

Workplace Guidelines for Licensees Enrolled in the Health Professionals' Services Program (HPSP)

Purpose

To provide guidance for licensees enrolled in HPSP, as well as for the HPSP contractor, regarding appropriate work-setting placements and restrictions, supervised practice and supervisor training.

Background

The Board of Nursing recognizes that licensees diagnosed with a substance use disorder, a mental health disorder, or both, may have impaired functional ability. For participants in the Health Professionals' Services Program (HPSP) the Board recognizes the benefit of the participant's return to the work setting as long as the individual is supervised. In order for proper supervision to occur, the Board believes that it is important to provide clear guidance for appropriate work settings and work-setting restrictions and to set standards for supervisors, supervisor training and supervised practice.

Definitions

- **"Direct supervision"** means a licensee working in the presence of another licensed healthcare professional, functioning at the same or higher level of licensure with relevant clinical competence, who is aware of HPSP participation, is working in the same physical location (e.g. clinic, unit, building), is readily available to observe practice and provide assistance and meets the standard for supervisor training.
- **"Family member"** means an individual who is related to the licensee as a member of the immediate family (spouse, sibling, child or parent) by birth or marriage (including stepparent, etc.), or who is the domestic partner of the licensee.
- **"Functional ability"** means the competence and reliability with which a licensee is able to practice at any given time.
- **"Licensee"** refers to license status as an RN, LPN, NP, CRNA, and CNS.

Work-setting Restrictions

The Board affirms that direct supervision is required to protect the public and support the licensee. It is indicated for all HPSP participants. Therefore, the Board has identified certain high-risk settings that will generally be prohibited due to the lack of direct supervision or inconsistent supervisory oversight. These settings include, but are not limited to:

- Self-employment;
- Setting owned or managed by a family member;
- Community-based care (e.g. home health/hospice, assisted living, residential care or foster care facilities, schools)
- Staffing agency;
- Float areas outside the participant's workplace monitor's supervised area;
- Faculty member responsible for independent clinical supervision of students;
- Night shifts outside an acute care setting.

The following indicators should be considered for all work setting approvals:

- Severity of licensee's illness;
- Level of licensee's recovery;
- History of job performance;
- Compliance with all other aspects of the program;

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- Recommendations, as available, from the treatment provider or other licensed provider who has authority to write orders for the client.

Any licensee participating in the HPSP program may not supervise another participant in HPSP and may not be a preceptor or clinical teaching associate for any student in any setting.

Supervised Practice

HPSP will obtain a signed statement from the supervisor ensuring that the licensee is directly supervised at the time of enrollment and at any time the licensee changes employment. All terms and conditions set forth in the HPSP Agreement or Addendum must be reviewed and individually signed by the supervisor.

Authorization to work will require a statement signed by the supervisor ensuring that the licensee will be directly supervised and that the direct supervision meets the following criteria:

1. Licensee will be clinically supervised by another healthcare professional licensed at the same or higher level as the participant licensee, and;
2. Supervisor/s are aware of the licensee's participation in HPSP, and;
3. Supervisor/s are able to provide direct supervision as defined above.
4. A family member may not serve as the licensee's supervisor.
5. An employee of the licensee may not serve as the licensee's supervisor.

The Board has determined that the number of hours a licensee practices in a given time period is often of concern for an individual in HPSP. Therefore, the Board restricts participants to no more than 1.0 FTE work. Further restrictions may, on occasion, need to occur. These restrictions would be based on the indicators listed above or by recommendations from the treatment provider or other licensed provider (such as MD, NP, PA). Limited overtime may be approved on occasion.

Supervisor Training

The Board affirms that it is important for supervisors to have appropriate training. To ensure that minimum supervisory training standards are met, training for supervisors of HPSP participants must include, but is not limited to, the following elements:

1. How to document inappropriate and unsafe employee behaviors;
2. Identification of risky behaviors that can lead to unsafe practice;
3. How to conduct a supervisory corrective performance interview;
4. Delineation of next steps to assist the employee (in order to ensure workplace safety);
5. Identification of resources for remediation of problems with the employee.

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The Oregon State Board of Nursing (OSBN) is authorized by Oregon Revised Statutes Chapter 678 to exercise general supervision over the practice of nursing in Oregon to include regulation of nursing licensure, education, and practice in order to assure that the citizens of Oregon receive safe and effective care. The OSBN further interprets statute and rule and issues opinions in the form of Board Policies, Policy Guidelines, and Position Statements. Although they do not have the force and effect of law, these opinions are advisory in nature and issued as guidelines for safe nursing practice.