



Workplace Guidelines for Licensees in the Health Professionals' Services Program (HPSP) or on Board-Ordered Probation (BOP)

Purpose

To provide guidance regarding appropriate practice placements, restrictions, and worksite monitoring.

Background

To protect public health and support rehabilitation, the Board of Nursing (Board) finds it necessary to require coordinated practice placement and worksite monitoring of HPSP/Probation participants. Once a participant is clinically approved to practice, HPSP/Probation is tasked to reasonably assure that all practice restrictions and worksite monitoring requirements are supported. For this to occur the Board believes that it is important to provide clear guidance for healthcare employment approval and worksite monitoring.

Definitions

- **“Direct observation”** means a licensee is working in the presence of another licensed healthcare professional, with relevant clinical competence, who is aware of HPSP/Probation participation; is working in the same physical location (e.g. clinic, unit, building); is readily available to observe practice and provide assistance; and meets the standard for monitor education. The Worksite Monitor will be on site for the majority (>50%) of each shift and available for the participant by phone or other system when is not on site. If the worksite monitor is unavailable, the Board will identify and approve a secondary monitor.
- **“Family member”** means an individual who is related to the licensee as a member of the immediate family (spouse, sibling, child or parent) by birth or marriage (including stepparent, etc.). or who is the domestic partner of the licensee.
- **“Licensee”** refers to license status as an RN, LPN, NP, CRNA, and CNS.
- **“Worksite Monitor”** is an approved healthcare professional who has assumed responsibility for overseeing the participant’s practice and regularly communicates with the monitoring program.
- **“Functional ability”** means the competence and reliability with which a licensee can practice at any given time.
- **“Certificate Holder”** refers to CNA and/or CMA
- **“Participant”** Refers to a licensee who is participating in HPSP or probation.



Work-Setting Restrictions

The Board affirms that worksite monitoring is required to protect the public and support the licensee. Therefore, the Board has identified certain high-risk settings that will generally be prohibited due to the lack of consistent oversight. These settings include, but are not limited to:

- Self-employment
- Setting owned or managed by a family member
- Community-based care (e.g. home health/hospice, assisted living, residential care or foster care facilities, schools)
- Staffing agency
- Float areas outside of the participant's workplace monitor's supervised area
- Night shifts outside an acute care setting
- Telehealth
- The Board has determined that the number of hours a licensee practices in each time period is often of concern for an individual who is being monitored. The Board restricts participants to no more than the hours equivalent to 1.0 FTE and, further, to assure monitoring is adequate must work at least 16 hours per week or 64 hours per month. Limited overtime may be approved on occasion.
- Further restrictions may need to occur, e.g. medication access restriction. These would be based on the indicators listed or by recommendations from the treatment provider or other licensed provider
- An HPSP participant or licensee on probation can be a preceptor, clinical teaching associate, or faculty member responsible for independent clinical supervision for any student in any setting after 12 months of compliance with monitored practice.
- An HPSP participant or licensee on probation can be approved for enrollment in clinical practicum hours required for the purpose of obtaining and additional degree or license after 12 months of compliance with monitored practice.

The following indicators should be considered for all work setting approvals:

- History of job performance
- Compliance with all other aspects of the program
- History of drug diversion
- History of prescription fraud
- History of patient harm
- History of practice violations
- History of criminal behavior
- Treatment provider recommendation
- Recommendations, as available, from treatment or another medical provider.
- Severity of illness and stage of recovery



Monitored Practice

HPSP/Probation will obtain a signed agreement from the employer including knowledge of program participation, worksite monitor/supervisor identity and contact information, and agreement to institute all practice and worksite monitoring requirements. All terms and conditions set in the HPSP Contract or probation order must be reviewed and individually signed by the workplace monitor(s). Direct observation required per definition.

To be approved as a worksite monitor, a worksite monitor must:

1. Be licensed as a registered nurse or other licensed health professional.
2. Have an unencumbered license.
3. Not be a family member, employee of, or have a personal relationship with the participant.
4. Conduct routine observation/monitoring of participant's performance. The workplace monitor may be the supervisor or may be delegated to another licensed individual who meets all approval requirements.
5. Provide evidence of specialized education relevant to the worksite monitor as approved by the Board.
6. Agree in writing to perform the worksite monitor role.
7. Provide routine (monthly and as need) performance reports.