TEXAS
PEER ASSISTANCE
PROGRAM FOR NURSES

Participant Handbook

From Referral to Discharge

April 9, 2026



Helping nurses | Safeguarding patients

Program of the Texas Nurses Foundation | In cooperation with The Texas Board of Nursing
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Mission

TPAPN safeguards patients by providing early identification, support, monitoring, accountability, and advocacy to Texas nurses who have an identified substance use or mental health condition or related incident, so they may practice nursing safely.

Vision

TPAPN is committed to a recovery-oriented culture and providing education about substance use and mental health as chronic health conditions that can be treated, not personal or moral failures. TPAPN will provide services that are evidence-based and specific to the unique needs of nurses. We view a future where referral to TPAPN is seen as an act of compassion and desire to help. We want participation in TPAPN to be celebrated as an opportunity for recovery for the benefit of the nurse, the community, the profession, and the public.

Objectives

The TPAPN has adopted the following objectives:

1. To promote patient safety through a program that provides early identification, support, and monitoring for nurses who may be unsafe to practice due to a substance use and/or mental health condition or related incident
2. Develop and maintain a list of appropriate treatment centers throughout the US for nurses referred to TPAPN
3. Develop and maintain a list of approved mental health and substance use evaluators and recovery support services available in Texas
4. Provide individualized case management services that facilitate early identification of potential substance use or mental health conditions by coordinating a biopsychosocial evaluation with a TPAPN-approved clinician and providing appropriate referrals, thereby decreasing the time between the referral of the nurse and access to recommended treatment
5. Coordinate rehabilitation and provide person-centered monitoring for nurses in a supportive, non-punitive process
6. Provide nurses with an identified substance use and/or mental health condition or related incident an opportunity to demonstrate abstinence and safety to practice
7. Organize and train a network of volunteer nurse Peer Support Partners to support TPAPN participants
8. Educate nurses, the public, and the Texas Board of Nursing about the chronic brain disease of addiction, mental health, and the availability of TPAPN services.

History and Purpose of TPAPN

The Texas Peer Assistance Program for Nurses (TPAPN) is a program of the Texas Nurses Foundation (TNF), the charitable, professional, and public education and scholarly branch of the Texas Nurses Association. TPAPN was created in 1987 in response to legislation addressing the need for rehabilitation of nurses experiencing impairment due to substance use or mental health conditions. TPAPN is an approved peer assistance program per Chapter 467 of the Health and Safety Code and promotes safe nursing practice by providing an alternative to disciplinary action through rehabilitation. Participation in TPAPN is voluntary and provides an opportunity for nurses to demonstrate abstinence through participation in monitoring.

TPAPN Case Managers

Upon referral to TPAPN, each nurse will be assigned a Case Manager who is responsible for providing support, guidance, and accountability through the enrollment process and monitoring. The Case Manager serves as a liaison between participants, treatment providers, evaluators, peer support partners, and employers. Once a Participation Agreement is signed, the Case Manager will provide ongoing support and monitor the nurse's program adherence, abstinence, work performance, and progress in recovery.

Nurse Peer Support Partners

TPAPN recruits, trains, and maintains a network of volunteer nurse peer support partners to provide participants with social support as a tool for overall recovery support. TPAPNs Peer Support Partners use peer support methods that are person centered, encourage autonomy, respect diversity, are non-judgmental and inspire hope. The relationship between our PSPs and participants is a trust-based, confidential relationship that helps support the participant throughout the program.

Rights and Responsibilities of the Participant

As an TPAPN participant you are entitled to certain rights. You have the right:

1. To be treated with dignity and respect
2. To refuse participation in any or all components of the TPAPN; however, to do so may result in termination from TPAPN and a formal report to the Texas Board of Nursing
3. To know the name and title of any TPAPN staff member involved in your case at any time
4. To file a grievance if you feel your rights have been violated

TPAPN is responsive to grievances from participants and will work to resolve the issue in a timely and responsible manner. Should an individual have a concern, TPAPN asks that the participant first attempt to resolve the concern with the person directly involved. If this is not successful, the TPAPN Director will carefully review the participant's concerns with the parties involved. If there is no resolution, the grievance will be provided to the Texas Nurses Association CEO.

As a participant in the TPAPN, you also have certain requirements and responsibilities.

1. You must agree to TPAPN participation in writing by executing the TPAPN Participation Agreement
2. Due to the individualization of Participation Agreements, participants may have different monitoring requirements dependent on the nurse's license type, diagnosis, severity, needs, and treatment/monitoring recommendations. Each participant has an individualized TPAPN Participation Agreement, which clearly describes what is required.
3. You are to adhere to and will be held responsible for all aspects of this TPAPN Participation Agreement, which includes the information outlined in this Participant Handbook.
4. Your TPAPN Participation Agreement is subject to change based on failure to progress, relapse behaviors that may or may not include substance use, monitoring adherence or nonadherence, treatment provider recommendations, or other necessary revisions required to ensure public health and safety.
5. TPAPN will request that referrals to and participants in the program sign Release Authorizations allowing TPAPN to facilitate evaluations and communicate with third parties according to its policies and the signed Participation Agreement. Failure to sign a Release Authorization limits TPAPN's ability to promote safe nursing practice and monitor the nurse. Refusal to sign a requested Release Authorization may result in a report to the Texas Board of Nursing (BON).
6. If, during the course of TPAPN Participation, additional mental, physical, and/or substance use concerns are identified, an evaluation, additional toxicology testing, and treatment for those identified concerns may be required as well as additions or changes to your TPAPN Participation Agreement.
7. Participation Agreement nonadherence will jeopardize your TPAPN participation and may delay your TPAPN completion and/or result in a report to the BON. Failure to return your executed Participation Agreement as instructed within the allotted timeframe will result in a report to the BON.
8. Failure to progress, relapse behaviors that may or may not include substance use, and/or Participation Agreement nonadherence may result in TPAPN requiring you to refrain from nursing practice.
9. In addition, the participant may be required to obtain an TPAPN-facilitated re-evaluation with a TPAPN-approved evaluator, and follow through with treatment recommendations at a higher level of care than received in the past, including residential and/or healthcare professional specific treatment. In certain situations, a readiness to complete evaluation may be required prior to TPAPN completion.

Confidentiality of Nurses Referred to and Participating in TPAPN

TPAPN adheres to all relevant confidentiality laws and regulations, including Chapter 467 of the Texas Health and Safety Code. Chapter 467 authorizes TPAPN to report in writing to the appropriate licensing or disciplinary authority the name of a professional who the program knows, or suspects is impaired and any relevant information concerning that professional, should there be a need to do so (as outlined below).

Self-Referrals—Nurses who self-report to TPAPN

A nurse who self-reports to TPAPN may have the opportunity to participate confidentially from the Texas Board of Nursing (BON) and all other parties. TPAPN will inform the nurse, if the evaluation states the nurse is unsafe to practice and/or recommends monitoring by TPAPN. TPAPN will be obligated to notify the Texas Board of Nursing (BON) if the he/she declines to participate in TPAPN and follow the recommendations of the evaluation and/or complete the program.

Third-Party Referrals—Sources other than the nurse or Texas Board of Nursing (BON)
In accordance with The Nursing Practice Act, Texas Occupations Code, Sections 301.401 - 301.419, TPAPN reviews all third-party referrals with the BON. Information reviewed includes the details of the referral and information about the nurse but does not include the identity of the individual making the referral. Depending on the information provided, the BON makes a determination regarding whether or not the nurse will be allowed to participate in TPAPN without BON involvement. In the event that the BON makes the decision that they need to be involved, they will become privy to all information TPAPN has about the referral, including the identity of the referral source, the nurse, and concerns (alleged practice violations and/or suspected impairment) provided by the referral source.

If the BON determines that a nurse can participate in TPAPN without their involvement, further information concerning the nurse will remain confidential so as long as the nurse follows TPAPN's process to determine safety to practice, follows all recommendations, and remains adherent with the TPAPN Participation Agreement and Participant Handbook. If a nurse signs a TPAPN Participation Agreement, he/she may be required to inform his/her employer of participation in TPAPN, as well as any practice restrictions and/or supervision requirements outlined in the agreement. The nurse's employer may be required to submit reports to TPAPN to ensure adherence with such restrictions and overall work performance. In accordance with Chapter 451.105 of the Texas Administrative Code, TPAPN notifies the BON and the third-party referral sources in writing if the nurse fails to participate in, or complete, TPAPN.

Board-Referrals—Referrals from the Texas Board of Nursing (BON)
If a participant is recommended or Board Ordered to participate in TPAPN, then TPAPN may communicate with the BON for the duration of the individual's Participation Agreement.

All Referrals
All participants are required to sign a release authorization allowing TPAPN to communicate with the BON, should the need arise.

TPAPN does not share any information with third parties about a nurse's participation in or involvement with TPAPN, outside of the guidelines mentioned above, without proper written consent from the nurse.

Release Authorizations

TPAPN protects and keeps confidential the identity and personal information about participants in and referrals to the program. TPAPN will only release information without a completed Release Authorization Form when authorized or required by law. TPAPN may release information in a participant's or referral's records if certain criteria are met including, but not limited to, the following:

- Receipt of appropriate Release Authorization Forms
- Receipt of a subpoena or court order

TPAPN utilizes the following types of Release Authorizations:

1. Consent to Disclose Information Between TPAPN and Academic Program
2. Consent to Disclose Information to Licensing Boards
3. Consent to Disclose Information Between TPAPN and Employer
4. Consent to Disclose Information to Family Members/Significant Others/Emergency Contact
5. Consent to Disclose Information General
6. Consent to Disclose Information Between TPAPN and Healthcare Provider

Stages of Participation in TPAPN

Referral
TPAPN accepts self, third party, and Texas Board of Nursing (BON) referrals for participation in TPAPN. TPAPN does not accept anonymous referrals. All self and third-party referrals must provide TPAPN with the reason for referral in writing. The most common referrals to TPAPN are due to impairment in the workplace, forgery, diversion (theft) of drugs, the use of illegal substances, or legal history involving substance use.

Intake
Upon referral from one of the sources listed above, the TPAPN Case Manager/Intake Coordinator will review administrative criteria to determine a nurse's eligibility for TPAPN participation and facilitate the enrollment process.

Eligibility Criteria for TPAPN Participation

TPAPN participation is available to any nurse (APRN, RN, and/or LVN) currently licensed in the State of Texas. "Currently licensed" includes the following license statuses: active, inactive, delinquent, and suspended. Additionally, nurses are eligible for participation for the following conditions:

1. A substance use and/or mental health diagnosis that could potentially impair the nurse's ability to safely practice
2. Substance use or mental health-related incident(s) that indicate a possible impairment in the nurse's ability to safely practice
3. Nurse Practice Act violation(s) related to any impairment and/or the use of alcohol and/or other drugs (including unprofessional behaviors that could potentially harm the health care consumer)
4. A referral or order by the Texas Board of Nursing (BON)

The BON must be consulted before nurses in the following situations may be enrolled:

1. Nurses without active Texas licensure
2. Nurses against whom the BON or other nursing licensing board has taken disciplinary action within the past five (5) years -since date action was completed, or who are currently being investigated, or who have stipulations currently imposed on their license.
3. Nurses with a prior felony conviction
4. Nurses with allegations or history of sexual offenses
5. Nurses who have had two full participations with TPAPN
6. Nurses who have caused patient harm are not eligible for TPAPN participation

Enrollment Process

Once eligibility is verified, you will be assigned a TPAPN Case Manager, who will mail you an Enrollment Letter detailing the next steps in the enrollment process. These steps include:

1. **Activating your SPECTRUM account**
   a. SPECTRUM is TPAPN's online participant portal that provides you with access to enrollment documents and allows for secure email communication, electronic submission of necessary forms, and online enrollment with TPAPN's third-party drug screening company.
2. **Contacting your TPAPN Case Manager within 14 days of the date on the letter.**
   a. Your Case Manager will obtain information to facilitate a pre-evaluation drug test and provide you with a referral for a TPAPN-approved evaluator to complete a substance use/mental health evaluation, if needed.

Comprehensive Clinical Evaluation

TPAPN facilitates formal evaluations of potential participants by approved evaluators to determine substance use and mental health diagnoses (if any), appraisal of ability to provide safe care, and treatment recommendations. You are responsible for all costs related to the evaluation, including pre-evaluation drug screens. TPAPN does not provide treatment and relies solely on recommended evaluators for those recommendations. The evaluator will utilize the TPAPN Participation Guidelines Matrix (TPAPN Matrix) to help determine the individualized monitoring components to be included in your Participation Agreement. For more details regarding the TPAPN Matrix, please see the "TPAPN Participation Guideline Matrix" section. TPAPN maintains a list of approved evaluators. Evaluators are selected based on a combination of objective criteria, experience, and expertise. Approved evaluators keep TPAPN informed, including advising the program if the individual is reluctant or refuses to fully participate in the evaluation or does not complete the evaluation. Whenever possible, your TPAPN case manager will provide you with a choice of approved evaluators. There is no financial or business interest between TPAPN and an evaluator. If you disagree with the evaluation recommendations, or if the evaluation recommendations do not reflect the seriousness of the circumstances of the event(s), a second opinion and/or more thorough and complete evaluation may be required.

TPAPN has full discretion in determining whether a nurse's request for a second opinion evaluation will be granted. If granted, the TPAPN-approved evaluator completing the second opinion evaluation will be provided with a copy of the first evaluation as background. Second opinion evaluations must be performed by TPAPN-approved evaluators. The first opinion may be accepted and/or modified based on the second opinion. However, under no circumstance is TPAPN required to accept and/or follow only the recommendations of the second opinion.

TPAPN may request and facilitate comprehensive clinical evaluations in the following circumstances:

1. Upon initial referral to TPAPN
2. Non-adherence with a signed TPAPN participation agreement including:

- A positive drug screen without a prescription submitted according to TPAPN's policy regarding the use of potentially addicting and/or mood-altering substances
- Not consulting with a Medical Review Officer as requested by TPAPN
- Not providing a specimen for drug screening purposes when scheduled or on the assigned panel
- Submission of a dilute or invalid specimen for drug screening purposes
- Not providing required reports to TPAPN
- Non-adherence with recovery support activity recommendations

3. Not completing treatment recommendations made by a TPAPN-approved evaluator or treatment center
4. Nurse request for modification of monitoring requirements
5. Employer or TPAPN Case Manager concerns
6. Chronic use of prescribed mood-altering medication for physical and/or psychiatric conditions
7. Second opinion evaluations as determined by TPAPN
8. Upon completion of treatment at a facility that is not recognized by TPAPN
9. Upon completion of treatment at a facility that does not provide the required discharge documentation to TPAPN
10. A nurse's request for TPAPN re-entry

Treatment
If treatment is recommended by a TPAPN-approved evaluator, your TPAPN Case Manager will provide you with referrals to access treatment as recommended. You are responsible for all costs related to treatment, which may range from education to 90+ days of inpatient care. Efforts will be made to locate reasonably priced and convenient treatment services that offer appropriate treatment. In order to ensure that TPAPN referrals and participants get the best possible care, TPAPN seeks to have individuals attend an accredited treatment program of their choice.

*TPAPN reserves the right to require a follow-up evaluation by a TPAPN-approved evaluator to ensure treatment has sufficiently addressed your individual needs and determine whether additional recommendations are necessary.

Participation
TPAPN is committed to providing both flexibility and consistency for nurses participating in TPAPN. Nurses will be monitored due to substance use and/or mental health conditions or related incidents that could potentially impair or have impaired their ability to practice nursing with reasonable skill and safety. The Participation Agreement requirements will be determined on an individual basis considering the following information: referral information, the evaluation(s), treatment records, psychological testing, past history, current reports, drug test results, board orders (if applicable) and any other pertinent factors to each individual. Once individualized and created, the Participation Agreement will be sent to the nurse. The Participation Agreement also includes the TPAPN Participant Handbook and Abstinence Statement, both of which are available in the SPECTRUM participant portal. All nurses considering participation in TPAPN should carefully review the individualized Participation Agreement, the Abstinence Statement, and the TPAPN Participant Handbook to ensure understanding of TPAPN and the monitoring requirements.

TPAPN Participation Guideline Matrix

One of the most frequent questions asked by nurses who are referred to or considering participation in TPAPN is, *"What does participation look like?"* The answer to that question differs for each nurse due to the individualization of participation requirements. TPAPN recognizes that no two nurses are alike in their needs, diagnoses, license type, job duties, or the circumstances that brought them to TPAPN. As a result, TPAPN created the TPAPN Participation Guideline Matrix (TPAPN Matrix) to provide individualized case management services to nurses participating in the program. The TPAPN Matrix is a tool that was developed in collaboration with industry experts and the Texas Board of Nursing, utilizing current available evidence and research, in an effort to provide both ***consistency*** and ***flexibility*** in the treatment and monitoring of nurses.

An Overview of the TPAPN Matrix is available at www.tpapn.org. The TPAPN Matrix details the individualized monitoring components that will be included in a nurse's Participation Agreement dependent on an individual's license type, referral information, diagnosis, severity, remission status (if applicable), and need. The TPAPN-approved evaluator will be asked to make recommendations for participation in TPAPN to promote safe nursing practice and utilize the TPAPN Participation Guideline Matrix (TPAPN Matrix) in making those recommendations. If a nurse is board-ordered to participate in TPAPN, the Case Manager will individualize the Agreement to include requirements of the Board Order as well.
Please see below for more information on the range of potential requirements depending on the factors stated above.

The Matrix has two tracks:

- Track A for nurses with Substance Use/Co-Occurring Mental Health diagnoses or related incidents
- Track B for nurses with Mental Health only diagnoses or related incidents

Track A—FOR NURSES WITH SUBSTANCE USE/CO-OCCURRING MENTAL HEALTH DIAGNOSES OR RELATED INCDICENTS

Individualized Monitoring Components

1. **Length of participation**
   a. LVN/RN—1 to 3 years
   b. APRN—1 to 5 years
   c. CRNA—1 to 5 years
2. **Random drug screening**
   a. When a participation agreement is signed, test selections are generated randomly throughout a 12-month period and can range from 12-54 test selections during this period. To protect the integrity of our random drug testing program, your TPAPN case manager cannot tell you how many times you will be selected in a calendar month. Testing may include urine, blood, hair, and nail. If necessary, results may require the consultation of the Medical Review Officer.
3. **Treatment Recommendations**
   a. If treatment is recommended by a TPAPN-approved evaluator, your TPAPN Case Manager will provide you with referrals to access treatment as recommended. Treatment recommendations may include the following: detoxification, residential, intensive or supportive outpatient, relapse prevention, education, individual therapy, pain management, psychiatric medication management or combinations of those treatments. Discontinuing and/or changing treatment without the approval of the treatment provider and TPAPN is prohibited.
4. **Recovery Support Activities**
   a. TPAPN encourages participation in recovery-related meetings or activities that support the nurse in maintaining recovery. The evaluator will determine the frequency of Recovery Support activities necessary. The frequency can range from 1-4 activities per week, depending on the needs of the nurse identified by the evaluator and TPAPN. For more information regarding what constitutes a "Recovery Support Activity," please see Recovery Support Activities in the Participation in TPAPN Section.
5. **Refraining from Practice**
6. **Supervision Requirements**
7. **Practice Restrictions**
   For more specific information regarding potential Refrainment from Practice, Supervision Requirements, Practice Restrictions, please see the section titled, Participation in TPAPN.

Track B—FOR NURSES WITH MENTAL HEALTH ONLY DIAGNOSES OR RELATED INCIDENTS

Individualized Monitoring Components for Tier 1—Mental Health Support (Board of Nursing Approval Required)

1. **Length of participation**—Minimum of 1-year, regardless of license type
2. **Random drug screening**—Usually not required
3. **Treatment Recommendations—** If treatment is recommended by a TPAPN-approved evaluator, your TPAPN Case Manager will provide you with referrals to access treatment as recommended.
4. **Recovery Support Activities**—Usually not required
5. **Refraining from Practice**—Usually not required
6. **Supervision Requirements**—Usually not required
7. **Practice Restrictions**—Usually not required

Individualized Monitoring Components for Tier 2—Mental Health Monitoring

1. **Length of participation**—Minimum of 1-year, regardless of license type.
2. **Random drug screening**—IF required, 24-54 test selections per year.
3. **Treatment Recommendations**—Participants will be referred to the appropriate treatment level based on the recommendations of the TPAPN-approved evaluator.
4. **Recovery Support Activities**— The evaluator will determine the frequency of Recovery Support activities necessary, which can range from 1-4x/week.
5. **Refraining from Practice**— Sometimes required depending on the evaluation recommendations and information
6. **Supervision Requirements**—Usually required

7. ***Practice Restrictions**—Usually required *For more specific information regarding potential Refrainment from Practice, Supervision Requirements, and Practice Restrictions, please see the section titled, Participation in TPAPN.

Participation in TPAPN

Term

The length of your Participation Agreement is individualized and based on several factors, including license type, diagnosis, severity, remission status (if applicable), and need. Participation may vary from a minimum of 1 to 5 years and is voluntary. However, if you choose not to participation, we will be obligated to notify the Texas Board of Nursing which may result in consequences regarding your license.

Fees

TPAPN does not charge a monitoring fee for participation. Although there is no monitoring fee, you are responsible for all fees related to TPAPN participation including, but not limited to evaluation(s), treatment and continuing care, aftercare, therapy, drug screening, etc. as required by your TPAPN Participation Agreement. In some instances, the Texas Board of Nursing includes fees ranging from $350 (LVN)—$500 (RN/APRN) to be paid to TPAPN. If applicable, please refer to your board order for further details.

Refraining from Practice/Fitness to Practice

TPAPN-approved evaluators/treatment centers and providers are responsible for determining when you are safe to resume nursing practice. Depending on your license type, diagnosis, severity, and remission status, TPAPN may also require negative drug screen(s), documentation of completed treatment, documentation of recovery support involvement, and/or documented achievement of early or sustained remission status before TPAPN can authorize your return to work.

***Nursing Practice**

Once required releases from providers AND authorization by TPAPN to return to practice has been obtained, nursing positions must be approved by TPAPN. Before TPAPN will approve any employment in nursing, you must:

1. Submit all required treatment documentation and enrollment forms
2. Register for drug screening and submit negative drug test result and receive chain of custody (COC) forms necessary for drug screening (not applicable to non-testing mental health participants)
3. Be engaged in treatment and submit a signed WORK RELEASE FORM from the appropriate treatment provider(s)
4. Notify your employer of participation in TPAPN and of any licensure action
5. Provide TPAPN with a signed consent for employer

Work Agreement

Nursing positions must be approved by your TPAPN Case Manager prior to signing a Work Agreement. Work Agreements are to be signed prior to commencement of nursing practice.

1. Participants must demonstrate a minimum of 6-12 months of safe nursing practice, depending on their individualized participation requirements (a minimum of 64 hours per month).
2. TPAPN will continue to monitor the nurse's practice for the duration of participation.
3. The nurse must notify TPAPN within one (1) business day of all changes in employment and/or Supervisor.
4. Nurse's must inform TPAPN of all nursing employment as well as any employment outside of nursing. (Employment outside of nursing is not monitored by TPAPN).

A nurse who does not return to nursing practice by the expected date of completion may have their length of participation adjusted, or have their case closed and/or be reported to the Texas Board of Nursing by TPAPN.

TPAPN considers any position that does not require a nursing license,* ***but risks overlap between job duties and nursing practice**, a "nursing" position, therefore may not be appropriate or approved by TPAPN (22 TAC §217.11).*

Practice Restrictions

Practice Restrictions are put in place to help ensure safe nursing practice.
Participants agree NOT TO:

1. Function in an autonomous or unsupervised role.
2. Work shifts longer than twelve (12) hours.
3. Work more than 96 hours per two-week pay period.
4. Work for multiple employers or to engage in self-employed practice.
5. Accept employment with staffing, temporary, traveling, hospice, or home health agencies or registries.

6. Take on-call assignments during the first six months after returning to work in nursing.
7. Float to other units.
    a. Nurse will only work a pre-determined area for the first year of work; thereafter, the floating restriction may be modified given certain conditions. PRN work is not allowed.
8. Work at multiple practice sites without TPAPN approval.
9. Have access to controlled substances during the first 6-12 months of work in nursing. No access includes:
    a. Not counting or administering controlled substances.
    b. Not witnessing wastage, signing pharmacy receipts for controlled substances, or having the ability to access storage areas for controlled substances.
    c. Not calling, faxing, or otherwise electronically authorizing prescriptions for controlled substances.
10. The controlled substance restriction may not be required by TPAPN for all nurses participating in TPAPN. Please see your individualized Participation Agreement and/or your TPAPN Work Agreement for your specific requirements.

Advance Practice Registered Nurses (APRNs): Nurse Practitioners, Certified Registered Nurse Anesthetists (CRNAs), Clinical Nurse Specialists, and Nurse Midwives, are subject to the following additional restrictions:

1. CRNAs may be required to refrain from administration of anesthesia until after 6-12 months of documented recovery and abstinence from abusable drugs/alcohol.
2. APRNs may be required to not have controlled substance prescriptive authority for their first year of documented recovery and abstinence.

Supervision

TPAPN-approved evaluators, and/or treatment providers may recommend nursing practice *supportive oversight.

***Supportive Oversight**: TPAPN requires that supervisors be informed when a nurse participates in the program and that a qualified professional be readily available in person to provide oversight. In peer assistance and healthcare monitoring programs, this role is often referred to as the *worksite monitor*. Worksite monitors are licensed healthcare professionals who serve as the "eyes and ears" in the workplace. They provide direct supervision or observation of the TPAPN nurse, ensuring the nurse is practicing in the presence of another qualified professional who:

- Holds the same or higher license (e.g., an RN must be supported by another RN or physician; a CRNA by another CRNA or physician).
- Possesses relevant clinical competence.
- Works in the same physical location (e.g., clinic, unit, or building).
- Is aware of the nurse's TPAPN participation and available to observe practice and provide assistance.

To serve as a worksite monitor, the individual must:

1. Hold state licensure in good standing (if applicable).
2. Not be a current participant in TPAPN or another peer assistance program.
3. Be familiar with the participant's job duties.
4. Be available to respond to concerns about the participant's practice or behaviors.
5. Be familiar with the TPAPN Work Agreement.
6. Sign or be listed on the participant's TPAPN Work Agreement as a designated worksite monitor.
7. Complete the required Quarterly Employer Report.

Abstinence

Because nursing is a safety-sensitive profession, nurses participating in TPAPN are required to maintain abstinence from any potentially abusable or impairing substances. Please see below for information regarding prescription medications.

<u>In accordance with the above, participants must abstain from the use of alcohol (in any form) and potentially abusable or impairing substances. Use of the following is prohibited during participation:</u>

- Poppy seeds and hemp seeds/oil, including all CBD and/or Delta 8 or 9 products
- Products containing ethyl alcohol, i.e. vanilla extract, cooking wine, Nyquil, Kombucha, and hand sanitizers
- All alcoholic beverages including Near Beer or similar products.
- Unauthorized controlled medications or other potentially abusable or potentially impairing substances
- Illicit drugs/street drugs

Use of these substances may result in a positive drug test, case closure and referral to the Texas Board of Nursing.

Use of Potentially Impairing and/or Addictive Substances and Prescription Medications
If there is a medical need for the use of any substance with abuse or impairment potential, you must submit documentation of the prescription as well as the Participant Medication Report Form (which includes the Prescribing Clinician Questionnaire) *prior to use*. The prescribing clinician is responsible for determining whether or not the benefits outweigh the risks of taking a substance with abuse and/or impairment potential, considering your history, diagnosis, and safety sensitive profession. The prescribing clinician is also responsible for determining whether or not you are safe to practice nursing while taking a substance with abuse and/or impairment potential. TPAPN encourages you and the prescribing clinician to explore non-mood-altering methods of treatment to minimize risk of relapse.

You must refrain from providing patient care when using any prescribed potentially impairing and/or potentially addictive substance until authorized by TPAPN to return to practice. TPAPN will determine if use of the medication and return to work is approved based on the clinician's responses to the Prescribing Clinician Questionnaire on the Participant Medication Report Form. If you use a substance with abuse or impairment potential prior to obtaining approval from TPAPN, such use may result in a report to the Texas Board of Nursing.

In the event that a substance with abuse potential is needed for an emergency and less than 3 days, you must refrain from practicing in a clinical setting until authorized by TPAPN to return. Authorization will not be provided until TPAPN receives documentation of the medication administered and may require a negative drug screen as well. TPAPN has full discretion in determining what constitutes an emergency. Prescribed medications with abuse potential are only to be used as prescribed and as intended by the prescriber. After you have been authorized by TPAPN to return to work, we advise you to safely discard the remaining medications; a return to use of the medication is prohibited unless TPAPN receives updated documentation and/or new prescription from the prescribing physician.

Long-term Use of Prescribed Psychotropic Medications
Frequent or extended use (over 30 days) of any psychotropic or psychoactive medication may require consultation and/or approval by a TPAPN-recommended provider board-certified in addiction medicine. If you are requiring repeated or long-term use of a potentially impairing and/or potentially abusable medication, you may not be appropriate for participation in TPAPN. The following categories of prescription drugs are potentially abusable and/or impairing: all opioid pain relievers (includes tramadol), barbiturates, sedative-hypnotics, benzodiazepines, tranquilizers. Note that certain medication like stimulant-based ADHD treatments may be allowed **with** supporting documentation from an appropriate prescriber, often a specialist.

Upon receipt of any controlled, or potentially abusable and/or impairing medication, please do the following:

1. **Refrain from nursing practice until approved by TPAPN to return to work.**
2. **Notify your Case Manager and Employer per employer policy, about your use of the medication(s)**
3. **Immediately submit a TPAPN Participant Medication Report, including the Prescribing Clinician Questionnaire, to be completed by your prescribing clinician.**
4. **For approval to work, a TPAPN Participant Medication Report form indicating that you are safe to practice while taking the medication(s) is required. If not, a negative drug test result is required.**

Please note: If the Prescribing Clinician does not provide an answer regarding your ability to safely practice while taking the medication listed, TPAPN has no choice but to assume you are not safe to practice while taking the medication.

Drug Screening
If drug screening is a requirement listed in your Participation Agreement, you will receive an email from your TPAPN Case Manager with the date you must begin and further information regarding the drug screening process. Additionally, once you have activated your SPECTRUM Account, you'll have access to a series of participant guides and videos that provide you with detailed instructions for different drug screening-related topics. In addition to the information provided in the portal, you must also adhere to the following:

1. It is your responsibility to submit the specimen(s) for alcohol and/or other drug testing, as required, on the same day you are selected. You must be aware of the hours of the lab operation.
2. Failure to submit a specimen for alcohol and drug screening may be managed as a relapse, and you may be required to be evaluated by an TPAPN-approved evaluator.
3. All lab results will be forwarded directly to TPAPN. You, your employer, and any treatment provider will be informed of any confirmed positive alcohol and/or other drug test.
4. It is your responsibility to inform your TPAPN Case Manager in the event you are unable to provide a specimen due to hospitalization, or for any other emergent reason.

5. TPAPN requires that all alcohol and other drug testing have chain of custody maintained. The chain of custody is the chronological documentation or paper trail, showing the collection, transfer, receipt, analysis, storage, and disposal of the sample. This ensures that any results reported relate beyond all reasonable doubt to a particular individual. You are responsible for ensuring that chain of custody for your specimen is maintained until sealed per required procedure.

It is important that you understand that any urine drug screen that is reported dilute/invalid cannot be treated as a negative drug screen and cannot substantiate recovery. Continued dilute/abnormal urine drug screens may result in TPAPN requesting additional toxicology testing and referral for an evaluation.

NOTE: The ingestion of poppy seeds, use of CBD products, Delta 8 or 9 products, and the use of alcohol-based products including hand sanitizer, Kombucha, mouthwash, breath spray, over the counter medication, foods prepared with or containing alcohol, etc., puts you at risk for having a positive urine drug screen. It is the policy of TPAPN that these products are not to be used while under a Participation Agreement. Any positive urine drug screen requires action by TPAPN, regardless of the etiology of the substance or how it happened.

Missed Check-In

Checking in to the drug screening system Sunday through Saturday between the hours of 4:00 a.m. to 2:00 p.m. Central Time, including holidays, is required both as a way to determine if you are selected for testing in addition to accountability behavior supportive of your on-going adherence and progress. You may check-in by computer, telephone, or an app that is available for download to your smart phone. Failing to check-in Sunday through Saturday as required is a concern as it places one's participation at risk. It is ideal to establish a habit early by making "checking-in" a regular part of your morning. This simple act is a way to begin the day thinking about the "next right thing" to do both for your TPAPN participation and overall health and well-being. Both you and your TPAPN Case Manager will be alerted to missed check-ins.

Repeated non-adherence with daily check-ins may result in an increase in your drug screening frequency or modifications to your Participation Agreement requirements.

Missed Test

Failure to submit to a toxicology test when selected is a high-level concern. Although testing may be excused in unusual and extenuating circumstances (such as death or illness of immediate family member or partner, acute illness and/or unforeseen disasters), these situations are rare. Your TPAPN Case Manager will be alerted of all missed tests. All missed tests require action and will be counted beginning when you sign a Participation Agreement. Repeated missed tests may result in an increase in your drug screening frequency, an updated evaluation with a TPAPN-approved evaluator, and/or discharge from TPAPN and a report to the Texas Board of Nursing.

Dilute and Value Out of Range Urines

Urine drug screens are increasingly being used by licensing boards as a tool to demonstrate abstinence and adherence with a recovery program. It is difficult to adequately monitor participants who consistently have dilute and/or abnormal urines. Multiple dilute urines are of concern and must be addressed. To avoid dilute urines, please consider the following guidelines:

- Drink no more than 12 ounces of fluid in the three hours before the test. If you cannot urinate at the collection site, then drink four ounces every half-hour until you can.
- Do not use any caffeine within three hours of the test (i.e. coffee, tea, or soft drinks, unless they are caffeine-free).
- Do not take a diuretic within a few hours of the test. Doing so may cause too much water in the urine for accurate testing. It is your responsibility to plan your urine drug screen around a prescribed diuretic so that the effects of the medication do not affect the results of the test.

Invalid Test Results

Invalid results may be caused by sample tampering, certain medications, or medical conditions, such as a urinary tract infection (UTI). Invalid test results are a concern and must be addressed.

Monitoring Interruptions

A Monitoring Interruption (MI) is a temporary suspension from daily check-in and drug testing selection requirements. Individuals who are drug testing while participating in TPAPN are expected to remain available for daily check-in and drug testing throughout their participation, with very few exceptions. An MI may be approved on a case-by-case basis for specific circumstances, including hospitalizations and international travel.

Participants are still required to comply with the abstinence provisions of their monitoring agreement while on an MI. Although drug testing and daily check-ins may be briefly paused, any positive toxicology result at the conclusion of the MI, will be addressed in accordance with the program's standard policies for positive tests, just as if no MI had occurred.

For emergencies requiring an MI, participants should contact their Case Manager as soon as possible. MI requests must be submitted through the online participant portal, SPECTRUM, and documentation supporting the request (e.g., hospitalization records or travel documentation) must be attached. Requests should be submitted at least two weeks in advance whenever possible. If approved, daily check-ins and drug testing will be suspended for the designated timeframe. Drug testing is typically scheduled immediately following the completion of a Monitoring Interruption. For detailed instructions on how to request an MI, please refer to Module 5: "How to Request a Monitoring Interruption", located under Participant Guides in the SPECTRUM Participant Portal.

Treatment Recommendations
As a component of on-going monitoring, participants may be recommended to participate in treatment. Treatment may include, but is not limited to inpatient treatment, outpatient treatment, continuing care, psychiatric or specialty medication management, individual therapy, alcohol and drug education, or combinations of those treatments. TPAPN recommends that your treatment providers have experience working with healthcare professionals, substance use, and/or mental health (depending on your needs as identified in your evaluation or treatment records). You can select a provider of your choice, but TPAPN has final authority in approving the provider. Situations in which TPAPN may not approve a provider include the provider lacking expertise in your area of need or not providing necessary documentation to ensure adherence with your TPAPN Participation Agreement. In instances when your provider is prescribing medication, you must adhere to the Abstinence and Prescription Medication Polices as well (see above).

Recovery Support Activities
TPAPN encourages participation in recovery-related meetings or activities that support the nurse in maintaining recovery. In collaboration with the evaluator and/or treatment provider, TPAPN will determine the frequency of Recovery Support activities necessary. It is expected you will attend required meetings, or it will result in nonadherence with your Participation Agreement. When recommended, recovery support activity should include at least one recovery-based activity. When multiple activities per week are recommended, it may include any number of different types of support activities.

The TPAPN Case Manager can discuss these options with you but must approve which will be the part of your participation requirements.

- 12-step based mutual aid groups, (e.g., AA, NA, etc.)
- Non-12-step based mutual aid groups (e.g. SMART Recovery, Women for Sobriety, Refuge Recovery, Depression and Bipolar Support Alliance, etc.)
- Faith-based recovery
- Cultural recovery (e.g., traditional Native American sweat Lodges, drumming)
- Outpatient treatment-counseling (groups, family therapy, mental health care, etc.)
- Bodywork (e.g., yoga, traditional Chinese medicine, Addiction Energy Healing, etc.)
- Artistic pursuits or art therapy
- Service work (e.g., giving back, inside or outside of a recovery program; etc.)
- Peer Support Partner Pairing

Reporting Requirements
TPAPN requires the submission of various reports to provide ongoing documentation of your adherence and progress. Your Participation Agreement will specify which reports you are required to submit. Templates of all reports can be found in your participant portal. It is expected you submit reports when due or it will result in nonadherence with your Participation Agreement. Additionally, it is your responsibility to inform all providers and supervisors of the dates when your reports are due in the TPAPN office. For detailed instructions regarding the submission of all required reports, please see Module 7: "Submitting Reports" located under Participant Guides in your SPECTRUM Participant Portal.

Monthly Reports are **due by the 10th day of each month**, beginning the first month after you have signed a Participation Agreement, and may include the following:

- **Self-Report** - must be completed electronically via the SPECTRUM Participant Portal
- **Recovery Support Activity Log** - Attendance log of all required recovery support meetings and individual therapy appointments. Attendance logs can be entered online via the SPECTRUM Participant Portal or by using the

SPECTRUM mobile app. For further instructions, please see Module 8: "Tracking Your Attendance" and "The SPECTRUM Mobile App Guide" located under Participant Guides in your SPECTRUM Participant Portal.

- **Participant Therapist Report** (e.g. individual therapist and/or treatment center)
- **Supervisor Daily Sign-In Log**

Quarterly Reports are **due by the 10th day of January, April, July, and October** and may include the following:

- **Employer Report**
- **Participant Medication Report**
    - Additionally, you must provide your Case Manager with the following:
        - Prescribing Provider Name
        - Credentials
        - Address
        - Phone, Email, and Fax for Provider

Please note: Some reports may be due more frequently, such as the Participant Medication Report. This report must be submitted immediately following a medication change. For specific report requirements, please see your individualized Participation Agreement. For detailed instructions regarding submission of your medication changes, please see Module 9: "Updating Your Prescriptions" located under Participant Guides in your SPECTRUM Participant Portal.

Compact License Status

Texas is a party state to the Nurse Licensure Compact. By state law, *participation in TPAPN may result in your license status reverting from "Compact" to "Single State" for the duration of your participation in TPAPN. If your license is restricted, work outside of the state of Texas will be prohibited. ***Self-Referrals:** Nurses holding a multistate licensure privilege under the Nurse Licensure Compact who self-refer to TPAPN are required to convert their multistate licensure to a single-state license through the Board of Nursing's online portal. Participants must provide documented evidence of the change in licensure status to their assigned TPAPN case manager within seven (7) business days of executing their agreement.

Participants Moving and/or Residing Outside of TX/Interstate Transfers

Relocation out of Texas may result in discharge from TPAPN and notification to the Texas Board of Nursing. Continued participation in TPAPN while living outside of Texas is dependent on the practice monitoring requirements detailed in your individualized Participation Agreement. If you are considering working, moving, and/or residing outside of Texas, you should notify TPAPN well in advance of the planned relocation.

1. If you reside in another state but work in Texas, you must be monitored by TPAPN.
2. If practice monitoring is a requirement of your Participation Agreement, you are not allowed to work outside of Texas.
3. If practice monitoring is NOT a requirement of your Participation Agreement, you may be allowed to work outside of Texas and continue participation in TPAPN. However, you may also be required to participate in monitoring by the monitoring program of the state in which you plan to practice.

Disclosure to Providers

You must inform all treatment providers (including dental providers) of your participation in TPAPN and existence of your substance use/mental health diagnosis, if applicable. This is to allow your treating providers to make informed decisions concerning your care.

Disclosure to Employer and Staff

You may be required to inform a member of the staff of your employer, company, or office management team that you have signed a Participation Agreement.

Communication with TPAPN

Once assigned a Case Manager with TPAPN, you are expected to contact your Case Manager regularly via the SPECTRUM portal.

Maintenance Opioid Therapy or Medication-Assisted Therapy

Many individuals recovering from substance use disorders are able to maintain abstinence with formal substance use treatment, self-help groups, and individual recovery programs. However, some individuals may require alternative and/or ancillary methods, and a closely supervised maintenance program of Medications for Opioid Use Disorder (MOUD) or Medication-Assisted Therapy (MAT) may be appropriate. In order to ensure that you can continue to practice with reasonable skill and safety, TPAPN has established procedures for approval of maintenance therapy:

1. The participant may be required to have a TPAPN approved expert in the addiction field agree that Medication-Assisted Therapy (MAT)/MOUD is the treatment of choice, with an established time frame to discontinue when appropriate.
2. The participant may be required to undergo a complete neuropsychological testing to demonstrate cognitive abilities to practice with reasonable skill and safety.
    a. All changes in the prescribed dosage (either increases or decreases) may require repeated/updated neuropsychological testing to demonstrate cognitive abilities to practice with reasonable skill and safety.
    b. All changes in the prescribed dosage (either increases or decreases) will require an updated Participant Medication Report
3. The case may be staffed with the Program Director or designee for approval.
4. The participant will have the treating professional send quarterly reports to TPAPN documenting the dose, progress, and continuing need for maintenance therapy.
5. If necessary, the participant will undergo a complete neuropsychological battery of testing on a periodic basis to demonstrate cognitive abilities to practice with reasonable skill and safety and to determine there is no cognitive decline from the ongoing use of methadone, buprenorphine or other MAT medications.
6. If it is determined that the participant cannot practice with reasonable skill and safety while taking the medication(s) then the participant must withdraw immediately from practice until it can be determined that they are able to resume safe nursing practice.

Naltrexone and Vivitrol

Research indicates that certified nurse anesthetists and other healthcare professionals who administer or handle anesthesia medications or controlled substances have a lower relapse rate upon returning to practice when taking monitored Naltrexone or Vivitrol. If a TPAPN-approved evaluator, treatment center, or provider recommends Naltrexone or Vivitrol, participants will be required to submit a **Quarterly Participant Medication Report** and provide their Case Manager with the following information: Prescribing provider's name, credentials, address, phone, email, and fax.

Controlled Substance Restriction

In order to facilitate the recovery process and promote safe practice, TPAPN may require that nurses refrain from administering and/or prescribing controlled substances. Controlled substance restriction is addressed specifically for each TPAPN nurse in the TPAPN Participation Agreement and/or TPAPN Participant Work Agreement.

Restriction from Access

Nurses with controlled substance restrictions may not have access to or administer controlled substances. This includes:

a. Nurses who diverted drugs, or who are suspected of diversion
b. Nurses who have obtained or attempted to obtain drugs through fraud (forgery, "calling in" prescriptions, theft of prescription pads).
c. Nurses for whom restriction from controlled substance access has been recommended by evaluator, TPAPN and/or the BON. TPAPN may modify the time frame of restrictions, based on individual circumstances.

Specifically, if the individualized TPAPN Participation Agreement and/or TPAPN Work Agreement states that controlled substance access is restricted, the nurse may not:

a. Have access to, administer, witness, count, waste, to include titrating of any controlled/locked (Schedules I-V) or medication that is mood/mind altering.
b. Fill or restock the controlled substance supply of patient-controlled analgesia (PCA) pumps

Restriction Timeframe
Restriction is initiated at the time of re-entry into a clinical setting.

a. A six (6) month minimum controlled substance restriction requiring submission of two (2) favorable Employer Quarterly Reports is usually required.

Restoration of Access

a. After successful completion of controlled substance restriction time frame, the nurse is eligible for review by TPAPN to assume responsibility for the administration of controlled substances.
b. Written recommendation to lift controlled substance restriction will be requested from the nurse's employer(s) and other treatment providers as requested by TPAPN.
c. The nurse will be informed in writing by TPAPN when this restriction is lifted. Written approval by TPAPN is necessary prior to gaining access or administering controlled substances.

Violation of Controlled Substance Restriction
A violation of TPAPN's controlled substance restriction policy results in non-adherence and may require refrainment from practice. A TPAPN assessment of participant's status will be conducted (per employer, any other collateral information obtained and for-cause urine drug screen). Repeated violations may also result in a formal TPAPN facilitated evaluation to determine fitness to practice and/or an extension of the controlled substance restriction. If any concerns are noted as a result of the above, TPAPN may require a participation requirement adjustment, refrainment from practice, an initiation of a review with the Texas Board of Nursing, and/or discharge from TPAPN and a formal report to the Texas Board of Nursing.

Nurse Anesthetists Protocol

Certified Registered Nurse Anesthetists (CRNA) CRNAs may be at higher risk for relapse because of their access to controlled substances, anesthesia medication, variable work schedules and practice autonomy. For this reason, criteria have been established that will enable the CRNA to transition to clinical practice more effectively with the greatest degree of long-term support through accountability and documentation. In regard to both practice and monitoring, TPAPN follows The American Association of Nurse Anesthetists' (AANA) substance use disorder guidelines, which includes the following (in addition to standard requirements of all nurses participating in TPAPN):

1. Minimum lengths of participation in TPAPN for CRNAs is Track dependent and range from one (1) to five (5) years.
2. Readiness for return to practice will be thoroughly assessed by TPAPN, the treating team and the CRNA, prior to re-entry. If the CRNA has completed TPAPN recommended healthcare specific extended residential treatment, it may not be appropriate to return to the practice of anesthesia immediately following treatment. This will be based on specific treatment recommendations from the TPAPN recommended treatment program upon discharge and with final authorization from the TPAPN Program Director and/or designee.
3. CRNAs returning to CRNA practice may consider being evaluated by a TPAPN-approved evaluator and/or treatment provider for Naltrexone or Vivitrol therapy. If recommended, this therapy must be initiated prior to return to CRNA practice if recommended.

CRNAs who receive less intensive treatment, i.e., outpatient or in-patient, may be required to refrain from practice for an extended period of time in order to establish a solid framework of recovery (a minimum of six months to one (1) year). This will be determined on a case-by-case basis considering type of treatment completed, severity of illness(es) and treatment team recommendations. Following six months to one (1) year of incident-free monitoring outside of CRNA practice, TPAPN may require a fitness for duty evaluation prior to authorization to return to work as a CRNA.

1. When the CRNA has progressed satisfactorily with his/her monitoring, met treatment team recommendations, and received TPAPN approval for re-entry, he/she may begin transition to anesthesia practice.
2. Before transitioning back to practice, the CRNA and the CRNA's employer must sign a TPAPN Work Agreement and Addendum for Return to Anesthesia Practice. All conditions in these agreements must be adhered to by the practicing CRNA to remain in good standing with TPAPN.
3. Prior to any change in employment and/or supervisor, the CRNA must complete a new TPAPN Work Agreement and Addendum for Return to Anesthesia Practice. TPAPN will require submission of a new-signed TPAPN Work Agreement and Addendum for Return to Anesthesia Practice completed by the CRNA and the new employer.
4. The CRNA must notify TPAPN within one (1) business day of all changes in employment and/or Supervisor.

Indicators of Safety to Practice and Satisfactory Progress

TPAPN is committed to the health and well-being of our participants and the safety of the public. When considering safety to practice, TPAPN's role is to coordinate and advocate a return to practice if supported by an approved evaluator and/or treatment provider or to support and assist the participant with alternatives. Additionally, progress must be demonstrated while being monitoring by TPAPN. Safety and progress are assessed via each nurse's:

1. Adherence with all aspects of the individualized TPAPN Participation Agreement and the guidelines set forth in this Participant Handbook
2. Consistent positive reports from treating providers indicating stability, progress, and consistent attendance at required appointments and meetings
3. Consistent positive reports from employer(s) indicating the ability to practice with reasonable skill and safety to patients
4. Negative toxicology screening substantiating continued abstinence if required by TPAPN Participation Agreement

Earned Advocacy

TPAPN advocates for participants who are adherent with their Participation Agreements and/or are willing to continue participating in TPAPN despite non-adherence. TPAPN believes that the program should seek opportunities to advocate on behalf of nurses when possible.

Letters of Participation
Letters of Participation, including confirmation of participation, may be written for TPAPN participants who are in good standing with TPAPN. The following details the process for the request of a letter of participation:

1. Send a written request and/or call your TPAPN requesting a letter of participation.
2. Indicate the reason for the letter, to whom the letter is being sent, and the address for the letter.
3. Your TPAPN Case Manager will review your file for adherence.
4. If you are requesting that the letter be sent to anyone other than you directly, a standard Release Authorization must be signed and provided to TPAPN.

Advocacy with the Texas Board of Nursing (BON)
TPAPN has regularly scheduled meetings with the BON, at which time TPAPN advocates for nurses to be given the opportunity to continue participation in TPAPN in lieu of disciplinary action (when appropriate).

Education
TPAPN routinely provides education regarding substance use, mental health, and the TPAPN program. This helps reduce stigma surrounding these topics and informs of the opportunity for nurses to participate in TPAPN, which sometimes prevents the nurse from having disciplinary action taken on his/her license by the BON.

Non-Adherence with Participation Agreement

TPAPN Participation Agreements are individualized and created based on what TPAPN, the Texas Board of Nursing, and TPAPN-approved evaluators have deemed necessary to ensure ongoing safety to practice and by utilizing the TPAPN Participation Guideline Matrix. TPAPN categorizes non-adherence in two ways: General non-adherence and/or positive test results.

General Non-Adherence
General non-adherence is viewed as evidence that the nurse is not demonstrating behavior and actions consistent with a strong recovery and is therefore at a higher risk for relapse. Participation Agreement non-adherence will be addressed to promote continued safe nursing practice. In most situations, TPAPN referrals and participants will be given the opportunity to become adherent and will be informed of corrective action expectations to prevent TPAPN discharge. However, some situations will result in discharge and a report to the Texas Board of Nursing (BON).

Examples of General Non-Adherence:

1. Not participating in therapy or with a psychiatrist as recommended
2. Not participating in self-help/recovery support activities as recommended
3. Not participating in medication management as recommended

4. Not submitting reports as outlined in the Participation Agreement and Participant Handbook
5. Not participating in Education as recommended
6. Missing daily check-ins to determine drug testing selection
7. Not submitting a drug screening specimen on the day selected
8. Not providing a specimen for drug screening purposes on the assigned panel
9. Dilute, Low Creatinine, Substituted, and/or Invalid drug screening results
10. Not disclosing participation in TPAPN to employers or healthcare providers as outlined in the Participation Agreement and Participant Handbook
11. Not demonstrating safe nursing practice for the amount of time required

In the event of general non-adherence, TPAPN may adjust the nurse's participation requirements, including length of participation. TPAPN may take action in response to non-adherence including:

1. Warning letter
2. Non-adherence letter
3. Increase drug-screening frequency
4. Add hair, nail, or blood test(s)
5. Imminent discharge letter
6. Notification to employer
7. Request a non-adherence evaluation
8. Request a review with TPAPN's Medical Review Officer
9. Request a nephrology exam
10. Addendum to Participation Agreement reflecting any changes in participation requirements.
11. Review with the BON

Per BON contract requirements and/or the BON Practice Act, TPAPN may discharge the nurse from participating in TPAPN and report the following directly to the BON:

1. Not signing requested Release Authorizations
2. Not participating in a Comprehensive Clinical Evaluation or Non-Adherence Evaluation with a TPAPN-approved evaluator
3. Not following the evaluator's treatment recommendations
4. Not signing a TPAPN Participation Agreement
5. Not paying TPAPN Board Order Fees (if required)
6. Not following TPAPN's Abstinence policy
7. Not registering with TPAPN's drug screening third-party administrator (currently Affinity eHealth)
8. Not consulting with a Medical Review Officer as requested by TPAPN
9. Not refraining from practice unless authorized by TPAPN to return
10. Non-adherence with practice restrictions and/or supervision requirements
11. Non-adherence with actions initiated by TPAPN to correct general non-compliance

TPAPN may staff with the Texas Board of Nursing (BON) for final disposition. BON may determine if the nurse can continue monitoring through TPAPN and/or if the BON will initiate an investigation.

Positive Test Results

Positive test results are both a violation of the TPAPN Participation Agreement and an indicator that a nurse participating in TPAPN may be unsafe to practice and that the treatment recommendations and/or monitoring recommendations were insufficient to overcome the severity of the symptoms.

TPAPN may take the following action if a nurse has a positive test result:

1. Instruct the nurse to Order Bottle B of the split sample to be tested to rule out lab error
2. Schedule a consultation with a Medical Review Officer
3. Request a non-adherence evaluation with a TPAPN-approved evaluator
4. Ask the nurse to refrain from practice
5. Notify the nurse's employer of the positive test result
6. Notify the Texas Board of Nursing
7. Ask the nurse to sign an amended or new Participation Agreement
8. Discharge the nurse from participating in TPAPN

For BON ordered participants, all positive tests without a valid prescription, or a valid prescription without a completed Participant Medication Report Form stating that the nurse is safe to practice while taking that medication, are reviewed with the BON for disposition.

Discharge from TPAPN for Non-Adherence

Specific circumstances which are considered grounds for discharge from TPAPN include, but are not limited to:

1. Non-adherence with the TPAPN Participation Agreement, Participant Handbook or Work Agreement
2. Inability to progress satisfactorily while being monitored by TPAPN
3. Relocation outside of the State of Texas without TPAPN approval
4. Relocation outside of the State of Texas when unable to transfer into approved program similar to TPAPN
5. Participant request for discharge
6. Failure to pay TPAPN Program fees per board order (if applicable)

In the event of discharge from TPAPN, both you and your employer will be informed via written communication, if applicable. Additionally, the Texas Board of Nursing will be notified.

Successful Completion of Active Monitoring

1. In order to successfully complete active monitoring, the participant must meet the following criteria:
    a. Demonstrate progress and stability through monitoring reports, as well as documented abstinence, if required, from mood-altering substances for the indicated length of the TPAPN Participation Agreement.
    b. Demonstrate the ability to provide safe care for a minimum of 6 to 12 months (depending on length of contract).
    c. Demonstrate a minimum of twelve (12) months of consecutive negative/normal toxicology screens. However, in certain circumstances, upon review of the participants file by the Program Director, exceptions may be made if warranted. If participant submitted a dilute/low creatinine drug screen within the last 12 months, a hair test (14-panel) and blood (PETH) may be required.
    d. Completion and submission of an End of Monitoring Recovery Maintenance or Wellness Plan.
2. In some cases, at the time of review for readiness to complete active monitoring, the following documentation may be requested:
    a. Participant's employer(s) recommendation indicating ability to practice with reasonable skill and safety without restrictions or continued monitoring.
    b. Designated treatment provider recommendation(s) for completion of active monitoring indicating progress and stability.
3. Upon receipt of required documentation and review of the TPAPN file including progress, adherence, and work performance, TPAPN will determine if completion of TPAPN monitoring is appropriate. In some cases, a formal readiness to complete evaluation will be required.
4. Final readiness to complete determination will be made by TPAPN, following review of all monitoring reports, results of readiness to complete evaluation (if necessary), End of Monitoring Plans and compliance with TPAPN completion criteria.
5. If a participant has not met completion criteria prior to the end of the individual's Participation Agreement, a Participation Agreement Addendum will be issued. This Addendum will be in effect until all completion criteria are met.
6. TPAPN will send a completion letter to the participant at the time of completion of active monitoring. A copy of this letter will be forwarded to the Texas Board of Nursing (BON) and employer. The status of the TPAPN participant will be changed to "completed."

A Final Word

Our hope is that the information provided in the Participant Handbook will better prepare you for your TPAPN participation. TPAPN views substance use and mental health as chronic health conditions that can be treated, not personal or moral failures. We are committed to providing monitoring and case management services meeting your individual needs to help you be successful and demonstrate safe nursing practice. We understand this process can be overwhelming and are here to provide support and answer any questions you may have. We've have attempted to answer frequently asked questions below. Your feedback regarding the usefulness of this Handbook is greatly appreciated. All the TPAPN staff wishes you the very best as you begin your participation!

Frequency Asked Questions

(for potential and current participants)

Q. Who do I need to notify regarding my TPAPN participation?
A. Unless on a public Board Order mandating TPAPN, participation in TPAPN is confidential. However, there may be other parties to which you must report your participation because of the requirements of your Participation Agreement, including current/potential nursing employers and designated worksite monitors, academic programs, treatment providers, prescribing physicians, etc.

Q. Why is it necessary for me to check in every single day to see if I am selected to test?
A. We understand that this monitoring process may seem at times to be a lot of work. However, for those individuals who are monitored for substance use concerns or have a history of misusing medications, substances or alcohol, the toxicology screening program is a critical aspect of their participation. TPAPN recognizes that daily check-ins and toxicology screenings do not substitute for a strong recovery program, but negative screens are objective evidence of abstinence and remission which are necessary for a participant to return to practice safely. From a TPAPN perspective, specimen analysis is performed to detect relapse early so that participants can be referred to the appropriate level of treatment. Most chronic diseases in medicine are followed with laboratory testing and substance use disorders are no different.

Q. What happens if I miss a check-in?
A. We understand that life can take unexpected detours, causing our normal daily routines to be disrupted. TPAPN is more often concerned with trends, not an isolated incident. However, if you continue to miss check-ins or even testing, we begin to be concerned about your sobriety. We encourage our participants to use a missed check-in event as an opportunity to look at their recovery and the reasons behind the missed check-in. Then make sure you check in tomorrow! Rule of thumb: if you miss your check-in window, you may miss notification of test selection. Missing a test is a significant concern. Multiple missed tests in a monitoring program may lead to dismissal from the program. If you miss your check in but you want to make sure you do not miss a test that day, you can activate the Self-Test feature.

Q. Will TPAPN make me do treatment if I participate?
A. TPAPN relies solely on evaluators to make recommendations for treatment. In cases where there is a recommendation for treatment following evaluation by a TPAPN-approved assessor, TPAPN will offer options for an appropriate treatment provider. This selection will be based on the concern(s) identified, the type of treatment needed, the intensity of treatment required and the geographic location. Treatment modalities will vary from educational courses, medication management and/or therapy to extended residential treatment.

Q. What are the costs to participate in TPAPN?
A. TPAPN is a non-profit organization funded through the Texas Board of Nursing to implement the authorized Peer Assistance (from licensure fees) and through charitable contributions. Other than board ordered participants, participants are not charged for TPAPN monitoring. TPAPN has no financial relationship with any evaluator, treatment center or provider. We do not provide medical or treatment services; therefore, participants pay directly to the providers. Similarly, in the monitoring phase, the participant pays directly to the third-party administrator and collection sites for toxicology screening.

Q. Can I still practice nursing while I participate in TPAPN?
A. Yes, the purpose of the program is to monitor nurses so they can continue practicing nursing with safeguards in place to keep themselves and their patients safe. However, depending on the nature of the incident that initiated a referral to TPAPN, a participant may be required to refrain from practice during evaluation and any resulting treatment. The participant may resume practice when given authorization to do so by TPAPN. The approval for a return to nursing practice is based upon recommendations from approved evaluators or treatment providers in consultation with the TPAPN case manager. Practice restrictions are often required during the early phase of return to practice and/or for the duration of the monitoring agreement (see pg. 10 Practice Restrictions).

Q. My therapist is recommending a decrease in therapy sessions, but does TPAPN require me to go weekly?
A. If your therapist is recommending a change in services, whether it is a decrease or increase in services, your therapist notify your TPAPN case manager know that a change is recommended. After your TPAPN case manager receives the recommendation, your agreement will be updated to reflect the new treatment recommendations. Most providers will document a change in the frequency of services when they submit their monthly reports.

Q. Do I need to notify TPAPN if I travel?
A. If you are in TPAPN's random drug testing program, it is recommended you inform your case manager of your plans to travel. When traveling within the United States, daily check-ins are still required, and random drug testing selection is active. Please be prepared to drug test and bring Chain-of Custody forms when traveling. Collection sites are widely available throughout the United States. Before travel plans are finalized, we recommend you identify collection sites closest to your travel locations and/or destinations through SPECTRUM's Compliance => Collection Sites => Search function, or by calling Affinity's Help Desk at 877-267-4304

Q. I am traveling to a remote area with no access to drug testing labs, can you pause my check-ins and testing?
A. TPAPN does not approve monitoring interruptions for domestic travel. It is your responsibility to be available to test at all times while under a TPAPN monitoring agreement. Monitoring Interruptions may be approved on a case-by-case basis for circumstances where it is impossible and/or impractical to check-in and drug test such as hospitalizations and international travel.

Q. If selected to test, am I required to submit the sample by a certain time that day?
A. The earlier a nurse checks in the more time they have to prepare. Depending on the hours of the local drug-testing collection site, a nurse may be able to test before or after work. You have all day to test but in cases where sites close early the employer will need to make reasonable accommodations to support you. If employed in nursing, your employer may need to make temporary staffing adjustments while you leave to provide the drug screening sample.

Q. How can nurses in the TPAPN program maintain their own personal safety if they are advised to not use hand sanitizer?
A. Nurses participating in TPAPN should avoid hand sanitizer and wash hands with soap and water instead. If you do use hand sanitizer, you risk testing positive for alcohol and will be held accountable for a positive drug screen (always keep hand sanitizer away from nose and mouth to avoid inhalation of the product as this is the cause of incidental exposure and a positive alcohol screening). Wearing exam gloves is always an option.

Additional Reference Information

Texas Peer Assistance Program for Nurses
4807 Spicewood Springs Rd, Bldg 3, Suite 100, Austin, TX 78759
(800) 288-5528 Fax (512) 467-2620
Email: tpapn@texasnurses.org
Web Site: www.tpapn.org
Office Hours: 8:00 a.m. to 5:00 p.m. Monday—Friday

SPECTRUM Participant Portal
Login: https://www.spectrum360.com/s/?tpapn#/login
Affinity Care Help Desk: 1-877-267-4304
Monday-Friday 5:30 am CT – 7:00 pm CT
Saturday-Sunday 8:00 am CT – 4:00 pm CT
(For assistance re: login, collection sites, etc. Providing your SPECTRUM PIN number when calling may facilitate a faster response)

Texas Board of Nursing (512) 305-7400
www.bon.texas.gov

Texas Nurses Association (800) 862-2022
www.texasnurses.org

International Nurses Society on Addictions
www.IntNSA.org

American Society of Addiction Medicine
www.asam.org

National Alliance on Mental Illness
www.nami.org

Substance Abuse and Mental Health Services Administration (SAMHSA)
https://www.samhsa.gov
Recovery Support
https://www.samhsa.gov/find-help/recovery

Research and Studies on Behavioral Health
https://cdn.ymaws.com/www.texasnurses.org/resource/resmgr/tpapn/Research_Summary.pdf