NORTHERN NEVADA ADULT MENTAL HEALTH
POLICY AND PROCEDURE DIRECTIVE

SUJBECT: HEALTH OF PRACTITIONERS AND SERVICE PROVIDERS

NUMBER: NN-MS-06

ORIGINAL DATE: 09/06/07

REVIEW/REVISE DATE: 6/17/10

APPROVAL: Rosalyne Reynolds {s}, Agency Director

~~~~~~

I. PURPOSE

The purpose of this policy is to establish a protocol for protecting mental health consumers from practitioners and service providers whose judgment may be impaired by physical or mental health issues, while providing support to these practitioners.

II. POLICY

It is the policy of Northern Nevada Adult Mental Health Services (NNAMHS) and Mental Health Developmental Services (MHDS) to provide support to practitioners and service providers suffering from physical and mental disabilities while also protecting the safety of our consumers.
~~~~~~

III. DEFINITIONS

Practitioner: Licensed independent practitioner including MD, DO, and APN.

Direct Service Provider: Any other staff providing direct service to Consumers.

IV. REFERENCES

A. NNAMHS policy #NN-HR-22 “Drug and Alcohol Testing Program”
B. “State of Nevada, Reasonable Suspicion and Pre-employment Alcohol and Drug Testing Program”, prepared by the Department of Personnel, revised June 2005.
C. Comprehensive Accreditation Manual for Hospitals, Joint Commission, Standard MS.4.80
D. State of Nevada, Risk Management Division, Employee Fitness for Duty Examinations
E. MHDS Policy 5.029, Workplace Violence Prevention

III. PROCEDURES

A. Medical Staff

i. Medical Staff members who become aware that they have an illness or impairment that may affect their ability to safely perform their privileges must refer themselves to the Medical Director. Information regarding these self referrals will be strictly limited to those staff members with a need to know.

ii. Any staff member becoming aware, either first hand or by report from consumers or visitors, of behavior that suggests that a member of the medical staff may not be able to safely perform their privileges will notify the Medical Director or Chief of Staff. This includes any of the following indicators:

iii. Alcohol on breath

iv. Behavior and demeanor such that any reasonable person would assume that the physician is impaired by a medical or psychiatric condition.

v. The identity of staff making such reports will be kept confidential.

vi The Medical Director or Chief of Staff will immediately notify the Agency Director and Personnel. Action will be immediately taken in accordance with the Alcohol and Drug Policy or any other policy providing guidance in addressing health concern for employees of NNAMHS.

vii. All matters pertaining to the issues of the staff members health shall be privileged and confidential and will be handled by the Medical Director or the Chief of Staff. Information regarding these matters will be strictly limited to those with a need to know.

viii. Temporary rescinding of privileges may be initiated by the Medical Director or Agency Director in order to protect the safety of the consumer.

ix. The Medical Director or Chief of Staff ensure to it that a completed incident report will be finished within 24 hours and

forwarded to the Agency Director. This report will become part of the physician's file.

x. The Medical Director or Chief of Staff will assess the credibility of the complaint and the situation using whatever data is available. The Medical Director or Chief of Staff will discuss the event with the physician. They will have the option of involving the other physicians whose duties are pertinent to the problem. Options available include but are not limited to:

a. Exoneration
b. Internal Investigation
c. External Investigation
d. Written counseling
e. Referral to the Physicians Aid Committee of the Nevada State Medical Association
f. Leave of absence for the physician to enter a rehabilitation program. Practitioner voluntary leave of absences are not reported to the National Data bank.
g. Referral to the physician's medical or psychiatric provider for evaluation and treatment of the condition or concern.

xi. The Medical Director or Chief of Staff will determine the criteria for the practitioner to return to duties. Options include but are not limited to:

a. Increased monitoring of practice by the Credentialing and Privileging Committee or other appointed staff.

b. Participation in the Physician's Aid Committee of Northern Nevada Monitoring Program.

c. Documentation by the treating professional that the practitioner is sufficiently recovered for return to duties, including periodic updates if determined necessary.

xii. Should a practitioner fail to meet the criteria set out for return to duties appropriate action will be initiated by the Medical Director or Agency Director to ensure the safety of people receiving services.

xiii. Staff will be educated regarding recognizing impairment and reporting.

B. Other Direct Service Providers

i. It is the responsibility of all service providers to ensure that they are in a healthy condition to render services to consumers at NNAMHS. If they become aware they are not able to provide quality service due to physical or mental impairment, service providers should contact their supervisor or Personnel Department immediately.

ii. Reports of observed behaviors that are indicative of mental or physical impairment may be received from co-workers, consumers or other parties; these reports will be investigated to validate if the observable behaviors are linked to an impairment which could render the employee unable to fulfill the essential functions of his position.

iii. Observable behaviors, such as eyewitness accounts of use, possession, or symptoms; abnormal conduct; drug-related investigations to include arrests and convictions; test tampering; and information from reliable sources constitute

reasonable suspicion. In addition, the following situations automatically qualify as reasonable suspicion and provide justification for the supervisor to require testing under NAC 284.888:

a. The operation of a motor vehicle by the employee in any manner that causes bodily harm;
b. Abnormal conduct or erratic behavior by the employee that is not otherwise normally explainable;
c. The odor of alcohol on the breath of the employee and a decline in job performance that is not otherwise normally explainable;
d. Observation of the employee consuming alcohol and a resulting decline in job performance that is not otherwise normally explainable;
e. Observation of the employee possessing a controlled substance or using a controlled substance that is reported by a credible source;
f. The operation of a motor vehicle in such a manner as to cause more than $2,500 worth of property damage;
g. The operation of a motor vehicle in such a manner as to cause two property accidents within a 1-year period

iv. If the behaviors are determined to not be a result of drug or alcohol use, the employee may be sent for a Fitness for Duty examination pursuant to the Risk Management, Fitness for Duty Policy.

v. All acts of Workplace Violence must be immediately reported to the supervisor or Personnel and will be addressed in accordance with MHDS Policy 5.029, Prevention of Workplace Violence.