

HOW TO SUCCEED IN RNP



Recovering Nurse Program Handbook

HOW TO SUCCEED IN THE RECOVERING NURSE PROGRAM

Each RNP Participant must sign the Program agreement, which outlines the necessary requirements to succeed of the program. It is the responsibility of the Participant to **completely read** and **fully comprehend** all of the specific requirements within the RNP agreement. If the Participant has any questions regarding the agreement, he/she should contact the Monitoring Department at **225.755.7546** and speak with a Licensing Analyst or a Case Manager.

The RNP agreement includes, but is not limited to the following:

- **Medical Evaluation:** RNP Participant will **schedule** an **inpatient** evaluation within seven (7) days at a Board recognized facility at Participant's expense. You can find a list of recognized evaluation centers at the LSBN website:
<http://www.lsbn.state.la.us/Discipline,Complaints,MonitoringRNP/RecoveringNurseProgram.aspx> The inpatient evaluation consists of a **battery** combination of tests from a Psychiatrist, Psychologist, Addictionist, etc, and will be utilized to determine the level of treatment, if any, that is needed for the RNP Participant. **You must contact the RNP representative within 48-hours of completion of the inpatient evaluation at 225-755-7546 or at rnp@lsbn.state.la.us**
- **Initial (Primary) Treatment:** If treatment is recommended from the inpatient evaluation, the Participant will schedule their inpatient (**residential**) or intensive outpatient program (**IOP**) treatment immediately upon discharge from evaluation. A list of Board recognized treatment centers can be found at <http://www.lsbn.state.la.us/Portals/1/Documents/rnp/treatment.pdf>. **Within 48-hours of discharge from primary treatment, Participant must contact a RNP representative.**
- **Continuing Treatment and Aftercare:** All Participants are required to attend a **minimum of 52 weekly aftercare meetings**, which is arranged by the Participant's treatment facility. Participants cannot change aftercare groups without permission from the treatment facility that made the original arrangements for aftercare. The RNP department must receive a written report from the Participant's assigned aftercare counselor stating that aftercare has been

completed **before** the Participant can stop attending aftercare meetings. **Aftercare reports** are due from the Participant's assigned aftercare counselor once every two (2) months. (All bi-monthly reports are due by the 10th of Jan., Mar., May, July, Sept., and Nov.). Upon completion of aftercare, the Participant is required to attend an additional **AA** or **NA** meeting per week. Aftercare Report Forms can be found at <http://www.lsbn.state.la.us/departments/rnp.asp>

- **Attendance at AA/NA Meetings:** After discharge from primary treatment, Participant will attend **AA** or **NA** meetings. All Participants are required to attend **90-meetings in 90-days** immediately upon discharge from treatment. Within three (**3**) weeks of discharge from initial treatment, the Participant shall notify the RNP in writing of their sponsor's name and telephone number. Participants must contact their sponsor at a **minimum** of three times a week. RNP staff may periodically request verbal reports from your sponsor. **Calendar Reports (Attendance Verification Calendars)** are due every two (2) months by the (10th) of the following month and should be legible and include Participant's name, sponsor's name and telephone number, and month reporting. The meeting facilitator must initial your calendar for each meeting attended and the Participant's sponsor must sign as well verifying the nurse is attending said meetings. Additional support groups such as Al-Anon, Overeaters Anonymous, Co-Dependents Anonymous and Gamblers Anonymous may satisfy requirements for some individuals, but the Participant's RNP Case Manager must approve prior to substitution. Attendance Calendar Reports can be found at <http://www.lsbn.state.la.us/departments/rnp.asp>
- **RNP Group (Nurse Support Meetings):** Nursing support groups are available to all Participants in the program; these groups are confidential and structured to provide a safe place for Participant to discuss a wide variety of issues, especially those related to the RNP and nursing practice. Weekly attendance is mandatory and **RNP- Group Reports** are submitted to the RNP by the group facilitator every two (**2**) months. If the Participant is unable to attend a meeting he/she must contact their group facilitator prior to the group session and make-up the missed group meeting with an **AA/NA** meeting the same week. The facilitator will charge each Participant a weekly fee; you must remain in "good financial standing" to be compliant with the RNP. Instances of suspected relapse or unsafe nursing practice will be reported to the RNP by the facilitator.

- If the nurse support group is not available within a 40-mile radius, the Participant will be required to buy the approved workbook for the “Distance RNP” and must meet with their RNP Case Manager at least once per quarter at the LSBN office in Baton Rouge.

- **Drug Screens:** A Participant’s lab account must be activated within 24-hours following discharge from primary treatment to begin the drug screening process. RNP Participants must voluntarily submit to **supervised, observed, random** drug screens when selected. Although most screens involve a urine specimen, the program may require analysis of blood, breath, hair, nail or any other procedure as directed by the program. The Participant agrees to call the toll free number or check the testing notification via computer daily (7-days per week from 0500 – 1400). If a Participant is selected to screen and fails to provide a specimen at a designated collection site, the RNP may consider the drug screen positive and may determine the nurse to be non-compliant with their RNP agreement. Any inaccurate paperwork (Chain of Custody, labeling, etc.) may result in an invalid drug screen, which may be considered a positive screen. All testing performed by the lab will be at the Participant’s expense. It is the responsibility of the RNP Participant to ensure all of the following information is understood and followed:

- Observed Screen** – all urine specimen collections are to be observed or the results will be deemed “invalid.” An observed urine specimen means the collector/observer enters the restroom or facility where urination occurs with the Participant (the collector/observer must be the same gender as the Participant). If it is a multi-stall restroom, the collector/observer must enter the stall with the Participant. **It is your responsibility to ensure collection of the specimen is observed.**
- Frequency of Screens** - Drug screens are scheduled for a *minimum* number of times **per year**, not **per month**. A Program representative may increase screens as needed for missed or invalid drug screens, missed call-ins, suspicious screens, etc. If the Participant misses a scheduled drug screen it may be considered a positive screen. Two (**2**) missed drug screens are considered non-compliance with your RNP Agreement. It is extremely important for the Participant to keep their lab account active (funded) at all times. Lack of finances does not excuse a Participant from missing a scheduled drug screen.

- c. **Chain of Custody Forms (COC)** – LSBN specific ***Chain of Custody forms*** must be used; **no exceptions**. Additional forms should be requested from the drug testing company in advance; running out of **COC** forms may result in a missed drug screen. It is the responsibility of the Participant to listen or read carefully to find out which option to mark on their **COC** form. Failure to write the correct option number will result in a delay of test results and additional charges will be applied by the lab for the correct option to be run. If results are considered “invalid” due to **COC** errors, it will be deemed a positive test. **It is the responsibility of the Participant to ensure the COC form is filled out completely and correctly with name, social security number, dates, signatures, authorization number and correct drug screen option number.**
- d. **Maintenance of Abstinence** – It is the responsibility of the Participant to refrain from **any** and **all** substances that could cause a positive screen. Also, Participant agrees to avoid exposure to anything that could cause a positive screen. In that regard, **Participant** shall avoid such items as “hemp oil,” “coca tea” and “poppy seeds” (which can be found in curry sauces, breads, salad dressings, and in or on other foods). Participant agrees not to use ethyl alcohol in any form including “alcohol-free” wine or beer, over-the-counter drugs containing alcohol (cough syrup, Nyquil or other similar OTC drugs or supplements), mouthwash or other hygiene products containing ethanol, foods containing ethanol (desserts, vanilla extract, etc.), communion wine sanitizing hand or body gels (Purell or other), or any other form of ethyl alcohol. Intentional use or misuse of any of these products or medications without a physician’s order is a violation of your RNP Agreement. **Medication Information** (list of medications/substances to avoid) can be found at <http://www.lsbns.state.la.us/departments/rnp.asp>
- e. **Hand Sanitizer** – Routine use of hand sanitizers will not cause a positive result for alcohol or its metabolites, particularly if caution is used to prevent inhaling fumes (***keep hands away from face***). Research shows alcohol is absorbed minimally through the skin.

- f. Abnormal Creatinine/Dilute Specimens** – Excessive fluid intake, consuming coffee, tea, soft drinks or any other form of caffeine prior to screening will most likely result in an abnormal or dilute urine specimen. To avoid additional expense, Participants must be careful to monitor their fluid intake and avoid taking diuretics prior to screening. Additional screens, medical evaluations and alternate testing such as hair, nail, or blood testing may be required if abnormal screens persist. **Best Practice is to test as early as possible in the morning before consuming fluids.**
- **Medication Report Forms** – All prescribed medications must be reported to the RNP on this form within 5-days of the date of the prescription. **Participant shall employ only one of each of the following:** Pharmacy, Primary Care Physician/Practitioner and Dentist throughout program participation. The Provider must be fully aware of Participant’s history and participation in the RNP. The RNP must have the original Medication Report Form with the healthcare provider’s signature, a legible name, telephone number and contact information for the provider; each medication documented must specify reason/diagnosis, dose, frequency, quantity and number of refills.

If the Participant is scheduled for medical/surgical procedure, original Medication Report Forms for pre-op, intra-op (including anesthesia), post-op and any discharge medications prescribed must be obtained. Also, sign/give Consent to have all discharge summaries sent to the Board. Except in a documented emergency, prior to any surgical, dental or medical procedure that may require the use of controlled substances; Participants must notify their Addictionist and RNP Case Manager. If prescribed a controlled substance for any reason you must submit a written plan (contact your Case Manager for details). Non-narcotic alternatives should always be used whenever possible. If the need for any medication is ongoing, Participant agrees to renew verification of medication every **90**-days. Prescriptions for narcotics may not be taken on an ongoing **PRN** basis and no prescription greater than one (1) year should be used for any condition. Current Medication Report Forms are available at <http://www.lsbns.state.la.us/departments/rnp.asp>

- **Travel** – Participant must enter a **“Monitoring Interruption Request”** via the First Lab website to notify the RNP (do not call or send an email to the RNP). Participant must submit request at least one **(1)** week in advance so alternate sites may be arranged if selected to test. Any Participant failing to comply with travel instructions will be considered non-compliant. You must continue to check-in daily unless you are traveling outside the U.S. If flying to your destination or if you are traveling outside the U.S (cruise ship), you must submit itinerary prior to traveling. The RNP does not intend to interfere with vacation and leisure activities; however, excessive absences from testing will not be tolerated. Participants are expected to attend **AA/NA** meetings while traveling. If unable to attend meetings due to locale, contact the RNP to discuss possible alternatives.
- **Employment and Employers Agreement:** A RNP Participant may not return to professional employment on a full-time, part-time, or PRN basis until all required treatment has been successfully completed and the RNP has a written opinion from a Board recognized Addictionist (from the Primary Treatment Facility) clearing the Participant’s “Fitness for Duty” or “Return to Work.” The actual return to work date will be determined by the Board, not the Addictionist. The Employers Agreement reinforces to the employer that the RNP is serious about the safety of the public, the legal aspects of the reporting system and the recovery of the nurse they agree to employ. You must give the employer a copy of your RNP Agreement and your Consent Order (if applicable).

The Employers Agreement must be signed ***(by employer, employee, and RNP representative)*** before a Participant can begin orientation or return to previous employment. Failure to obtain prior approval from the RNP constitutes a violation of the agreement and may result in the automatic suspension of the RNP Participant’s license for a minimum of six **(6)** months.

Each Participant must authorize their employer to submit a written **Employers Nursing Performance Evaluation** every month or every two months, depending on their agreement with the RNP. **It is the responsibility of the Participant to:**

Initiate the evaluation process with your supervisor once the month has ended e.g. take a copy of the Nursing Performance Evaluation to your supervisor; ensure that all dates are correct; ensure days tardy or absent are completed including zeros if none; you must sign the evaluation (ask your supervisor for a copy for your records).

Participants are permitted to be employed only in settings where s/he can be **directly supervised by another Registered Nurse higher on the organizational chart during their entire shift. You must be supervised for the duration of the program agreement.** The on-site supervising RN(s) must be aware the Participant is in the RNP, must see the nurse regularly during the scheduled shift and must be able to recognize any significant changes in Participant's behavior, mood and/or affect. House supervisors who work between several different units and floors **cannot** be the RN providing direct supervision. Any Participant employed in a setting not approved by the RNP will result in an immediate referral to the Board for discipline.

Participants are not allowed to work in the field for home health or hospice; nursing homes, staffing agency, travel, pool or float due to direct supervision requirements. Participants may not work in critical care settings for a minimum of one (1) year from discharge date of initial treatment; these areas include; ICU, ER, Recovery Room, and Cath Lab. The Participant is required to notify the RNP program in writing immediately of **any** change in employment status, including any changes regarding direct –RN supervision or the RN completing your Nursing Performance Evaluation.

*****Requests to have narcotic restrictions lifted must be in writing and shall include an individualized "Relapse Prevention Plan." Restrictions are not lifted until Participant receives a letter from the Board stating such.*****

See sample memo regarding restrictions on next page

Louisiana State Board of Nursing

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<http://www.lsbns.state.la.us>

We have received your written request to have restrictions (**narcotic, overtime, night shift 11pm-7am, critical care areas**) lifted on **DATE**. Please note the following:

- Participant must work as a RN for a minimum of ??? (?) months to become eligible to request narcotic privileges unless otherwise noted in your Program Agreement, Appendix "A."
- One (1) year from the discharge date of primary treatment, the Participant is eligible to request overtime [more than 84 hours in a two week period], night shift 11pm-7am, and critical care area privileges unless otherwise noted on your Program Agreement, Appendix "A."

The following documents and reports must be received by the Board and up to date for consideration of request:

- RNP-Group facilitator reports
- Aftercare reports
- Individual counseling reports
- Attendance Calendars
- Nursing Performance Evaluations
- Addictionist and/or Psychiatrist reports
- Medication Report Forms
- Normal Drug Screens

If requesting privileges, Participant must submit detailed, comprehensive, individualized Relapse Prevention Plan (see <http://www.lsbns.state.la.us/departments/rnp.asp> for Relapse Prevention Plan Data Set).. Please receive input from your Aftercare group, RNP group, employment supervisor, sponsor, and family.

If drug screens are not normal (any missed screens or diluted results) during the previous six (6) months, the Participant's request for privileges will be denied. The Participant will be eligible to resubmit request in a minimum of three (3) months.

- **The frequency of drug screens cannot be decreased at the same time as lifting restrictions.**

Restrictions are not officially lifted until participant receives a letter of approval from the Board

RNP/Monitoring Emergency Preparedness Information

Inclement Weather ■ Natural OR Man Made Disasters

- 1) **Working Overtime as part of the Disaster Team**-you may work overtime during emergency preparation/during/aftermath. Please have your nursing supervisor specify the dates you were required to work overtime on your performance evaluation.
- 2) **Drug Screens**-Continue to check-in for your drug screens daily. If you live in a mandated evacuation area/affected area, the drug screen may be excused on an individual basis depending on lab availability. A hair test may be required in some circumstances upon your return. Also, if you relocate during the evacuation, you will be expected to coordinate with the testing company for an alternate testing site within your new locale. Participants are responsible for taking Chain of Custody forms with them during evacuation. However, those not in mandated evacuation areas or affected areas will be expected to screen as usual.
- 3) **Treatment/Evaluations**-if you are scheduled for an evaluation or treatment in an affected area and your treatment/evaluation has to be postponed. Notify the board at rnp@lsbn.state.la.us If possible, give new appointment date.
- 4) **RNP/Aftercare Meetings**-again if you are in an affected area these will be excused by the provider on the monthly reports. If you miss any of your usual recovery meetings the RNP encourages you to attend extra AA/NA meetings for the next few weeks. In particular, this should help to debrief from the additional stressors of a storm and to assist in maintaining sobriety.
- 5) **Reports**-According to the situation, a short extension may be granted for the receipt of all monthly reports, Employer, RNP-Group, Aftercare, and Attendance Calendars.

COMPLETION OF RNP

Approximately, one (1) month prior to your projected release date, Participants should submit a written request for review of their file (email to rnp@lsbn.state.la.us or mail to LSBN office) and a revised Relapse Prevention Plan. The projected release date will concur with the effective date of the program agreement or from the date of discharge from primary treatment; whichever is greater in length, or from date license reinstated if disciplinary action was taken. Once all program requirements have been met the Participant will receive written notification the record is closed; until this letter is received, 100% RNP compliance is required. **Termination from the RNP may also occur as a result of relapse and/or non-compliance.**

NEXT STEPS IN THE RNP

1. Schedule an inpatient evaluation at a Board recognized facility within 7-days.
2. Activate your lab account within 48-hours of leaving the Board office; it will be placed in “inactive” status until:
 - a. You complete residential treatment OR,
 - b. You begin Intensive Outpatient Program (IOP) treatment OR,
 - c. After your evaluation if residential or IOP treatment not required.
3. You must contact your RNP case manager within 48-hours of discharge from evaluation.
4. Within 7-days you must comply with treatment recommendations per evaluation at a Board recognized facility.
5. You must contact your RNP case manager within 48-hours of discharge from residential treatment and you must begin daily check-in to your lab account.
6. You must immediately enroll in Board recognized IOP if recommended and you must begin daily check-in to lab account. Notify RNP case manager within 48-hours of discharge from IOP.
7. Begin attending all meetings immediately.
 - a. Start attending 90-meetings (AA/NA) within 90-days and document on Attendance Calendar. Find a sponsor (minimum 3-yrs sobriety, same sex, not in RNP).
 - b. Start attending Board approved Aftercare group once a week.
 - c. Call your RNP Group facilitator and begin attending weekly group.
 - d. Document all meetings/groups listed above on the same monthly Attendance Calendar.
8. Ensure you have a “Fitness for Duty” or “Return to Work” date from your treating Addictionist, but your actual return to work date will be determined by the Board (RNP Agreement and/or Consent Order), not the Addictionist.
9. All paperwork from all treatment facilities must be received by the Board prior to working.
10. Your Employer’s Agreement must be approved and signed by RNP staff **BEFORE** you can begin orientation or work as a RN. You must also give a copy of your RNP Agreement to the employer.
11. **RULE OF THUMB:** Ask your employer for a copy of your Employer’s Agreement before you begin orientation or work to ensure it has been signed by RNP staff.
12. **RULE OF THUMB:** Keep copies of every document while in the RNP and store in a file folder/box.
13. **RULE OF THUMB:** When asking a health care professional to mail you Medication Report Form to the Board, give them a stamped envelope with the Board’s address already completed.

14. **If you have a DISCIPLINARY RNP Agreement the following additional issues/items will apply:**

- a. You will have a Consent Order or Suspension letter that must be presented at your inpatient evaluation and residential or IOP facility prior to treatment.
- b. Must follow all stipulations of Consent Order (PLEASE READ THIS DOCUMENT SEVERAL TIMES AND CALL YOUR CASE MANAGER WITH QUESTIONS).
- c. You must follow **ALL** treatment recommendations (see Treatment Recommendation Letter from Board, which is mailed after treatment).
- d. You must comply with RNP for a required period of time to become eligible for reinstatement of license i.e. *Participant must have a minimum of six (6) months of RNP compliance to become eligible for reinstatement of license. See Appendix 'A' of your RNP Agreement.*
- e. Submit appropriate number of CE's with your reinstatement application.
- f. Must have all Board fines (monetary) paid in full prior to reinstatement of license.
- g. Must submit a Relapse Prevention Plan (see Relapse Prevention Plan Data Set on LSBN website within RNP department) prior to reinstatement.
- h. Must schedule reinstatement interview with RNP staff and Medical Director prior to reinstatement *i.e. to be scheduled after minimum required time of RNP compliance.*
- i. Once reinstated you must provide employer with copy of your RNP Agreement and Consent Order prior to employment.
- j. Once reinstated you must pay monthly probation fee as per your Consent Order.
- k. The end of your Probation and RNP completion date will coincide with the date your license was reinstated.