

**APPROVED JUNE 17, 2010**  
**ARIZONA STATE BOARD OF NURSING**  
**ALCOHOL AND/OR DRUGS**  
**INVESTIGATIVE AND DISCIPLINARY GUIDELINES**

ARS 41-1091 (B)

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the AZ Administrative procedure act. If you believe that this substantive policy statement does impose additional or penalties on regulated parties you may petition the agency under Arizona Revised Statutes section 41-1033 for a review of the statement.

**I. Introduction**

Complaints related to substance misuse, abuse and dependency are some of the most prevalent complaints to be investigated and reviewed by Boards of Nursing. The Board has a duty to protect the public health, safety and welfare and individuals who misuse, abuse and/or are active in a substance use disorder have the potential to place patients/public at risk.

Healthcare professionals who have active substance use disorder, including addiction, have high potential to negatively impact patient safety and should not be practicing until such time as they can demonstrate the ability to abstain from substance abuse and a recovery process. What is not always easily known is when misuse and/or abuse of a substance, including alcohol, places the patient/public at risk. Independent expert evaluations may be required in some cases to assist the Board in determining risk and appropriate decision making by the Board.

The guidelines do not attempt to identify all categories of complaints of potential substance abuse/use disorder but rather identify the most common categories of complaints received by the Board. These investigative guidelines are intended to protect the public and for consistency in the investigation of similar allegations and in Board decision-making. However, these investigative and disciplinary guidelines may be modified based upon unique individual case considerations.

**II. Definition of Terms and Concepts**

A. Substance Dependency Disorder/Addiction: A multiphasic disease that effects individuals physically, mentally (cognitive), emotionally and spiritually. It follows a predictable and progressive course, is potentially fatal if allowed to progress and has the following symptoms:

- Compulsion – marked by focusing increased time and energy on obtaining and using the drug and may include doing things to obtain the drug that the person normally wouldn't do, such as misappropriation (theft) of drugs
- Loss of control – inability to predict when, how much and outcomes from using
- Changes in tolerance resulting in the person needing to access and use more of the substance over time to achieve previous effects or to prevent withdrawal symptoms.

- Continued substance use, despite the obvious potential for negative consequences including health, family/social, legal and employment and/or licensure consequences.

Some drugs produce psychological dependence where the individual uses the drug to alter feelings but no physical dependency occurs. **Psychological dependence** is characterized by excessive thinking, planning, and living life around access to and ability to use substances. Other drugs produce physical as well as psychological dependence where increased tolerance and physical dependence are symptomatic. **Physical dependence** is characterized by physiological withdrawal symptoms in the absence or decreasing levels of the drug and which may be life threatening without appropriate medical intervention.

- B. Substance Abuse: The use of a drug or other substance for purposes other than the purpose for which the drug or substance is intended; in amounts higher than therapeutically recognized; and/or any use that puts others at risk of harm. Although the abuse of a substance(s) is symptomatic of substance dependency, abuse without the other signs/symptoms of substance dependency is not sufficient to warrant a diagnosis of substance dependency. In general, the risks associated with substance abuse increase as the amount or frequency of use increases, including the risk of developing the disease of addiction. However, there are individuals who have demonstrated signs and symptoms of addiction immediately following their initial exposure to a substance/drug and/or following therapeutically prescribed drugs. An additional concern for the Board is that abuse of thought altering substances by a licensee/certificate holder, has the potential to adversely affect patient/public safety.
- C. For Cause Positive Drug Screen: A drug screen that is requested/obtained secondary to observed behavioral indicators of a potential impairment concern. A “for cause” drug screen that is positive for drugs or alcohol is highly suggestive of substance abuse and dependency as the symptoms of loss of control and continued use despite the potential for negative consequences are apparent.
- D. Random Positive Drug Screen: A drug screen that is obtained on a random basis and not based upon observed behavioral indicators. Although the potential for substance abuse or dependency must be ruled out, in general, an individual that randomly tests positive in a drug screen without any other documented concerns/findings, is a less immediate risk of being a threat to patient/public safety than the individual who tests positive in a for cause screen. Employers who institute/utilize random drug screening have policies that define their testing protocols. These employers generally require that employees read the policies and sign their consent for random drug testing. Therefore, testing positive in a random drug screen when one is well informed of the potential for testing is symptomatic of continued use, despite the obvious potential for negative consequences, a symptom of substance dependency.
- E. Pre-employment Positive Drug Screen: A drug screen that is obtained as a condition of employment offering. Many healthcare employers are requiring pre-employment drug screening prior to the final job offer. Therefore, when a licensee/certificate holder fails a pre-employment drug screen, there is high potential for substance abuse and substance

dependency because failure to pass a pre-employment drug screen is symptomatic of the inability to control one's use and the continued use despite the obvious negative consequences.

F. Employment Indicators of Substance Abuse/Dependency: For healthcare professionals, the professional work environment is one of the last places that indicators of substance abuse/dependency are apparent. Healthcare professionals strive to maintain their professional identity and often have been struggling with substance abuse/dependency in other areas of their life before indicators are present in the professional work environment. When workplace indicators of substance use, abuse or dependency are present, the risk for potential adverse effects to patients/public is increased. Employment indicators include, but are not limited, to the following:

- Changes in time and attendance (or failure to adhere to the established standard) both in arriving to duty as well as accountability for their time while on duty.
- Changes in behavior and changes in relationships with others or behavior that is not appropriate in the professional work environment. Examples of changes in behavior may include: slurred speech; fluctuations in alertness, mood or affect; illogical and/or unreadable writing; inability to recall conversations ....
- Declining performance (reflective of the cognitive disruption that takes place as a result of abuse/dependency) as indicated by failure to follow through with assignments, practice errors or omissions, difficulty with decision-making, failure to appropriately account for and document controlled drugs (controlled drug discrepancies), and decreased productivity.
- Reporting to duty with the odor of alcohol present.
- Failure to follow through with a request for a for cause drug screen.
- Frequent job losses and changes.

G. Legal Indicators of Substance abuse/dependency include but are not limited, to the following:

- History of arrests and/or encounters with law enforcement personnel that involves alcohol and/or drugs. Examples of arrests and encounters where alcohol or other drug use is present include but are not limited, to domestic violence, disorderly conduct, possession related arrests, prescription fraud related arrests, public intoxication, and driving under the influence (DUI)
- DUI arrests: In order for a DUI arrest to occur, four factors must simultaneously occur. These factors include the consumption of alcohol and/or drugs, driving a vehicle, doing something while driving the vehicle that draws the attention of others, and an officer present to see/witness the behavior and/or outcome (accident) of the behavior. Not that any DUI is without concern but the **higher the alcohol level is, the higher the risk factor is of ongoing abuse/dependence as a high alcohol level is indicative of tolerance, a symptom of substance abuse/dependence disorder.** In cases where the alcohol level is .150 or greater, an independent substance abuse evaluation should be considered either during the investigation or, as a term of monitoring under a probation or suspension Consent Agreement or Board Order.

- The average social drinker does not normally engage in activity leading towards a DUI arrest/conviction. Each arrest is therefore of concern, with each additional arrest increasing the likelihood that an individual has a substance abuse/dependency disorder is chemically dependent. When there is more than one incident, an independent substance abuse evaluation should be considered either during the investigation or, as a term of monitoring under a probation or suspension Consent Agreement or Board Order.
- A DUI arrest related to drugs (verses alcohol) is of great concern in that law enforcement individuals generally do not conduct a sobriety test, absent the odor of alcohol, unless the behavior/responses of the individual reflect obvious impairment. An independent substance abuse evaluation should be considered in cases involving drug related legal incidents.

H. Evaluation of Substance Abuse/Substance Use Disorders: When there are indicators suggestive of substance abuse/dependency and the licensee/certificate holder denies abuse and/or dependence upon substances, an expert evaluation should be obtained. There are various types and levels of evaluations available to the Board in assessing a licensee/certificate holder's need for treatment. They are as follows:

- **Addictionologist/Addictionist**: A physician, a medical doctor (M.D.) or osteopathic (D.O.), who is certified by the American Society of Addiction Medicine (ASAM) should be considered when the licensee/certificate holder does not believe/acknowledge that he/she abuses substances, and indicators present suggest they may abuse substances, including prescribed medications, and **concurrent medical issues** put them at risk for abuse/dependency. Examples of medical issues that may put one at risk for abuse and/or dependence include: a history of chronic pain; a history of migraines; fibromyalgia; and/or any other ongoing medical or dental event which has required frequent or long term narcotic analgesics.
- **Psychological Evaluation With Emphasis On Substance Use/Abuse**: An individual who is a licensed psychologist and doctoral prepared, and who has expertise in diagnosing and treating substance use disorders should be considered in complex cases where the licensee/certificate holder has recent indicators present that suggest that he/she may abuse substances, does not believe/acknowledge the abuse of substances and, **lacks concurrent medical issues** that may put the individual at risk for abuse/dependency
- **PhD/Doctoral Level Evaluator**: An individual who is doctoral prepared and who has expertise in diagnosing and treating substance use disorders should be considered when the licensee/certificate holder does not believe/acknowledge the abuse of substances has indicators present that suggest that he/she may abuse substances and a psychological evaluation is not otherwise indicated.

I. High-Risk Populations: High-risk populations include but is not limited to licensee's with prior licensure or disciplinary action related to substance use disorders, persons with concurrent diagnosis of substance use disorder and chronic pain or other diagnosis requiring long-term prescribed opiod or other controlled substances, licensee's with substance use disorders and requiring medication assisted treatment and CRNA's who's substance use disorder involves controlled substances or other medications commonly and

readily available in their work setting as a CRNA. In these populations, the recidivism rates have been documented in the literature to be higher than in other populations.

### **III. Investigative Outcome Guidelines**

The Board has previously approved guidelines for case disposition and summary letter of concerns. The following disciplinary guidelines for cases involving potential alcohol/drug misuse, abuse and dependency are intended to be used in those cases that either do not meet or are not appropriate for case disposition or summary letter of concern. They are also intended to be utilized in cases where the licensee has not had previous disciplinary action on their license/certificate and therefore may not necessarily be appropriate in cases where there has been previous discipline for similar or related violations. These investigative and disciplinary guidelines may be modified based upon unique individual case considerations.

The Board has approved that licensees who are eligible for the CANDO Program may enter the CANDO Program as a non-disciplinary resolution contingent upon the licensee voluntarily entering the CANDO Program prior to the Board making a finding of probable cause/disciplinary finding. The following investigative discipline outcomes are not intended for cases where the individual meets eligibility for CANDO and voluntarily agrees to sign a stipulated agreement with CANDO.

Complaints related to allegations of substance abuse or substance use disorders, the investigative review should include a review of employment history for past (2) years, legal history, including encounters with law enforcement to include arrests and convictions, if any, motor vehicle department (MVD) history, and an in person interview when possible. In complex cases or cases where there is more than one recent incident or there are other indicators of possible substance abuse or recent active substance use disorder, a substance abuse evaluation should be obtained to provide for an expert assessment of potential risk to patient/public and identify recommendations, if any, for treatment.

Depending upon information received during the investigative review, additional information may be needed on a case by case basis. As an example, if the employment review identifies concerns, consideration should be given to obtaining additional employment information.

#### **A. First Time DUI Or Other Drug Related Misdemeanor Offense**

1. Licensee admits substance use disorder:

##### **Disciplinary options following an investigation and Board review may include:**

- Probation:  
Admits having a substance use disorder, and the investigative findings support the need for substance use disorder treatment and monitoring, and there is no indication that the person is unsafe to practice while being monitored, the length of probation should be at minimum, 36 months and with a requirement to work in nursing for at minimum, twelve of those months. The probation in these cases would include treatment, 12-step participation, abstaining, drug screening, re-evaluation and provisions for step-down in terms the last nine months when substantially in compliance
- Suspension:

Admits having a substance use disorder and is assessed to be currently unsafe pending treatment, the license/certificate should be suspended pending the completion of treatment, and other evidence has been received that the individual is safe to practice. Following the completion of suspension, a period of probation as described above would follow.

2. Licensee denies substance use disorder.

**Disciplinary options following an investigation and Board review may include but are not limited to:**

- Civil Penalty – Most commonly used when there are no treatment/monitoring recommendations and employment review does not reflect indicators of drug/alcohol related symptoms and there was a delay or failure in reporting the arrest/conviction to the Board.
- Decree of Censure: Most commonly used when there are no treatment recommendations and employment review does not reflect indicators of drug/alcohol related symptoms and there was a delay or failure in reporting the arrest/conviction to the Board.
- Probation:
  - a. If found to have a substance use disorder, and the findings support the need for substance use disorder treatment and monitoring, and there is no indication that the person is unsafe to practice while being monitored, the length of probation should be at minimum, 36 months and with a requirement to work in nursing for at minimum, twelve of those months. The probation in these cases would include treatment, 12-step participation, abstaining, drug screening, re-evaluation and provisions for step-down in terms the last nine months when substantially in compliance.
  - b. If not found to have a substance use disorder and treatment is not recommended but investigative findings support a need for monitoring of drug screens, practice and/or periodic employment review, the length of probation should be at minimum, twelve months but may also be longer, depending on findings. Examples of cases where this may occur include cases where the employment review reflects practice concerns (which may include controlled drug discrepancies) or other potential indicators of alcohol/drug related symptoms and/or information in arrest records or other document review reflects high potential for other than an isolated event.
- Suspension: If assessed to be currently unsafe pending treatment, the license/certificate should be suspended pending the completion of treatment, and other evidence is received that the individual is safe to practice. Following the completion of suspension, a period of probation as described above would follow.

**Non-disciplinary options include:**

- Dismiss
- Letter of Concern

**B. Second Time DUI Or Other Drug Related Misdemeanor Offenses:**

**Disciplinary options following an investigation and Board review may include but are not limited to:**

1. Licensee admits substance use disorder:
  - Probation:  
Admits having a substance use disorder and the investigative findings support the need for substance use disorder treatment and monitoring, and there is no indication that the person is unsafe to practice while being monitored, the length of probation should be at minimum, 36 months and with a requirement to work in nursing for at minimum, twelve of those months. For high-risk populations, probation length should be five years and with a requirement to work in nursing for at minimum, thirty-six months. The probation in these cases would include treatment, 12-step participation, abstaining, drug screening, re-evaluation and provisions for step-down in terms the last nine months when substantially in compliance
  - Suspension:  
Admits having a substance use disorder and is assessed to be currently unsafe pending treatment, the license/certificate should be suspension pending the completion of treatment, and other evidence that the individual is safe to practice. Following the completion of suspension, a period of probation as described above would follow.
2. Licensee denies substance abuse/use disorder:
  - Civil Penalty – Most commonly used when there are no treatment/monitoring recommendations and employment review does not reflect indicators of drug/alcohol related symptoms or there was a delay or failure in reporting the arrest/conviction to the Board
  - Decree of Censure: Most commonly used when there are no treatment recommendations and employment review does not reflect indicators of drug/alcohol related symptoms or there was a delay or failure in reporting the arrest/conviction to the Board
  - Probation:
    - If found to have a substance use disorder, and the findings support the need for substance use disorder treatment and monitoring, the length of probation should be at minimum, 36 months and with a requirement to work in nursing for at minimum, twelve of those months. For high-risk populations, probation length should be five years and with a requirement to work in nursing for at minimum, thirty-six months. The probation in these cases would include treatment, 12-step participation, abstaining, drug screening, re-evaluation and provisions for step-down in terms the last nine months when substantially in compliance
    - If not found to have a substance use disorder and treatment is not recommended but investigative findings support a need for monitoring of drug screens, practice and/or periodic employment review, the length of probation should be at minimum, twelve months but depending on findings, may be longer. Examples of cases where this may occur include cases where the employment review reflects behavior or practice concerns (which may include controlled drug discrepancies or other practice deficits) or other potential

indicators of alcohol/drug related symptoms and/or information in arrest records or other document review reflects high potential for other than an isolated event.

- **Suspension:** If assessed to be currently unsafe, the license/certificate should be suspended pending the completion of treatment, and other evidence that the individual is safe to practice. Following the completion of suspension, a period of probation as described above would follow.

**C. Three or More DUI's Or Other Drug Related Misdemeanor Offenses**  
**Disciplinary options following an investigation and Board review may include but are not limited to:**

1. License admits substance use disorder:

- **Probation:**

Admits having a substance use disorder and the investigative findings support the need for substance use disorder treatment and monitoring, and there is no indication that the person is unsafe to practice while being monitored, the length of probation should be at minimum, 36 months and with a requirement to work in nursing for at minimum, twelve of those months. For high-risk populations, probation length should be five years and with a requirement to work in nursing for at minimum, thirty-six months. The probation in these cases would include treatment, 12-step participation, abstaining, drug screening, re-evaluation and provisions for step-down in terms the last nine months when substantially in compliance

- **Suspension:**

Admits having a substance use disorder and is assessed to be currently unsafe pending treatment, the license/certificate should be suspended pending the completion of treatment, and other evidence is received that the individual is safe to practice. Following the completion of suspension, a period of probation as described above would follow.

2. Licensee denies substance use disorder,

- **Probation:**

If found to have a substance use disorder, and the findings support the need for substance use disorder treatment and monitoring, the length of probation should be at minimum, 36 months and with a requirement to work in nursing for at minimum, twelve of those months. For high-risk populations probation length should be five years and with a requirement to work in nursing for at minimum, thirty-six months. The probation in these cases would include treatment, 12-step participation, abstaining from unauthorized substance use, drug screening, re-evaluation and provisions for step-down in terms the last nine months when substantially in compliance.

If not found to have a substance use disorder and treatment is not recommended but the multiple offenses or other investigative findings support a need for monitoring of drug screens, practice and/or periodic employment review, the length of probation should be at minimum, twelve months but depending on investigative findings, may be longer. Examples of cases where this may occur include cases where the employment review reflects behavior or practice concerns

(which may include controlled drug discrepancies or other practice deficits) or other potential indicators of alcohol/drug related symptoms and/or information in arrest records or other document review reflects high potential for other than an isolated event.

- **Suspension:**

If evaluated during the investigation by a board approved evaluator and assessed to be currently unsafe, the license/certificate should be suspended pending the completion of treatment, and other evidence has been received that the individual is safe to practice. Following the completion of suspension, a period of probation as described above would follow.

If not evaluated during the investigation by a board approved evaluator, and there is evidence the person may not be currently safe to practice, the license should be suspended pending an evaluation by a Board approved evaluator and evidence of complying with the evaluators treatment recommendations, if any, and evidence of being safe to resume practice is received. Upon successful completion of terms of suspension, a period of probation as described above would follow.

**D. New Graduate/Applicant One Time DUI or Drug Related Misdemeanor Conviction**  
(within past two years)

**Disciplinary options following an investigation and Board review may include but are not limited to:**

1. Applicant admits having a recent, active substance use disorder:

- Grant Licensure contingent upon signing a Consent Agreement for a minimum of 3 years **Probation:**

Evaluation supports licensure but the evaluator recommends treatment and monitoring of substance use disorder status. Additionally, the applicant demonstrates a willingness to follow all treatment/monitoring recommendations.

- **Denial of Licensure:**

The evaluation and/or investigative findings reflect that there is high potential for compromise of patient/public safety.

2. Applicant denies substance use disorder:

- Grant Licensure contingent upon signing a Consent Agreement for a minimum of 3 years **Probation** terms conditions consistent with substance abuse/use monitoring:

Most commonly appropriate in cases where the evaluation supports licensure but the evaluator recommends treatment and monitoring of substance use disorder status. Additionally, the applicant demonstrates a willingness to follow all treatment/monitoring recommendations.

- Grant Licensure contingent upon the applicant signing a Consent Agreement for a Practice/Monitoring Probation: Most commonly used in cases where the substance abuse evaluation does not identify a need for treatment but the investigative findings reflects indicators of alcohol/drug related symptoms and/or information in the arrest records reflect high potential for other than an isolated event.
- Denial of Licensure: The evaluation and/or investigative findings reflect that there is high potential for compromise of patient/public safety.

**Non-disciplinary options include: Investigation does not support need for discipline**

- Dismiss and grant licensure
- Grant licensure with a Letter of Concern

**E. New Graduate/Applicant With Multiple DUI/Drug Related Offenses and/or a Felony Conviction (eligible for licensure consideration)**

**Following the completion of the investigation and requested evaluation, disciplinary options may include but are not limited to:**

- Grant Licensure Contingent upon Signing Consent for a Civil Penalty: Note: Evaluation and investigative findings supports licensure and information supports that the person is safe and treatment and monitoring of substance use status is not indicated.
- Grant Licensure Contingent upon Signing Consent for a (3) year CD Probation: Note: Evaluation and investigative findings supports licensure but recommends treatment and monitoring of substance use status.
- Grant Licensure Contingent upon Signing a Consent Agreement for Practice Probation. Note: Evaluation and investigative findings supports licensure and does not identify a need for treatment. However, monitoring through urine drug screens and employment settings is recommended or warranted based upon investigative findings.
- Denial of Licensure: Investigative findings support the applicant is not appropriate for licensure and/or evaluation recommends intensive treatment and or reflects that there is high potential for compromise of patient/public safety.

**F. First Time Positive Pre-Employment Urine Drug Screen (UDS) Or Positive Random UDS For An Illegal Drug (assuming no other licensure, employment or legal related indicators)**

**Disciplinary options following an investigation and Board review may include but are not limited to:**

1. Licensee admits substance use disorder
  - Probation:

Admits having a substance use disorder and the investigative findings support the need for substance use disorder treatment and monitoring, and there is no indication that the person is unsafe to practice while being monitored, the length of probation should be at minimum, 36 months and with a requirement to work in nursing for at minimum, twelve of those months. For high-risk populations probation length should be five years and with a requirement to work in nursing for at minimum, thirty-six months. The probation in these cases would include treatment, 12-step participation, abstaining, drug screening, re-evaluation and provisions for step-down in terms the last nine months when substantially in compliance

- **Suspension:**

Admits having a substance use disorder and is assessed to be currently unsafe pending treatment, the license/certificate should be suspended pending the completion of treatment, and other evidence has been received that the individual is safe to practice. Following the completion of suspension, a period of probation as described above would follow.

2. Licensee denies substance use disorder:

- **Decree of Censure:** No treatment is recommended and no previous licensure, employment or legal related indicators are identified. Investigative findings support this is an isolated event.
- **Probation - Practice:** No treatment is recommended but the evaluation recommends monitoring UDSs to further assure that there is no ongoing use of chemicals.
- **Probation-Substance related – 3 years:** Investigative findings support substance abuse history that is not isolated and/or expert evaluation recommends treatment.
- **Suspension (evaluation not completed)** during the investigation) pending the completion of a substance abuse evaluation and the completion of recommended treatment and evidence of being safe to resume practice, followed by Probation with applicable terms and conditions
- **Suspension- (evaluation completed)** during the investigation assesses high potential for risk) pending the completion of treatment and evidence of being safe to resume practice, followed by Probation with applicable terms and conditions

**G. Second Positive Pre-Employment UDS and/or Random UDS**

**Disciplinary options following an investigation and Board review may include but are not limited to:**

1. Licensee admits substance use disorder

- **Probation:**

Admits having a substance use disorder and the investigative findings support the need for substance use disorder treatment and monitoring, and there is no indication that the person is unsafe to practice while being monitored, the length of probation should be at minimum, 36 months and with a requirement to work in nursing for at minimum, twelve of those months. For high-risk populations, probation length should be five years and with a requirement to work in nursing for at minimum, thirty-six months. The probation in these cases would include treatment, 12-step participation,

abstaining, drug screening, re-evaluation and provisions for step-down in terms the last nine months when substantially in compliance

- Suspension:  
Admits having a substance use disorder and is assessed to be currently unsafe pending treatment, the license/certificate should be suspended pending the completion of treatment, and other evidence has been received that the individual is safe to practice. Following the completion of suspension, a period of probation as described above would follow.
- Revocation

2. Licensee denies substance use disorder:
  - Probation - Practice: No treatment is recommended but the evaluation recommends monitoring UDSs to further assure that there is no ongoing use of chemicals.
  - Probation-Substance related – 3 years: Investigative findings support substance abuse history that is not isolated and/or expert evaluation recommends treatment.
  - Suspension (evaluation not completed during the investigation) pending the completion of a substance abuse evaluation and the completion of recommended treatment and evidence of being safe to resume practice, followed by Probation with applicable terms and conditions
  - Suspension- (evaluation completed during the investigation assesses high potential for risk) pending the completion of treatment and evidence of being safe to resume practice, followed by Probation with applicable terms and conditions
  - Revocation

#### **H. Positive Urine Drug Screen Obtained “For Cause” (Indicative of Impairment While Practicing)**

**Disciplinary options following an investigation and Board review may include but are not limited to:**

1. Licensee admits substance use disorder. An independent evaluation should be obtained to provide for an expert assessment of potential risk and recommendations for treatment and practice limitation.
  - Probation:  
Admits having a substance use disorder and the investigative findings support the need for substance use disorder treatment and monitoring, and there is no indication that the person is unsafe to practice while being monitored, the length of probation should be at minimum, 36 months and with a requirement to work in nursing for at minimum, twelve of those months. For high-risk populations, probation length should be five years and with a requirement to work in nursing for at minimum, thirty-six months. The probation in these cases would include treatment, 12-step participation, abstaining, drug screening, re-evaluation and provisions for step-down in terms the last nine months when substantially in compliance
  - Suspension:  
Admits having a substance use disorder and is assessed to be currently unsafe pending treatment, the license/certificate should be suspended pending the completion of treatment, and other evidence has been received that the individual is safe to practice. Following the completion of suspension, a period of probation as described above would follow.
  - Revocation
2. Licensee denies substance use disorder and based upon the investigative findings, there **are no** previous licensure, practice or legal related issues: An independent evaluation should be obtained to provide for an expert assessment of potential risk and recommendations, if any, for treatment.

- Decree of Censure: Most commonly used when evidence of impairment while practicing, perhaps as a result of prescribed medications, no treatment is recommended and no previous licensure, employment or legal related indicators are identified. Investigative findings support this is an isolated event.
  - Probation - Practice: No treatment is recommended but the evaluation recommends monitoring UDSs and/or practice to further assure that there is no ongoing use of substances.
  - Probation-Substance related: Investigative findings support substance abuse history that is not isolated and/or expert evaluation recommends treatment.
  - Suspension (evaluation not completed during the investigation) pending the completion of a substance abuse evaluation and the completion of recommended treatment and evidence of being safe to resume practice, followed by Probation with applicable terms and conditions
  - Suspension- (evaluation completed during the investigation assesses high potential for risk) pending the completion of treatment and evidence of being safe to resume practice, followed by Probation with applicable terms and conditions
  - Revocation
3. Licensee denies substance use disorder and based upon the investigative findings, there **are** previous licensure, practice and/or legal related issues. An independent evaluation should be obtained to provide for an expert assessment of potential risk and recommendations, if any, for treatment.
- Probation - Practice: No treatment is recommended but the evaluation recommends monitoring UDSs and/or practice to further assure that there is no ongoing use of substances.
  - Probation-Substance related – 3 years: Investigative findings support substance abuse history that is not isolated and/or expert evaluation recommends treatment.
  - Suspension (evaluation not completed during the investigation) pending the completion of a substance abuse evaluation and the completion of recommended treatment and evidence of being safe to resume practice, followed by Probation with applicable terms and conditions
  - Suspension- (evaluation completed during the investigation assesses high potential for risk) pending the completion of treatment and evidence of being safe to resume practice, followed by Probation with applicable terms and conditions
  - Revocation

### **I. CANDO Non-Compliance Disciplinary Options**

Non-Compliance with the CANDO Stipulated Agreement is a violation of the Nurse Practice Act. The Board has established policies for staff to process and resolve non-compliance. When non-compliance falls outside of those policies, a complaint status shall be opened and the non-compliance investigated, reported and reviewed by the Board to determine licensure disciplinary action. The CANDO Stipulated Agreement shall include a provision that requires the licensee to cease practice upon written notice of substantial non-compliance and pending the complaint review and final outcome by the Board.

**Disciplinary options include but are not limited to:**

1. Non-compliance with participation in treatment, recovery meeting, submitting to drug screening, submitting required report but no direct evidence of chemical/substance relapse.
  - Stayed revocation for at minimum 24 months with the first twelve months suspended, the second twelve months on probation and then followed by minimum of 24 months probation. The terms would include a requirement for an independent doctoral level or higher recovery evaluation.
  - Stayed revocation/probation for 18 months followed by at minimum, 18 months probation. The terms would include a requirement for an independent doctoral level or higher recovery evaluation.
  - Revocation
2. Non-compliance related to failure to notify/disclose to employer participation in CANDO.
  - Stayed revocation for at minimum 24 months with the first twelve months suspended with terms and conditions, the second twelve months on probation and then followed by minimum of 24 months probation (non-stayed). The terms would include a requirement for an independent doctoral level or higher evaluation.
  - Revocation
3. Non-compliance related to relapse.
  - a) If no evidence of diversion:
    - Stayed revocation for at minimum 24 months with the first twelve months suspended, the second twelve months on probation and then followed by minimum of 24 months probation. The terms would include a requirement for an independent doctoral level or higher evaluation.
    - Revocation
  - b) If evidence of diversion:
    - Stayed revocation for at minimum 36 months with the license suspended with terms and conditions for the first twelve months, on probation for twenty-four months and followed by twenty-four months of probation (non-stayed).
    - Revocation

**J. Summary Suspensions should be considered under the following circumstances:**

1. The licensee/certificate holder is currently employed and/or unwilling to stop practicing and there is evidence of current use of drugs/alcohol and that use has high potential to negatively impact patient safety. The evidence should include at least one of the following include:
  - a) Recent evidence of diversion.
  - b) Recent evidence of impairment on the job.
2. There is evidence of multiple violations of the licensee's current terms of probation/CANDO with a high potential for patient harm.
3. The licensee/certificate holder has a cognitive or psychiatric impairment, resulting in the documented inability to function in the practice setting and/or a recent evaluation that documents a potential for high risk to compromise patient/public safety.