Recognizing and Reporting Impairment in the Workplace for Florida Nurses

By
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Upon successful completion of this course, continuing education hours will be awarded as follows:

Nurses: 2 Contact Hours*

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Laura Leahy has disclosed that she has no significant financial or other conflicts of interest pertaining to this course book.

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Barbara Fulcher has disclosed that she has no significant financial or other conflicts of interest pertaining to this course book.

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RECOGNIZING AND REPORTING IMPAIRMENT IN THE WORKPLACE FOR FLORIDA NURSES

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A | B | C | D
---|---|---|---
Agree | Agree | Disagree | Disagree
Strongly | Somewhat | Somewhat | Strongly

OBJECTIVES: After completing this course, I am able to:
1. Identify the signs of impairment in the workplace.
2. Describe employer initiatives to promote safety and provide assistance to impaired practitioners.
3. List the steps to make a report or referral of an impaired colleague.
4. Summarize the mandatory reporting law for the state of Florida.
5. Describe treatment programs for impaired practitioners in the state of Florida, including the role of impaired practitioner consultants and alternative-to-discipline programs.
6. Identify the components of a comprehensive impairment treatment program

COURSE CONTENT
7. The course content was presented in a well-organized and clearly written manner.
8. The course content was presented in a fair, unbiased and balanced manner.
9. The course content presented current developments in the field.
10. The course was relevant to my professional practice or interests.
11. The final examination was at an appropriate level for the content of the course.
12. The course expanded my knowledge and enhanced my skills related to the subject matter.
13. I intend to apply the knowledge and skills I’ve learned to my practice.
   A. Yes    B. Unsure    C. No    D. Not Applicable

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ATTESTATION
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19. My overall rating for this course is
   A. Poor  B. Below Average  C. Average  D. Good  E. Excellent

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Note: To provide additional feedback regarding this course and Western Schools services, or to suggest new course topics, use the space provided on the Important Information form found on the back of the FasTrax instruction sheet included with your course.
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1. Begin this course by taking the pretest. Circle the answers to the questions on this page, or write the answers on a separate sheet of paper. Do not log answers to the pretest questions on the FasTrax test sheet included with the course.

2. Compare your answers to the answers in the PRETEST KEY located at the end of the pretest. The pretest key indicates the page where the content of that question is discussed. Make note of the questions you missed, so that you can focus on those areas as you complete the course.

3. Read the entire course and complete the exam questions at the end of the course. Answers to the exam questions should be logged on the FasTrax test sheet included with the course.

*Note:* Choose the one option that BEST answers each question.

1. Which of the following are common signs of impairment in the workplace?
   a. Frequent absences, isolating from coworkers, and consistent following of medication protocols
   b. Mood swings, completing work in a timely manner, and coming to work early or staying late
   c. Taking long breaks, having memory lapses, and failing to obtain cosignatures on narcotics counts
   d. Illegible charting, regularly engaging with coworkers, and volunteering to be the medication nurse

2. Which of the following workplace initiatives promotes safety and assistance to impaired practitioners?
   a. Clear return to practice guidelines, including relapse management
   b. Intervening alone when impairment is suspected
   c. Minimizing the potential for substance abuse and impairment existing within professional practice
   d. Random drug screening without suspicion or objective evidence

3. In reporting an impaired professional, the nurse should first consider
   a. drug diversion.
   b. legal ramifications.
   c. being fired.
   d. patient safety.

4. An impaired professional in Florida will always
   a. lose his or her license and earning potential.
   b. be allowed to practice while undergoing active treatment.
   c. be offered the opportunity to demonstrate that he or she can safely practice.
   d. be placed under criminal investigation.

*continued on next page*
5. Treatment programs for impaired practitioners in Florida typically
   a. average 9 to 12 months of active treatment.
   b. remove the impaired nurse from practice within 1 to 3 days.
   c. involve disciplinary actions and possible legal charges.
   d. limit treatment to drug testing and do not engage the employer in the process.
INTRODUCTION

COURSE OBJECTIVES

After completing this course, the learner will be able to:

1. Identify the signs of impairment in the workplace.
2. Describe employer initiatives to promote safety and provide assistance to impaired practitioners.
3. List the steps to make a report or referral of an impaired colleague.
4. Summarize the mandatory reporting law for the state of Florida.
5. Describe treatment programs for impaired practitioners in the state of Florida, including the role of impaired practitioner consultants and alternative-to-discipline programs.
6. Identify the components of a comprehensive impairment treatment program.

LEARNING OUTCOME

After completing this course, the learner will be able to explain signs of impairment in the workplace, and the resources and processes in place for intervening, reporting, and treating impaired colleagues in the state of Florida.

OVERVIEW

Despite the continual increase in rates of substance abuse across the country, nurses and other health professionals rarely report themselves for treatment of drug or alcohol abuse, even when it impairs their ability to practice. The Center for Behavioral Health Statistics and Quality found that full-time healthcare workers between the ages of 18 and 64, including nurses, drank heavily (4.4%) and used illicit drugs (5.5%; Bush & Lipari, 2015). The American Nurses Association (1991 & 1994) has long held that up to 10% of the nursing workforce may be dependent on drugs or alcohol. Monroe and Kenaga (2011) suggested that 1 out of every 5 to 7 nurses is affected by substance abuse. Given that the number of nurses (registered nurses and licensed practical nurses) in the workforce totals greater than 3.5 million professionals (Health Resources & Service Administration, 2013), there may be over 350,000 nurses working when experiencing substance abuse impairment.

As the demographic of impaired professionals is significant, Florida, among other states, has mandated continuing educational credits on recognizing impairment in the workplace for nurses to maintain their licensure. As of the 2010 U.S. Census, the state of Florida employed over 213,000 registered nurses (including advanced practice nurses) and licensed practical nurses (Health Resources & Service Administration, 2013). With this in mind, Florida’s population is at risk for having over 2,000
impaired nursing professionals in the workforce, yet there is currently a lack of knowledge regarding
the identification of, reporting requirements for, and treatment options available to impaired profes-
sionals working in the healthcare arena.

As healthcare professionals, nurses are responsible for identifying the signs and symptoms of impaired
practice. They are responsible for documenting and reporting impaired practice and for providing treat-
ment opportunities to assist impaired professionals in their recovery as well as their safe return to prac-
tice. This course is designed especially for registered nurses, licensed practical/vocational nurses, and
advanced practice nurses and will meet the mandated continuing education requirement set forth by
the Florida Board of Nursing to provide education related to recognizing impairment in the workforce.
Completing this course will provide nurses with the information needed, specific to the state of Florida, to
promote and provide safe practice, facilitate interventions, and protect the public if faced with impairment
of a colleague or self. This course may also serve as an educational guide for other healthcare profession-
als, healthcare administrators, patients, families, and community members in recognizing, reporting, and
identifying treatment options for those professionals suspected to be working while impaired.
RECOGNIZING AND REPORTING IMPAIRMENT IN THE WORKPLACE FOR FLORIDA NURSES

OVERVIEW

According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2015b), there are approximately 21.5 million individuals with substance impairment in the United States. Almost 8 million individuals suffer from a substance abuse disorder and a co-occurring psychiatric disorder. It is widely believed that healthcare professionals misuse drugs and alcohol at the same rate as the general population, roughly 10% to 15%. The American Nurses Association (ANA, 2016) estimated that 6% to 8% of nurses use drugs or alcohol to the extent that it is sufficient to impair practice. What is more startling, however, is that fewer than 10% of those suspected of practicing while impaired are actively engaged in treatment, leaving over 90% of nurses with substance use impairment unidentified, untreated, and continuing to practice (Joel, 2016).

Recognizing and reporting impairment in the workplace is not an easy task. Coworkers, colleagues, and supervisors may feel the need to protect the impaired practitioner; they may blame, they may transfer the individual to another shift or unit, and they may ignore the practitioner, all in attempts to avoid reporting the impaired clinician. The impaired practitioner struggles with whether to self-disclose and seek treatment, fearful of disciplinary action, loss of professional status, and loss of income or earning potential. The coworker struggles with whether to get involved and report a colleague, fearful of being viewed as a “snitch,” of being in collusion with the impaired worker, or of litigation and retribution. The supervisor struggles with the potential loss of staffing, fearful of the perception that he or she may be running an unsafe unit. All of these factors likely influence the underreporting of impairment in the workplace.

Impairment can take many forms; however, the common denominator is that professional practice is deemed unsafe or dangerous, contributing to errors, lapses of judgment, injury, and possibly patient death. It is imperative that healthcare workers identify the signs and symptoms of impaired practice in their colleagues.
and be willing to report suspected impairment to maintain the safety of the patients entrusted to their care as well as the integrity of the profession. It is also a professional obligation to help the impaired coworker engage in treatment just as nurses would assist a patient who is impaired physically, psychologically, or via substances.

**DEFINITIONS OF IMPAIRMENT**

The World Health Organization (2001) defined *impairment* as a “problem in body function or structure such as a significant deviation or loss” (p. 8). The legal community generally defines *impairment* as a condition, typically caused by drugs or alcohol, in which there is deterioration of judgment and physical abilities to a level below what the state defines as normal (USLegal, 2016). When applied to practicing in the healthcare arena, *impairment* can be defined as the inability to practice according to the acceptable standards of care due to use or abuse of drugs, alcohol, or other substances.

**Substance Impairment**

Substance impairment occurs when an individual has ingested drugs (prescription or illegal) or alcohol in sufficient quantities to cause clinically and functionally significant health problems; failure to maintain responsibilities at home, work, or school; or disability (SAMHSA, 2015b). Such impairment may manifest as perceptual distortions, confusion, difficulty with problem solving, lapses of judgment, and loss of motor coordination. All of these areas of functionality are necessary for the prudent nurse to practice safely and effectively.

**Mental Impairment**

Mental impairment is “characterized by the display of an intellectual defect, as manifested by diminished cognitive, interpersonal, social, and vocational effectiveness and quantitatively evaluated by psychological examination and assessment” (“Mental Impairment,” 2012, para. 1). As professionals, nurses must maintain the ability to function on an interpersonal and social level while being able to cognitively process multiple sensory inputs to optimize their patients’ health and safety. Working with a mental impairment may place patients at risk for extended recovery times and an unsafe environment. Healthcare professionals are obligated to report not only suspicions of substance impairment but also mental and physical impairment to ensure a safe recovery environment for patients and their families and a safe workplace for colleagues and administrators.

**Physical Impairment**

Although substance and psychological impairments contribute to the majority of healthcare professionals reported for unsafe practice, physical impairment is also worth mentioning. According to Joyce Foster, PhD, and Sarah Bolton (2010), a physical impairment refers to any physiological disorder, cosmetic disfigurement, or anatomical loss. The impairment can occur in one or more bodily systems and substantially limits the individual’s ability to manage major life activities.

The U.S. Census Bureau cites of 303.9 million people in the civilian noninstitutional population, 56.7 million (18.7 %) had a disability in 2010 and about 38.3 million (12.6 %) had severe disability (Brault, 2012). Physical disabilities tend to be more common than sensory or mental health ones. People with these disabilities may face barriers to substance use treatment – finding treatment facilities that are accessible. “It is important that clients with disabilities and SUDs [substance use disorders] receive services for both conditions and that the disabilities do not prevent individuals from receiving treatment for substance abuse” (SAMHSA, 2011, p. 1).
Again, untreated physical impairment in nursing practice could contribute to errors, lapses of judgment, and a potentially unsafe work environment for patients as well as coworkers, patients’ families, and other facility employees.

## IDENTIFYING THE SIGNS AND SYMPTOMS OF IMPAIRMENT IN THE WORKPLACE

The ANA (2016) defined a healthy nurse as “one who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional wellbeing” (para. 1). As a profession of almost 4 million individuals, nurses have consistently been deemed the most honest and ethical professionals (Saad, 2015) and are often held to higher standards than the general population. This view is not without sound rationale. Healthcare professionals are often involved in life-and-death situations, and the nurse’s actions and decision-making abilities may be the critical factor in determining the patient’s life or death.

Impairment in the workplace could rapidly erode the positive view of the nursing profession. Patients look to nursing professionals to attend to their physical, emotional, spiritual, nutritional, and healthcare needs. However, when nurses or other healthcare professionals are impaired, it shatters the public’s faith in nursing, the most trusted of healthcare professions, and diminishes the best possible outcomes for health and overall quality of life for patients. A nurse is unable to provide safe and appropriate care while impaired.

Early identification of healthcare professionals who work while impaired is imperative to reduce the risk of harm to both patients and providers as well as to decrease the liability for the individual practitioner and the facility in which he or she is employed. Healthcare providers must monitor their abilities and limitations, as well as those of colleagues, and identify any potential signs or symptoms of impairment in the workplace.

There are generally four categories under which the majority of warning signs and symptoms of impairment can be categorized: job performance, personality and mental changes, physical changes, and diversion or medication-related errors. Although one sign or symptom alone is typically not sufficient to indicate impaired practice, a pattern of behaviors and/or multiple signs and symptoms across the categories would certainly warrant further exploration. Refer to Table 1 for a list of signs and symptoms of impairment in the workplace.

### Job Performance

Every profession is bound by its respective scope and standards of practice. Nursing is no exception. Nurses need to be physically and emotionally healthy to practice effectively. One area that may raise warning signs of impairment is a sudden or gradual decline in job performance. Subtle signs may include progressively sloppy or illegible handwriting and failure to complete charting. More obvious performance issues may include

- increased absences,
- arriving early or staying late,
- frequent lateness and callouts, and
- “disappearing” for extended periods while working.

( Intervention Project for Nurses [IPN], 2016; National Council of State Boards of Nursing [NCSBN], 2011)

### Personality and Mental Changes

Abrupt changes in a coworker’s personality or mental status may also indicate that he
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or she is practicing while impaired. Rapid or unpredictable mood changes or episodes of anger or crying while at work may indicate that a colleague is either using or abusing substances or experiencing the onset of a psychiatric disorder. Both of these states can impair the nurse’s judgment and lead to unsafe patient care. Other signs and symptoms of impairment within the category of personality and mental status changes include but are not limited to

- inappropriate verbal and emotional responses,
- diminished alertness,
- defensive or aggressive posturing around coworkers,
- isolating or “disappearing” behaviors, and
- memory lapses and poor recall.

(IPN, 2016; NCSBN, 2011)

<table>
<thead>
<tr>
<th>Physical Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because caring for the health and safety of the public is a primary function of nursing, it is essential that the nurse take care of his or her physical health and well-being. Noticeable changes to a coworker’s appearance, speech patterns, gait, and movements can be indicators that the colleague is working while impaired. Other cues of impairment may include</td>
</tr>
<tr>
<td>• excessive use of breath mints or chewing gum;</td>
</tr>
<tr>
<td>• excessive use of perfumes for a coworker who previously did not use such items; and</td>
</tr>
<tr>
<td>• physiological changes such as</td>
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<tr>
<td>◦ pupillary constriction or dilation,</td>
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<tr>
<td>◦ alteration in skin integrity, and</td>
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<td>◦ changes in hair texture.</td>
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</tbody>
</table>

(IPN, 2016; NCSBN, 2011)
Recognizing and Reporting Impairment in the Workplace for Florida Nurses

Diversion or Medication-Related Errors

Frequent medication errors, complaints from patients that their pain is not well controlled, requests to serve as the medication nurse and greater use of as needed medications, especially controlled substances, can raise suspicions of impairment in the workplace. Medication errors and drug diversion are frequently implicated as signs and symptoms of an impaired colleague. Failure to obtain cosignatures on narcotics counts and frequent medication waste or count discrepancies by the same individual can often indicate the medications’ diversion for resale or personal use by the healthcare professional (IPN, 2016). These signs and symptoms, in addition to those previously discussed, need to be taken seriously, and the healthcare professional must be questioned not only to ensure rapid identification and intervention for the impaired nurse but also, most important, to maintain patient safety and appropriate care.

EMPLOYER INITIATIVES TO PROMOTE SAFETY AND PROVIDE ASSISTANCE

According to SAMHSA (2016) education and enforcement are two of the most important initiatives that employers can institute to promote safety and provide assistance to impaired practitioners in the workplace. Maintaining a safe environment that promotes a state of physical and emotional health and well-being is crucial to patient healing in the healthcare workplace. Employers must have systems in place to provide education and training to recognize and prevent impairment, as well as policies and procedures to assist impaired professionals. Additionally, nurses with disabilities and impairment in the workplace have a right to accommodations so that they can complete the tasks of their job (Job Accommodation Network, 2013). Employers should also consider initiatives to accommodate physically or emotionally impaired workers and develop plans to assist these members of the healthcare team.

Educational and Training Programs

Educational training programs are often viewed as the key to prevention. Education regarding safety in the workplace is a common orientation component for nurses when hired into a new position. Similarly, education regarding the dangers of working while impaired needs to be incorporated because working while impaired places the nurse, patients, families, and coworkers at risk for an unsafe work environment. Education and training on the signs and symptoms of substance, physical, and emotional impairment in the work setting are necessary so that coworkers may readily identify impairment. Additional training and education is needed so that coworkers are aware of the process for making a referral of an impaired colleague, because nurses are mandated to report an impaired practitioner.

Similar to patient education programs regarding substance abuse and mental health, employer-sponsored trainings are important initiatives to educate staff on the identification and reporting of impaired colleagues in the workplace. These trainings may also serve to reduce the stigma and dispel the myths regarding self-reporting of impairment. Because self-reporting is rare (Joel, 2016), nurses who understand what to expect when they self-report their impairment will improve their working relationships with their employer and colleagues as well as overall patient safety and care. More important is having a workplace that encourages self-reporting and offers the impaired nurse the ability to obtain treatment and preserve his or her license.
Recognizing and Reporting Impairment in the Workplace for Florida Nurses

Drug-Free Workplace Initiatives

The Drug-Free Workplace Act was signed into law in 1988. To build a drug-free work environment and limit an employer’s liability for employing individuals who may work while impaired, employers must establish policies for surveillance, penalties, community monitoring, and incentives (U.S. Department of Labor, n.d.). Table 2 lists the requirements of the Drug-Free Workplace Act of 1988.

Additionally, in 1989, SAMSHA developed a “Model Plan for a Comprehensive Drug-Free Workplace Program” and updated it in 1995. This plan offers employers the tools to create and sustain a drug-free work environment while minimizing liability. The guidelines for creating such a workplace are listed in Table 3.

### Table 2: Requirements of the Drug-Free Workplace Act of 1988

- Publish and distribute a policy statement
- Establish a drug-free awareness program
- Notify employees of policies
- Notify contracting or granting agency of workplace policies
- Impose a penalty on or require satisfactory participation
- Establish a good faith effort to maintain a drug-free workplace


### Table 3: Ten Steps for Avoiding Legal Problems When Establishing a Drug-Free Workplace

- Consult an employment attorney
- Set clear penalties
- Put it in writing
- Provide training
- Document employee performance
- Do not rush to judgment
- Protect privacy
- Be consistent
- Know your employees
- Involve employees

Employee Assistance Programs

Another way in which employers provide assistance to impaired practitioners is by offering employee assistance programs (EAPs). The primary goal of the EAP is to offer brief education, counseling, intervention, and referrals to aid employees in maintaining their employment when experiencing crises or impairment. Typically the employer pays for the services of the EAP; however, ongoing treatment may be the responsibility of the impaired employee. Research has found that the savings reaped from developing employer-sponsored EAPs far outweigh the costs (Preferred Employee Assistance Program and Behavioral Health Services, 2010). A majority of the savings from EAPs occur due to the reduction in inpatient treatment for substance abuse, in the use of sick time, in absenteeism, and in work-related accidents. Initiatives such as EAPs have been shown to improve work quality and clinical outcomes in addition to the economic benefits to the employer (Levy-Merrick, Volpe-Vartanian, Horgan, & McCann, 2007) while helping the impaired employee maintain his or her position and license while seeking treatment.

ESSENTIAL STEPS TO MAKE A REPORT OR REFERRAL

According to the ANA Code of Ethics for Nurses, Provisions 3.5 and 3.6 (2015), nurses must focus on the patient’s best interests as well as the integrity of nursing practice. When healthcare and safety are jeopardized by incompetent, unethical, illegal, or impaired practice, nurses have a duty to report the problem to the appropriate authorities. Although the ANA is not in favor of random drug testing, it is against the misuse of prescribed as well as illegal drugs by nurses and supports testing if there is suspicion that substance abuse is affecting the nurse’s ability to practice. The ANA is also opposed to the misuse of prescribing medications by those advanced practice nurses who have prescriptive authority (1994). Impaired practice across these areas, in addition to physical and mental impairment, must be documented, investigated, and reported.

There are four essential steps to follow when reporting an impaired colleague (see Figure 1):

1. **Protect patient safety** because the impaired nurse may provide inadequate or dangerous care.
2. **Enlist supervisory personnel** by informing your supervisor of your concerns regarding the colleague.
3. **Follow organizational policies** on documenting observations of the impaired coworker’s behaviors and reporting.
4. **Support the impaired colleague** by offering understanding of his or her fears and concerns and encouraging him or her to seek treatment.

Reporting of unsafe patient care, medication errors, drug diversion, and impairment all follow the same basic principles. Although the reporting of a professional colleague is a very difficult task, it is also necessary to maintain the integrity of nursing practice, safeguard the public, and assist the impaired colleague in obtaining the needed treatment to return to his or her own state of physical and mental well-being while avoiding the forfeiture of his or her license to practice as a nurse. Figure 2 illustrates the dos and don’ts when intervening and reporting an impaired coworker.

FLORIDA MANDATORY REPORTING LAW

In Florida, there are two mechanisms by which impaired practitioners can be reported: the IPN or the Department of Health (DOH). Reporting impaired clinicians to the IPN offers
Recognizing and Reporting Impairment in the Workplace for Florida Nurses

an alternative to discipline, whereas reporting through the DOH and Board of Nursing (BON) focuses on discipline of the impaired nurse. A comparison of the IPN and DOH reporting processes can be found in Figure 3.

The nurse who fails to report an impaired colleague is subject to disciplinary action by the DOH. Reporting of impaired nurses is mandatory under the Florida Nurse Practice Act (2012), Statute 464.018(1k). Per this section of the law, disciplinary action will be taken against a nurse who does the following:

Failing to report to the department any person who the licensee knows is in violation of this part of the rules of the department or the board; however, if the licensee verifies that such person is actively participating in a board-approved program for the treatment of a physical or mental condition, the licensee is required to report such person only to an impaired professionals’ consultant.

(Nurse Practice Act, 2012, §464.018[1k])

Note that a licensed nurse is not required to report an impaired nurse to the BON if the impaired nurse is engaged in a BON-approved treatment program (Nurse Practice Act, 2012). Instead, the licensed nurse is mandated only to report the impaired colleague to the impaired professional’s consultant.

FIGURE 2: THE DO’S AND DON’TS OF INTERVENING AND REPORTING AN IMPAIRED COWORKER

<table>
<thead>
<tr>
<th>DO</th>
<th>DON’T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare a plan</td>
<td>Just react</td>
</tr>
<tr>
<td>Review documentation on job performance</td>
<td>Intervene alone</td>
</tr>
<tr>
<td>Request help from others</td>
<td>Try to diagnose the problem</td>
</tr>
<tr>
<td>Decide who will present</td>
<td>Expect a confession</td>
</tr>
<tr>
<td>Ask the nurse to listen before responding</td>
<td>Give up</td>
</tr>
<tr>
<td>Stick to job performance</td>
<td>Use labels</td>
</tr>
<tr>
<td>Have evaluator options ready</td>
<td></td>
</tr>
<tr>
<td>Expect denial</td>
<td></td>
</tr>
<tr>
<td>Report to state alternative program or Board of Nursing</td>
<td></td>
</tr>
<tr>
<td>Debrief with those who have intervened</td>
<td></td>
</tr>
</tbody>
</table>

Recognizing and Reporting Impairment in the Workplace for Florida Nurses

The Florida IPN was developed as an alternative-to-discipline program for nurses who are reported to be impaired. This program assists the impaired nurse in receiving appropriate medical, psychological, and substance abuse treatment while maintaining his or her license to practice. The process to notify the IPN and refer impaired practitioners can occur through the employer or through self-referral by the impaired nurse.

Referrals can be made to the IPN by registering via its website or by calling the IPN directly (refer to Resources for contact information). The impaired nurse can voluntarily agree to work with the IPN, or the Florida BON can mandate involvement. Once engaged, the impaired nurse may remain involved with the IPN an average of 2 to 5 years to ensure competence and safe practice within the parameters of the Nurse Practice Act as well as the employer.

FIGURE 3: A COMPARISON OF MANDATORY REPORTING OPTIONS FOR IMPAIRED NURSES IN FLORIDA

<table>
<thead>
<tr>
<th>Referring to the IPN (Alternative to Discipline)</th>
<th>Referring to DOH (Discipline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Call</td>
<td>Investigation</td>
</tr>
<tr>
<td>Consultation/Intake</td>
<td>Legal Action</td>
</tr>
<tr>
<td>Intervention/Evaluation</td>
<td>Probable Cause Panel</td>
</tr>
<tr>
<td>Engagement in Treatment</td>
<td>Probable Cause – Administrative Complaint</td>
</tr>
<tr>
<td>IPN Monitoring for 2 to 5 Years</td>
<td>Formal or Informal Hearing Disciplinary Action</td>
</tr>
</tbody>
</table>


IPN= Intervention Project for Nurses; DOH= Department of Health.
If an impaired nurse is reported to the IPN, as an alternative to discipline, and refuses to participate in treatment or fails to progress through the proposed treatment alternatives, the nurse will then be reported to the DOH and be engaged in disciplinary action against his or her license.

Department of Health

The DOH is the administrative and investigative body of the Florida BON (Nurse Practice Act, 2012, Statute 456.004). As previously stated, its purpose is to discipline impaired nurses. Upon receipt of a complaint against a nurse, the DOH/BON is obligated to investigate the allegations. Any individual can issue a complaint to the DOH/BON: employers, concerned colleagues, a patient or concerned family member or friend, anyone. The DOH offers an online Health Care Provider Complaint Form (refer to Resources for the link to the form) under Statute 456.073, Disciplinary Proceedings, which can be completed in lieu of calling the DOH or mailing a complaint (Nurse Practice Act, 2012).

Once a complaint is filed, the Florida DOH investigates the allegations before a legal review. If the investigation yields insufficient evidence, the case is closed and no disciplinary action is taken. However, if the investigation finds that there is probable cause, an informal hearing, stipulation, agreement, and formal hearing take place to determine the final disciplinary action to be levied by the Florida BON (Nurse Practice Act, 2012).

Licensure Suspension

Any healthcare provider who practices while misusing or abusing drugs or alcohol contributing to impairment, whether the drugs are obtained legally or illegally, and either refuses to engage in treatment or fails attempted treatments if a complaint of impairment is filed faces the possibility of his or her license being suspended. The Florida BON may choose to suspend the nurse’s license when the individual works while impaired depending on the nature and extent of the complaint. When impairment occurs due to substance abuse, there may not only be risks to patient safety but also be violations of the Nurse Practice Act (2012). As such the impaired practitioner may be subject not only to the suspension of his or her license but also to criminal charges if offenses such as impaired driving, theft or distribution of controlled dangerous substances, or using drugs without a valid prescription are involved.

Despite the very serious nature of license suspension or denial, the Florida BON makes every attempt to protect the privacy of the impaired professional throughout the disciplinary and court hearings. The BON also allows the eventual return to practice when the impaired individual is again able to demonstrate safe and competent practice (Nurse Practice Act, 2012, Statute 464.018).

Disciplinary Actions for Impaired Nurses

According to the Florida Nurse Practice Act (2012), Statute 464.018(1j), the following acts constitute grounds for denial of a license or disciplinary action:

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 conditions. In enforcing this paragraph, the department shall have, upon a finding of the State Surgeon General or the State Surgeon General’s designee that probable cause exists to believe that the licensee is unable to practice nursing because of the reasons stated in this paragraph, the authority to issue an order to compel a licensee to submit to a mental or physical examination by physicians