

Board of Registration in Nursing

SUBSTANCE ABUSE REHABILITATION PROGRAM (SARP)

SARP HANDBOOK

Background

In accordance with Massachusetts General Laws Chapter 112 § 80F, the Massachusetts Board of Registration in Nursing (Board) established a rehabilitation program to assist nurses whose competency was impaired by the use of, or dependence on, alcohol and/or other drugs to return to nursing practice. This voluntary program is a non-disciplinary approach to the problem of substance use disorder among licensed nurses.

The Substance Abuse Rehabilitation Program (SARP) is a five-year abstinence-based program designed to protect the public health, safety and welfare by establishing adequate safeguards to maintain professional standards of nursing practice while monitoring and supporting participants' ongoing recovery and their return to safe nursing practice.

The rehabilitation program provides assistance to nurse participants by developing and monitoring individualized recovery plans. SARP *may* serve as a voluntary alternative to the Board's complaint resolution process, provided the nurse cooperates with the recommended recovery program and fully complies with the requirements of the ***Consent Agreement for SARP Participation (CASP)*** and with monitoring of his/her continued abstinence from all substances of abuse until the program is successfully completed.

Participants assume financial responsibility for all aspects of their application to, and their participation in, SARP.

Mission

The mission of the Substance Abuse Rehabilitation Program (SARP) is to assist nurses who have problems with alcohol and/or other drugs to return to practice, while protecting the public health, safety and welfare.

Philosophy

The Board Members believes that:

- 1) Chemical dependency is a bio-psychosocial disease affecting the cognitive, spiritual, emotional and physical being of the individual;
- 2) Chemical dependency is a chronic, progressive health problem that responds positively to intervention and treatment;
- 3) Behavioral change is possible, and every nurse has the right to pursue recovery;
- 4) Relapse prevention is a part of ongoing recovery;
- 5) Recovering nurses are vital contributors to the health care system; and
- 6) Nurses in recovery, given appropriate adaptations and accommodations, can safely continue or resume the practice of nursing.

Definitions

An understanding of the following terms will assist the reader to better comprehend the information in the sections of the Handbook that follow.

SARP Assessment: a comprehensive bio-psychosocial history of the nurse by a skilled provider. The Assessment includes recommendations for SARP Participation CASP provisions.

Chemical Dependency: a dysfunctional pattern of human response evidenced by habituation, tolerance and the psychological and/or physiological compulsive use of or addiction to any mood/mind altering drug (including alcohol) to the extent that such use interferes with function in important areas of that person's life.

The Consent Agreement for SARP Participation (CASP) is a legally binding document entered into by the SARP participant as a condition of acceptance into the Program. By signing the CASP, the participant agrees that should s/he fail to successfully complete participation in SARP, either by withdrawal from the Program or by termination from the Program for noncompliance with the terms of her/his CASP, s/he agrees to voluntarily surrender her/his nursing license for a minimum of three (3) years.

Designated Providers: individuals, agencies or organizations, approved by the Board and SAREC, who provide specific services (initial assessment, relapse assessment, peer support) to which SARP participants are referred.

Discharge: the release of a participant from SARP by the Board based on a recommendation from SAREC. This occurs after the participant has successfully fulfilled the 5-year CASP responsibilities.

Licensee/Participant: a nurse licensed to practice in the state of Massachusetts who meets all SARP admission criteria and is voluntarily participating in SARP.

Drug Testing Management Company (DTMC): a Board-approved organization which provides random collection and testing of urine, blood and/or saliva specimens for the express purpose of screening for the presence of alcohol and/or drugs.

Monitoring: the oversight and tracking of a SARP participant's adherence to program requirements and his/her CASP.

Non-compliance: failure of a SARP participant to adhere to any or all of the CASP provisions.

Progress Reports: periodic reporting by SARP participants, their employers and the providers involved in their care which addresses and tracks participants' progress of recovering from chemical dependency or substance abuse.

Relapse: the resumption of the use of alcohol and/or drugs (physiological relapse), and may also include the return to old patterns of behavior (emotional relapse). For purposes of this regulatory program, physiological relapse refers to any break in abstinence.

Release of Information Forms: documents, signed by SARP participants, which give legal permission for SARP staff to request or share confidential information.

Substance Use Disorder (SUD): a dysfunctional pattern of human response characterized by excessive, inappropriate or unhealthy use of chemical substances.

Substance Abuse Rehabilitation Evaluation Committee (SAREC): a group of individuals knowledgeable in the field of chemical dependency and/or psychiatric disorders, appointed by the Board in accordance with G.L., Chapter 112, section 80F, who, with the assistance of the SARP Coordinators, assess, plan, implement and evaluate the treatment plans of licensees participating in SARP.

Substance Abuse Rehabilitation Program (SARP): the Substance Abuse Rehabilitation Program, developed and governed by the Massachusetts Board of Registration in Nursing, is a structured program designed to assist nurses with alcohol and/or drug problems.

Substance Abuse Rehabilitation Program Coordinator: a currently licensed Massachusetts Registered Nurse holding a Master's degree and demonstrated professional expertise in the field of chemical dependency and substance abuse, who serves as a liaison between the Board, SAREC, SARP participants, treatment providers and others and oversees participants' compliance with the provisions of their CASP.

Termination: the discontinuation of the nurse's participation in SARP due to voluntary withdrawal from the Program or noncompliance with the CASP provisions.

Consent Agreement for SARP Participation (CASP): a legally binding agreement made between the Board and the chemically dependent or substance abusing nurse which clearly delineates the requirements with which the licensee must comply in order to be admitted and participate in SARP.

Complaints

For a nurse whose substance use disorder has resulted in a complaint against his/her nursing license, SARP participation may be a voluntary alternative to the Board's usual complaint resolution process. Completion of the five-year SARP program allows nurses to maintain their licenses and avoid a record of license discipline. Complaints are closed upon a nurse's admission to SARP, and dismissed upon successful completion from the program.

Admission to SARP

Massachusetts licensed nurses who have a SUD may apply for admission to SARP. Most nurses who apply have a related complaint against their nursing license for Drug Violations or Practicing While Impaired.

The application process may take from one to three months, depending on the applicant's individual circumstances.

Length of SARP

SARP is a five-year program and participation begins on the date that a participant's CASP is signed by the Board's designee.

Eligibility Criteria for Admission to SARP

1. The nurse must have a valid Massachusetts RN or LPN license, or be determined by the Board to be eligible to hold such a valid license.
2. The nurse must agree in writing to refrain from practicing nursing pending review of his/her SARP application and acceptance into SARP.
3. The nurse must provide authorization to the Board to obtain Criminal Offender Record Information (CORI).
4. The nurse must submit a completed application to SARP.
5. At his/her own expense, the nurse must obtain a written assessment and recommendation for admission to SARP from a qualified provider.
6. The nurse must agree to remain abstinent from all substances of abuse, including alcohol, while participating in SARP.
7. The nurse must attend and complete a SARP admission orientation.
8. The nurse must be able to document that he/she has enrolled in the Board-approved toxicology testing program before attending the admission orientation.
9. The nurse must sign a CASP, the terms of which are specified by SAREC and approved by the Board.
10. The nurse must acknowledge that the goal of SARP is to monitor nurses with SUD who hold a valid Massachusetts nursing license, to return to safe and competent nursing practice, while protecting public health and safety.
11. The nurse's admission to SARP must be approved by the Board.

SARP Admission

1. Nurse contacts the Board's SARP Admission Coordinator for an application packet and the Coordinator mails it to the nurse.
2. The SARP Admission Coordinator receives a completed SARP application from the nurse, and refers the nurse for an initial assessment.
3. At the admission assessment, the DP obtains all appropriate releases-of information authorizations and documentation of treatment by appropriate providers; body fluid toxicology screening is done.
4. The DP, upon receipt of the admission assessment fee from the nurse, forwards his/her written assessment to the SARP Coordinator within thirty days, or informs the SARP Admission Coordinator if the assessment process will exceed thirty days.
5. The SARP Coordinator receives and reviews the admission assessment information and determines the applicant's eligibility for SARP and recommends admission directly to the Board, or schedules the nurse to meet with SAREC.
6. The nurse whose application for admission to SARP is approved is sent a copy of an individualized CASP, information about enrollment in the Board-approved DTMC, and is notified by a SARP Coordinator of the scheduled SARP admission orientation time and date.
 - If a nurse decides to withdraw from the admission application process, information that was obtained during the admission application process about a nurse's SUD is forwarded to the Board for disciplinary action.

Admission Orientation to SARP

1. An overview of the program is provided, and there is an opportunity for the applicant to get answers to all questions about the program.
2. Each person entering SARP must agree to the terms and conditions of, and sign, the CASP on the day of orientation.
3. The CASP is then signed by the Board's designee. Once it has been signed by all appropriate parties, a signed original CASP will be mailed to the nurse. The CASP

becomes effective, and participation begins on the date that the CASP is signed by the Board's designee.

Note to the Participant

It is advisable for the SARP participant to keep a copy of his/her CASP in a safe, accessible place for personal reference.

Consent for SARP Participation (CASP)

This is a legally binding document that must be signed by each participant as a condition of admission to SARP. The CASP outlines the individual participant's plan requirements. Each CASP is signed by the Participant, the SARP Coordinator and the Board. The initial CASP stipulations once established and approved by the Board, can only be changed by recommendation of SAREC to the Board. A participant's failure to comply with the terms of the CASP will result in termination from SARP and referral to the Board for disciplinary action.

Confidentiality

All files pertaining to a nurse's participation in the SARP are kept strictly confidential. Participants admitted into the program are not reported to any disciplinary database. When a nurse has successfully completed SARP, all SARP records are sealed, and any related complaints are dismissed.

While SARP participation is confidential, communication among SARP staff and the participants, participants' therapists, employers and other appropriate individuals is necessary, as specified in the CASP, and as permitted by the nurse's signed authorization for information about the nurse's SARP participation to be disclosed.

Information obtained during the SARP application process and during SARP participation is *not* kept confidential if the nurse is terminated from, or withdraws from the SARP application process or from SARP participation.

Monitoring of Compliance

Each participant is required to report for monitoring sessions with the SARP Coordinator and SAREC on a quarterly basis, as outlined in his/her individual CASP. Monitoring session reporting months for each participant are listed on the face sheet of each participant's CASP.

Each participant is required to submit documentation of his/her compliance with the terms of his/her CASP, on SARP approved forms, to each monitoring meeting. Required documentation includes, but is not limited to: Licensee's Self-Report; Employer's Evaluation of Job Performance; Therapy Progress Report; Attendance List; and Medical Reports/Updates.

Failure to provide the required documentation is considered to be non-compliance with the CASP and may result in termination from SARP.

Relapses and any significant changes in work or living situations must be reported to a SARP Coordinator immediately.

Nursing Practice

As part of the CASP, each participant is subject to nursing practice restrictions, including medication administration, narcotic administration, carrying the narcotic keys, rotating D/N shifts, 11p -7a shift, working overtime, patient care contact, or in certain areas of nursing.

Applications for CASP Changes

All requests for CASP change(s) must be made in writing and forwarded to the SARP Coordinator.

CASP changes will only be considered after the participant has demonstrated compliance with all CASP provisions and documentation requirements prior to the request. The participant may be required to provide supporting recommendations from therapists, employers, etc.

Requests are only considered at specified timeframes as outlined in the CASP.

All CASP changes must be reviewed and approved by SAREC. The participant is required to attend the SAREC meeting to discuss the change(s). At the SAREC meeting, if approved, both the nurse and the SARP coordinator will sign duplicate original Amendments (changes) to the CASP; one retained by SARP and one for the nurses' record. The signed Amendment will be effective immediately. All original CASP provisions remain in full force and effect until officially changed.

On-Going Assessment

The SARP participant is required to meet with SAREC to discuss his/her recovery status. Meetings are scheduled to discuss requests for CASP changes, relapses, noncompliance with a CASP, or other concerns. The participant may also request a meeting with SAREC to discuss certain issues or changes, or to request additional support.

Relapse

In the event of a relapse, a SARP participant who is employed in a patient care/clinical setting is removed from nursing practice until cleared to return by SAREC or its designee. Upon receipt of information that a participant has relapsed, a SARP Coordinator will notify the participant and her/his employer(s) that the nurse may no longer practice nursing. The SARP participant is also required to notify his/her employer(s) that he/she is restricted from nursing practice.

A SARP participant in non-patient care settings is individually evaluated by SARP staff to determine whether continued practice after a relapse is safe.

Therapists and nursing employers are required to report all breaks in a participant's abstinence to SARP. In addition, the SARP participant is required to self-report relapses to the SARP Coordinator.

The Licensee will need to obtain a Relapse Assessment as soon as possible. The DP will send a written report of the relapse evaluation to the SARP Coordinator and the evaluation will be reviewed by SAREC. Upon review of the relapse evaluation, SAREC will proceed with appropriate action. Relapses will be evaluated and managed on an individual basis.

Discharge

Routine discharge of a participant from SARP occurs after successful completion of five years in the Program, unless otherwise stipulated by the CASP. Upon discharge, the record of the participant will be sealed.

Noncompliance

The SARP participant is required to be in compliance with the recovery plan and all provisions of the CASP developed by SAREC and approved by the Board. Any failure to comply with the

provisions of the CASP, including CASP changes and reporting requirements, is cause for termination from SARP.

Termination/Withdrawal

Termination of a participant for noncompliance with the CASP, or participant withdrawal will result in suspension of the participant's nursing license for at least three years.

Relocation Outside Massachusetts

A SARP participant must immediately notify the SARP Coordinator of intentions to relocate outside the Commonwealth of Massachusetts. SAREC will review the participant's relocation plans to determine whether the participant may remain in SARP.

Applying for a License in another state while participating in SARP

A SARP participant who applies for a license by reciprocity to another state should involve the SARP Coordinator, who will attempt to work collaboratively with other Board(s) of Nursing in the reciprocity process.

SARP Participants with Dual or Multiple Licenses

A nurse entering SARP with a current license in another state(s) shall be required to have his/her current out-of-state license(s) held in his/her SARP file. Out-of-state licenses that are renewed while the nurse is a SARP participant must also be forwarded to the SARP Coordinator.

Therapy Requirements

Each SARP participant is required to be in formal therapy for the time period specified in his/her CASP. Each participant is responsible for providing all therapists with:

- a copy of the CASP, including a copy of any amendments to the CASP;
- Memorandum to the Individual Therapist/Treatment Provider and/or the Support Group/Group Therapy Facilitator; and
- SARP standardized reporting forms.

Therapists must agree to submit to SARP on a regular basis a report regarding the participant's progress in therapy, and any specifics required by the individual CASP. Therapists must also agree to immediately report any concerns about a participant's recovery and/or relapses to the SARP Coordinator. Selection of a therapist is an important element of SARP. Each participant shall choose a therapist who has demonstrated education and experience in the field of chemical dependency/substance abuse, and who is willing to collaborate with SARP and fulfill the necessary program requirements.

Random Drug and/or Alcohol Testing

SARP CASPs require that the SARP participant undergo random testing of appropriate body fluids for the express purpose of monitoring compliance to the CASP. The SARP participant is expected to comply with all requests for testing.

There is a single, Board-approved designated Drug Testing Management Company (DTMC) to provide such services.

All DTMC fees are the responsibility of the SARP participant

A SARP participant's failure to comply with the DTMC and the SARP policy and procedures for random supervised testing will result in termination of the participant from SARP. Failure to

report for testing, failure to report for testing within the designated time period, or failure to provide a specimen or a sufficient specimen will be considered a positive test result.

- **Randomized Drug/Alcohol Testing:**

- A minimum number of random testing is required annually.
- Participant calls a toll-free number every day to determine if he/she is required to be tested on that date.
- Participant reports to one of many available testing sites and provides the required specimen according to DTMC requirements.
- The DTMC submits a bill to each participant monthly. A participant who does not pay the DTMC bill in a timely manner will be suspended from testing until the bill is paid in full.
- Participant's daily call history, including missed calls and failure to report for testing, as well as all test results is reported electronically to the SARP Coordinators on a daily basis.

Self- Reports/ Self-Help and Peer Groups

Each participant in SARP is required to attend Three **(3)** 12-Step Meetings (such as Alcoholics Anonymous/Narcotics Anonymous) **and One (1)** additional AA/NA or an Alternate SARP-Approved Self-Help Meeting of their choice (such as Rational Recovery, Smart Recovery, Women for Sobriety, LifeRing, and Secular Organizations for Sobriety) **per week**. Each participant is required to actively participate in said program (including, but not limited to, obtaining a sponsor and joining a "home" group) and submit quarterly meeting attendance records to SARP.

Each participant in SARP is required to submit a written self-report on a SARP standardized form to each SARP monitoring meeting. Information about the nurse's recovery progress and life changes is to be included in the report.

Each participant is required to attend 12-Step meetings and a SARP-approved professional peer support group when such groups are available within a 50- 60 mile radius/one hour travel time from the participant's home.

Each SARP participant is required to submit a list of meetings attended, unless agreed by SARP. Any participant determined by sufficient evidence to be falsifying meeting attendance will be terminated from SARP.

Attendance at Professional Peer Support Groups outlined in the CASP is required for a minimum of 46 out of 52 weeks per year, or as outlined in the CASP.

Medical Plan

Each SARP participant is required to inform all treatment professionals (doctors, dentists, podiatrists, nurse practitioners) about his/her recovery program and SARP participation.

An initial health summary from all current health care providers, including prescription and over-the-counter medications, must be submitted upon admission to SARP. Periodic medical updates are required when there is a significant health problem or when substances of abuse are being prescribed.

If a SARP participant is prescribed or dispensed any medication by a licensed prescriber, the participant must provide the practitioner who prescribes the medication with a copy of a SARP standardized reporting form and arrange for the practitioner to complete and return the form directly to the SARP Coordinator within ten days of prescribing.

Use of Prescribed and Over-the-Counter Medications

Participants with a SUD may have a peculiar susceptibility to any type of mood and/or mind-altering substance. It is important to recognize this cross-addiction characteristic and to avoid self-prescribing and self-medicating in order to avoid relapse.

Adhering to the following guidelines provides a safety net for avoiding relapse for SARP participants who are building a life around recovery.

Prescribed Medication

At times during recovery, it may become necessary to take mood and/or mind-altering substances such as narcotics prescribed by a health care provider, for medical or surgical conditions. In these circumstances, the following guidelines are used:

- Advise the health care provider of your SUD, and your participation in SARP, as outlined in your SARP CASP.
- Notify SARP as outlined in your CASP.
- Advise your physician to forward the appropriate documentation to SARP within ten days.
- Advise appropriate family members and significant others, as well as your therapist, employer, and sponsor about your need to take the prescribed medication(s).
- Arrange for someone to assist you in the dispensing and administration of the medication(s).
- Accept only prescriptions with a limited amount of medication(s), e.g., 3 day supply, with no refills. When additional medication(s) is required, contact your prescriber for supplementary medication(s). Under no circumstances should refills or large doses of controlled substances, classes II-IV, be prescribed.
- Throw away unused excess medication(s). Utilize a witness if it is helpful.

Over-the-Counter Medication

Some over-the-counter medications (Ex.: sleeping pills, diet pills, benadryl) may be mood and/or mind altering as well as addictive and must be avoided.

Family Treatment

The SARP recognizes that a participant's substance use disorder affects everyone in a family system. While SARP can only require SARP *participants* to comply with a CASP, SARP strongly encourages family participation in treatment and self-help groups. Participation in these activities is supportive to the SARP participant and helpful in the recovery of family members as well.

Employment

The participant must inform SARP before accepting a new nursing position, or when his/her current position and duties change, as per his/her CASP and submit a job description to the SARP Coordinator for approval. Each participant is responsible for providing all current nursing employers with a copy of the CASP, a copy of any changes/amendments to the CASP, as well as SARP standardized reporting forms. A SARP Coordinator is available to speak with employers to answer questions.

Supervisor Verification and Agreement to Monitor Practice Form

Employers are required to submit a copy of a Supervisor Verification and Agreement to Monitor Practice Form to the SARP Coordinator prior to start date. The Supervisor is required to read the CASP Amendment and be able to make the appropriate practice accommodations. The SARP participant is expected to follow-up with employers to ensure compliance with this requirement.

Employers are required to immediately report any concerns or relapses to the SARP Coordinator. When an employer contacts SARP with concerns or with a report of a relapse, actions which must be taken swiftly will be discussed with the employer. The Licensee will be contacted and advised of any decisions or changes which are deemed appropriate.

SARP Participation Outcomes

Upon graduation, it is expected that the participant will be working as a nurse, that he/she will have the necessary tools to remain sober and to be integrated into the recovering community.

Upon a participant's successful discharge from SARP, all SARP files are sealed and any complaints related to the nurse's admission to SARP are dismissed.

Emergency Office Closure

Office Closure

When the Governor declares a State of Emergency in the Commonwealth or in Suffolk County and non-emergency state employees in the Executive branch are directed not to report to work due to the emergency situation, the Massachusetts Board of Registration in Nursing (Board) office will be closed. Official information regarding the emergency situation will be posted on the Commonwealth's website <http://www.mass.gov> as well as on the Board's website at www.mass.gov/dph/boards/rn.

SARP Monitoring Program

1. **Drug Screens-** Participants are still required to call in for drug screens daily. For questions contact FirstSource 800-732-3784 x 5548 or www.firstsource.com.
2. **Admission Interview and Program Orientation** – Licensees scheduled for a SARP Admission Interview or SARP Program Orientation in an affected area of the Commonwealth will have appointments rescheduled. If the affected areas include Suffolk County all interviews will be rescheduled regardless of location. Contact the SARP Administrative Assistant for a new appointment date at 617-973-0915.