

## Impaired Nurse Treatment Program

### **PHILOSOPHY**

The Board of Registered Nursing recognizes that alcoholism, drug addiction and psychiatric problems are primary illnesses and a person so afflicted may pose a danger to public safety if untreated. When a person licensed to practice registered nursing is affected by one or more of these conditions, voluntarily seeking treatment may lead to formal disciplinary action against their professional license.

The Board of Registered Nursing may abstain; however, from taking formal disciplinary action if the Board finds that the nurse can be treated through a Impaired Nurse Treatment Program (INTP). It is clearly the intent of the Board of Registered Nursing to protect the public safety by promoting the rehabilitation of nurses whose functioning is impaired by the use of alcohol, other drugs or psychiatric illness and facilitate their return to safe and effective nursing practice.

## **PROGRAM FOCUS AND OBJECTIVES**

The primary focus of the Impaired Nurse Treatment Program (INTP) is early intervention, treatment and monitoring of psychiatrically and/or chemically impaired registered professional nurses in order to prevent patient endangerment, neglect or harm. Secondary foci include the prevention of symptom progression, prevention of more serious natural consequences related to impairment and the restoration for safe and effective professional nursing practice.

The specific objectives of the program are as follows:

1. To ensure the public health and safety through a program that provides close monitoring of registered nurses who are actively involved in a recovery and impaired due to chemical dependency and/or psychiatric illness.
2. To decrease the time between a registered nurse's acknowledgment of a problem with chemical dependency or psychiatric illness and the time she/he enters a recovery program. Early entry into a recovery program will allow the nurse to practice in a manner which will not endanger public health and safety, and will redirect the nurse's energies to the provision of patient care much sooner.
3. To provide a program for affected nurses to be rehabilitated in a therapeutic, non-punitive and confidential process.
4. To provide a voluntary alternative to the traditional disciplinary process.
5. To reach registered nurses who may be affected by chemical dependency or psychiatric illness but are not being reached through the current disciplinary system.
6. To provide a program that can refer nurses to services that are within their economic means.
7. To ensure that participants in the program will be referred directly back to the Board of Registered Nursing in the event that the participant is non-compliant with their monitoring agreement requirements.

## **CRITERIA FOR ADMISSION**

There are three methods by which a nurse can be referred for inclusion in the Impaired Nurse Treatment Program (INTP):

1. Self-reporting
2. Referred by another individual
3. Referred by the Board of Registered Nursing through its Disciplinary Review Committee

The INTP applicant must meet Criteria 1, 2 and 3 in addition to either or both Criteria 4 and 5:

1. Hold or be eligible for licensure as a Registered Professional Nurse in the State of WV or be in the process of applying for licensure.
2. Willingly agrees to admission to the program.
3. Not have been terminated from this, or any other, alternative program for non-compliance.
4. Currently abuses or has in the past abused drugs and/or alcohol in a manner which may affect the nurse's ability to practice safely.
5. Have psychiatric and/or psychological problems and symptoms which may affect the nurse's ability to practice safely.

Admission to the program may be denied if the applicant:

1. Is not eligible for licensure in the state.
2. Diverted control substances for other than self-administration.
3. Creates too great a risk for the health care consumer by participating in the Program as determined by the INTP Committee.
4. Has been determined by investigation to have caused patient harm.
5. Has past or present legal charges which will require further review by the Disciplinary Review Committee.
6. Prior felony conviction.
7. Has had previous disciplinary action in this or any other state which upon review by the INTP committee makes the applicant ineligible for participation

Dear Licensee:

Enclosed is information regarding the Impaired Nurse Treatment Program (Program) of the West Virginia Board of Examiners for Registered Professional Nurses (Board). This packet includes:

1. the program focus and objectives;
2. the program philosophy;
3. the program criteria for admission;
4. a program surrender contract which must be signed and returned to the Board **within five (5) days** of your receipt of this information;
5. a release form, which allows the Board to receive a copy of your treatment information, to be signed and returned to the Board **within five (5) days** of your receipt of this information; and
6. a program intake application to be completed and returned to the Board **within five (5) days** of your receipt of this information.

\*This program is a nondisciplinary program. The terms and conditions of the program are **not negotiable**. Only those individuals meeting eligibility criteria, including, but not limited to, admittance to an addiction and a willingness to enter and comply with treatment, will be accepted into the program. You may wish to consult an attorney before deciding to enter the program. All deadlines must be met as outlined.

\*After signing the initial surrender agreement, you shall enter into treatment (if you have not already done so) and have treatment information sent to the Board's office **within (5) days** after discharge from treatment program.

\*After receiving the treatment information and it is determined that you are eligible for the program, a meeting will be held between you, the Board's Impaired Nurse Treatment Program consultant and/or the Board's disciplinary staff to determine the terms to be included in your Impaired Nurse Treatment Program Contract.

\*If it is determined that you are not eligible for the program, your license will be returned

to you upon your request and you will be placed in the disciplinary section of the Board.

In order to determine your eligibility for this program **YOU MUST:**

1. RETURN THE SURRENDER CONTRACT **WITHIN FIVE (5) DAYS** OF YOUR RECEIPT OF THIS INFORMATION.
2. COMPLETE AND RETURN THE RELEASE FORM **WITHIN FIVE (5) DAYS** OF YOUR RECEIPT OF THIS INFORMATION.
3. COMPLETE AND RETURN THE INTAKE FORM **WITHIN FIVE (5) DAYS** OF YOUR RECEIPT OF THIS INFORMATION.
4. CONTACT THE BOARD OFFICE **IMMEDIATELY** WITH THE NAME OF YOUR TREATMENT PROVIDER AND WHERE YOU CAN BE REACHED WHILE DETERMINING YOUR ELIGIBILITY FOR THE PROGRAM.
5. HAVE YOUR TREATMENT INFORMATION SENT TO THE BOARD **WITHIN FIVE (5) DAYS** OF YOUR DISCHARGE FROM YOUR TREATMENT PROGRAM.
6. COOPERATE IN GOOD FAITH WITH THE BOARD WHILE DETERMINING YOUR ELIGIBILITY FOR THE PROGRAM.

If you have any questions, do not hesitate to contact the Board office regarding this information.

WEST VIRGINIA STATE BOARD OF EXAMINERS  
FOR REGISTERED PROFESSIONAL NURSES

IMPAIRED NURSE SURRENDER CONTRACT

In the Matter of \_\_\_\_\_

License No. \_\_\_\_\_

Comes now \_\_\_\_\_ ("Licensee"), and the West Virginia Board of Examiners for Registered Professional Nurses ("Board"), through its Impaired Nurse Program Committee (INPC), for the purpose of allowing Licensee the opportunity of participating in the Impaired Nurse Treatment Program (Program) through a contract in lieu of disciplinary action being taken against Licensee's registered nursing license pursuant to the authority of W. Va. Code § 30-7-11 and specifically defined in 19 CSR 9 section 6. As reflected in this document, Licensee has admitted to the stipulations set forth herein.

STIPULATIONS

- I. Licensee is licensed as a registered professional nurse in the state of West Virginia.
- II. Licensee acknowledges that he/she wishes to enter the Impaired Nurse Treatment Program of the West Virginia Board of Examiners for Registered Professional Nurses.
- III. Licensee acknowledges that entry into the program is a one time offer and the contract is non-negotiable.
- IV. Licensee agrees to supply the Board with all necessary information in order to determine licensee's eligibility for the program.
- V. Licensee agrees that if licensee does not proceed in good faith before signing the contract, the opportunity to enter the program will be withdrawn and licensee will be placed on the disciplinary track of the Board.
- VI. If Licensee agrees with the terms of the agreement, Licensee agrees to sign an Impaired Nurse Treatment Contract within fourteen (14) days after it is offered by the West Virginia Board of Examiners for Registered Professional Nurses.
- VII. Licensee agrees to surrender his/her license until such time that a contract is signed by licensee and the INP Committee or until such time that the licensee is found ineligible for the program.
- VIII. Licensee acknowledges that he/she is aware that after all necessary information is reviewed, licensee may not be eligible for the program and will be placed in the disciplinary section of the Board.

\_\_\_\_\_  
Licensee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Agreed to:

\_\_\_\_\_  
Impaired Nurse Program Committee

\_\_\_\_\_  
Date

ENTERED: This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_

**AUTHORIZATION FOR MEDICAL AND/OR HOSPITAL INFORMATION**

This is to authorize any physician, nurse, hospital, pharmacist or others to furnish to the West Virginia Board of Examiners for Registered Professional Nurses, or any representative thereof, any and all information or opinions which they may request regarding my physical and/or mental condition and treatment rendered thereof and to allow them to see or copy any x-rays or records which you may have regarding my condition or treatment. I hereby waive any privilege to said information to said Board. A copy of this authorization shall have the full force and effect of the original.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_,

COUNTY OF \_\_\_\_\_, TO WIT:

Sworn to before me and subscribed in my presence, this \_\_\_ day of \_\_\_\_, 20 \_\_.

NOTARY PUBLIC \_\_\_\_\_

My commission expires:\_\_\_\_\_