



**A Handbook to Help You
Understand and Succeed in the
Washington Health Professional Services (WHPS) Program**

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INTRODUCTION

The purpose of this handbook is to provide you with information to assist you during your participation in WHPS. Retain this handbook as a reference for future use. If you have questions about any of the information provided, do not hesitate to contact your case management team at 360-236-2880.

Please review this handbook thoroughly. As a WHPS client you are responsible for adhering to all conditions outlined in this handbook and your WHPS Participation Contract.

Your WHPS Participation Contract will not be effective until all areas are initialed, signed by you, and returned to WHPS. Do not add, cross out, skip or alter the contract in any way. Upon receipt of your signed contract you become an active WHPS client and will be held accountable for complying with the terms of your contract, which includes reviewing and understanding the Client Handbook.

WHPS provides nurses with rigorous monitoring and the opportunity for recovery while pursuing their practice safely. The program may feel overwhelming and very structured at first. However, drug/alcohol testing, practice restrictions, treatment, and the documentation required of each client while in WHPS will validate recovery and safe practice.

WHPS Mission

Mission

Washington Health Professional Services works to protect and improve the health of people in Washington State through early intervention, safe return to practice, and effective monitoring of health professionals with substance use disorders.

Vision

To continue to be a leader in the monitoring of nurses with substance use disorders by utilizing current research and best practices to return all clients safely back to practice.

Values

- We honor the public's trust and maintain a commitment to public safety.
- We recognize the right of everyone to be treated with dignity and respect.
- We are accountable, effective and responsive.
- We act with integrity and the courage to change.
- We protect confidentiality to the maximum extent of the law.
- We work collaboratively with partners and communities to support the WHPS Mission.

Client Rights and Responsibilities

The client has the right to:

1. Be treated with dignity and respect.
2. Confidentiality in accordance with state and federal laws.
3. Be informed about the terms and conditions of participation in WHPS.
4. Be informed about the costs involved.
5. Know the length of WHPS participation and the projected date of completion.
6. Decline/terminate participation and be informed as to the possible consequences.
7. Know their assigned case management team and how to contact them.
8. A timely response to any communication with WHPS.
9. Request a drug test any time the client feels their integrity is being questioned.
10. Speak with the WHPS Executive Director regarding program improvement recommendations and concerns.

The client is responsible to:

1. Treat others with dignity and respect.
2. Read and understand the conditions set forth in the WHPS Client Handbook.
3. Adhere to the terms of their WHPS contract.
4. Consent to any drug tests and evaluations requested by WHPS.
5. Follow treatment recommendations.
6. Inform one's employer, health provider, and school of participation in WHPS.
7. Be accountable for one's personal recovery and to professional standards.
8. Be available and return communications from WHPS in a timely manner.
9. Report any personal or prescription use of drugs or alcohol to WHPS.
10. Cease practice whenever required by WHPS and professional standards.
11. Update demographic information in a timely manner in the monitoring database and with the Nursing Commission.

History and Purpose of WHPS

The Department of Health is mandated by state legislation to protect the public. This responsibility is implemented through the licensing and regulation of designated professions by the secretary, and individual boards and commissions. In the 1980s, licensing authorities began seeing an increase in the number of cases for review and disciplinary action involving health professionals whose practice was impaired by their use of drugs and alcohol. As a result, many professionals lost their licenses.

The legislature recognized that existing law did not provide for a program of rehabilitation of health professionals with substance use disorders. In 1988, the legislature took action to amend the Uniform Disciplinary Act (see Appendix B). The Act was amended to:

- Direct licensing authorities to seek ways to identify and support the rehabilitation of impaired health professionals;
- Allow health professionals to be treated so they can return to or continue to practice their profession in a way that safeguards the public;
- Establish an alternative program to the traditional administrative disciplinary proceedings.

The Department of Health established the Substance Abuse Monitoring Program in 1988. This program is now the Washington Health Professional Services Program (WHPS) and provides monitoring services to the nursing professions.

WHPS is operated by the NCQAC and has specific responsibility to work with and monitor nurses whose practice may be impaired due to the use of alcohol or other drugs. WHPS helps protect the public's health and safety while offering nurses a way to retain their license while recovering. In many cases this supportive monitoring program is available as a voluntary alternative to license discipline.

Confidentiality

WHPS clients are protected by all state and federal confidentiality laws and regulations. Access to records is limited to WHPS staff with the exception of reporting non-compliance and practice concerns to the NCQAC. Records access limitations extend to the client and client representatives. All requests for monitoring and treatment records must go through the Public Records Disclosure process.

In order to ensure public safety and facilitate monitoring your WHPS Participation Contract authorizes WHPS to communicate directly with current and prospective employers, mental health and chemical dependency treatment providers, probation departments, drug court agencies, health providers, disciplinary bodies, peer support group facilitators, drug test collection sites and third party drug testing services.

When a client successfully graduates from WHPS, all information about prior participation is held confidential. WHPS will neither confirm nor deny previous participation.

PROGRAM DESCRIPTION

Hours of Operation

WHPS office hours are 8:00 a.m. – 5:00 p.m., Monday – Friday, except major holidays.

Program Entry

There are several ways a nurse may enter WHPS:

- **Voluntary self-referral:** Self-referral is encouraged and speeds treatment and recovery. Employers, colleagues, family and friends may recommend participation to support health and well-being. If you are in WHPS by self-referral, your participation is fully confidential.
- **Alternative to discipline:** You may be referred by the NCQAC as an alternative to license discipline. This follows a substance misuse related complaint about you.
- **Agreement to practice:** If you have a substance misuse related criminal background the NCQAC may refer you through an Agreement to Practice Under Conditions (APUC).
- **License discipline:** The NCQAC may refer you through a final Order or a Stipulation to Informal Disposition (STID) for monitoring. This offers a means for you to retain your license. Orders are posted on the department's website and are a matter of public record.

Communication with Your Case Management Team

- You must complete and submit all required documentation in a timely manner. This includes monthly reports, releases of information, and Intake and drug history form. Failure to do so may result in program discharge.
- Check your electronic messages on a daily basis and reply to your case management team when requested.
- If your case management team leaves a return call request for you, it is important that you return the call on the day received or as soon as possible.
- Leaving a detailed voice mail message will ensure that your case management team can provide an accurate response to your questions.
- Most routine questions can be answered by referring to this handbook, your Program Participation Contract or the AOS Participant User Guide.
- If you are experiencing problems with drug testing, call Affinity Online solutions (AOS) at 877-267-4304. The AOS phone system automatically records call dates and times along with your message.

Not communicating directly with your case management team or not responding to communications in a timely manner makes effective monitoring impossible and may result in program discharge.

Program Components

The Washington Health Professional Services (WHPS) program: Uses diagnosis, treatment, and compliance monitoring to allow nurses to return to or continue to practice in a way which safeguards the public. WHPS develops individualized contracts that recognize history, diagnosis, treatment experience, employment, length of time in recovery and a variety of other factors. WHPS participation and compliance will be monitored by your assigned case management team.

Diagnostic assessment: As part of the intake process you will be asked to obtain an evaluation from a certified chemical dependency service, and to follow the resulting treatment recommendations. Recommendations can vary depending on the diagnostic assessment and may range from intensive inpatient care to relapse prevention education.

If at any time during your participation there is concern about your ability to practice with reasonable skill and safety, you may be required to cease practice and undergo additional evaluations to include, but not limited to substance use, mental health, and pain management.

WHPS Participation Contract: This is a binding agreement between you and WHPS. The following are typical contract components:

- **Chemical dependency treatment:** You must immediately enter and complete the level of chemical dependency treatment recommended in your substance use evaluation.
- **Abstinence:** WHPS is an abstinence based program. This means you must remain free from the use of alcohol, marijuana (its derivatives), and all mind-altering and potentially addictive drugs unless prescribed by a physician. These include over-the-counter medications such as sleeping aids, diet pills, and antihistamines.

Marijuana is not an FDA approved medication and therefore cannot be lawfully prescribed. The use of medical marijuana is prohibited while in the WHPS program.

- **Drug testing:** Upon signing your contract you will be enrolled in random drug testing, that will be observed, through a contracted third party comprehensive drug monitoring service. You will receive a packet that includes a registration form and protocols for drug testing. You will be required to test for various drugs and alcohol. Frequency of testing depends on your diagnostic assessment, drug use and recovery history, employment circumstance, and program participation. Drug testing is a tool to protect your integrity and assures the public of your safety to practice. You are responsible for understanding the drug testing process.
- **Reports:** It is essential that your progress is communicated and monitored on a regular basis. One of the ways this is accomplished is through the submission of written reports that include self, work-site monitor, and treatment reports. In addition, self-help and peer support group attendance will be documented.

Participation Costs

WHPS does not charge a monitoring fee for program participation. However, you are responsible for the cost of chemical dependency treatment and other ancillary services. Substance use evaluations and treatment are generally covered by medical insurance, and some chemical dependency services offer payment options to those without insurance. The cost of professional peer support group and drug testing averages about \$200-250 per month. Monthly costs will vary based on testing requirements.

A lack of financial resources will not be accepted as justification for not fully participating in the WHPS program.

Drug Testing

You have several important responsibilities in the drug testing program:

Checking-In: You must check in Monday through Friday from 5:00 a.m. to 5:00 p.m. to find out if testing is required for that day. The system will advise if you are selected to test and which testing panel to mark on the Chain of Custody (COC) form. If you are calling in, listen to the complete message. For online users, complete the entire check-in process. There are different test panels, so please be sure to mark the appropriate panel.

Have the forms: You must have the ability to test with the drug testing service. Tests may be purchased with a credit/debit card, money order or cashier's check. No personal checks are accepted. The financial obligation is between the nurse and the third party drug testing service.

You must test: If you fail to test when requested to do so, you may not be permitted to return to practice until you have provided a urine drug specimen *and* a verified negative result has been received by WHPS.

Types of tests: Urine drug testing is most commonly utilized. However, you may be asked at any time for blood, nail, hair or other body matrix testing. These tests can vary widely in cost. WHPS recommends that you maintain at least \$100 in your account in order to be prepared to test any time you are requested to do so.

Check the process: It is your responsibility to check the collection process to ensure that all information, labeling, signatures, temperature readings and seals are correct. Incorrect paperwork may result in a missed test, or need for and cost of an additional test.

Dilute and abnormal urine specimens: WHPS policy requires a retest on all dilute/abnormal urine specimens; which is costly in time and money. To avoid dilute/abnormal urine specimens, the laboratory recommends to (1) test early in the day before ingesting large quantities of fluid, or (2) to stop drinking fluids 3-4 hours before testing. If you know that you have had a problem with this in the past only drink full fluids such as milk, OJ or tomato juice. Eating protein is also reported to be helpful. Continued dilute and/or abnormal specimens will result in additional testing and may require a medical evaluation to determine the cause. After four (4) dilute/abnormal specimen submissions we are required to notify the NCQAC.

Travel: If you plan to travel out of town/state, you must notify the program at least two weeks in advance. Complete a monitoring interruption request and provide verification of your trip such as flight or hotel confirmations when available. These can be faxed to 360-664-8588 or emailed to whps@doh.wa.gov. You are not required to request a monitoring interruption if you will be checking in and available to test while out of town or on vacation. Choose an alternative testing site prior to trip if you will be checking in while out of town.

Poppy seeds: Poppy seeds may cause a positive drug screen for opiates. We strongly recommend you refrain from ingesting poppy seeds while in this program. Poppy seed ingestion will not be accepted as the cause of a positive drug screen.

Unauthorized Substance Use

Unauthorized substance use requires immediate cessation of practice, a substance use evaluation, and participation in the recommended level of treatment. You may not resume practice until enrollment in treatment and considered safe to practice by the treatment provider and WHPS.

- All unauthorized substance use will result in referral to the NCQAC.
- The second instance of unauthorized substance use may result in program discharge.
- Substituting, amending or otherwise altering a drug test specimen will result in referral to the NCQAC and possible program discharge.

Prescription Medication Use

All mind/mood altering medications and potentially addictive medications must be reported. You must inform your health care providers of your participation in WHPS and submit the signed Letter of Declaration. You must ask the prescriber to report the medication(s) prescribed, the reason for the medication, quantity and dosage, and number of refills. **Failure to notify WHPS is considered material non-compliance.** For a listing of mind-altering medications and medications with addictive potential see the Talbott Recovery Medication Guide <http://www.talbottcampus.com/index.php/medication-guide/>.

If you are prescribed short term use of a narcotic analgesic you may not provide direct patient care while taking the medication. You may not resume direct patient care until 24 hours after taking the last dose and are approved by WHPS to return to practice.

You are responsible to:

- Notify WHPS immediately.
- Have the prescriber FAX the completed WHPS Prescription Information Form.
- Inform your worksite monitor and cease direct patient care.
- Notify WHPS when you take your last dose.

Use of over-the-counter medications which contain alcohol or have sedating or stimulating effects is not allowed. For a list of many of these medications please refer to the Talbott Recovery Medication Guide. An additional list of alcohol containing OTC medications can be found here <http://www.sdsduip.com/medications-containing-alcohol/>.

Washington Health Professional Services (WHPS) Reportable Medication List

Nurses are required to have their health care providers report all mind-mood altering and potentially addictive medications to WHPS immediately and at least every 90 days. The following lists common reportable medication classes and medications. This list is not inclusive and is only intended as a quick reference and you should consult with your health provider to determine the need to report to WHPS.

Anticonvulsants

Depakote (carbamazepine)
Dilantin (phenytoin)
Neurontin (gabapentin)

Barbiturates

Amytal (amobarbital)
Fiorinal (butalbital/acetaminophen/caffeine)
Nembutal (pentobarbital)
Seconal (secobarbital)

Benzodiazepines

Ativan (lorazepam)
Halcion (triazolam)
Klonopin (clonazepam)
Restoril (temazepam)
Valium (diazepam)
Xanax (alprazolam)

Cough and Cold

Atarax (Hydroxyzine)
Benadryl (diphenhydramine)
Delsym (dextromethorphan)
Tavist (clemastine)
Vistaril (hydroxyzine)

Decongestants

Allegra D (fexofenadine/pseudoephedrine)
Claritin D (loratadine/pseudoephedrine)
Mucinex D (pseudoephedrine/guaifenesin)
Sudafed (pseudoephedrine)
Zytec D (cetirizine/pseudoephedrine)

Gastrointestinal

Compazine (prochlorperazine)
Lomotil (atropine/diphenoxylate)

Mental Health

Antidepressants (Zoloft, Clexa, Paxil, Lexapro)
Bipolar disorder (Lithium, Abilify, Triavil)
Antipsychotics (Thorazine, Prolixin,

Muscle Relaxants

Flexeril (cyclobenzaprine)
Norflex (orphenadrine)
Robaxin (methocarbamol)

Opioids

Demerol (meperidine)
Dilaudid (hydromorphone)
Duragesic (fentanyl transdermal)
MS Contin (morphine sulfate)
Norco (hydrocodone/acetaminophen)
Oxycontin (oxycodone)
Percocet (oxycodone/acetaminophen)
Suboxone (buprenorphine)
Tylenol #2, #3, #4 (codeine/acetaminophen)
Ultram (tramadol) (a non-opioid analgesic)
Vicoden (hydrocodone/acetaminophen)

Sedative-Hypnotics

Ambien (zolpidem)
Lunesta (eszopiclone)
Soma (crisoprodo)
Sonata (zaleplon)

Stimulants

Adderall (amphetamine/dextroamphetamine)
Concerta (methylphenidate)
Cylert (pemoline)
Fastin (phentermine)
Ritalin (methylphenidate)

Medication Assisted Treatment

Buprenorphine
Methadone
Naltrexone

Other Responsibilities

Communication with WHPS: It is imperative that WHPS be able to communicate by email, phone and written correspondence with you. It is your responsibility to inform WHPS of your current address and phone number. You are responsible to check your electronic and phone messages on a daily basis and return communications in a timely manner (generally that same day or within one business day). Extended periods of non-communication may result in program discharge.

Circumstances may require you to meet with your case manager in person. Whenever this is necessary WHPS will attempt to provide reasonable notice. Failure to meet with your case manager when requested is considered material non-compliance.

Exchange of information: The exchange of information is a mandatory component of your monitoring program. WHPS needs to communicate with all individuals who are supporting your recovery and your practice. These individuals include, but are not limited to, treatment providers, personal healthcare providers, employer, school, and peer group facilitators. You authorize communication by signing your WHPS Participation Contract. In some instances separate Release of Information forms may be required.

Practice protections: Upon return to employment you will have practice restrictions in place. Restrictions depend on a number of factors such as drug use history, length of recovery, profession, and practice setting. This is done to both help ensure a successful recovery and public safety.

Examples of these restrictions include:

- **Employment:** In most cases, clients cannot practice until progress is made in the intensive phase of their treatment. Other restrictions may include prohibition on the type of setting or practice specialty. All employment opportunities must be approved by the case manager **prior to** accepting a position or providing patient care (e.g. working interview). Failure to inform the case manager prior to any employment in the health care industry is considered material non-compliance and will be reported to the NCQAC.

You must: (see Appendix G)

- Inform your case manager of the job opportunity prior to accepting the job.
- Inform the prospective employer of your participation in WHPS prior to accepting the position, and provide your WHPS employment contract for their review.
- Sign any required Releases of Information to allow the employer and WHPS to talk with each other. WHPS may also require a copy of the position description.
- Have the employer call your case manager to discuss contract. Your case manager must speak with the perspective worksite monitor prior to job approval to confirm that all contract restrictions can be met.
- Get verbal or written approval from your case manager to accept the position.
- Once the contract has been signed and faxed to WHPS the nurse will confirm that the contract has been received and final approval given prior to starting work.

- **Access to controlled substances and other potentially addictive medications:** This may include counting, dispensing, handling, or prescribing controlled and some legend drugs. These restrictions minimize the possibility of relapse. (see Appendix D)
- **Work schedule:** This may include limits to hours worked, overtime, and shift rotation. These restrictions help you live a balanced, less stressful lifestyle.
- **Program completion:** In most cases nurses may not graduate until they have returned to practice for at least one year.

Professional peer and self-help support groups: You may be required to attend weekly professional peer support groups. The group is comprised of other WHPS clients who discuss issues and concerns of common interest. Topics may include how to inform potential employers about participation in WHPS and other return-to-work issues. Discussions are held in confidence by the facilitator and members; however relapse and concerns regarding harm to self or others must be reported to WHPS. (See Appendix C)

In addition, you may need to attend AA and/or NA or other self-help groups as required in your contract. Attendance cards must be signed for each meeting attended. Signed attendance cards must be provided to WHPS upon request.

Reporting Requirements: You will be required to submit monthly online self-reports describing your recovery progress and challenges. This report helps you assess progress in recovery and keeps your case management team informed of your status. Reports are due on the 1st of the month and are considered late after the 5th. Not completing this form is considered a compliance issue.

Worksite monitoring: Your employer will be asked to identify a monitor – usually a direct supervisor who is aware of your situation and monitors your work performance. He or she will submit monthly reports to WHPS. This is a supervisor or manager who has frequent contact with you. Worksite monitor reports are due on the 1st of the month and are considered late after the 5th.

It is your responsibility to ensure that your worksite monitor submits reports in a timely manner. (See Appendix E)

Our hope is that the information provided in this handbook will better prepare you for your WHPS participation. We have attempted to answer frequently asked questions of clients who have gone before you. Your feedback regarding the usefulness of this manual is greatly appreciated. All of the WHPS staff wishes you the very best as you begin your participation!

FREQUENTLY ASKED QUESTIONS

Do I have to go to treatment? Can I go to any treatment center?

You must participate in the level of treatment recommended in your substance use evaluation, monthly treatment reports are required to be submitted by your counselor. You may go to any treatment agency found in the Washington State Chemical Dependency Directory

Am I required to attend 12-Step meetings?

WHPS requires attendance at recovery oriented self-help groups. These may include 12-Step, non-faith based, or other recovery focused groups. Consult your case manager for approval. An attendance report is completed each month online. Please get and keep a meeting log. Many people call this a meeting slip. This log should include the date attended, meeting name, and facilitator or secretary signature. You may be asked at any time to provide this document to WHPS to verify what you have reported.

How does WHPS monitor my participation?

WHPS uses a team approach to manage and monitor your participation. Your primary contact is your case management team that includes a case manager and an associate. Together this team assists in monitoring your contract, reads your reports and communicates with you and others about your progress. They may communicate with your worksite monitor, counselor, physician, peer group facilitator and others. By signing a contract, you permit WHPS to communicate with these individuals. WHPS also reviews your drug test results and discusses with you any issues that may put your participation in the program at risk.

Can you tell me more about the controlled substance access restriction?

In order to facilitate the recovery process and as a safety measure within the clinical setting, WHPS may require that you not have access to controlled substances (schedule II-V) and some legend drugs with addictive potential. Please see your individualized WHPS Participation Contract.

- a. Most nurses will not have access to or administer any controlled substances for a minimum of 6-12 months **after returning to practice**.
- b. By “access” we mean that you may not count, dispense, administer, carry the controlled drug medication keys, or have otherwise unsupervised access. This includes access via any automated medication delivery system (Pyxis, Sure-Med, etc.).

Contact your case manager with any questions about restricted medications and work circumstances.

Will work restrictions affect my employment opportunities?

Possibly, though many healthcare employers are aware of the WHPS program and can accommodate the work restrictions in your WHPS Employment Contract however not all can or will. Nurses network with each other, particularly at peer support group meetings, in order to identify and share employment opportunities and WHPS friendly employers.

I suffer from chronic pain. What should I do?

Chronic pain can be a significant issue for anyone. Pain in an individual with a substance use disorder diagnosis requires special considerations. If you have a chronic pain issue, WHPS will require that you seek consultation and recommendations from a pain management specialist who will explore alternatives to the use of narcotic analgesics and other potentially addicting medications. The cost of this consultation is your responsibility.

What if I miss a check-in?

You will automatically be set up to test the next business day. You can choose to self-test that morning if the test was not generated prior to your checked in.

What happens if I relapse?

All nurses who relapse (unauthorized substance use) must immediately stop practicing.

If relapse does happen, you need to do the following:

- a. Cease practice immediately.
- b. Report to your worksite monitor and case manager.
- c. Obtain a substance use evaluation by a state certified chemical dependency service.
- d. Begin recommended level of treatment as soon as possible.

You may not return to work until you enroll in the recommended level of treatment and the treatment provider and WHPS has determined that you can safely practice. You, your worksite monitor and case manager may hold a conference to develop a return-to-work plan. Your contract will be amended to support recovery and safe return to practice.

What happens if I am out of compliance with my contract?

Depending on the circumstances you may be referred to the NCQAC, time may added to your contract, testing frequency may be increased, work restrictions may be re-implemented, or other changes made to your contract. The case manager may call your worksite monitor and peer group facilitator to discuss the non-compliance.

Circumstances including, but not limited to multiple relapses, public endangerment (e.g. accepting a job without prior approval), refusal to participate in treatment, and disengagement with monitoring will result in program discharge. In some circumstances you may not be permitted to re-enter the program for 12-24 months and then only with documentation of participation in ongoing recovery including completion of recommended treatment, participation in self-help groups, and random drug screening.

May I take vacations or go on business trips while in the WHPS program?

Yes, requests for vacation or any travel that will take you away from home must be submitted to WHPS at least two weeks prior to your leaving. Your case manager will approve or deny that request, make sure to read the case manager's response thoroughly.

You may be required to continue checking in with the testing service while away. You should be able to locate a collection site using the AOS site location system. Depending on the situation you may be required to test shortly upon return from your trip

How many PSG can I miss in a year?

You can miss 6 groups a year. This includes approved monitoring interruptions.

What is a sponsor?

A sponsor is a person who is actively working a recovery program. You will most likely meet them at a recovery meeting. Sponsors generally have at least 5 years of recovery and are able to guide you through the 12 steps. They are a person who will help support our recovery.

How soon can I start looking for a job?

Each person is reviewed individually by their case manager. Most people do not return to work until they have completed the Intensive Outpatient phase of treatment however that can be reviewed if the treatment counselor gives approval for return to work.

What kinds of jobs can I look for?

Any job that is willing to work with the restrictions in your contract however high stress and high medication positions may be denied by your case manager on an individual basis.

I have license discipline on my credential. Does that ever go away?

No. Once you have the mark on your license it is there for good.

What is the difference between IOP and OP treatment?

IOP is Intensive Outpatient and usually consists of group attendance 3-4 times a week. OP is Outpatient and usually consists of 1-2 days a week of education and group process.

Can I work in the ER?

Each case is reviewed individually. Working in the ER would depend on your work restrictions and amount of clean time.

Can I fax in my prescription list myself or does it have to come from the providers office?

No. The prescription document must come from the provider.

Will my Program Participation Contract ever change or is there a decrease in requirements over time?

Medication access restriction will be reviewed after the designated period of time.

Nurses who have a 3-5 year contract will be reviewed for transitional monitoring prior to their final contract year. Eligible nurses will have some of their contract requirements modified to allow for more flexibility in their monitoring.

May I move to another state when participating in the WHPS Program?

Any relocation out of Washington must be authorized by WHPS prior to the move. In the event you wish to relocate to a state that has an alternative to discipline program WHPS will assist you in transferring to the new program. You must be eligible for that state's program.

Can I finish the program early?

We do not offer early program completion.

What can I expect when I graduate from the program?

When you complete the Washington Health Professional Services Monitoring program, a letter will be sent to the worksite monitor, peer support group facilitator and licensing authority stating your record has been successfully closed. You will also receive a certificate of completion from our office. To complete the program, you must comply with all the requirements of your monitoring contract and have practiced in your profession at least one year. Completing your monitoring contract demonstrates that you are in full recovery and are safe to practice.

Most important, you will be in recovery from the disease of chemical dependency.

Appendix A

Website Links

Washington Health Professional Services (includes downloadable WHPS forms)
<https://fortress.wa.gov/doh/hpga1/hps2/WHPS/default.htm>

Division of Alcohol and Substance Abuse / DSHS
<http://www1.dshs.wa.gov/dasa/>

Alcohol and Drug 24-Hour Help Line:
<http://www.adhl.org/>

Alcoholics Anonymous
<http://www.alcoholics-anonymous.org/?Media=PlayFlash>

Al-Anon/Alateen in the Washington Area:
www.wa-al-anon.org/

American Society of Addiction Medicine (ASAM)
<http://www.asam.org/>

Cocaine Anonymous:
www.ca.org/

NARCONON International
<http://www.narconon.org/>

National Institute on Alcohol and Alcoholism – NIAAA:
<http://www.niaaa.nih.gov/>

National Institute on Drug Abuse – NIDA:
<http://www.nida.nih.gov/>

National Organization of Alternative Programs:
<http://alternativeprograms.org/>

National Treatment Provider Locator:
<http://findtreatment.samhsa.gov/>

Nurses House (helping nurses in need of financial assistance)
<http://nurseshouse.org/>

Substance Abuse and Mental Health Services Administration within Federal HHS:
<http://www.samhsa.gov/>

Washington State Nursing Care Quality Assurance Commission:
<http://www.doh.wa.gov/hsqa/professions/Nursing/>

WA Uniform Disciplinary Act 18.130 RCW
<http://apps.leg.wa.gov/RCW/default.aspx?cite=18.130>

Appendix B

RCW 18.130.175

Voluntary substance abuse monitoring programs

(1) In lieu of disciplinary action under RCW [18.130.160](#) and if the disciplining authority determines that the unprofessional conduct may be the result of substance abuse, the disciplining authority may refer the license holder to a voluntary substance abuse monitoring program approved by the disciplining authority.

The cost of the treatment shall be the responsibility of the license holder, but the responsibility does not preclude payment by an employer, existing insurance coverage, or other sources. Primary alcoholism or other drug addiction treatment shall be provided by approved treatment programs under RCW [70.96A.020](#) or by any other provider approved by the entity or the commission. However, nothing shall prohibit the disciplining authority from approving additional services and programs as an adjunct to primary alcoholism or other drug addiction treatment. The disciplining authority may also approve the use of out-of-state programs. Referral of the license holder to the program shall be done only with the consent of the license holder. Referral to the program may also include probationary conditions for a designated period of time. If the license holder does not consent to be referred to the program or does not successfully complete the program, the disciplining authority may take appropriate action under RCW [18.130.160](#) which includes suspension of the license unless or until the disciplining authority, in consultation with the director of the voluntary substance abuse monitoring program, determines the license holder is able to practice safely. The secretary shall adopt uniform rules for the evaluation by the disciplinary authority of a relapse or program violation on the part of a license holder in the substance abuse monitoring program. The evaluation shall encourage program participation with additional conditions, in lieu of disciplinary action, when the disciplinary authority determines that the license holder is able to continue to practice with reasonable skill and safety.

(2) In addition to approving substance abuse monitoring programs that may receive referrals from the disciplining authority, the disciplining authority may establish by rule requirements for participation of license holders who are not being investigated or monitored by the disciplining authority for substance abuse. License holders voluntarily participating in the approved programs without being referred by the disciplining authority shall not be subject to disciplinary action under RCW [18.130.160](#) for their substance abuse, and shall not have their participation made known to the disciplining authority, if they meet the requirements of this section and the program in which they are participating.

(3) The license holder shall sign a waiver allowing the program to release information to the disciplining authority if the licensee does not comply with the requirements of this section or is unable to practice with reasonable skill or safety. The substance abuse program shall report to the disciplining authority any license holder who fails to comply with the requirements of this section or the program or who, in the opinion of the program, is unable to practice with reasonable skill or safety. License holders shall report to the disciplining authority if they fail to comply with this section or do not complete the program's requirements. License holders may, upon the agreement of the program and disciplining authority, reenter the program if they have previously failed to comply with this section.

(4) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved programs shall be confidential, shall be exempt from chapter [42.56](#) RCW, and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplining authority for cause as defined in subsection (3) of this section. Monitoring records relating to license holders referred to the program by the disciplining authority or relating to license holders reported to the disciplining authority by the program for cause, shall be released to the disciplining authority at the request of the disciplining authority. Records held by the disciplining authority under this section shall be exempt from chapter [42.56](#) RCW and shall not be subject to discovery by subpoena except by the license holder.

(5) "Substance abuse, as used in this section, means the impairment, as determined by the disciplining authority, of a license holder's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(6) This section does not affect an employer's right or ability to make employment-related decisions regarding a license holder. This section does not restrict the authority of the disciplining authority to take disciplinary action for any other unprofessional conduct.

(7) A person who, in good faith, reports information or takes action in connection with this section is immune from civil liability for reporting information or taking the action.

(a) The immunity from civil liability provided by this section shall be liberally construed to accomplish the purposes of this section and the persons entitled to immunity shall include:

- (i) An approved monitoring treatment program;
- (ii) The professional association operating the program;
- (iii) Members, employees, or agents of the program or association;

(iv) sons reporting a license holder as being possibly impaired or providing information about the license holder's impairment; and

(v)) Professionals supervising or monitoring the course of the impaired license holder's treatment or rehabilitation.

(b) The courts are strongly encouraged to impose sanctions on clients and their attorneys whose allegations under this subsection are not made in good faith and are without either reasonable objective, substantive grounds, or both.

(c) The immunity provided in this section is in addition to any other immunity provided by law.

[2006 c 99 § 7; 2005 c 274 § 233; 1998 c 132 § 10; 1993 c 367 § 3; 1991 c 3 § 270; 1988 c 247 § 2.]

Notes:

Effective date -- 2006 c 99 § 7: "Section 7 of this act takes effect July 1, 2006." [2006 c 99 § 11.]

Part headings not law -- Effective date--2005 c 274: See RCW [42.56.901](#) and [42.56.902](#).

Finding--Intent -- Severability -- 1998 c 132: See notes following RCW [18.71.0195](#).

Legislative intent -- 1988 c 247: "Existing law does not provide for a program for rehabilitation of health professionals whose competency may be impaired due to the abuse of alcohol and other drugs.

It is the intent of the legislature that the disciplining authorities seek ways to identify and support the rehabilitation of health professionals whose practice or competency may be impaired due to the abuse of drugs or alcohol. The legislature intends that such health professionals be treated so that they can return to or continue to practice their profession in a way which safeguards the public. The legislature specifically intends that the disciplining authorities establish an alternative program to the traditional administrative proceedings against such health professionals." [1988 c 247 § 1.]

Appendix C

Suggested Group Norms for Peer Support Groups

1. We will start on time and end on time. If there is a crisis being discussed, the group may continue past the ending time if there is consensus to do so.
2. If you are more than 15 minutes late you will be marked as absent.
3. Attendance will only be reported to the WHPS program. Everything else is confidential with the exception of relapse.
4. You are allowed a maximum of six absences (excused or unexcused) per calendar year.
5. If you are sick or have an emergency, you are responsible to notify the facilitator of your impending absence.
6. If you are planning to be away you are responsible for notifying the group of your planned time away.
7. If you relapse, you are to inform the group. You will be expected to inform the WHPS program within two weeks. If you do not inform the program, your facilitator is obligated to do so.
8. If you miss three or more meetings in a calendar quarter, you will be asked to present a plan to improve your attendance. A fourth absence within a quarter may be grounds for dismissal.
9. What is said here stays here. All members are expected to respect the confidentiality of each member.
10. Potential new members may be interviewed by the group for their suitability to fit with and add to the group. If the group determines the person is not appropriate for the group, the group members are obligated to suggest alternatives.
11. Being on prescribed medications for an addiction (suboxone, methadone, etc.) is not sufficient reason to not accept a person into the group.
12. If your recovery is questioned in group, you shall test and ask the WHPS program to share the results with your group facilitator.
13. All group members shall act respectfully to other group members and to the facilitators.
14. You will get out of group what you put into it. All members are expected to participate.
15. Physical harm or threats of harm will not be tolerated and will be reported to the WHPS program.
16. Norms will be changed, added or deleted by group consensus.

Appendix D

Controlled Substance Schedules

<http://www.deadiversion.usdoj.gov/schedules/>

Schedule II Controlled Substances

Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence.

Examples of Schedule II narcotics include: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®, Percocet®), and fentanyl (Sublimaze®, Duragesic®). Other Schedule II narcotics include: morphine, opium, and codeine.

Examples of Schedule II stimulants include: amphetamine (Dexedrine®, Adderall®), methamphetamine (Desoxyn®), and methylphenidate (Ritalin®).

Other Schedule II substances include: amobarbital, glutethimide, and pentobarbital.

Schedule III Controlled Substances

Substances in this schedule have a potential for abuse less than substances in Schedules I or II and abuse may lead to moderate or low physical dependence or high psychological dependence.

Examples of Schedule III narcotics include: combination products containing less than 15 milligrams of hydrocodone per dosage unit (Vicodin®), products containing not more than 90 milligrams of codeine per dosage unit (Tylenol with Codeine®), and buprenorphine (Suboxone®).

Examples of Schedule III non-narcotics include: benzphetamine (Didrex®), phendimetrazine, ketamine, and anabolic steroids such as Depo®-Testosterone.

Schedule IV Controlled Substances

Substances in this schedule have a low potential for abuse relative to substances in Schedule III.

Examples of Schedule IV substances include: alprazolam (Xanax®), carisoprodol (Soma®), clonazepam (Klonopin®), clorazepate (Tranxene®), diazepam (Valium®), lorazepam (Ativan®), midazolam (Versed®), temazepam (Restoril®), and triazolam (Halcion®).

Schedule V Controlled Substances

Substances in this schedule have a low potential for abuse relative to substances listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotics.

Examples of Schedule V substances include: cough preparations containing not more than 200 milligrams of codeine per 100 milliliters or per 100 grams (Robitussin AC®, Phenergan with Codeine®), and ezogabine.

Appendix E

Worksite Monitoring

All clients who are employed in healthcare positions are required to have a worksite monitor.

1. The worksite monitor reviews and signs the employment contract, evaluates the nurses job performance, ensures work restrictions are adhered to, and acts as WHPS's primary point of contact with the employer.
2. The worksite monitor must provide direct supervision to the client unless an alternate monitoring relationship is approved by the case manager.
3. Once WHPS receives the signed employment contract, a worksite monitor packet will be mailed and the worksite monitor will be provided with an electronic case management system password.
4. The worksite monitor is required to complete the electronic WHPS worksite monitor orientation module.
5. The case manager maintains regular contact with worksite monitors, most particularly in the event that practice must be restricted or the client exhibits behavioral changes which may be indicative of relapse.
6. The worksite monitor provides monthly reports on the status of the nurse's job performance and behavior.
7. When a different worksite monitor is assigned to a client or there are changes made to the nurse's work restrictions the employment contract must be reviewed and signed by the worksite monitor and returned to WHPS within seven days.

Appendix F

Worksite Monitor (WSM) Criteria

1. The worksite monitor (WSM) must be available to the WHPS participating healthcare professional, preferably working the same hours.
2. If the WSM is recovering from chemical dependency, he/she must have two years sobriety.
3. The WSM must be in professional services in a supervisory or senior capacity. The WSM should not be a peer, colleague, close friend, professional partner, or have any financial or business arrangements with the client.
4. The WSM shall not have a provider/patient relationship with the participating healthcare professional.
5. The WSM must be willing to monitor the participating healthcare professional's job performance in relation to their impairment, quickly and effectively communicating any concerns to the employer and WHPS.
6. The WSM must be willing and able to submit timely reports online. Late, incomplete, or missing reports affect compliance and have adverse consequences for the participant.
7. The WSM must review and sign the WHPS employment contract with the participating healthcare professional.

It is the responsibility of the participating healthcare professional to divulge his/her participation in the WHPS program to their employer and together they will identify the WSM. The timely submission of all monthly reports is ultimately the responsibility of the WHPS participating practitioner. This includes ensuring the timely submission of employer evaluation reports by the WSM.

WHPS reserves the right to remove the WSM at any time due, but not limited to: untimely report submissions, report falsification, inadequate oversight, or change in relationship with the participating health care professional.

Appendix G

Job/School Approval Checklist

All positions that require a health care license and/or involve patient care must be approved by your case manager prior to accepting the job. This includes new employment/practical placement opportunities, and changes in job duties.

1. Before a client accepts a job in healthcare, the client must fulfill specific requirements. Please use this checklist as a guide; this checklist may not be all inclusive. Please contact your case manager for specific requirements and questions.

a) Have you completed the following **prior** to accepting and starting a job?

- Informed your employer/school of your participation in WHPS
- Verified the employer/school's ability to accommodate your work restrictions
- Identified a worksite monitor
- Notified your case manager of the job prospect and signed any required release of information authorizations.
- Provided a job description (if requested)
- Received approval from your case manager
- Submitted the signed WHPS Employment Contract

2. Prior to approving a job/placement your case manager will contact the employer school to discuss the job duties, ability to accommodate work restrictions and worksite monitor requirements, and answer any questions about WHPS and your monitoring contract.

3. If your case manager team does not approve of the job/placement, the case manager will notify you directly.

Accepting a job/placement prior to approval is a significant compliance issue that will result in a referral to your licensing authority and possible program discharge. In addition be aware that many disciplinary orders include a requirement that the licensee ensure that the employer is aware of and understands the order.