 2012)

## RECOGNIZING IMPAIRMENT

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Substance abuse in the workplace can result in serious consequences when it is not recognized and treated early. In healthcare settings it is often unidentified, unreported, and untreated for long periods of time.

In recent years, significant progress has been made toward developing programs aimed at early identification and treatment of nurses with substance use disorder and other mental health conditions that may impair practice. Such programs enable the nurse with SUD to avoid disciplinary action and return to work under strict monitoring that ensures public safety and holds the nurse accountable to treatment and ongoing recovery. At least 41 states (including Florida), the District of Columbia, and the Virgin Islands have developed programs aimed at helping nurses get treatment as an alternative to discipline (Bettinardi-Angres et al., 2012).

It is estimated that 10% to 15% of all nurses may be actively impaired or in recovery from drug or alcohol addiction (NCSBN, 2011; Cares et al., 2015). The prevalence of addiction among nurses mirrors the general population, but nurses are believed to be at increased risk for abuse of



prescription-type medication due to the added risk of working in environments where frequent and easy access to controlled substances is part of nurses' daily work routine.

Narcotics are the most frequently abused drug of choice among nurses enrolled in monitoring programs (Fogger & McGuinness, 2009; Darbro, 2005). This is of particular concern, as our nation faces an unprecedented opioid epidemic. In 2014, more people died from drug overdose than any other year on record, and most of these deaths involved opioid medication (Rudd et al., 2016).

Determining the prevalence and patterns of substance use disorder in the nursing profession has been challenging because denial and fear of legal and professional repercussions promotes silence among nurses. Those who struggle with addiction tend to minimize the problem, acknowledging it only when faced with serious consequences.

Colleagues may notice unusual changes in behavior but may not be equipped to recognize signs and behaviors associated with substance use, impairment, or diversion and often misread cues or look for other explanations. Sadly, by the time colleagues and supervisors take action, the impaired nurse has often progressed to the later stages of addiction, where patient safety is most at risk.

## **Risk Factors for Substance Abuse**

While the prevalence of substance abuse among nurses is believed to mirror the general population, the associated consequences of impairment may be far more devastating. Nurses provide direct care to more patients than any other healthcare professionals. This puts nurses in a position of great accountability. All nurses must be aware of risk factors for substance abuse and be able to recognize and respond appropriately to impairment in the workplace.

Nurses face the same risk factors for substance abuse as anyone in the general population. Similar to the general population, they have genetic predispositions, social pressures, and coping difficulties that make them vulnerable. Some nurses have a long history of using alcohol or other drugs, and some with no previous history of substance use turn to drugs or alcohol as a means to cope when stressful life events occur, such as divorce, loss of a loved one, an accident, or illness.

### **WORKPLACE RISK FACTORS**

Nurses may be particularly vulnerable to abuse of controlled substances simply because of the nature of the profession and the workplace environment. Nurses have specialized knowledge about the effects of controlled substances, and with every administration they witness the calming and euphoric effects of controlled substances on their patients.

Other workplace risk factors include:

- High-stress work environment
- Low job satisfaction



- Role strain
- Long hours
- Irregular shifts
- Fatigue
- Periods of inactivity or boredom
- Remote or irregular supervision
- Easy access to controlled substances
- Lack of education regarding substance use disorders
- Lack of pharmaceutical controls in workplace
- Enabling by peers and managers  
 (NCSBN, 2011)

**GENERAL RISK FACTORS**

While workplace factors contribute to substance abuse, nonworkplace factors are likely to play a much larger role. A personal or family history of alcohol or drug abuse accounts for as much as 60% of a person’s risk (NIDA, 2011). Such a history is also the most strongly predictive factor for drug abuse and aberrant drug-related behaviors (Chou et al., 2009). Family history, personality characteristics, underlying comorbid conditions such as depression or anxiety, and inadequate coping skills may pose the greatest risk for SUD in nurses (Cares et al., 2015).

GENERAL RISK FACTORS FOR SUBSTANCE ABUSE	
Type	Risk Factors
Genetic	<ul style="list-style-type: none"> <li>• Family history of substance abuse</li> <li>• Deficits in natural neurotransmitters</li> </ul>
Physical	<ul style="list-style-type: none"> <li>• Acute or chronic pain</li> </ul>
Psychological	<ul style="list-style-type: none"> <li>• Depression/anxiety</li> <li>• Low self-esteem</li> <li>• Low stress tolerance</li> <li>• Feelings of resentment</li> <li>• Addictive personality traits</li> </ul>
Behavioral and Social	<ul style="list-style-type: none"> <li>• Personal history of alcohol or controlled substance use</li> <li>• Risk-seeking behaviors</li> <li>• Maladaptive coping strategies</li> <li>• Trauma</li> <li>• Isolation</li> </ul>



	<ul style="list-style-type: none"> <li>• Abuse</li> <li>• Lack of support system</li> <li>• Stressful work, home, community environment</li> <li>• Victim of bullying</li> <li>• Family dysfunction</li> </ul>
Sources: Bettinardi-Angres & Angres, 2011; New, 2014.	

## Signs of Workplace Impairment

Impairment renders a nurse unsafe to provide patient care, but even so, physical, psychosocial, and behavioral clues are subtle and easily overlooked. Colleagues may notice clues but seek other explanations and avoid suggesting substance abuse as a possible cause.

Generally, disruptions in family, personal health, and social life manifest long before a nurse shows evidence of impairment at work. Thus, all indicators, no matter how subtle, appearing in the workplace must be taken seriously. Any of the following may be signs of impairment in the workplace, and patterns of such behavior and a combination of these signs are cause for increased suspicion.

COMMON SIGNS OF WORKPLACE IMPAIRMENT	
Type	Signs
Physical	<ul style="list-style-type: none"> <li>• Progressive deterioration in personal appearance</li> <li>• Wearing long sleeves when inappropriate</li> <li>• Diminished alertness, confusion, or memory lapses</li> <li>• Frequent runny nose</li> <li>• Dilated or constricted pupils</li> <li>• Bloodshot or glassy eyes</li> <li>• Unsteady gait</li> <li>• Slurred speech</li> <li>• Diaphoresis</li> <li>• Frequent nausea, vomiting, or diarrhea</li> <li>• Tremors or shakes, restlessness</li> <li>• Weight gain or loss</li> </ul>
Psychosocial	<ul style="list-style-type: none"> <li>• Increasing isolation or withdrawal from colleagues</li> <li>• Personal relationship problems</li> <li>• Dishonesty with self and others</li> <li>• Intoxication at social functions</li> <li>• Defensiveness (e.g., denial, rationalization)</li> </ul>



	<ul style="list-style-type: none"> <li>• Inappropriate verbal or emotional responses</li> <li>• Mood swings, overreaction to criticism, overexcitement</li> <li>• Personality change (mood swings, anxiety, panic attacks, depression, lack of impulse control, suicidal thoughts or gestures, feelings of impending doom, paranoid ideation)</li> <li>• Feelings of shame, guilt, loneliness, or sadness</li> </ul>
Behavioral	<ul style="list-style-type: none"> <li>• Absenteeism (absences without notification, excessive use of sick days, excessive tardiness)</li> <li>• Confusion, memory loss, and difficulty concentrating or recalling details and instructions</li> <li>• Ordinary tasks requiring greater effort and consuming more time</li> <li>• Frequent complaints of vague illness, injury, or pain</li> <li>• Insomnia</li> <li>• Rarely admitting errors or accepting blame for errors or oversight</li> <li>• Unreliability in keeping appointments and meeting deadlines</li> <li>• Work performance that alternates between periods of high and low productivity</li> <li>• Working excessive amounts and showing up on days not scheduled</li> <li>• Making mistakes due to inattention, poor judgment, or bad decision-making</li> <li>• Sleeping on the job</li> <li>• Elaborate, implausible excuses for behavior</li> </ul>
Sources: Dunn, 2005; U.S. DEA, 2011; NCSBN, 2014; AANA, 2016b.	

## DETECTING DRUG DIVERSION

In the United States, diversion of opioid medication has contributed to an epidemic of opioid abuse and overdose deaths. Impairment may or may not involve the diversion of controlled substances from the workplace, but the opportunity does exist and is a serious concern for healthcare facilities. Nurses have frequent and easy access to controlled substances, providing ample opportunity for an addicted nurse to engage in diversion. Some specialties such as anesthesia, intensive care, and emergency department nurses may have a higher risk for diversion of controlled substances because of increased exposure in these departments (NCSBN, 2011).

Diversion may occur with opened or unopened vials, partially used doses of medication that are not wasted, and medication that has been disposed of and left in sharps containers. The drugs most commonly diverted from healthcare settings are opioids, but there is no precise data that defines the extent of drug diversion. Drugs that are diverted from healthcare facilities are typically stolen to support an addiction of either the healthcare worker or an associate (Berge et al., 2012).



Systemwide initiatives should be in place in all clinical settings to detect drug diversion and all employees should be made aware of protocols in place. Every nurse plays an important role in drug diversion prevention and should be able to recognize behaviors associated with drug diversion.

**Behaviors that may be associated with drug diversion** include the following:

- Evidence of tampering with vials or capsules
- Frequent medication losses, spills, or wasting
- Patients complaining of ineffective pain relief
- Frequent unexplained disappearances from the unit
- Incorrect narcotic counts
- Consistently documenting administration of more controlled substances than other nurses
- Large amounts of narcotic wastage
- Numerous corrections on medication records
- Offers to medicate a coworker's patients for pain
- Frequent trips to the bathroom
- Saving extra controlled substances for administration at a later time
- Altered verbal or phone medication orders
- Variations in controlled substance discrepancies among shifts or days of the week (NCSBN, 2014; AANA, 2016b)

#### CASE

John has been an RN in the PACU for more than 10 years. He is a highly skilled nurse, always punctual, well prepared, and meticulous about the care he provides to patients. He has been a preceptor to many new nurses and serves on the unit quality care committee.

Less than a year ago John was involved in a motorcycle accident that required him to be off work for six months. In addition to the road burns that covered his body, he had a fractured tibia, fractured ribs, and a neck injury. John started back to work about three months ago.

His colleagues are concerned because they have noticed a change in John's personality and behavior. John is frequently late for work and always has elaborate excuses that don't make sense. While he used to spend time in the lunchroom socializing during breaks and lunch, now his coworkers rarely see him. In fact, one coworker commented that she was not able to find him on more than one occasion.



The charge nurse on the evening shift noticed that John was signing out a lot more narcotics and documenting more wasted medication than other nurses. One day a patient complained she did not get relief from pain even after John gave her pain medication. The charge nurse discussed the patient complaint with John, and he became very defensive, insisting that he gave the patient the medication as ordered and accused the patient of “drug seeking.”

There was no outward indication that John was impaired at work. The charge nurse never noticed obvious signs such as an unsteady gait, slurred speech, or nodding off, so she and the clinical manager decided to document the complaint, pay closer attention to behavior patterns, and document any additional concerns. They also planned to do some auditing of John’s charts for any unusual medication dosages or discrepancies. They reviewed the hospital policy and the state requirements for reporting to be better prepared if further action became necessary.

On a particularly busy day at work, John could not be located to admit a new patient coming from surgery. Another nurse had to admit the patient while the charge nurse went to look for John. She found him at a desk in the back hall with his head down on the desk. He was slow to arouse, raising serious suspicion for the charge nurse. The clinical manager was immediately notified and an intervention was planned.

## Consequences of Workplace Impairment

Impairment from substance abuse, drug diversion, or other physical or psychological causes has far-reaching impact. It not only threatens the health and safety of patients but also creates serious consequences for the impaired professional, colleagues, and the healthcare facility that employs the impaired nurse.

POTENTIAL CONSEQUENCES OF WORKPLACE IMPAIRMENT	
Impacted Party	Consequences
Patient	<ul style="list-style-type: none"> <li>• Victim of medical errors</li> <li>• Loss of trust in healthcare system</li> <li>• Undue pain, anxiety, and side effects from improper dosing</li> <li>• Allergic reaction to wrongly substituted drug</li> <li>• Communicable infection from contaminated drug or needle</li> </ul>
Impaired Professional	<ul style="list-style-type: none"> <li>• Chronic adverse health effects (e.g., liver impairment, heart disease)</li> <li>• Communicable infections from unsterile drugs, needles, injection techniques</li> <li>• Accidents resulting in physical harm</li> <li>• Familial and financial difficulties</li> <li>• Loss of social status</li> <li>• Decline in work performance and professional instability</li> </ul>





	<ul style="list-style-type: none"> <li>• Felony prosecution, incarceration, civil malpractice</li> <li>• Actions against professional license</li> <li>• Billing or insurance fraud</li> </ul>
Colleagues	<ul style="list-style-type: none"> <li>• At risk for medico-legal liability secondary to shared patient-care responsibilities with an impaired professional, resulting in adverse patient outcomes</li> <li>• Stress resulting from increased workload when working with an impaired professional</li> <li>• Disciplinary action for false witness of leftover drugs disposal or failure to report an impaired professional</li> </ul>
Facility	<ul style="list-style-type: none"> <li>• Costly investigations</li> <li>• Loss of revenue from diverted drugs</li> <li>• Poor work quality or absenteeism</li> <li>• Civil liability for failure to prevent, recognize, or address signs of impairment or drug diversion</li> <li>• Civil liability for patient harm</li> <li>• Damaged reputation due to public knowledge</li> <li>• Increased Workers' Compensation costs</li> </ul>
Sources: Berge et al., 2012; New, 2014.	

## BARRIERS TO EARLY IDENTIFICATION AND TREATMENT

There are many barriers that prevent impaired nurses from seeking help. Rarely do they seek help on their own because of fear, embarrassment, and concerns over losing their nursing license (Cares et al., 2015). Nurses also lack knowledge about SUD as a chronic progressive disease, and they have limited knowledge about treatment and the process for obtaining help and advocacy. Likewise, nursing colleagues face similar barriers, and they are often reluctant to report suspected impairment.

### Reluctance to Seek Help

Nurses avoid seeking help for a number of reasons:

**Denial** is the chief characteristic of substance use disorder. It is a psychological defense mechanism that tells the nurse “I’m okay” even when disruptions in family, personal health, and social life are evident. Nurses with a substance use disorder have difficulty seeking help because they deny they have a problem or hold on to the false belief that they can “stop using” on their own.



While SUD is acknowledged as a chronic disease that can be identified and successfully treated, this does not eliminate the **social stigma** surrounding it, which may be even more pronounced in the nursing profession. Concern for being labeled an “addict” prevents nurses who need help from seeking help, and the stereotype, prejudice, and discrimination reduce opportunities for assistance and for re-entry.

Nurses often **lack knowledge** about the signs and symptoms of SUD. They may also be unaware of alternative to discipline programs and treatment options, which contributes to their unwillingness to reach out for help.

#### **BARRIERS TO SEEKING HELP**

- Too ill to seek assistance
- Too scared and embarrassed
- Too concerned about losing one’s license
- Too concerned about confidentiality
- Lack of knowledge about alternative programs
- Lack of knowledge about treatment

Source: Cares et al., 2015.

## **Reluctance to Report**

Signs and symptoms of impairment in the workplace are often subtle, making it very difficult to differentiate them from stress-related behaviors. Colleagues and supervisors can easily “explain away” behaviors that are consistent with impairment in the workplace, often making early recognition and intervention dangerously delayed.

Negative attitudes and beliefs about addiction also prevent nurses from intervening. Many nurses still believe addiction is a moral issue rather than a primary disease that requires intervention and treatment. Some nurses hold on to stereotypes about what a typical “addict” looks like, making it easy to deny the existence of such a problem in the healthcare setting.

Nurses often lack knowledge about SUD as a primary disease with signs and symptoms that can be identified and treated. They may not know risk factors, signs that are identifiable in the workplace, or the resources available and steps to take to properly report or refer a colleague.

Nurses are also afraid to intervene because they are unsure of what will happen. They may fear causing another nurse to lose his or her job or jeopardizing another nurse’s professional license.



## ETHICAL AND LEGAL CONSIDERATIONS

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The public puts its faith in nurses, and it is every nurse's duty to assure safe practice. Ethical practice is the cornerstone for patient safety and quality of care in nursing.

### American Nurses Association Code of Ethics

The nurse's duty is to take action designed both to protect patients and to ensure that the impaired individual receives assistance in regaining optimal function.

The American Nurses Association's *Code of Ethics for Nurses* (ANA, 2015) addresses impaired practice, focusing on the nurse's ethical duty to protect the patient, the public, and the profession from potential harm and to ensure the impaired individual receives assistance.

### PROTECTING PATIENTS

Provision 3.4 of the Code describes nurses' professional responsibility to promote patient health and a culture of safety. This includes reporting any errors, near misses, or concerns for the health and safety of patients.

Provision 3.5 of the Code similarly addresses nurses' ethical responsibility to protect patients by acting on questionable practice:

Nurses must be alert to and **must take appropriate action** in all instances of incompetent, unethical, illegal, or impaired practice or actions that place the rights or best interests of the patient in jeopardy . . . and when [such practice] is not corrected and continues to jeopardize patient well-being and safety, nurses **must report** the problem to appropriate external authorities such as practice committees of professional organizations, licensing boards, and regulatory or quality-assurance agencies.

### SUPPORTING COLLEAGUES

Provision 3.6 addresses nurses' ethical responsibilities in protecting one another from harm due to impaired practice. It calls for nurses to approach impaired colleagues in a supportive and compassionate manner during identification, remediation, and recovery due to impairment. This includes:

- Helping the individual access appropriate resources
- Following employer policies, professional guidelines, and relevant laws
- Advocating for appropriate assistance, treatment, and access to fair institutional/legal processes
- Supporting the individual to return to practice after recovery



Nurses who report impaired practice should likewise be protected from retaliation or other negative consequences (ANA, 2015).

## Florida Law

Florida law addresses issues of impaired practice in nursing, including reporting, discipline, treatment, and recovery. Under Florida law, **all licensed nurses must report suspected impairment**. Failure to report can lead to disciplinary action by the Board of Nursing and result in serious consequences.

### NURSE PRACTICE ACT

The Florida Nurse Practice Act, as set down in the Florida Statutes, Chapter 464, Section 018, clearly identifies grounds for discipline as it relates to substance use, diversion, and failing to report a colleague who is suspected of being in violation (FS, 2016). The law clearly states that **disciplinary action** may be taken against a nurse's license under the following circumstances:

1. Engaging or attempting to engage in the possession, sale, or distribution of controlled substances for any other than legitimate purposes
2. Being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition
3. Failing to report to the Florida Department of Health any person who the nurse knows is in violation of the nurse practice act **except** if the licensee verifies that such person is actively participating in a board-approved program for the treatment of a physical or mental condition, in which case the licensee is required to report such person only to an impaired professionals consultant

If the Board of Nursing finds that a nursing professional is guilty of any of the foregoing grounds, the Board may impose penalties that may include probation, suspension, permanent revocation of a license, restriction of practice, administrative fines, or a letter of reprimand.

### TREATMENT PROGRAMS FOR IMPAIRED PRACTITIONERS

Florida Statutes, Chapter 456, Section 076, pertaining to health professions and occupations, clearly defines treatment programs for impaired practitioners and designates approved impaired practitioner programs (FS, 2012). (See "Treatment Programs" later in this course.)

When a nurse is reported as being impaired as a result of the misuse or abuse of alcohol or drugs, or both, or due to a mental or physical condition which could affect the nurse's ability to practice with skill and safety, the nurse can **avoid disciplinary action** by:



1. Acknowledging the impairment problem
2. Voluntarily enrolling in an appropriate, approved treatment program
3. Voluntarily withdrawing from practice or limiting the scope of practice as required by the impairment practitioner consultant
4. Executing releases for medical records, authorizing the release of all records of evaluations, diagnoses, and treatment of the licensee, including records of treatment for emotional or mental conditions to the consultant

### INTERVENTION PROJECT FOR NURSES (IPN)

The Florida Department of Health (under the authority of F.S. 456.076, described above) has designated the Intervention Project for Nurses as the approved impaired practitioner program for nurses. The IPN is designated through a contract to serve as consultants and to initiate interventions, recommend evaluations, and refer impaired practitioners to treatment providers or treatment programs. The IPN also monitors the progress and continued care that is provided by approved treatment programs and providers (FAC, 2015).

#### CASE

Kevin, a registered nurse in the intensive care unit, has worked at Regions Medical Center for over five years. He has always been reliable, well liked by coworkers, and respected for his high level of skill in dealing with complicated cases. Kevin has recently been faced with an unanticipated divorce that has left him anxious and depressed. Fighting for custody of his four young children has caused him a tremendous amount of stress and emotional turmoil.

Colleagues have recognized a significant change in Kevin since the divorce. He frequently comes to work late and has called in sick much more than usual. A few weeks ago a colleague reported to the charge nurse that she thought Kevin was impaired because his eyes were red and he was nodding off at work. When the clinical manager spoke to him about the situation, he became very defensive, blaming his exhaustion on the stress in his life.

Two weeks later Kevin arrived to work 30 minutes late. He was anxious and his behavior seemed erratic. The charge nurse approached him to discuss his assignment and noted the smell of alcohol coming from his breath. She was familiar with the hospital policy and procedure regarding potential impairment in the workplace and immediately notified the clinical manager.

The charge nurse and clinical manager met with Kevin in a private office to discuss their concerns. After much coaxing, Kevin admitted that his drinking had become out of control since his divorce. He believed he could stop on his own and did not feel a need to get outside help.

The clinical manager explained to Kevin that impairment must be reported to the Department of Health or the nurse must be referred to the designated treatment provider (IPN) for an evaluation and determination of the best course of action. Kevin realized then that he couldn't



hide from his substance abuse problem any longer. He decided it would be in his best interest to willingly seek help.

Kevin immediately contacted IPN and scheduled an evaluation. Kevin was informed that his license would be inactivated until the evaluation was complete and treatment recommendations were satisfied. Arrangements were made for Kevin's sister to pick him up from the hospital that day so that he would not be driving. The clinical manager made it clear to Kevin that she would welcome him back to work once he got the help he needed.

## STEPS TO MAKING A REPORT

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When planning to intervene in a case of suspected impairment, the first step is knowing state laws and rules pertaining to substance abuse and impairment in the workplace. It is also important to be familiar with and to follow the organization's policies and procedures relating to substance abuse and impairment.

### Observing and Documenting

Next, nurses can follow these steps when they begin to notice possible impaired practice:

- Observe job performance; be aware of signs and symptoms of impairment that are common in the workplace.
- Look for patterns of behavior indicating possible impairment that are consistent over a period of time.
- Document (date, time, place, witnesses) any inappropriate behavior; be concise and include objective, clear, and factual information:
  - What happened?
  - Who was involved?
  - When did the incident occur?
  - How was it discovered?
  - Where did it occur?
  - Were there any witnesses?

### Confronting the Nurse

Supervisors should be involved in planning an intervention and taking steps to respond to concerns about impairment in the workplace. Interventions should focus on documented facts.



The primary objective for an intervention is to request the nurse refrain from practice until a fitness-to-practice evaluation has been completed.

To assure safety, a nurse who is impaired should never be left alone and should not be permitted to drive.

## Calling in the Report

In Florida, any licensed nurse who suspects another nurse is practicing while impaired is responsible for reporting. In hospitals or other healthcare environments, reporting may be most appropriate to the clinical manager or nursing supervisor, who then assumes the responsibility of reporting to either the Florida Department of Health or IPN. Reporting to either entity fulfills the mandatory reporting obligation. A nurse may also contact IPN for a confidential consultation. **IPN can be reached by calling 800-840-2710.**

### CASE

Lisa is the charge nurse on the evening shift at a small community hospital outside Jacksonville. She is concerned about Julie, an RN who has been calling in frequently with vague complaints. When Julie does come to work, her appearance is disheveled and she seems to have difficulty focusing on the tasks in front of her. During the shift, Julie disappears a lot and the other nurses frequently have to go find her to get her to attend to patient needs.

Lisa is familiar with Florida's mandatory reporting law regarding impairment but is having difficulty determining the best course of action in this situation. She believes this change in Julie's behavior may be caused by the increased stress from her home situation, but there is also the possibility that it could be related to substance use.

Lisa takes action by paying close attention to Julie's patterns of behavior. She begins to document any inappropriate behavior and shortly thereafter calls Julie into the office for a discussion. Lisa talks to Julie about her behavior, difficulty focusing on patient care, disheveled appearance, and the concerns raised by colleagues that Julie seems to disappear frequently.

As expected, Julie responds by becoming defensive and denying any problems with her behavior. In an angry outburst she says, "Everyone is out to get me here, so maybe it's best for me to just resign" and gets up to walk out of the office. Prepared for this response, Lisa calmly requests that Julie sit down, and she explains that no one is out to get her. Lisa gently places her hand on Julie's shoulder and says, "Julie, you've been under a lot of stress lately and we only want to help support you in getting some help for yourself."

After a lengthy conversation with Lisa, Julie admits that she has been under a lot of stress and she agrees to take time off work. Before leaving Lisa's office, Julie makes two important phone calls: one call to her husband to pick her up and take her safely home and the other to IPN to schedule an evaluation.



## INTERVENTIONS

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### IPN Process

When a nurse is reported to the Department of Health (DOH) or referred to the IPN, this triggers an intake process that includes consultation with the employer or person reporting the suspected impairment. Following this consultation, there is a planned evaluation or an intervention that removes the nurse from practice. A nurse may also self-report to the IPN.

The IPN is responsible for evaluating all referrals (including those from the Department of Health, employers, and self-referrals); determining the proper course of action; monitoring the nurse's progress in treatment; and providing case management for all nurses who return to work. The IPN coordinates care and provides close monitoring to assure patient safety. The IPN also facilitates quick interventions and assures the safety of the public by requiring the impaired nurse to cease practice until a full evaluation has been completed and treatment recommendations have been satisfied.

If the licensee refuses to participate or fails to progress in the program, a report is made to the DOH, which begins a process involving an investigation that may lead to disciplinary action.

#### IPN SERVICES

- Confidential consultations
- Case management
- Assessment of referrals
- Statewide training for employers, schools of nursing, and other interested groups
- Facilitating evaluations with approved treatment providers
- Referrals to approved treatment programs
- Ongoing monitoring; detecting relapses and intervening
- Advocacy for nurses with substance use disorder or other mental/physical conditions
- Overseeing nurse support groups throughout the state
- Reporting treatment noncompliance to the Department of Health

Source: IPN, 2015a.

### Treatment Programs

Florida law mandates that treatment programs for impaired health professionals be approved by the Intervention Project for Nurses (IPN) as the state's designated impaired practitioner program.





The IPN **does not** directly provide treatment for addiction or other disorders but refers nurses to approved treatment programs and providers. These include addiction counselors, psychiatrists, addictionologists, and treatment centers that have a specific focus on healthcare professionals.

IPN is charged with assuring that treatment programs for nurses are state-licensed residential, intensive outpatient, partial hospitalization, or other programs with a multidisciplinary team approach. Approved treatment programs are also accredited through the Joint Commission or CARF International (formerly Commission on Accreditation of Rehabilitation Facilities). Treatment professionals, including addiction counselors, therapists, psychiatrists, and addictionologists, must also be state-licensed.

Treatment providers and treatment professionals must apply through IPN's online application process to be approved by IPN. A list of programs and providers is available by contacting IPN; this information is not provided on the IPN website but is given to participants on intake (Whittacre, 2017).

### **RESIDENTIAL TREATMENT PROGRAMS**

These programs are provided in a specialized substance abuse facility or in a designated unit within a hospital system. They focus on helping individuals change behavior in a highly structured therapeutic setting. Short-term residential treatment is most common (28 to 90 days) and focuses on detoxification as well as providing intensive treatment and preparation for the participant's return to a community-based setting.

### **PARTIAL HOSPITALIZATION PROGRAMS (PHPs)**

PHPs provide a structured treatment program as an alternative to inpatient residential treatment. This generally includes intensive and regular treatment sessions in a therapeutic environment five days per week. PHPs do not require the participant to stay overnight, but some PHPs offer a residential option that gives the participant an opportunity to live and work in such a therapeutic environment.

### **INTENSIVE OUTPATIENT PROGRAMS (IOPs)**

Treatment sessions are provided regularly but less frequently than with PHPs. IOPs aim to provide intense treatment with less disruption to work, school, or family schedules. (Nurses must stop practicing as a nurse until they complete treatment, but they may still have to work in another work environment in order to meet their financial obligations; cases are individualized.) IOPs generally consists of three-hour sessions facilitated by a licensed professional counselor two to three times per week (SAMHSA, 2016).



## EMPLOYER INITIATIVES

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The first step in helping an impaired colleague is to have knowledge about addiction as a primary disease that can be recognized and treated. All nurses should be familiar with signs and symptoms, organizational policies and procedures for employee substance abuse, and any assistance that is available through resources such as workplace employee assistance programs.

Since nurses spend a significant amount of time at work, it is the ideal place to address substance abuse issues. For nurses who work in locations where direct patient care is provided, it is especially important for patient safety that systems be in place to prevent, quickly identify, intervene, and assist the nurse when behavior changes occur that may indicate a substance abuse problem or impairment in the workplace.

### Education

Many nurses are unaware that substance abuse and drug diversion are serious problems in the workplace. Lack of education about the addiction process and how to recognize the signs and symptoms of a substance use disorder remain two of the most profound risk factors for nurse impairment (NCSBN, 2011).

Broad-based educational efforts should be instituted that focus on the nature and scope of the problem, signs and symptoms of impairment and diversion, and proper ways to respond. Education about substance abuse should be part of the orientation for all new employees and included in yearly competency training.

Educational efforts may include:

- Annual CE requirement for licensure
- Annual employee competency training
- Online education made available through the Alternative to Discipline Program
- Addiction topics introduced at “Lunch-N-Learn” sessions
- Addiction topics scheduled for nursing grand rounds
- Annual addiction conferences

### Policies and Procedures

Policies and procedures should be in place that assure consistent handling of substance abuse problems in the workplace. Policies should promote safety and provide assistance to employees at risk for substance use disorder.



Workplace policies aimed to prevent, identify, intervene, and assist with substance abuse problems in the workplace may include the following:

- Pre-employment drug testing
- For-cause drug testing
- Fitness-to-practice evaluations
- How to document and report concerns
- Employee Assistance Programs (see below)
- Return to practice guidelines
- Relapse management  
(NCSBN, 2011)

## Surveillance

Surveillance systems are helpful anytime impairment is suspected, and they can also provide evidence to determine if the impairment is associated with diversion of controlled substances.

To help discourage diversion, all employees should be made aware of surveillance systems that are in place to rapidly detect diversion. Automated distribution machines (ADMs) are one example of a surveillance system used in many hospitals. ADMs distribute medication through an electronic system that can audit records and look for inconsistencies and discrepancies. ADMs also have a waste retrieval system in which all unused portions of controlled substance doses are tested to prevent substitution of the medication being wasted.

## Employee Assistance Programs

An EAP is a work-based program that offers confidential assessment, short-term counseling, referral, and follow-up services to employees who have personal and/or work-related problems. The primary goal of an EAP is to get help for employees who need it while maintaining their employment.

### CASE

David, a 38-year-old nurse, underwent intervention four years ago for impairment in the workplace and diverting narcotic medication. He was referred to a 30-day inpatient residential treatment program for opioid abuse and followed up by attending an aftercare program in his hometown that included weekly relapse prevention sessions for six weeks.

David has been back at work in the emergency department for three years, and his supervisor considers him to be “one of the best nurses we have.” She remembers that David was a very



good nurse even before the intervention, and David is thankful now that his supervisor reported him for impairment before he ended up hurting himself or one of his patients.

David has taken on a role in teaching other nurses about the importance of helping colleagues get help for substance abuse disorder. He recently offered an in-service workshop called “What happens when a nurse seeks help for an alcohol or drug problem?” He talked to the hospital staff about his experience in residential treatment and his aftercare program.

Most of David’s attention during the in-service was focused on discussing the challenges he faced when returning to work. He talked about the shame and guilt he felt for becoming addicted to drugs and how much worse it got when he began diverting narcotics on the job. He talked about how difficult it was to come back to work and how important it has been for his fellow nurses to support him.

David spoke in depth about his contract with IPN and how ongoing monitoring keeps him safe and accountable. He explained that his contract put some restrictions on his license—such as not being allowed to administer narcotics to patients for one year—and that he feels very appreciative of other nurses who didn’t complain about passing pain meds to his patients during that year.

David further explained that his three-year contract included:

- Weekly “12-step” support group meetings
- Regular nurse support group meetings focused on relapse prevention
- Monthly appointments with an approved addiction counselor
- Random drug screens
- Worksite monitoring and regular evaluations of his performance at work
- Restrictions on working in a supervisory role

After his presentation, one of the nurses asked David about the cost of getting help and participating in IPN. David explained that his own 30-day residential treatment program and six-week aftercare program were partially covered by insurance but that he had to pay some of it out of pocket. He added that costs vary depending on the type of treatment (residential, partial hospitalization, intensive outpatient) and according to the treatment provider.

To participate in the IPN program during his three-year contract, David was also responsible to pay for regular appointments with his addiction counselor, random drug screens, weekly nurse support groups, and a monthly fee for participation in IPN. He made it clear that being in a monitoring program does involve a financial commitment on the part of the participant.

Overall, David described his intervention, treatment, and follow-up contract with IPN as “the best thing that ever happened to me. It allowed me to get out of practice temporarily in order to focus on getting well and getting my life back in balance, and it taught me how to come back as a better and more accountable nurse.”



## CONCLUSION

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Nurses provide direct care to more patients than any other health profession. Thus, an impaired nurse poses a serious threat to patient safety. Many states, including Florida, have laws that address the issue of impaired practice in nursing, including reporting, discipline, treatment, and recovery. Under Florida law, all licensed nurses must report suspected impairment, and failure to report can lead to disciplinary action by the Board of Nursing and result in serious consequences.

Nurses are responsible for the safety of patients, and it is every nurse's duty to recognize and respond to impairment in the workplace. This requires that all nurses understand substance use disorder as an occupational hazard and be able to recognize signs and behaviors associated with impairment. It also requires nurses to be vigilant about their own risk and take steps to support healthy work environments that encourage education about substance use disorder and support for nurses who need help.



## RESOURCES

AANA Peer Assistance Helpline

<http://www.aana.com/resources2/peer-assistance/Pages/default.aspx>  
800-654-5167

Guide for assisting colleagues who demonstrate impairment in the workplace

<http://www.doh.wa.gov/portals/1/Documents/Pubs/600006.pdf>

Intervention Project for Nurses (IPN)

<http://www.ipnfl.org>  
800-840-2710

A nurse manager's guide to substance use disorder in nursing

[https://www.ncsbn.org/Mgr\\_SUDiN\\_Brochure\\_2014.pdf](https://www.ncsbn.org/Mgr_SUDiN_Brochure_2014.pdf)

Substance use disorder resources (ANA)

<http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/Work-Environment/SubstanceUseDisorder/Substance-Use-Resources.html>

Wellness and substance use disorder resources (AANA)

<http://www.aana.com/resources2/health-wellness/Pages/Wellness-Education-and-Research.aspx>

What you need to know about substance use disorder in nursing

[https://www.ncsbn.org/SUD\\_Brochure\\_2014.pdf](https://www.ncsbn.org/SUD_Brochure_2014.pdf)



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## TEST

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[ [Take the test online at wildirismedicaleducation.com](http://wildirismedicaleducation.com) ]

1. Which statement **best** describes the scope of substance abuse in the nursing profession?
  - a. Nurses are believed to be at greater risk than the general population for substance abuse because they work in high-stress jobs.
  - b. Nurses are less likely than the general population to have substance abuse problems because nurses are highly educated and caring individuals.
  - c. Nurses are believed to be at greater risk than the general population for abuse of prescription drugs.
  - d. Nurses are less likely than the general population to have substance abuse problems because they are more aware of the serious consequences of addiction.
  
2. Which is believed to be the **most** significant risk factor for substance abuse?
  - a. Lack of education about substance abuse
  - b. Enabling by peers or managers
  - c. Personal or family history of substance abuse
  - d. Low stress tolerance
  
3. Which scenario raises the **most** concern about the potential for impairment in the workplace?
  - a. A nurse worked four 12-hour shifts on the med-surg unit this week. She was very agitated and short-tempered, and was reported to the charge nurse for not answering her call lights and for ignoring patients.
  - b. A nurse recently went through a long and difficult divorce; he has lost a lot of weight and become very quiet at work.
  - c. A nurse recently lost his mother to cancer. This nurse seems really sad and no longer participates in social activities with coworkers like he used to.
  - d. A nurse has made a lot of errors documenting her patients' medications, and when confronted, she gets very defensive. She has frequently complained of pain and nausea and been found asleep with her head down on the nurses' desk.
  
4. Which behavior is **most** likely to be associated with drug diversion in the workplace?
  - a. Poor hygiene and disheveled appearance at work
  - b. Sloppy and illegible charging on medication records and nurses notes
  - c. A pattern of incorrect narcotic counts
  - d. Frequent tardiness and absences from work



5. Which is an accurate statement describing nurses' actions to seek treatment for their own substance use disorder (SUD)?
- a. Nurses today are well educated about SUD as a chronic disease that can be treated, so they are generally more likely to seek treatment early.
  - b. Nurses often deny they have an SUD even when disruptions are evident in their lives, believing they can stop using on their own and that they do not need treatment.
  - c. Nurses understand that individuals with an SUD are no longer stigmatized as "addicts," making them more likely than the general public to seek treatment early.
  - d. Nurses are aware of alternative-to-discipline programs, leading them to seek treatment early in order to avoid getting in trouble at work or losing their license.
6. Which statement **best** describes nurses' actions about reporting suspected impairment in a colleague?
- a. Nurses generally report impairment right away because its signs and symptoms are easy to recognize.
  - b. Nurses are more likely to report impairment because they are well aware of substance abuse disorder as a disease.
  - c. Nurses do not report impairment primarily because they are afraid of being sued.
  - d. Nurses may be reluctant to report impairment because they fear jeopardizing a colleague's career.
7. Which is a **correct** statement regarding the American Nurses Association Code of Ethics as it pertains to impaired practice?
- a. The Code does not specifically address impaired practice.
  - b. The Code states that nurses have a moral obligation to refrain from the use of mood- or mind-altering substances that could impair practice.
  - c. The Code states that nurses have an ethical responsibility to directly confront a nurse who is impaired.
  - d. The Code states that nurses have a professional responsibility to report unsafe practice and seek assistance when needed.
8. Under the Florida Nurse Practice act, when a nurse finds his wife, who is also a nurse, asleep with an empty vial of the narcotic dilaudid and an uncapped syringe close to her, he has a duty to report. If he chooses not to report, disciplinary action can be taken against his license for which reason?
- a. Engaging or attempting to engage in the possession of controlled substances
  - b. Failing to report any person who the nurse knows is in violation of the nurse practice act
  - c. Engaging or attempting to engage in the sale or distribution of controlled substances
  - d. Being unable to practice nursing with reasonable safety by reason of illness or use of alcohol or other drugs



- 9.** A nurse who is found in the possession of a controlled substance for other than legitimate purposes is most likely to **avoid** disciplinary action under Florida Statute 456, Section 076, under which circumstance?
- There is no way to avoid disciplinary action, especially if there is evidence that the controlled substance was diverted from the workplace.
  - The nurse immediately hires a defense attorney.
  - The nurse acknowledges the problem, voluntarily withdraws from practice, and enrolls in an approved treatment program.
  - The nurse immediately checks into a private 30-day treatment program and goes back to work after treatment without reporting the incident.
- 10.** What is the **best** first step when preparing to make a report of impaired practice?
- Confront the nurse about one's concerns
  - Understand the laws and facility policies related to impairment
  - Call the nurse's spouse to gather more information
  - Call the Department of Health to report the nurse's behavior
- 11.** The Intervention Project for Nurses (IPN) is **not** responsible for which service?
- Case management
  - Reporting treatment noncompliance
  - Providing treatment to nurses with SUD
  - Advocacy for nurses with SUD
- 12.** Which employer initiative focuses on preventing impairment in the workplace by detecting drug diversion?
- An employee assistance program (EAP)
  - A robust surveillance system in the facility pharmacy
  - A hospital substance use disorder (SUD) education program
  - A well-written policy on impairment in the workplace

