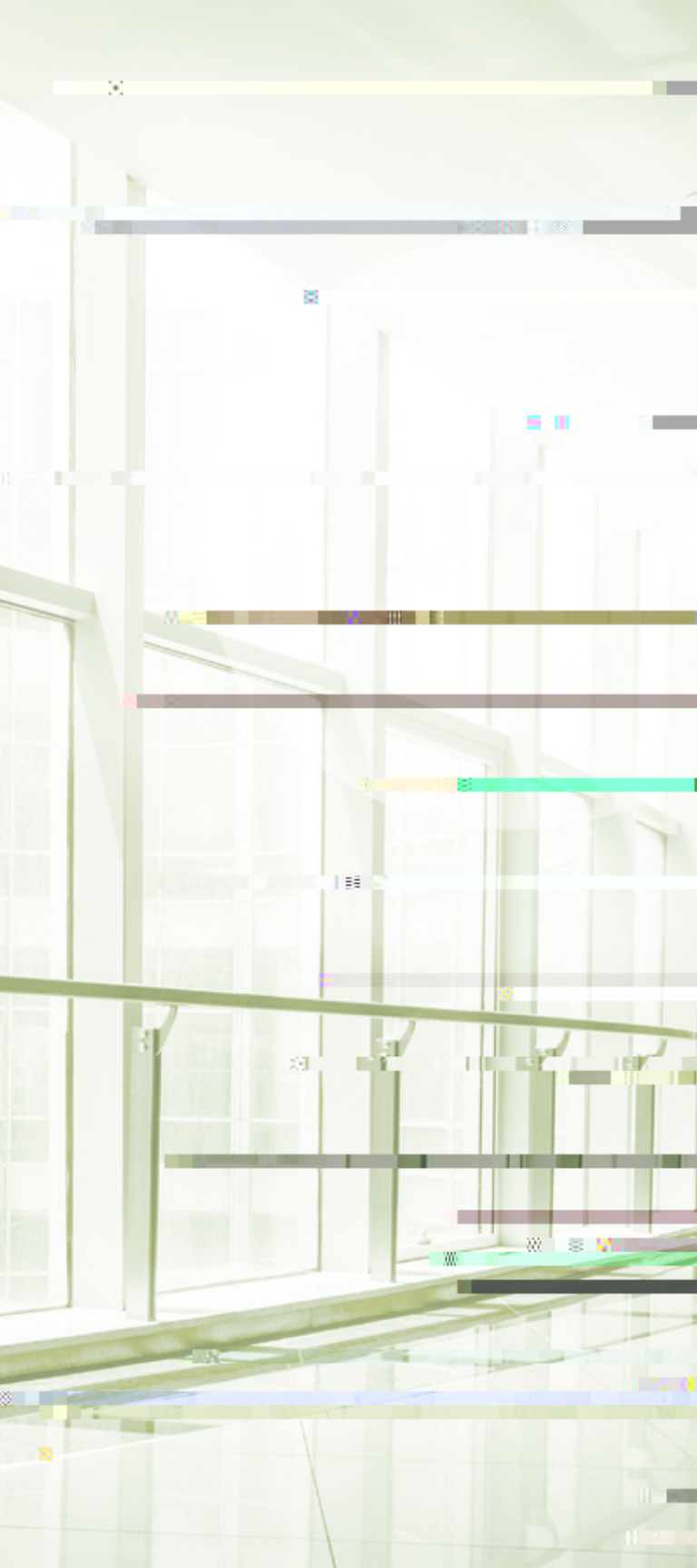


A Nurse Manager's Guide

Substance Use Disorder in Nursing





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**THIS BROCHURE WILL ASSIST YOU
IN RECOGNIZING:**

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The nurse manager occupies a critical role in situations involving a nurse with an SUD. When nurses think their supervisor knows how to detect an SUD and is willing to do something about it, SUD on the job decreases. The nurse manager's role in the process of removing the nurse from patient care is essential. Removal from practice will assist the nurse in focusing on care and treatment of the disorder, but more importantly, the earlier SUD is identified and the nurse is removed from patient care, the sooner patients are

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education is the first step in creating a culture of acceptance and understanding about peers with SUD. A positive workplace can assist in maintaining recovery once the nurse returns to work.

The nurse manager should:

- Educate staff. Hold in-service education on SUD, disseminate resources, and inform staff of the manager's responsibility to identify nurses with signs of SUD and the importance of getting help;
- Dispel myths and misconceptions surrounding SUD;
- Ensure that the staff knows how to recognize the signs of SUD in a colleague;
- Maintain a confidential, open-door policy;
- Inform staff of the nurse practice act and regulations regarding SUD;
- Understand that a nurse with SUD needs support

RECOGNIZING SIGNS AND SYMPTOMS

It's not always easy to recognize unsafe practices in a nurse with an SUD. It can be difficult to differentiate between the subtle signs of impairment and stress-related behaviors.

Three things to scrutinize are behavior changes, physical signs and possible drug diversion.

Behavioral changes can include changes in job performance, such as:

- Absences from the unit for extended periods;
- Frequent trips to the bathroom;
- Arriving late or leaving early; or
- Making an excessive number of mistakes, including medication errors.

Behavioral changes can be physical, including:

- Subtle alterations in appearance that escalate ovce 3g(e)4.4 (h)

Loyalty, guilt and fear often prevent a nurse from reporting a colleague to the nurse manager.

Nurse managers and colleagues may misread these cues and consider other explanations for behaviors. In fact, many nurses with SUD are unidentified, unreported, untreated and continue to practice. Loyalty, guilt and fear often prevent a nurse from reporting a colleague to the nurse manager, but all nurses have a professional and ethical responsibility to do so in order to ensure the safety of patients. Prompt reporting will serve as a safeguard to prevent patient harm, and will help the nurse receive immediate care and treatment. Once a report has been made with the nurse manager, action by the manager must be taken immediately.

INVESTIGATION AND REPORTING

Although the method of investigation and intervention may differ according to facility policies and procedures, all jurisdictions require the nurse manager to act upon any report of, or suspicion of, SUD. Specific requirements for reporting to the board of nursing (BON), types of disciplinary actions, monitoring and nondisciplinary methods also differ depending on the jurisdiction. A BON may offer a monitoring or alternative-to-discipline (ATD) program for nurses that qualify for such a program. As a nurse manager, you must be aware of your nurse practice act and regulations regarding SUD. Each nurse practice act and/or nursing regulations define reportable events, direction about who to report to and consequences for failure to report. It is your responsibility to know these laws and regulations and respond appropriately.

RETURNING TO WORK

Facility policy, laws and regulations by the BON, as well as ATD policies and procedures, identify specific criteria for a nurse's return to practice. The return-to-work agreement establishes the terms and conditions of employment, including any practice restrictions, monitoring requirements, procedures in the event of a relapse and length of time the agreement is in effect.

A worksite monitor, often the nurse manager, supervises the return-to-work monitoring. Duties involved in worksite monitoring may include:

- Practice restrictions;
- Performance evaluations; and
- Behavioral evaluations.

Although SUD is treatable, the possibility of relapse is real.

The nurse manager must continue to be aware of the same signs, symptoms and behavior

Ann is the nurse manager in a hospital emergency department (ED). She conducted an in-service on SUD last week, where she explained the signs and symptoms of a nurse with this chronic, but treatable, illness. Ann reminded the emergency room nursing staff that, according to the state's nurse practice act, they have a legal responsibility to report nurses suspected of SUD to the nurse manager, in addition to an ethical responsibility to help fellow nurses and protect patients. Ann concluded the in-service by reminding the team of her confidential, open-door policy.

Several days later, William, an ED nurse, approached Ann to express his concern about one of his colleagues, Karen. According to William, Karen has been acting different lately. Normally cheerful and reliable, Karen has

NCSBN SUD RESOURCES

Early recognition, reporting
and intervention are
fundamental for keeping
patients safe from harm and
helping colleagues recover.

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