

**Comparison of Texas Peer Assistance Program Order to
 Board of Nursing Staff Monitored Board Order**

At the January 2015 Board meeting, board members expressed interest in the TPAPN process as a topic for future Board development. Specifically, members thought it would be beneficial to see a comparison of the Board Order versus the TPAPN Order. The attached table compares stipulations included in a Board Order with the corresponding aspects of the TPAPN Participation Agreement. The highlighted entries indicate items that are unique to the TPAPN agreement.

Board Order (stipulation # where applicable)	TPAPN Participation Agreement
<p>1b. A course in Texas nursing jurisprudence and ethics that shall be a minimum of six (6) hours in length. The course's content shall include the Nursing Practice Act, standards of practice, documentation of care, principles of nursing ethics, confidentiality, professional boundaries, and the Board's Disciplinary Sanction Policies regarding: Sexual Misconduct; Fraud, Theft and Deception; Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder; and Lying and Falsification. Courses focusing on malpractice issues will not be accepted. Home study courses and video programs will not be approved.</p>	<p>(Not included on TPAPN Participation Agreement, but may be included with <i>Confidential Agreed Order for Peer Assistance Program</i> issued by the Board directing nurse to TPAPN.)</p>
<p>4. Notifying Present and Future Employers: RESPONDENT SHALL notify each present employer in nursing and present each with a complete copy of this of this Order, including all attachments, if any, within five (5) days of receipt of this Order. While under the terms of this Order, RESPONDENT SHALL notify all future employers in nursing and present each with a complete copy of this of this Order, including all attachments, if any, prior to accepting an offer of employment.</p>	<p>"F. I agree to inform my employer(s) of any current licensing board action/discipline on my nursing license(s)."</p>

Board Orders vs. TPAPN Orders

Board Order <i>(stipulation # where applicable)</i>	TPAPN Participation Agreement
<p>5. Notification of Employment Forms: RESPONDENT SHALL CAUSE each present employer in nursing to submit the Board's "Notification of Employment" form to the Board's office within ten (10) days of receipt of this Order. RESPONDENT SHALL CAUSE each future employer to submit the Board's "Notification of Employment form" to the Board's office within five (5) days of employment as a nurse.</p>	<p>"D. I agree to disclose my current employment status to TPAPN."</p> <p>16. Participants must have WORK RELEASE FORM(s) from their healthcare providers before accepting any employment in nursing.</p> <p>17. A TPAPN Case Manager must approve participants' return to work in nursing. It is a violation of your TPAPN agreement to return to work in nursing without this approval.</p> <p>18. Participants must sign a TPAPN Work Agreement prior to returning to work in nursing.</p>
<p>6. Direct Supervision: For the first year [four (4) quarters] of employment as a Nurse under this Order, RESPONDENT SHALL be directly supervised by a Registered Nurse, if licensed as a Registered Nurse, or by a Licensed Vocational Nurse or a Registered Nurse, if licensed as a Licensed Vocational Nurse. Direct supervision requires another nurse, as applicable, to be working on the same unit as RESPONDENT and immediately available to provide assistance and intervention. RESPONDENT SHALL work only on regularly assigned, identified and predetermined unit(s). RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT be self-employed or contract for services. Multiple employers are prohibited.</p> <p>6a. Indirect Supervision: For the remainder of the stipulation/probation period, RESPONDENT SHALL be supervised by a Registered Nurse, if licensed as a Registered Nurse, or by a Licensed Vocational Nurse or a Registered Nurse, if licensed as a Licensed Vocational Nurse, who is on the premises. The supervising nurse is not required to be on</p>	<p>1. Length of program¹: Five (5) years for advanced practice registered nurses or APRNs, i.e., nurse practitioners, nurse anesthetists, nurse-midwives and clinical nurse specialists; and three (3) years for other RNs and LVNs. If participating for psychiatric disorder only, then program length is a minimum of one (1) year for all nurses and may be extended to accommodate the safe nursing practice requirement.</p> <p>19. Participants agree to adhere to TPAPN-imposed restrictions on their nursing practice, which may include but are not limited to: no access to controlled medications, no unsupervised practice and no overtime or on-call assignments. Additional restrictions apply for work as an APRN, and for distributive nursing practice.</p> <p>20. Participants must sign consent forms authorizing TPAPN to exchange information with healthcare providers, treatment facilities, employers, potential employers, emergency contacts and the BON. Nurses not wishing to sign such consents are not eligible for TPAPN.</p>

¹ Length of Board Order is 1-2 years

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<p>the same unit or ward as RESPONDENT, but should be on the facility grounds and readily available to provide assistance and intervention if necessary. The supervising nurse shall have a minimum of two (2) years' experience in the same or similar practice setting to which the Respondent is currently working. RESPONDENT SHALL work only regularly assigned, identified and predetermined unit(s). RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT be self-employed or contract for services. Multiple employers are prohibited.</p>	
<p>10. Nursing Performance Evaluations: RESPONDENT SHALL CAUSE each employer to submit, on forms provided to the Respondent by the Board, periodic reports as to RESPONDENT'S capability to practice nursing. These reports shall be completed by the nurse who supervises the RESPONDENT and these reports shall be submitted by the supervising nurse to the office of the Board at the end of each three (3) month quarterly period for four (4) quarters [one (1) year] (or) eight (8) quarters [two (2) years] of employment as a nurse.</p>	<p>2. Participants are required to demonstrate safe nursing practice for a minimum of twelve (12) consecutive months if participating for SUD or dual diagnosis; six (6) months if participating for psychiatric disorder only. A nurse who does not return to nursing practice by the expected date of completion may be reported to the Texas Board of Nursing (BON).</p> <p>3. Nurses who are unable to demonstrate the necessary, minimum length of participation of monitored good recovery and documented length of safe nursing practice shall have their participation in TPAPN extended, if eligible and willing to do so.</p> <p>21. Participants are responsible for maintaining communication with their TPAPN case manager, advocate, and healthcare providers.</p>
<p>11. (DRUG AND ALCOHOL RELATED REQUIREMENTS) While under the terms of this Order, RESPONDENT SHALL abstain from the use of alcohol, tramadol and all controlled substances, except as prescribed by a licensed practitioner for a legitimate purpose. If prescribed, RESPONDENT SHALL CAUSE the licensed practitioner to submit a written report identifying the medication, dosage and the date the medication was prescribed. The report shall be submitted</p>	<p>"C. I have read, understand and agree to adhere to the guidelines set forth within the "TPAPN Abstinence Statement."</p> <p>4. Participants requiring prescribed medications that are potentially abusable shall be required to refrain from nursing practice until TPAPN receives specified, negative drug tests and/or approves their return to practice.</p>

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<p>directly to the office of the Board by the prescribing practitioner, within ten (10) days of the date of the prescription. In the event that prescriptions for controlled substances are required for periods of two (2) weeks or longer, the Board may require and RESPONDENT SHALL submit to a pain management and/or chemical dependency evaluation by a Board approved evaluator. The performing evaluator must submit a written report meeting the Board's requirements to the Board's office within thirty (30) days from the Board's request.</p>	<p>6. Participants must abstain completely from the use of all illicit substances, controlled medications (includes controlled prescription medications), or other abusable substances including alcohol. Participants are required to try non-narcotic approaches before controlled or potentially abusable medications are prescribed. Participants with conditions necessitating the use of controlled or potentially abusable prescription medications may not be appropriate for TPAPN.</p> <p>7. Use of controlled prescriptions for acute medical conditions/surgeries may result in extending the length of participation.</p>
<p>12. (DRUG AND ALCOHOL RELATED REQUIREMENTS) While working as a nurse under the terms of this Order, RESPONDENT SHALL submit to random periodic screens for alcohol, tramadol, and controlled substances. The Board will provide instructions on how to enroll in the Board's drug and alcohol testing program following the entry of this Order and screening will begin when Respondent obtains employment and submits the Notification of Employment form to the Board.</p> <ul style="list-style-type: none"> • For the first three (3) month [1st quarter] period RESPONDENT works as a nurse under the terms of this Order, random screens shall be performed at least once per week. • For the next three (3) month [2nd quarter] period, random screens shall be performed at least twice per month. • For the next six (6) month period [3rd & 4th quarters], random screens shall be performed at least once per month. • For the remainder of the probation period, random screens shall be performed at least once every three (3) month quarterly period. <p>All random screens SHALL BE conducted through urinalysis. Screens obtained through urinalysis are the sole method accepted by the Board. Any test result for a period of time in which the RESPONDENT is not working as a nurse under the</p>	<p>8. Random and for cause drug screens are required for all participants experiencing problems with substance abuse/dependence and may be required for participants experiencing problems with mental illness. Participants are responsible for the cost of drug screens.</p> <p>9. Any unauthorized use of abusable substances is considered inconsistent with good recovery and requires a complete re-evaluation of a nurses' participation in TPAPN as well as an extension of the participation, a restart of the program or dismissal from TPAPN.</p> <p>10. Participants with a positive drug screen must refrain from nursing practice pending review of the appropriateness of their continued participation in TPAPN. TPAPN considers a confirmed positive drug screen of any abusable substance as conclusive evidence of the use of that substance.</p>

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<p>terms of this Order will not count towards satisfaction of this requirement. All screens shall be properly monitored and produced in accordance with the Board's policy on Random Drug Testing. A complete chain of custody shall be maintained for each specimen obtained and analyzed. RESPONDENT SHALL be responsible for the costs of all random drug screening during the stipulation/probation period.</p> <p>Specimens shall be screened for at least the following substances and their metabolites:</p> <table style="margin-left: 40px; border: none;"> <tr> <td style="padding-right: 40px;">Amphetamines</td> <td>Meperidine</td> </tr> <tr> <td>Barbiturates</td> <td>Methadone</td> </tr> <tr> <td>Benzodiazepines</td> <td>Methaqualone</td> </tr> <tr> <td>Cannabinoids</td> <td>Opiates</td> </tr> <tr> <td>Cocaine</td> <td>Phencyclidine</td> </tr> <tr> <td>Ethanol</td> <td>Propoxyphene</td> </tr> <tr> <td colspan="2">tramadol hydrochloride (Ultram)</td> </tr> </table> <p>A Board representative may appear at the RESPONDENT'S place of employment at any time during the probation period and require RESPONDENT to produce a specimen for screening.</p> <p>Consequences of Positive or Missed Screens. Any positive result for which RESPONDENT does not have a valid prescription or refusal to submit to a drug or alcohol screen may subject RESPONDENT to further disciplinary action, including TEMPORARY SUSPENSION pursuant to Section 301.4551, Texas Occupations Code, or REVOCATION of Respondent's license(s) and nurse licensure compact privileges, if any, to practice nursing in the State of Texas. Further, failure to report for a drug screen, excessive dilute specimens, or failure to call in for a drug screen may be considered the same as a positive result or refusal to submit to a drug or alcohol screen.</p>	Amphetamines	Meperidine	Barbiturates	Methadone	Benzodiazepines	Methaqualone	Cannabinoids	Opiates	Cocaine	Phencyclidine	Ethanol	Propoxyphene	tramadol hydrochloride (Ultram)		<p>11. Participants may be dismissed from the program for nonadherence with any aspect of the participation agreement including a determination by TPAPN that a nurse has demonstrated behaviors inconsistent with good recovery.</p> <p>12. Nurses who withdraw, or are dismissed from TPAPN are reported to the BON.</p>
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<p>14. (DRUG AND ALCOHOL RELATED REQUIREMENTS) While under the terms of this Order, RESPONDENT SHALL attend at least two (2) support group meetings each week, one of which must be for substance abuse and provided by Alcoholics Anonymous, Narcotics Anonymous, or another comparable recovery program that has been pre-approved by the Board. RESPONDENT SHALL provide acceptable evidence of attendance. Acceptable evidence shall consist of a written record of at least: the date of each meeting; the name of each group attended; and the signature and printed name of the chairperson of each group attended by RESPONDENT. RESPONDENT SHALL submit the required evidence on the forms provided by the Board at the end of every three (3) month quarterly period. No duplications, copies, third party signatures, or any other substitutions will be accepted as evidence.</p>	<p>13. Participants must secure and complete appropriate treatment for their substance abuse/dependency and/or psychiatric disorder(s). Participants may be required to obtain assessment and treatment from TPAPN's participating assessors and treatment providers. Participants are responsible for the cost of assessments and treatments.</p> <p>14. Participants must have primary care physicians (PCPs) who are knowledgeable about their participation in TPAPN.</p> <p>15. Participants are responsible for the cost of attending any required groups, e.g., facilitated support groups or recommended therapy.</p> <p>20. Participants must sign consent forms authorizing TPAPN to exchange information with healthcare providers, treatment facilities, employers, potential employers, emergency contacts and the BON. Nurses not wishing to sign such consents are not eligible for TPAPN.</p> <p>21. Participants are responsible for maintaining communication with their TPAPN case manager, advocate, and healthcare providers.</p> <p>22. Participants are responsible for timely submission of all required forms to TPAPN.</p>
<p>IT IS FURTHER AGREED and ORDERED that this Order SHALL be applicable to Respondent's nurse licensure compact privileges, if any, to practice nursing in the State of Texas.</p> <p>IT IS FURTHER AGREED and ORDERED that while Respondent's license(s) is/are encumbered by this Order, Respondent may not work outside the State of Texas pursuant</p>	<p>26. Practicing in Other States Not Permitted without Prior Authorization; Nurse Compact License Status</p> <p>a) If a Third Party Referral Participant, Participant acknowledges and agrees that:</p> <p style="padding-left: 40px;">1) TPAPN is a Texas-based program; participant must notify TPAPN immediately and obtain TPAPN's prior</p>

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<p>to a nurse licensure compact privilege without the written permission of the Texas Board of Nursing and the Board of Nursing in the party state where Respondent wishes to work.</p>	<p>authorization if she or he plans to practice in any state other than Texas; and</p> <p>2) Texas is a party state to the Nurse Licensure Compact, participant's Texas licensure status will be changed from "Compact License" to "Single-State License" while in TPAPN, and he or she shall not practice in any other Compact Party State without the prior authorization of the Texas BON and TPAPN.</p> <p>b) If a Self-Referral Participant, Participant acknowledges and agrees that:</p> <p>1) TPAPN is a Texas-based program, he or she must notify TPAPN immediately and obtain TPAPN's prior authorization if she or he plans to practice in any state other than Texas; and</p> <p>2) Texas is a party state to the Nurse Licensure Compact, he or she must not practice in another Compact Party State on his or her Compact License while in Texas without the prior authorization of the Texas BON and TPAPN.</p>