

Iowa Nurse Assistance Program (INAP)



PARTICIPANT HANDBOOK



A publication of the Iowa Board of Nursing

Iowa Board of Nursing

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<https://nursing.iowa.gov/> | IBON Website

<https://nursing.iowa.gov/iowa-nurse-assistance-program> | INAP Web Page

Handbook revised 06/11/2019

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Introduction

This handbook is intended to provide participants with guidance about the Iowa Nurse Assistance Program (INAP). This book may serve as a reference during participation in INAP and supplement the information contained in participant's contract. **This handbook is not intended to replace any information contained in the individualized contract.** Participants are responsible for understanding and following all conditions contained in their contract. Participants should check their contract on a regular basis.

Licensure Status

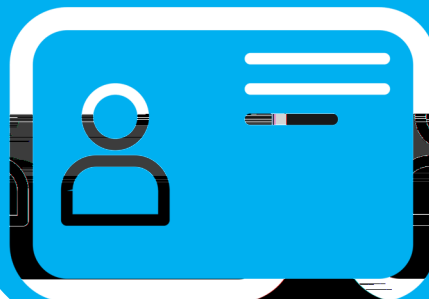
Participants need to be aware of licensure status while participating in this alternative to discipline program. Participants are responsible for staying updated on changes that might affect their licensure status. Participating in an alternative to discipline program, such as INAP, shall change an Iowa Nursing license to a single state license. Nurses need to obtain proper authorization from other states before practicing nursing.

RECEIVE
GUIDANCE ABOUT
THE IOWA NURSE
ASSISTANCE
PROGRAM.

LEARN HOW IT
WORKS AND
HOW IT CAN HELP
YOU.

NOTICE:

PARTICIPATING IN INAP WILL
CHANGE AN IOWA NURSING LICENSE
TO A SINGLE STATE LICENSE.





Location and Business Hours

INAP has staff available to assist participants. INAP is located at the Iowa Board of Nursing, 400 SW Eighth Street, Suite B, Des Moines, Iowa, 50309.

- Office hours are Monday-Friday, 8:00AM-4:30PM
- Please call INAP prior to coming to office to ensure staff availability

Office closing dates (INAP staff unavailable) include:

New Year's Day
Dr. Martin Luther King Jr.'s Birthday
Memorial Day
Independence Day
Labor Day
Veterans Day
Thanksgiving Day
Friday after Thanksgiving
Christmas Day

Participants should consult their treatment team for assistance.



Contacting the Iowa Nurse Assistance Program

Participants may also contact INAP by mail, phone or email at the following:

- **Rhonda Ruby, INAP Coordinator**
Address: 400 SW 8th St, Des Moines, IA 50309
Telephone: 515-725-4008
Availability: Monday-Friday, 8:00AM-4:30PM
In general, phone calls will be returned within 3 business days
Fax: 515-725-4017 (confidential fax)
Email: Rhonda.ruby@iowa.gov or INAP@iowa.gov
- **Michele Royer, Case Manager**
Email: Michele.royer@iowa.gov



Background Information

The INAP was established in 2016 as an initiative through the Iowa Board of Nursing. It is a confidential monitoring program for nurses who are impaired as a result of a substance use disorder or by a mental or physical condition. **INAP is a voluntary program that provides an opportunity for licensed professionals to receive treatment while maintaining their licensure status.**



Program Objectives

The goals of INAP are:

- Protect the public while monitoring the nurse to assure safe practice
- Encourage early identification, entry into treatment, and entry into a contractual agreement for monitoring of compliance with treatment and practice monitoring
- Transparency to the public by providing information through policies and procedures, annual reports, and educational materials
- Facilitate nurses to maintain an ongoing recovery consistent with patient safety



Mission

INAP shares the mission of the Iowa Board of Nursing which is to protect the public health, safety and welfare by regulating the licensure of nurses, the practice of nurses, nursing education and continuing education.



Relationship to the Board

INAP also maintains a working relationship with the Iowa Board of Nursing. Participation in INAP is confidential as long as the nurse remains in compliance with their individualized INAP contract. Participants who satisfy the requirements of their contracts will not be reported to the Board. INAP may refer a participant to the Board if participants refuse to comply with their contract or INAP recommendations.



INAP At a Glance

This is a brief description of common questions licensees may have when deciding to enter INAP. For a comprehensive review of program components, please refer to the detailed requirements section of the handbook.

LENGTH OF PROGRAM: Participants are required to have a monitoring contract. Contracts are three years. Participants are expected to complete the full term of their contract to be eligible for successful graduation. Participants who do not complete their contract may be reported to the Board.

COST OF PROGRAM: Participants are responsible for all costs of the program including drug testing, recovery and ongoing treatment. Participants are expected to participate fully in their recovery. Insufficient financial resources is not acceptable for not fully participating in the program.

DRUG TESTING REQUIREMENTS: Participants need to complete daily check in seven days per week from 5AM-2PM and submit 2-4 drug screens per month depending on circumstances. Most screens involve a urine specimen but the program may require blood, hair or nail. The cost of drug testing averages about \$200-250 per month. Monthly costs will vary based on testing requirements and are the participant's responsibility.

ABSTINENCE: INAP is an abstinence based program. This means you must remain free from the use of alcohol, marijuana (its derivatives), and all mind-altering and potentially addictive drugs unless prescribed by a physician. The use of medical marijuana/CBD may be prohibited while in the program.

MEETING REQUIREMENTS: Participants will attend AA or NA meetings. Participants are required to attend 90-meetings in 90-days immediately upon discharge from inpatient treatment. Following this, a minimum of three meetings per week is required and may decrease as the participants make progress in recovery under treatment requirements.

SPONSOR REQUIREMENTS: Participants will need to have a recovery sponsor. Participants need to notify INAP in writing of their sponsor's name and telephone number. Participants must contact their sponsor at a minimum of three times a week.

TREATMENT REQUIREMENTS: Participants are required to attend aftercare meetings. This is arranged by the participant's treatment team. Weekly aftercare treatment is expected the first year of the program. The frequency of meetings will be determined by the treatment team and may decrease as participant's progresses in recovery.

MOOD ALTERING DRUGS OR MEDICATION ASSISTED THERAPY (MAT): Participants need to report the use of prescribed medications, including MAT to INAP. All mind/mood altering medications and medications with potential for misuse must be reported. Participants need to inform their health care providers of participation in INAP. The prescriber needs to report the medication(s) prescribed, the reason for the medication, quantity and dosage to INAP.

WORKSITE MONITORS AND WORK RESTRICTIONS: Participants will need to have a nursing work site monitor. WSM are licensed health care providers employed in the same setting as the nurse being monitored who are willing to provide oversight for the nurse upon their return to nursing practice. If at any time during your participation there is concern about your ability to practice with reasonable skill and safety, you may be required to cease practice.

RELAPSE: Participants are required to report a relapse to INAP. Relapse is defined as a recurrence of symptoms after a period of improvement or during apparent recovery. Depending on circumstances, a relapse may result in increased testing, work site restrictions, or Board notification.

NON-COMPLIANCE: Participants need to report noncompliance to INAP. Noncompliance is defined as the failure to adhere to the conditions or restrictions specified in a formal contract for monitoring or designated as conditions on a license to practice nursing. Depending on circumstances, noncompliance may result in increased testing, work site restrictions, or Board notification.



Confidentiality

PARTICIPATION IN INAP MAY BE CONFIDENTIAL as long as the nurse remains in **compliance with their contract**. Program noncompliance may result in Board notification. Board notification may result in a referral to Enforcement and possible public discipline. To ensure public safety and facilitate monitoring the INAP contract authorizes INAP to communicate directly with current and prospective employers, mental health and treatment providers, probation departments, drug court agencies, health providers, disciplinary bodies, drug test collection sites and third party drug testing services.



Iowa Nurse Assistance Program and Public Discipline

PARTICIPATION IN INAP MAY NOT INVOLVE PUBLIC DISCIPLINE. INAP may provide the Board with participant information in the event the participant does not comply with their contract or in the interest of public safety. Once a case is referred to the Board, they may opt to file formal disciplinary charges or other appropriate action. If the board initiates disciplinary action against a licensee for noncompliance with the terms of the contract, the board may include information about a licensee's participation in the INAP in the public disciplinary documents.



Services

INAP DOES NOT DIRECTLY PROVIDE TREATMENT, DIAGNOSIS OR AFTERCARE SERVICES. Participants may choose providers to provide treatment and aftercare. INAP provides ongoing support and monitoring for those enrolled in the program. This includes coordination with the treatment team. **PARTICIPANTS ARE NOT CHARGED AN ADMINISTRATIVE FEE FOR PARTICIPATING.** Participants are responsible for all expenses incurred with treatment and monitoring during their recovery.



Iowa Nurse Assistance Program Advisory Committee

INAP IS MANAGED BY AN ADVISORY COMMITTEE (INAPC) WHO WORKS WITH THE PROGRAM COORDINATOR. Committee members include the director of the Iowa Board of Nursing, substance and mental health professionals, nurses recovering from substance use, and a public member. The committee conducts meetings on a quarterly basis to review participant cases. All participants seeking entry into INAP need approval from the INAP committee.

INAP also works with an Assistant Attorney General, who provide legal counsel for the program.

Note: INAP participants should not contact committee members or the Assistant Attorney General directly. Participants should contact the INAP Coordinator with questions or concerns.



Eligibility

To be considered for INAP, participants must meet eligibility criteria.

A nurse may be eligible for the program if the following apply:

- Is a Licensed Practical Nurse, Registered Nurse, or Advanced Practice Registered Nurse
- Have a physical or mental condition affecting their nursing practice
- Use alcohol or drugs to the extent their nursing practice is affected

The nurse must also:

- Voluntarily agree to enter the program and provide consent for appropriate medical/psychiatric evaluations
- Follow all recommendations of the evaluator
- Agree to the terms set forth in the agreement and or contract

Entry into the program is at the sole discretion of the INAP Committee.



Ineligibility

Several factors may lead to the INAPC's determination that an applicant or licensee is ineligible to participate in the program.

These may include (but are not limited to), if the committee finds sufficient evidence that the applicant or licensee:

- Diverted drugs for distribution to third parties or for personal profit
- Adulterated, misbranded, or otherwise tampered with drugs intended for a patient
- Provided inaccurate, misleading, or fraudulent information or failed to fully cooperate with the INAPC
- Participated in the program, or similar programs without success
- Failed to sign a contract when recommended by the INAPC

Ineligibility is determined by the INAP Committee.



Iowa Nurse Assistance Program Entry

3

STEP PROCESS FOR ENTRY

Entry into INAP occurs through this process:

- 1) **SUBMIT SELF-REPORT FORMS** to INAP (initiates the review process)
- 2) **INITIAL AGREEMENT** (establishes the initial terms until a professional evaluation is received to determine eligibility)
- 3) **MONITORING CONTRACT** (approved by the INAP committee and contract offered)

Self-Report Information - STEP 1

All nurses who would like to start the review process for entry into INAP need to submit:

- Self-report form
- Intake form
- Release of information form
- Fact sheet

These forms are available at: <https://nursing.iowa.gov/iowa-nurse-assistance-program>

Self-reports forms may be faxed (515-725-4017) or mailed (400 SW 8th ST, Des Moines, Iowa 50309) to INAP. **Submitting these forms does not guarantee enrollment into INAP, but it does initiate the review process.**

Referrals

Entry into INAP can also occur through a referral:

- **Self:** The nurse can self-report to INAP prior to an employer complaint or be requested to do so by an employer, co-worker, friend, or family member
- **Employer:** An employer may refer a nurse in need to INAP
- **Board of Nursing:** The Board of Nursing may refer a nurse to INAP as a result of a complaint and/or investigation



REFERRALS
ARE
ANOTHER WAY TO ENTER
INAP

Self/Employer Referral

An applicant, licensee, or employer reports an impairment or potential impairment directly to the program. The nurse must be willing to complete an evaluation if not done in last 12 months.

If eligible, the nurse agrees to sign a monitoring contract with the program and adhere to the terms.

Board Referral

The board may refer an applicant or licensee to the program if a complaint or investigation reveals an impairment or potential impairment and the board determines that the individual is an appropriate candidate for review by the INAPC. The board may refer a licensee to the program in a public disciplinary order or other public order. If a case is referred by the Board, the nurse must be willing to complete an evaluation, if not done so in last 12 months, and agree to sign a contract for monitoring and adhere to the terms.



Professional Evaluation

ALL PARTICIPANTS SEEKING ENTRY INTO INAP NEED TO SUBMIT A PROFESSIONAL EVALUATION FOR THE CONDITION THAT REQUIRES MONITORING. As part of the intake process you will be asked to obtain an evaluation from a recognized dual diagnosis evaluator and to follow the resulting treatment recommendations. You must immediately enter and complete the level of treatment recommended in your evaluation. The evaluation should be conducted by a Board recognized provider. The evaluation should be current and completed within the past 12 months. **INAP does not cover the cost of evaluations and are at participant's expense.**



Initial Agreement - STEP 2



Pending a professional evaluation, licensees need to sign an initial agreement within established timeline. The evaluation helps determine program eligibility. The length of time that participants remain under a signed agreement vary depending on evaluations and submitted paperwork. **PARTICIPANTS ARE REQUIRED TO FOLLOW THE TERMS OF THE AGREEMENT.**



Monitoring Contract - STEP 3



ONCE A LICENSEE IS DETERMINED ELIGIBLE FOR INAP, PARTICIPANTS IN INAP ARE REQUIRED TO SIGN A MONITORING CONTRACT SPECIFICALLY DESIGNED FOR THEIR CONDITION. Contract requirements are there to help reinforce recovery. In general, the substance use monitoring contract is **a three year contract or longer if needed.**

However the INAP committee determines on a case by case basis the appropriate length of each contract. Noncompliance with any of the contract requirements can result in a referral to the Board.

Requirements of substance use contract may include, but are not limited to:

- Attendance at support group meetings (i.e. 12-Step meetings, NA/AA)
- Attendance in an aftercare program
- Follow up with a recovery program monitor
- Meetings with a 12 step sponsor or other INAP approved program
- Worksite monitoring
- Participation in a chemical screening program (random drug testing)

For nurses who require monitoring for mental health or a physical condition, a contract is designed similar to the substance use contract, and includes regular meetings with a therapist/counselor/psychiatrist to monitor their condition. With these contracts, the INAP committee determines on a case by case basis the appropriate length of each contract. They may be **one to three years in length**. Following a signed contract participants are responsible for all requirements contained in the contract.

Compliance to the contract may include:

- Daily call-in to First Source for possible drug testing, providing negative and valid urine samples
- Submission of quarterly reports from the recovery program monitor, aftercare provider and worksite monitor
- Submission of attendance at required meetings

 Chemical Screening (Drug Testing)

NURSES WITH A SUBSTANCE USE CONTRACT ARE REQUIRED TO SUBMIT RANDOM DRUG TESTS. Participants register and enroll with the designated vendor (First Source). Following enrollment, participants call-in daily and or check-in online through the designated hours (5am-2pm).

Drug testing frequency will vary for participants depending on employment and condition status. Nurses not working in the field may test less. In general, working nurses can expect to test 1-4 times per month.



Frequency can be individualized depending on the nurse's recovery program, compliance and other factors.

Issues that may trigger an increase in testing include:

- Missed call-in
- Missed test
- Invalid test results (dilute specimen)
- Relapse
- Change in employment
- Noncompliance with contract conditions

THE COST OF DRUG TESTING IS AT THE PARTICIPANT'S EXPENSE. INAP does not accept drug testing results other than those completed with First Source and verified through chain of custody forms. Participants can locate testing sites as well as testing prices by using the following website: <http://Firstsource.com>.

Participants are responsible for assuring their chain of custody forms are available at all times. If you need more or run out contact First Source directly to order.

PARTICIPANTS ARE REQUIRED TO NOTIFY INAP OF THE FOLLOWING TESTING CONSIDERATIONS:

Prescription Medications:

- If a participant is taking any pain medications or anxiety medications they are required to provide a statement from the treating physician.
- INAP staff should be notified of any concerns regarding the medication prior to testing. Any change in medication should be reported to INAP.

Vacations:

- Participants should give two weeks notice to First Source and INAP if they are going to be away from their usual lab sites.
- Please notify INAP in writing for travel approval. Notification can be completed by email or written letter to INAP. The notification should include 1) where you are going 2) reason for travel and 3) length of stay.
- Participants are required to call-in and take their forms with them, unless the INAPC has exempted them from calling/testing during the vacation.
- If the participant is going to a location where drug screening can't be done, prior approval is needed from the INAP based on the recommendation of their monitoring team.



**NOTIFY INAP
ABOUT
PRESCRIPTION
MEDICATIONS
AND PLANNED
VACATIONS**





More Information About Drug Testing

Upon signing your agreement you will be enrolled in random drug testing that may be observed through a comprehensive drug monitoring service. You will receive a packet that includes a registration form and protocols for drug testing. You will be required to test for various drugs and alcohol. Drug testing is a tool to protect your integrity and assures the public of your safety to practice. You are responsible for understanding the drug testing process.

YOU HAVE SEVERAL RESPONSIBILITIES IN THE DRUG TESTING PROGRAM:

CHECKING-IN: You must check in daily from 5:00 a.m. to 2:00 p.m. to find out if testing is required for that day. The system will advise if you are selected to test and which testing panel to mark on the Chain of Custody (COC) form. If you are calling in listen to the complete message. For online users, complete the entire check-in process.

FORMS ARE REQUIRED TO TEST: Participants need Chain of Custody forms to test. These are obtained through First Source Solutions. You must have the ability to test with the drug testing service. Failure to do so will be considered a positive drug screen.

YOU MUST TEST: If you fail to test when requested to do so, you may not be permitted to return to practice until you have provided a urine drug specimen and a verified negative result has been received by the program.

TYPES OF TESTS: Urine drug testing is most commonly utilized. However, you may be asked at any time for blood, nail, hair or other body matrix testing. These tests can vary widely in cost.

CHECK THE PROCESS: It is your responsibility to check the collection process to ensure that all information, labeling, signatures, temperature readings and seals are correct. Incorrect paperwork may result in a missed test, or need for and cost of an additional test.

DILUTE AND ABNORMAL URINE SPECIMENS: INAPs policy requires a retest on all dilute urine specimens; which is costly in time and money.

TO AVOID DILUTE URINE SPECIMENS, THE LABORATORY RECOMMENDS: (1) Test early in the day before ingesting large quantities of fluid, or (2) Stop drinking fluids 3-4 hours before testing. Continued dilute and/or abnormal specimens may result in additional testing

POPPY SEEDS: Poppy seeds may cause a positive drug screen for opiates. Refraining from ingesting poppy seeds is required while in this program. Poppy seed ingestion may not be accepted as the cause of a positive drug screen.

Substituting, amending or otherwise altering a drug test specimen may result in a referral to the Board and possible program discharge.



Quarterly Reports

Quarterly reports are due by the 20th of December, March, June, and September. All report forms are available at <https://nursing.iowa.gov/iowa-nurse-assistance-program>.



Worksite Monitors

ALL NURSES WORKING IN A NURSING ENVIRONMENT WILL HAVE A DESIGNATED WORKSITE MONITOR (WSM). A WSM is someone who has met INAP requirements to supervise work performance. This must be someone who directly supervises the nurse. The WSM should regularly update INAP and immediately notify INAP if they notice any behavioral changes that cause concern. **Quarterly reports are due by the 20th of December, March, June, and September.**

WSM forms are found at: <https://nursing.iowa.gov/iowa-nurse-assistance-program>

Criteria:

- Nurse manager/supervisor or healthcare provider located within the participant's office/department that has at least weekly contact with the participant.
- They should be knowledgeable about the nurse's specific practice restrictions, cannot be a current participant in INAP and work the same shifts with the nurse.

Expectations:

- Evaluate participant's performance (punctuality, professional demeanor, documentation,) and not their illness.
- Have at least weekly face to face contact. Meetings can be formal or informal based on the need of the participant or situation each week.
- Participants are responsible for nominating their worksite monitor and submitting their name/credentials to INAP for approval.

INAP may contact a WSM in between quarters for a verbal update.



Aftercare Provider

PARTICIPANTS IN THE PROGRAM FOR SUBSTANCE USE WILL NEED TO ATTEND AFTERCARE MEETINGS. Meeting frequency is arranged and determined by the Aftercare Provider (ACP). ACPs are also required to submit quarterly reports to INAP. Aftercare reports are due once every three months. **Quarterly reports are due by the 20th of December, March, June, and September.**

Participants are required to:

- Meet with an aftercare provider approved by the INAPC for therapy and aftercare to best insure continued recovery
- Participate fully in regular sessions with aftercare provider
- Submit ACP names/address/credentials of those providing aftercare
- Sign a release of information. INAP will need regular communication with ACP
- Submit written quarterly reports from ACP to INAP
- Obtain approval from INAP for any changes with ACP

ACP forms are found at: <https://nursing.iowa.gov/iowa-nurse-assistance-program>

IT IS PARTICIPANT'S RESPONSIBILITY TO ENSURE REPORTS ARE FILED IN A TIMELY MANNER. It should address participation in therapy, progress, prognosis, ability to remain in active practice, and overall compliance with the terms of INAP.



Recovery Program Monitor

PARTICIPANTS WILL NEED TO DESIGNATE A RECOVERY PROGRAM MONITOR (RPM).

An RPM is a qualified person responsible for overseeing and assisting in all aspects of recovery. Examples of RPMs include therapist, psychiatrist, and health care provider. The RPM is arranged by the participant and approved by INAP. RPMs are required to submit quarterly reports. RPM reports are due once every three months. **Quarterly reports are due by the 20th of December, March, June, and September.**

RECOVERY PROGRAM MONITORS OVERSEE AND ASSIST WITH ALL ASPECTS OF RECOVERY.



Participants are required to:

- Arrange regular meetings with a Recovery Program Monitor (RPM)
- Consult with the RPM to evaluate progress and recovery
- Submit RPM names/address/credentials to INAP for approval
- Sign a release of information. INAP will need regular communication with RPM
- Submit written quarterly from the RPM reports to the INAP that address participation in therapy, progress, prognosis, ability to safely practice nursing and compliance with the terms of this contract and the INAP
- Obtain approval from INAP for any changes with RPM

RPM forms are found at: <https://nursing.iowa.gov/iowa-nurse-assistance-program>

PARTICIPANTS ARE RESPONSIBLE TO ENSURE REPORTS ARE FILED IN A TIMELY MANNER and address the ability to remain in active practice and compliance with the terms of INAP.



Substance Use in INAP

UNAUTHORIZED SUBSTANCE USE

Unauthorized substance use may require immediate cessation of practice, as well as notification of your treatment team, worksite monitor and increased participation in the recommended level of treatment. You may not resume practice until you are considered safe to practice by the treatment provider and INAP. Additional instances of unauthorized substance use may result in referral to the Board or may result in program discharge.

PRESCRIPTION MEDICATION USE

All mind/mood altering medications and medications with misuse potential prescribed for you must be reported. You must inform your health care providers of your participation in INAP.

You are responsible to:

- Notify INAP immediately.
- Have the prescriber fax the completed prescription to INAP.
- Notify INAP when you take your last dose.



Alcoholics Anonymous or Narcotics Anonymous Meetings

PARTICIPANTS IN THE PROGRAM FOR SUBSTANCE USE WILL NEED TO ATTEND ALCOHOLICS ANONYMOUS (AA) OR NARCOTICS ANONYMOUS (NA) MEETINGS TO SUPPORT RECOVERY.

Participants are required to:

- Attend AA or NA meetings in accordance with the terms outlined in their contract. 5-7 times per week is average for someone new to recovery. Meeting requirements will vary depending on recovery status
- Attend the required number of meetings even when out of town for personal or business reasons.
- Document attendance at 12 step meetings by attaching a log to each quarterly report with the following information: name, date, time and place of the meeting, and, initials or signature of another person present at the meeting.
- INAP requires attendance at community-based recovery-oriented meetings. These may include 12-Step, non-faith based, or other recovery focused groups.
- Consult your case manager for approval.

ATTENDING AA OR NA MEETINGS IS REQUIRED FOR THOSE IN INAP FOR SUBSTANCE USE



Any change in meeting frequency needs INAP approval

AA/NA forms are found at: <https://nursing.iowa.gov/iowa-nurse-assistance-program>



Alcoholics Anonymous/Narcotics Anonymous Sponsor

PARTICIPANTS IN THE PROGRAM FOR SUBSTANCE USE WILL NEED TO OBTAIN AN AA/NA SPONSOR within 30 days of the signing of their contract and have at least weekly, face-to-face contact with this individual. If this relationship is terminated for any reason, they are required to inform the INAP within ten days.



Relapse

Participants are required to notify INAP of a relapse. They will need to initially submit a letter of explanation explaining the circumstances regarding the relapse. Participants also need to complete and submit the Relapse Form found on the Board website.

Relapse form is found at: <https://nursing.iowa.gov/iowa-nurse-assistance-program>

A relapse will result in an automatic review with Program Coordinator, INAP Committee and or your recovery program monitor and aftercare provider to determine the next course of action.

Typical results of this review include a recommendation to not practice, re-evaluation, increase of services, and new recommendations.

Practice Restriction/Return to Work

The INAP Advisory Committee (INAPC) may opt to implement practice restrictions for some participants. This is determined on a case by case basis and depends on a variety of factors. Not all participants in the program will have practice restrictions. **YOU WILL BE NOTIFIED BY INAP IF THE COMMITTEE PLACES RESTRICTIONS ON YOUR NURSING PRACTICE AND YOU MUST RECEIVE APPROVAL FROM INAPC TO RETURN TO WORK.** Practice restrictions only apply to jobs requiring a nursing license.

Common examples of practice restrictions:

- Restricted nursing practice following relapse
- Restricted work hours, shifts, work environments
- Restricted access to narcotics or controlled substances
- Restricted administration of controlled substances including limited key access, inventory control, counting of controlled substances, disposal of controlled substances, and any delivery/receiving/call-in/pickup/distributing of controlled substances.

Nursing worksites require committee review and approval.

The following work sites may be restricted and require additional review and approval by the INAPC:

- Emergency room
- Intensive care
- Operating room
- Recovery room
- Traveling nurse
- Staffing/temporary agency
- Home Health Care
- Hospice Care



PARTICIPANTS SHOULD NOTIFY INAP OF THEIR WORK SITE AND ALSO REQUIRED TO NOTIFY THE PROGRAM WHEN THEIR EMPLOYMENT SITUATION CHANGES. FAILURE TO ADHERE TO PRACTICE RESTRICTIONS MAY RESULT IN CONTRACT NONCOMPLIANCE.



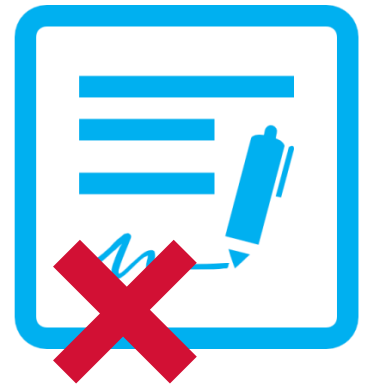
Non-Compliance

NONCOMPLIANCE IS THE FAILURE TO ADHERE TO THE TERMS OF THE INITIAL AGREEMENT OR CONTRACT. Participants should promptly notify INAP of any instances of noncompliance, including relapse. Instances of minor noncompliance will be reviewed by the program coordinator.

The INAP program coordinator may refer instances of noncompliance to the INAPC for further review of continued participation in the program. The INAPC may refer instances of noncompliance to the board for possible disciplinary action.

Examples of noncompliance that may involve Board notification:

- Positive or missed UA
- Non-witnessed UA
- Pattern of missed calls
- Refusal to comply with practice restrictions
- Returning to work without permission
- Significant deviation from meeting schedules with providers
- Significant deviation from AA/NA requirements
- Lack of documentation
- Non participation in program
- Not communicating directly with your case management team or not responding to communications in a timely manner makes effective monitoring impossible and may result in program discharge



The INAPC reviews instances of noncompliance and determines if the case is to be referred to the Board.



Discharge

Approximately, one month prior to the projected release date, participants should submit a written request for review of their file and revise a Relapse Prevention Plan. **ONCE ALL PROGRAM REQUIREMENTS HAVE BEEN MET THE PARTICIPANT WILL RECEIVE WRITTEN NOTIFICATION THE RECORD IS CLOSED. Until this letter is received, the case is active and compliance is required.** Termination from INAP may also occur as a result of relapse and/or non-compliance. All discharges require approval from the INAPC.

**ONE MONTH PRIOR
TO RELEASE DATE
SUBMIT A REQUEST
FOR REVIEW OF FILE.**





Notes

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Iowa Board of Nursing

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FAX | (515) 725-4017

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