

Policy Title: **SYSTEM MEMBERS WITH IMPAIRED PRACTICE**No. **I - 4**

Board Approval: 3/17/05

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Page: 1 of 3

I. Introduction

Chemical dependence is a chronic, progressive disease characterized by compulsive use of alcohol or drugs, loss of control and continued use in the face of adverse consequences. The hallmark symptom is denial.

II. Purpose

To promote safe practice standards and to protect the health and welfare of Northwest Community EMS System (NWC EMSS) members and the patients they serve.

The NWC EMSS recognizes that impaired practitioners are individuals who have dedicated their lives to helping others and are now in need of help. The System recognizes that providing this help must remain a primary goal of this policy. This policy, therefore, follows a non-punitive approach in which the System works as an advocate for, rather than an adversary of, the provider, while seeking to protect patients from harm.

III. Definitions

- A. **Controlled substances:** Those chemical substances defined in Section 202 of the Controlled Substances Act, 21 U.S.C. 812.
- B. **Illicit drugs:** Any drug or controlled substance, the sale or consumption of which is illegal or any legally obtainable controlled substance, which has not been specifically prescribed by a licensed physician for treatment purposes or is not being used for prescribed purposes.
- C. **Impaired practice:** "Conditions and factors which compromise a practitioner's ability to deliver care in a safe and comprehensive manner. Practice is impaired when an individual is unable to meet the requirements of the System Code of Ethics and Standards of Practice because cognitive, interpersonal or psychomotor skills are affected by the condition of the individual in interaction with the environment. These factors include psychiatric illness, excessive alcohol or drug use, addiction or other medical condition." ANA. (1984). Addictions and psychological dysfunctions in Nursing, p. 2.
- D. **Reasonable grounds:** "Reasonable grounds" is based on documentation of specific, contemporaneous physical, behavioral, or performance indicators consistent with probable substance abuse or psychiatric or other medical conditions such as
 - 1. sustained lack of mental alertness/extreme drowsiness;
 - 2. odor of alcohol on breath;
 - 3. slurred / incoherent speech;
 - 4. disruptive behavior;
 - 5. significant unexplained mood change;
 - 6. excessive unexplained work errors; or
 - 7. lack of manual dexterity / coordination.

IV. POLICY

- A. The EMS Medical Director (EMS MD) requires that all System members perform their medical-related duties without any adverse effects due to the use or abuse of any drug, medication, or intoxicating liquor. The following activities or actions are prohibited while acting as an agent of the NWC EMSS:
 - 1. "Intoxication or personal misuse of any illicit drugs, prescribed drugs, or the use of intoxicating liquors, narcotics, controlled substances, or stimulants in such manner as to adversely affect the delivery or performance of activities in the care of patients requiring EMS interventions.

Policy Title: SYSTEM MEMBERS WITH IMPAIRED PRACTICE**No. 1 - 4****Board approval: 3/17/05****Effective: 7/1/05****Supersedes: 7/15/95****Page: 2 of 3**

Adversely affect means anything which could harm the patient or treatment that is administered improperly." - EMS Rules.

2. "Unauthorized use or removal of controlled substances, supplies, or equipment from any ambulance, health care facility, institution, or other work place location." - EMS Rules.
 3. The unlawful manufacture, distribution, dispensation, possession, selling and/or use of illegal drugs and/or controlled substances.
 4. The diversion of EMS drugs intended for patients to a System member's own use.
- B. All System Providers will aggressively recognize, intervene, attempt to rehabilitate and restore to health the member whose practice is impaired as a result of psychological dysfunction or addiction to alcohol, drugs, or other chemicals.
 - C. The EMS System respects the employee-employer relationship and believes that the EMS System should collaboratively work with all Providers to investigate and resolve on-duty occurrences of impairment. Therefore, each System Provider must acknowledge the existence of a personnel policy(ies) relative to the management of EMS personnel who are impaired or suspected to be impaired while on duty, as a part of their System Agreement.
 - D. Provider policies shall include, but may not be limited to, the criteria and procedure for immediate removal of the individual from EMS duty; drug test procedures; interpretation, validation and use of the results; an Employee Assistance Program to aid rehabilitation; and criteria for monitoring the individual upon return to duty.
 - E. The System agrees to abide by the requirements of P.A. 87-1233, "in the event that any rule of the Department or an EMS MD or that requires testing for drug use as a condition for licensure as an EMT conflicts with or duplicates a provision of a collective bargaining agreement that requires testing for drug use, that rule shall not apply to any person covered by the collective bargaining agreement."

V. **PROCEDURE IN THE EVENT OF AN ALLEGED OCCURRENCE**

- A. When, in the opinion of any System member, another System member is demonstrating any behavior or conduct on duty that is considered not to be meeting the standards of this policy and which evidences reasonable grounds or probable cause to suspect impairment; or possession, sale or delivery while on duty of illegal drugs or alcoholic beverages; or presence of illegal drugs or alcoholic beverages; or of diverting drugs intended for a patient to their own use, regardless of the drug involved, this suspicion must be immediately reported to the person's immediate supervisor for implementation of the employer's Impaired Practice/substance abuse policy and procedure or applicable personnel policies.
- B. If a hospital employee suspects that an EMS practitioner is demonstrating impaired practice, they shall initiate a Request for Clarification form per Policy G-1 and immediately contact the individual's direct supervisor. The system member suspected of having impaired practice shall be retained at the hospital until an administrative representative of the employer arrives to begin the employer's investigation.
- C. An investigation will be conducted immediately by the person's employer to determine the possible validity of the reported impairment or violation of system standards. If the allegation is sustained and the investigation reveals that impaired practice exists, and/or System standards were breached, the supervisor must immediately consult with the EMS MD or his designee and immediate steps to temporarily prevent further patient contact will be implemented.

Policy Title: SYSTEM MEMBERS WITH IMPAIRED PRACTICE**No. I - 4****Board approval: 3/17/05****Effective: 7/1/05****Supersedes: 7/15/95****Page: 3 of 3**

- D. If the allegation is sustained, and/or for probable cause, the System member will be immediately removed from EMS duties by the EMS MD or his designee through an immediate suspension of medical privileges, pending further action to be taken by the member's employer.
- E. System personnel found to have violated this policy will be afforded Due Process as specified in System Policies and pursuant to Section 535.260 of the EMS Rules. For just cause, disciplinary action by the EMS MD may include a recommendation to the Illinois Department of Public Health that the EMT's license be suspended or revoked.
- F. System members convicted of violations of criminal drug statutes must satisfactorily participate in drug abuse assistance or a rehabilitation program, or face sanctions up to and including a recommendation for revocation of licensure to the Illinois Department of Public Health. Any treatment will be monitored by the employer either through their EAP or use of an outside referral.
- G. **Reinstatement:** Before reporting back to EMS-related duties after a suspension of medical privileges due to impaired practice, the System member must present to the EMS MD or his designee documentation that he/she has submitted to, and successfully completed, their employer's procedure for investigating and managing (suspected) impaired practice. If the suspension results in a leave of absence exceeding 6 months, refer to System Policy I-1 Inactive Status.

VI. **Regulations relative to nurses (ECRNs, PHRNs) with impaired practice**

- A. Section 28 of the Illinois Nursing Act states that administrators or officers of healthcare agencies who have knowledge of a nurse in their employ whose practice is impaired or who is unlawfully in possession of, using, distributing or converting habit-forming drugs belonging to that agency must file a written report to the Illinois Department of Professional Regulation (IDPR). This need not be done if the
 - 1. nurse participates in treatment for substance abuse.
 - 2. treatment is monitored by the employing agency.
 - 3. nurse continues to be employed there.
- B. **Illinois Intervenor Act Provisions**
 The Illinois Intervenor Act is similar to the Good Samaritan Act. Peers who are aware of impaired practice and assist in an intervention conducted by an intervenor (trained and recognized by the Illinois Nurses Association and the Department of Professional Regulation) and participates with good intent is not at legal risk.
- C. **Peer Assistance Network for Nurses (PANN)**
 PANN exists to support nurses who are chemically dependent. They have over 100 consultants around the state to respond confidentially to nurses who seek their assistance. Their 24 hour hot line is 1-800-262-2500.