

Workplace Guidelines for Licensees in the Health Professionals' Services Program (HPSP) or on Board-Ordered Probation (BOP)

Purpose

To provide guidance for licensees enrolled in HPSP, as well as for the HPSP contractor, or on Board ordered probation, regarding appropriate work-setting placements and restrictions, supervised practice and supervisor training. The content of this document is interpreted from OAR 851-70.

Background

The Board of Nursing recognizes that licensees diagnosed with a substance use disorder, a mental disorder, or both, may have impaired functional ability. For participants in the HPSP and BOP, the Board recognizes the benefit of the participant's return to the work setting as long as the individual is monitored. In order for proper worksite monitoring 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 worksite monitors, delegated worksite monitors, and education relevant to monitoring.

Definitions

- **“Direct observation”** means a licensee working in the presence of another licensed healthcare professional, with relevant clinical competence, who is aware of HPSP participation or Probation status; 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 monitor education. A nurse on probation for practice reasons needs to be monitored by another Registered Nurse. A nursing assistant on probation for performance reasons needs to be monitored by a LPN or RN.
- **“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.
- **“Certificate Holder”** refers to CNA and/or CMA

Work-Setting Restrictions

The Board affirms that direct observation is required to protect the public and support the licensee. It is indicated for all HPSP participants and probationers. 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:

1. Self-employment;
2. Setting owned or managed by a family member;
3. Community-based care (e.g. home health/hospice, assisted living, residential care or foster care facilities, schools)
4. Staffing agency;
5. Float areas outside the participant's workplace monitor's supervised area; or
6. Night shifts outside an acute care setting.

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

Monitored Practice

HPSP/Probation monitors, employed by the HPSP vendor or the Board, will obtain a signed statement or agreement from the supervisor ensuring that the licensee/certificate holder is directly monitored at the time of enrollment and at any time the licensee/certificate holder changes employment. All terms and conditions set forth in the HPSP Agreement/Addendum or probation order must be reviewed and individually signed by the worksite monitor(s). Authorization to work will require a statement signed by the worksite monitor ensuring that the licensee will be directly monitored and that the worksite monitor meets the following criteria:

1. Licensee will be monitored by another licensed healthcare professional who meets the criteria described in the Direct Observation definition of this document.
2. The worksite monitor will conduct routine observation/monitoring of licensee's performance.
3. The worksite monitor may be the supervisor if the supervisor can meet the observation requirements or this may be delegated by the supervisor to another licensed individual who meets the requirements, and; Monitor/s are aware of the licensee's HPSP participation or Probation status.
4. Monitor/s are able to provide direct observation as defined above.
5. A family member may not serve as the licensee's supervisor.
6. An employee of the licensee may not serve as the licensee's supervisor or monitor.
7. An HPSP participant/Probationer may not supervise another HPSP participant/Probationer.
8. An HPSP participant/Probationer may not be a preceptor, clinical teaching associate or faculty member responsible for independent clinical supervision for any student in any setting.
9. An HPSP participant/Probationer will not be approved for enrollment in clinical practicum hours required for the purpose of obtaining an additional degree or license.
10. The worksite monitor will provide evidence of specialized education relevant to the worksite monitor as approved by the Board.

The Board has determined that the number of hours a licensee practices in a given time period is often of concern for an individual who is being monitored. Therefore, the Board restricts participants to no more than the hours equivalent to 1.0 FTE and, further, that in order to assure that monitoring is adequate must work at least 16 hours per week. 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. Limited overtime may be approved on occasion.

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Per OAR 851-70-0075

To be approved by the Board as a worksite monitor, a worksite monitor must:

1. Be licensed as a registered nurse or other licensed health professional approved by the Board.
2. Conduct routine observation/monitoring of licensee's performance. The workplace monitor may be the supervisor if the supervisor can meet the observation requirements or this may be delegated by the supervisor to another licensed individual who meets the requirement. (3)
3. Provide evidence of specialized education relevant to the worksite monitor as approved by the Board.
4. The worksite monitor must agree in writing to perform the worksite monitor role.
5. The written report must be completed by the workplace supervisor with input from workplace monitors.

Authority for Approval: ORS 676.200, OAR 851-070-0000 through -0100

History of Document: Originally adopted April 21, 2011; Reviewed/Revised June 2012 (Replaces Work Setting Restrictions for Licensees** in the Health Professionals' Services Program (HPSP)); Reviewed/Revised February 2013. Revised 12/30/2015.

Next Review Date: 1/31/18