

NEVADA ADULT MENTAL HEALTH SERVICES (NNAMHS)
POLICY AND PROCEDURE

SUBJECT: PROTECTING CONSUMERS FROM IMPAIRED
PRACTITIONERS AND DIRECT SERVICE PROVIDERS

NUMBER: NN-MS-06

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ORIGINAL DATE: 09/06/07

REVIEW/REVISE DATE: 6/17/10, 7/11/13

APPROVAL, Cody L. Phinney Agency Director

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I. PURPOSE

To ensure the safety of consumers while providing support for impaired practitioners and direct service providers.

II. POLICY

NNAMHS shall protect the safety of our consumers by intervening with practitioners and direct service providers who may be suffering from physical and mental disabilities, and substance abuse conditions.

III. REFERENCES

A. NNAMHS policy NN-HR-22 Drug and Alcohol Testing Program.

- B. State of Nevada Drug and Alcohol Program, Division of Human Resource Management, December 2012.
- C. State of Nevada, Risk Management Division, Employee Fitness for Duty Examinations Policy.
- D. Mental Health and Developmental Services Policy 5.029 Workplace Violence Prevention.
- E. Nevada Administrative Code (NAC) 284.888.
- F. Reporting Requirements of Specific Licensing Boards.

### III. DEFINITIONS

- 1. Practitioner: Licensed independent practitioner including MD, DO, and APN.
- 2. Direct Service Provider: Any other staff providing direct service to consumers.

### IV. PROCEDURES

#### Medical Staff

- A. Practitioners 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 or Chief of Staff. Information regarding these self-referrals will be strictly limited to those staff members with a need to know.
- B. Any staff member becoming aware, either by first hand or by report from consumers or visitors, of behavior that suggests that a practitioner 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:

1. Alcohol on breath
  2. Behavior and demeanor such that any reasonable person would assume that the physician is impaired by a medical or psychiatric condition
  3. The identity of staff making such reports will be kept confidential
- C. The Medical Director or Chief of Staff will immediately notify the Agency Director and Personnel. Action will be immediately taken in accordance with policy NN-HR-22.
- D. All matters pertaining to the issues of the practitioner's 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.
- E. Temporary rescinding of privileges may be initiated by the Medical Director or Agency Director in order to protect the safety of the consumer.
- F. The Medical Director or Chief of Staff will complete an incident report within 24 hours and forward to the Agency Director. This report will become part of the practitioner's file.
- G. The Medical Director or Chief of Staff will assess the credibility of the complaint and the situation using whatever data is available.
- H. The Medical Director or Chief of Staff will discuss the event with the practitioner. They will have the option of involving the other

practitioners whose duties are pertinent to the problem. Options available include but are not limited to:

1. Exoneration
  2. Internal Investigation
  3. External Investigation
  4. Written counseling
  5. Referral to the Physicians Aid Committee of the Nevada State Medical Association
  6. Leave of absence for the physician to enter a rehabilitation program. Practitioner voluntary leave of absences are not reported to the National Data bank.
  7. Referral to the practitioner's medical or psychiatric provider for evaluation and treatment of the condition or concern.
- I. 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:
1. Increased monitoring of practice by the Credentialing and Privileging Committee or other appointed staff.
  2. Participation in the Physician's Aid Committee of Northern Nevada Monitoring Program.
  3. Documentation by the treating professional that the practitioner is sufficiently recovered for return to duties, including periodic updates if determined necessary.
- J. 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 consumers.

- K. Staff will be educated regarding recognizing and reporting impairment.

#### Other Direct Service Providers

- A. 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.
- B. 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.
- C. 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:
  - 1. The operation of a motor vehicle by the employee in such a manner that causes more than \$500.00 in property damage;
  - 2. The operation of a motor vehicle in such a manner as to cause two property accidents within a 1-year period;

3. Abnormal conduct or erratic behavior by the employee that is not otherwise normally explainable;
4. The odor of alcohol or a controlled substance on the breath of the employee;
5. Observation of the employee consuming alcohol;
6. Observation of the employee possessing a controlled substance or using a controlled substance that is reported by a credible source;
7. The occurrence of any accident while the employee is on the premises of the workplace for which the employee receives medical treatment.

D. 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.

E. 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.