

The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants. The term nurse in this document refers to LPNs, RNs and NPs unless otherwise stated.

Contents

Overview of this Guideline	2
What is Problematic Substance Use?	2
Recognizing Problematic Substance Use	2
Managers Role in Addressing Problematic Substance Use.....	3
1. Collect and Review Relevant Information.....	3
2. Document Findings.....	3
3. Present the Information to the Nurse	4
4. Take Action	4
Planning for Nurses Returning to Practice.....	4
Key Points	5
Suggested Reading	5
Appendix A: Signs and Symptoms of Actual or Potential Problematic Substance Use	6

Revised April 2020, first published 2016 as Problematic Substance Use – A Guide for Managers

Copyright © Nova Scotia College of Nursing, Bedford Nova Scotia. Commercial or for-profit redistribution of this document in part or in whole is prohibited except with the written consent of NSCN. This document may be reproduced in part or in whole for personal or educational use without permission, provided that:

- Due diligence is exercised in ensuring the accuracy of the materials reproduced;
- NSCN is identified as the source; and
- The reproduction is not represented as an official version of the materials reproduced, nor as having been made in affiliation with, or with the endorsement of, NSCN

Our practice support tools are developed using current reference material. The source of this material is available upon request.



Overview of this Guideline

This tool is a resource for managers in all practice settings to help them understand:

- Problematic substance use (PSU)
- How to identify PSU
- Steps to take when you suspect a nurse has PSU or it has been reported to you
- How to plan for when a nurse is returning to practice

Like all regulatory tools, use this document in conjunction with employer policy, applicable legislation and the standards of practice and code of ethics for LPNs, RNs and NPs.

What is Problematic Substance Use?

[Problematic substance use](#) is defined as situations in which the use of a substance negatively impacts the ability of a nurse to practice in a safe, [competent](#), ethical and [compassionate](#) manner. For some individuals, PSU can develop into [substance use disorder \(SUD\)](#) which is a diagnosable illness. Unfortunately, for many reasons including denial, shame and/or guilt and fear of employment consequences, many individuals do not voluntarily seek treatment. **Problematic substance use may involve legal or illegal drugs, or alcohol that may or may not be available in the workplace.**

It is estimated that 8% to 20% of nurses are affected by PSU.

Problematic substance use can affect a nurse's cognitive functioning and judgment, decision-making and the ability to manage stressful situations. As a result, PSU conflicts with the standards of practice for nurses and is a threat to the provision of safe, competent and ethical [nursing services](#).

Problematic substance use has particular relevance for nurses given that many nurses have access to controlled drugs and substances through their workplace. Nurses and managers must watch for signs of [drug diversion](#), which is the unlawful misdirecting or misuse of any medication. It is a serious conduct issue and potentially a criminal offence

Nurses typically divert medications using one of the following methods:

- Taking the wasted portion of medications for personal use
- Removing excessive amounts of as-needed medications
- Removing but not administering medications to patients
- Administering a substitute medication to patients

The standards of practice and code of ethics requires nurses to maintain their individual [fitness to practise](#). This includes not being impaired while providing nursing services.

Fitness to practise means having the necessary physical and mental health to provide safe, competent, ethical and compassionate nursing services.

Recognizing Problematic Substance Use

Prompt recognition and reporting of suspected PSU minimizes the risk to client safety. It also improves early access to treatment, which improves the chance for positive outcomes.

It is important to be able to recognize possible signs and symptoms of PSU in order to respond appropriately when it is observed or suspected. Signs and symptoms may be physical, emotional and associated with performance and/or behaviours. The focus should not be on attempting to diagnose a substance use disorder,

but on determining whether a client's safety is at risk or an employee needs help. It is important to keep in mind that a number of other stressors and/or medical conditions may present similar signs and symptoms to those of PSU. See [Appendix A](#) for more information on signs and symptoms of PSU.

Managers Role in Addressing Problematic Substance Use

Managers play a key role in addressing suspected PSU in the workplace. In order to ensure public safety, it is the manager's responsibility to intervene immediately once they suspect PSU or it is reported by other staff members.

If a nurse is impaired while working, the manager must immediately ensure client safety and remove the nurse from the work area. The nurse should not be permitted to return to work until a determination is made that they are safe to practice. This will require an investigation into the events of that shift and the nurse's practice.

NSCN recommends that the manager takes the following steps:

1. Collect and Review Relevant Information
2. Document Findings
3. Present the Information to the Nurse
4. Take Action

1. COLLECT AND REVIEW RELEVANT INFORMATION

Problematic substance use may involve legal or illegal drugs, or alcohol that may or may not be available in the workplace.

The collection and review of information should consist of objective observations of performance, such as:

- Increased potential and/or actual errors or incidents
- Increased absenteeism or tardiness
- Decreased productivity
- Deterioration in co-worker relationships
- Obvious changes to the affected nurse's physical and/or mental health

In all cases where a nurse is suspected of being impaired while at work, a review of the nurse's documentation practices is necessary. In addition, even if there is no immediate evidence that a nurse has been diverting controlled substances from the workplace, an audit of narcotic records and client medication records should be undertaken.

2. DOCUMENT FINDINGS

Documentation should consist of:

- Written record(s) of all reported incidents/observations including names of persons involved, times, dates, what occurred, names of witnesses and actions taken. Information should focus on observations.
- A documented account of unacceptable performance practices and behaviours. See Appendix – Signs and Symptoms of Potential or Actual PSU for more information on signs and symptoms of PSU.
- The results of a controlled drugs and substances audit.
- The results of the involved nurse's documentation practice audit.

3. PRESENT THE INFORMATION TO THE NURSE

Once the initial investigation is complete, the manager should plan for a meeting with the nurse suspected of PSU. The nurse involved should be notified of the date and purpose of the meeting in advance and should be advised to bring union representation if this applies in the workplace.

In advance of the meeting, the manager may want to consider the purpose or goals of the meeting as well as identify who should be present and possible resources available for treatment. The manager could contact the employer's risk management, legal and human resources departments, and may also wish to obtain guidance from occupational health, professional practice and addictions prevention. Managers must be aware of and follow employer policy, including the process for contacting local police authorities.

If there are no policies in place, prior to meeting with the nurse, the manager should, consult with their supervisor and with the human resources or risk management department, if available. The manager could also contact an NSCN Professional Conduct Consultant.

Any meeting with a nurse experiencing PSU requires a high degree of sensitivity, privacy and confidentiality. A quiet, private space is needed where there will be little chance of interruption. The conversation should focus on objective observations, breaches of nursing standards and why the nurse's behaviour is unacceptable.

Following any meetings, the manager should carefully document the content discussed, any admissions made by the nurse as well as the meeting outcomes. Depending on the nature of the reported issues, it may be necessary to report the concerns to the manager's supervisor, the facility's risk management/legal/HR departments and NSCN.

4. TAKE ACTION

The manager must be involved in planning next steps. Depending on the circumstances, next steps could include:

- Assisting the nurse in arranging a leave of absence to receive treatment for their PSU
- Considering whether information should be reported to police
- Identifying potential resources such as the employee assistance program, primary health care provider, occupational health nurse or mental health or addiction counselors
- Contacting an NSCN Professional Conduct Consultant for more information on the fitness to practise process or to report suspected incapacity and/or misconduct on the part of the nurse

Fitness to practise means having the necessary physical and mental health to provide safe, competent, ethical and compassionate nursing services

The manager should follow up and provide support to any parties affected, including staff members and any clients and/or families.

Nurse Managers will need to familiarize themselves with the requirements to report suspected incapacity and/or misconduct to NSCN outlined in the [Duty to Report Practice Guideline](#) and may contact an NSCN Professional Conduct Consultant for guidance.

Managers should ensure they are familiar with and follow employer policies.

Planning for Nurses Returning to Practice

Once recovery has been achieved and maintained for a period of time, nurses may consider whether they want to return to nursing practice. When a nurse has completed NSCN's fitness to practice process, their return to practice will be reviewed by an NSCN committee. Typically, when a nurse returns to practice, there will be conditions and restrictions on their licence for a period of time imposed by NSCN. The employer may also introduce conditions and restrictions on employment.

Conditions and restrictions may include the following:

- Ongoing monitoring (e.g. urine drug testing)
- Ongoing treatment
- Observation of medication administration practices for a period of time
- Audits of the nurse's medication administration practices

To ease the transition back to practice, it is essential to have a realistic, structured and consistent return to practice plan prepared by the manager/employer. Conditions and restrictions may impact the way the nurse practices and interacts with members of the health care team. The manager may need to communicate the applicable restrictions to affected colleagues where there are implications for other staff.

Depending upon the specific conditions and restrictions in place, co-workers may be responsible for supervising some aspects of the nurse's practice, such as supervising the administration of controlled drugs and substances. For example, where a nurse is supervising a colleague's narcotic administration, the supervising nurse is expected to ensure correct medication administration. The manager may contact NSCN if there are questions regarding the nurse's return to practice.

By modeling supportive behaviour to the team, Managers can facilitate a successful return to practice for a returning nurse.

Relapses are common and should be dealt with the same way as any other suspected situations involving PSU

Key Points

- Problematic substance use is a threat to the provision of safe, competent, ethical and compassionate nursing services.
- Managers must intervene immediately if they suspect PSU or once PSU is suspected and reported by other staff members.
- Develop a realistic, structured and consistent return to practice plan.

Suggested Reading

- [Duty to Report Practice Guideline](#)
- [Fitness to Practise and Incapacity: Guidelines for Nurses](#)
- [Resolving Professional Practice Issues Practice Guideline](#)
- [Standards of practice](#)
- [Code of ethics](#)

For further information on anything contained within this tool, please contact an NSCN Practice Consultant at practice@nscn.ca.

Appendix A:

SIGNS AND SYMPTOMS OF ACTUAL OR POTENTIAL PROBLEMATIC SUBSTANCE USE*

<p>PHYSICAL</p> <ul style="list-style-type: none"> • Deterioration in appearance and/or personal hygiene • Unexplained bruises • Sweating • Complaints of headaches • Tremors • Diarrhea and vomiting • Abdominal/muscle cramps • Restlessness • Frequent use of breath mints, gum or mouthwash • Odor of alcohol on breath • Slurred speech • Unsteady gait 	<p>PERSONALITY AND MENTAL HEALTH</p> <ul style="list-style-type: none"> • Family disharmony: e.g. how the colleague speaks of family members • Mood fluctuations: e.g. swinging from being extremely fatigued to “perkiness” in a short period of time • Irritability • Confusion or memory lapses • Inappropriate responses/behaviours • Isolation from colleagues • Lack of focus/concentration and forgetfulness • Lying and/or providing implausible excuses for behaviour
<p>PERFORMANCE AND PROFESSIONAL IMAGE</p> <ul style="list-style-type: none"> • Calling in sick frequently but still working overtime • Moving to a position where there is less visibility or supervision • Arriving late for work and/or leaving early • Taking extended breaks throughout a shift, sometimes without telling colleagues they are leaving • Forgetfulness • Errors in judgment • Deterioration in performance • Excessive number of incidents/mistakes • Non-compliance with policies • Doing just enough work to “get by” • Sloppy, illegible or incorrect charting • Change in charting practice - excessive or over compensatory charting about medications or incidents 	<p>MEDICATION DIVERTING BEHAVIOURS</p> <ul style="list-style-type: none"> • Failing to have narcotic wastage observed and/or cosigned • Performing narcotic counts alone • Tampering with packages or vials • Waiting until alone to open narcotic cupboard and/or draw up medication • Use of fictional client names on narcotic records • Frequent revisions and/or discrepancies on narcotic records • Inconsistencies between narcotic records and patients’ medical charts for medications administered • Frequent reports of lost or wasted medications • Requesting to be assigned to patients who receive large amounts of pain medication • Increased amounts of medications being ordered for patients • Excessive administration of PRN medications to patients along with patients’ reports of ineffective pain relief • Offering to cover other nurses’ breaks and to medicate their patients • Patients’ medications from home going missing

*The signs and symptoms listed in this table is not an exhaustive list and many of the symptoms can be associated with other pathologies and diagnoses.