



A GUIDE FOR ASSISTING COLLEAGUES WITH SUBSTANCE USE DISORDER

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Washington Health Professional Services

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Introduction

Limited data exists on the number of health professionals who misuse alcohol and other drugs. It is widely believed that health professionals misuse alcohol and other drugs at about the same rate as the general population (10-15%). The American Nurses Association estimates that 6-8% of nurses use alcohol or drugs to an extent that is sufficient to impair practice. Healthcare professionals are highly trained, self-motivated and are often expected to assume leadership roles, therefore may have great difficulty in acknowledging personal needs and are fearful of losing their careers; it is common to hear, "I could not reach out for help."

Substance misuse can result in negative consequences for health professionals including loss of family, license, or even life. Substance misuse also jeopardizes the public which depends on them for care. The associated cost is significant and affects employers, co-workers, clients, family and the community at large. Absenteeism, accidents, injuries, stress-related illnesses and violence are only some consequences that can result if the disease is left untreated.

Unfortunately early recognition leading to intervention and treatment is often delayed. The problem is denied, rationalized or minimized. Co-workers, colleagues and supervisors may protect, blame, promote, transfer, or even ignore the affected professional. It is difficult to take proactive action for many reasons, yet it is a responsibility to assist colleagues who may be suffering from substance use disorder.

This handbook will assist in helping health professionals whose practice may be impaired due to substance misuse. The focus is on what you can do to identify concerning behaviors and take effective action. It is our hope that this handbook will give clear-cut steps for action, rather than enable a problem to continue to an inevitable conclusion.

"Health Professionals have a right and an obligation to ask for help when they are struggling with impairment. When they request assistance, they deserve the same care and respect that they give their own patients and clients every day."

— P. Bradley Hall, MD
West Virginia Medical Professionals Program

Background

Each year healthcare professionals with substance use disorders go undetected and untreated. In 1986, in response to the nursing community's request for a just culture approach to substance use disorder, the Washington State Nurses Association and the Board of Nursing (now the Nursing Care Quality Assurance Commission) worked to establish an alternative to traditional discipline, supporting nurses to maintain their license and safely return to practice. This is accomplished through referral for treatment, defined regulatory monitoring, and practice oversight by an approved substance use monitoring program.

Revised Code of Washington 18.130.175, Voluntary Substance Abuse Monitoring Programs, was adopted in 1988 and has become a nation-wide model for Alternative to Discipline monitoring programs. In addition to recognizing substance use disorder as a treatable disease, the legislature sought to overcome stigma allowing professionals to report and obtain medical care without fear of discipline.

In establishing the use of voluntary substance use monitoring programs the legislature made its intentions clear:

It is the intent of the legislature that the disciplining authorities seek ways to identify and support the rehabilitation of health professionals whose practice or competency may be impaired due to the abuse of drugs or alcohol. The Legislature intends that such health professionals be treated so that they can return to or continue to practice their profession in a way which safeguards the public. The Legislature specifically intends that the disciplining authorities establish an alternative program to the traditional administrative proceedings against such health professionals.

The Substance Abuse Monitoring Program (SAMP) began as part of the Board of Nursing and wrote its first return to practice agreement in November 1988. Now known as Washington Health Professional Services (WHPS), the program provides monitoring and advocacy services to nurses with Substance Use Disorder, allowing nurses to continue providing valuable services to the citizens of Washington State.

Washington Health Professional Services Program

The Washington State Department of Health, in conjunction with various professional health boards and committees, developed and implemented the Washington Health Professional Services (WHPS) program on August 1, 1991. Currently WHPS serves as the approved voluntary substance use monitoring program for the Nursing Care Quality Assurance Commission (NCQAC).

Purpose:

- Protect the public while monitoring the nurse to ensure safe practice
- Encourage early identification, entry into treatment and entry into a contractual agreement for monitoring
- Identify, respond to and report noncompliance to the NCQAC in a timely manner
- Facilitate entry and maintenance of ongoing recovery consistent with patient safety
- Be transparent and accountable by providing information to the public

Services include:

- Confidential consultation with nurses, colleagues, employers or other concerned individuals
- Comprehensive intake services
- Referrals for evaluation and treatment
- Monitoring of program compliance and safety to practice
- Education and outreach

The best way for nurses to seek assistance from WHPS is to contact the program directly at 360-236-2880. This is the shortest road to recovery and provides for the greatest degree of confidentiality.

Referrals are also commonly made by professional associations, colleagues, employers, and treatment providers.

Physician, pharmacist and other professional programs

There are separate substance use monitoring programs for physicians, pharmacists and other allied health professionals:

Washington Physician Health Program (WPHP)

Providing substance use and behavioral health services to physicians, physician assistants, podiatrists, dentists and veterinarians.

→ 206-583-0127 or wphp.org

Washington Recovery Assistance Program for Pharmacy (WRAPP)

Providing substance use and behavioral health services to pharmacists and pharmacy technicians.

→ 1-800-446-7220 or www.wsparx.org/WRAPP

Washington Recovery and Monitoring Program (WRAMP)

Providing substance use monitoring services to all other allied health professions.

→ 360-236-2880, option 2

While situated differently (e.g., the WRAPP program is part of the Washington state pharmacy Association) these programs are all authorized under 18.130.175 RCW and operate similarly.

RESOURCES

Federation of Physician Health Programs

→ www.fsphp.org

National Organization of Alternative Programs

→ alternativeprograms.org

National Council of State Boards of Nursing

→ www.ncsbn.org/substance-use-in-nursing.htm

American Association of Nurse Anesthetists

→ www.aana.com/practice/health-and-wellness-peer-assistance

American Society of Hospital Pharmacists

→ www.ashp.org/Pharmacy-Practice/Resource-Centers/Clinician-Well-Being-and-Resilience

Recognizing a Problem

The first step in assisting a health professional with substance use disorder is recognition. Illness should not be presumed by a single sign or symptom, but rather by changes in behavior and job performance over time. Because health professionals define themselves by their profession, evidence of the disease on the job often indicates late stage illness. Workplace problems are a last step in a downward spiral and often coworkers are shocked when the illness is uncovered.

This guide is not intended to diagnose a problem, but rather to assist in identifying signs and symptoms of a problem, documenting concerns and communicating them effectively. Co-workers often feel uncomfortable when confronted with a substance use problem in a professional. Some of the barriers which may prevent one from taking action include fear, lack of knowledge and negative attitudes regarding drug and alcohol use.

Co-workers, colleagues, and supervisors may attempt to rescue or cover up for the professional out of sympathy or fear. This only enables and hastens the addiction process.

It is important that all health professionals are educated and aware of the signs and symptoms of substance use disorder. Some may overlap with psychiatric conditions, however in either case the situation must be addressed in a timely manner and in accordance with workplace policies and procedures.

The workplace is typically the last place substance use disorder manifests itself.

Disruptions in family, personal health and social life can all occur while the workplace remains unaffected.

Even small intrusions into the workplace should be taken very seriously.

Signs and Symptoms

Many signs and symptoms of substance use disorder are non-specific, but when an individual's behavior is observed and documented over time, the concern becomes clear and it is time to act. It is very important that health professionals receive education on substance use disorder and are familiar with workplace policies and procedures.

Common Signs and Symptoms of Workplace Impairment Dunn, D. (2005) Substance abuse among nurses-defining the issue. AORN Journal, (82)4.	
Psychosocial	Fearful, anxious, panic attacks
	Feelings of impending doom
	Paranoid ideation
	Shameful, guilty, lonely, or sad
	Defensive (e.g. denial, rationalization)
Physical	Runny nose, watery eyes
	Dilated or constricted pupils
	Sleeping on the job
	Bloodshot or glassy eyes
	Unsteady, stiff, or listing gait
	Tremors, restlessness
Behavioral	Impaired cognition
	Increasing forgetfulness
	Isolation or withdrawal
	Mood swings (e.g. erratic outbursts, emotionally labile)
	Frequent complaints of vague illness or injury
Job Performance	Requests jobs in less supervised settings
	Seems like a workaholic (e.g. frequently works overtime, arrives early and stays late)
	Volunteers to count narcotics
	Evidence of tampering with vials or capsules
	Makes frequent medication errors
	Frequent medication loss, spills, or wasting
	Overmedicates compared to other staff
	Patients complain of ineffective pain relief
	Frequent tardiness
	Frequent unexplained disappearances from the unit
	Disorganized illogical charting
	Elaborate, implausible excuses for behavior
	Casually asks physicians for prescriptions
	Not adhering to safety policies
Decreased job performance	

Ethical Considerations

Misuse of prescribed medications, non-prescription drugs, and alcohol is a violation of the Washington State Nurse Practice Act and the American Nurses Association (ANA) Code of Ethics for Nurses. (See regulatory reporting requirements page 12.)

Health professionals impaired by alcohol or other drugs pose a serious risk of harm to patients, organizations and themselves. Organizations have a duty to protect the patient as well as an ethical obligation to assist their employees. The following guidelines and/or ethical issues should be considered:

- Each employer should have policies which include: 1) for cause drug testing, 2) identification of the persons who will interact with the employee concerning their practice concerns, 3) a referral process for evaluation and treatment, 4) clear consequences associated with refusing treatment and 5) confidentiality as defined by state and federal law.
- It is the responsibility of a colleague or co-worker to document and report a potentially impaired health professional's behavior to the employer or designated supervisor. The health professional should not be allowed to provide patient care until he/she has been evaluated and received treatment.
- In most cases the professional may be offered treatment in lieu of termination. It is more cost effective to help the professional get treatment and return him/her to the workplace than to replace them. Valuable expertise and service history will be lost if the professional's employment is preemptively terminated.
- The health professional has the right to refuse treatment. Although they may put themselves in jeopardy if they do, it is each person's right to make that decision. The employer needs to make it clear that if evaluation and treatment are rejected, the professional's employment may be terminated.
- It is important to note that suicide risk is increased after an intervention. It is necessary to assure the health professional is not left alone after an intervention until a plan is in place.

Resource

The American Society of Addiction Medicine website is a good resource for discussion on ethical and procedural considerations.

→ www.asam.org

Barriers to Action

Major factors determining whether a health professional is confronted and offered help are the knowledge, courage and attitudes of those around. In order to be of assistance to someone who may have a problem, it is essential to be informed and knowledgeable. Knowing the signs and symptoms of substance use disorder and the resources available are critical to successful intervention.

There are many barriers which block taking action in the face of concerns. The three most common barriers are:

Lack of knowledge...

Of substance use disorder as a primary disease with signs and symptoms and a specific course that can be identified, documented and treated.

That substance use disorder does exist in healthcare professions.

Of the signs and symptoms of a problem in the workplace.

On how to take action in the workplace and what resources are available.

Fear...

Of what may happen to the person if you intervene.

Of the reaction of the person towards you.

That somehow you may be sued for speaking up.

That you may be the one to cause a professional to lose a job or place their license in jeopardy.

Attitudes and beliefs that...

Chemically dependent people are morally bankrupt. Most are highly functioning, working people. Substance use disorder is an equal opportunity disease that can affect all people, of all ages, in all professions.

You can independently help a colleague who may have a problem.

There is no need to refer or to contact other sources of help.

These attitudes, fears and lack of knowledge are barriers to effectively helping a colleague. We can break through these barriers by acknowledging them, being educated about substance use disorder, signs and symptoms, workplace policies and available resources to help us take responsible action.

What You Can Do

Observation and Data Collection

The suspicion that a professional is misusing alcohol or drugs, or may have some other type of psychiatric condition affecting practice, generally arises from a series of observations rather than from an isolated instance. When this occurs:

Don't panic, but do act. Overreacting may create additional problems but patients must be protected and legal rights assured. The only thing you can do wrong is to do nothing.

Document carefully. All reports and direct observations of questionable behavior should be recorded with dates, times and names of observers, reporters, and the professional in question, description of circumstances, action taken, and the professional's response. Notes should be factual and data should be objective.

Discuss your concerns with a supervisor or other senior colleague. Specific concerns related to impaired practice should be documented and then shared confidentially per policy. An immediate concern regarding patient safety should be shared with the supervisor in charge at the time. This will enable the supervisor to evaluate the situation and determine an appropriate course of action.

Continue to observe, document and share your observations.

Following-up with your supervisor is vital. If the situation warrants immediate action and you are concerned about patient/client safety, you may need to contact other key administrators.

If there is an **Employee Assistance Program** available in your workplace, it may be helpful to contact them for guidance. Providing a brochure informing the professional that the EAP program is available and encouraging them to seek assistance may be appropriate. It is important that you do not take over an active role with the professional but rather offer support and refer to the appropriate resource for assistance.

Washington Health Professional Services or one of the other approved monitoring programs are also resources to health professionals and employers.

Washington Health Professional Services
360-236-2880
whps@doh.wa.gov

Employer Intervention

Do...	Don't...
<ul style="list-style-type: none"> Prepare a plan Review documentation Request help from others Ensure security is readily available Decide who will present what information Ask the health professional to listen to everyone before responding to interveners Expect denial Leave the individual with a sense of hope knowing that they are a good human being deserving of help Stick to the job performance Have professional resources available Conduct a for-cause drug test Provide for safe transport Debrief with interveners Report as necessary to the state alternative program and/or licensing authority 	<ul style="list-style-type: none"> Just react Intervene alone Try to diagnose the problem Expect an admission of a problem Give up Use labels

If the health professional appears to be under the influence in the work setting, the issue must be addressed immediately. Remove the professional from the unit/department, get a drug screen, and evaluate the need for emergency treatment (either medical and/or psychiatric). If immediate medical intervention is needed, transport the individual to the emergency room. Once the immediate emergency is stabilized, then develop a plan of action to address the problem.

Source: Ohio Nurses Foundation (2008). Guidelines for managers of impaired nurses: Nurse's with chemical dependency and/or psychiatric issues.

Referral for Treatment

The purpose of treatment is the safe withdrawal from alcohol or other drugs, to help the professional honestly face the addiction and to develop new attitudes that will help them embrace a drug and alcohol-free lifestyle. Treatment is just the first step towards recovery.

For the health professional seeking help for substance use disorder, the most likely source will be a multi-disciplinary treatment program that is recovery oriented, has abstinence as a goal and supports an ongoing recovery approach, e.g., participation in a 12-step (AA, NA) or other type (SMART Recovery, Refuge Recovery) support group. The treatment program must have a broad rehabilitation component which supports restoration of function and ongoing sobriety.

Treatment may be provided in either an outpatient or inpatient setting. Treatment varies in length depending on the problems identified and what is determined as appropriate. Day treatment may also be an option.

There are health professional specific substance use disorder treatment programs. These programs provide specialized treatment geared to the health professional addressing confidentiality concerns, professional accountability, return to practice issues and compliance with licensing standards as required. Washington Health Professional Services or one of the other state monitoring programs are available to assist with identifying appropriate treatment resources

Professionals with other behavioral and or psychiatric disorders may need to be referred for additional evaluation and treatment.

Resources

Chemical dependency and mental health treatment services in Washington state may be found through:

Washington Behavioral Health Division

→ www.dshs.wa.gov/bha

Washington Recovery Helpline

→ www.warecoveryhelpline.org

Return to Practice

The return of a recovering health professional to practice can be a very frightening and challenging time. There are fears that colleagues may not understand or be rejecting. Your support and understanding at this time is very important to the recovering professional. Do not be afraid to ask questions and offer support. It can take time for all to feel comfortable and adjust to this change.

Once the professional has returned to practice and colleagues begin to see positive contributions, transition becomes smoother and the team becomes more cohesive and supportive. If you have questions or concerns about a colleague who is returning to practice following treatment, talk with your supervisor or other colleagues, rather than keeping it to yourself.

The recovering health professional who has returned to practice must decide what information to share and with whom. It may be beneficial to have a short meeting with the unit staff prior to return to practice. During the meeting, the recovering professional can share any restrictions they will have when returning to practice. If there is a medication restriction, specifically a controlled substance restriction, the decision as to who will be responsible for passing the nurse's medications and what tasks will the recovering nurse assume in return?

The health professional will return to practice with a WHPS, or another program monitoring contract. It usually mandates treatment participation, attendance at recovery-oriented 12-step and peer support meetings, drug screening and practice restrictions. The returning professional might need to work day shift and forego overtime opportunities for a period of time in order to meet all the required recovery obligations. It is important for colleagues to understand the reasons for this as they may be affected by the contract requirements.

The monitored professional needs to understand that some staff may continue to be angry about the previous drug use and the resulting problems. They also need to recognize that they will be suspected in the future whenever medications come up missing. If this occurs, the professional should insist on giving a drug test so that their name and integrity can be preserved.

Nurses in WHPS must inform their employer of program participation and obtain approval before accepting a healthcare position. A "worksites monitor" is identified to oversee the nurse's practice and act as the liaison between the employer and WHPS.

Resource

Additional information on return to practice can be found in the **National Council of State Boards of Nursing, Substance Use Disorder in Nursing Resource Manual** (2011).

Regulatory Requirements

In 2006, the Washington Legislature directed the Department of Health to adopt rules about mandatory reporting of health professionals who commit unprofessional conduct or are unable to practice safely. The legislature added additional mandatory reporting requirements in 2008.

The mandatory reporting rules are in chapter 246-16 WAC. It covers reports about all practitioners regulated by the department secretary, a board, or a commission. It requires reporting by healthcare practitioners, employers, healthcare facilities and others.

The mandatory reporting rules require certain reports about license holders and are intended to address patient safety. In order to support early intervention and participation in monitoring, the rule also states:

When there is no patient harm, reports of inability to practice with reasonable skill and safety due to a mental or physical condition may be submitted to one of the approved impaired practitioner or voluntary substance abuse programs or to the department...

Reporting substance misuse or impairment to Washington Health Professional Services (WHPS) or one of the other professional monitoring programs fulfills reporting obligations under WAC 246-16. Reports may be submitted to WHPS by calling 360-236-2880.

A nurse's voluntary participation in WHPS is not made known to their disciplining authority unless there is reason to believe the nurse is unable to practice with reasonable skill and safety.

RCW 18.130, or the Uniform Disciplinary Act (UDA), consists of laws governing the licensure and discipline procedures for health and health-related professionals and businesses. These rules and regulations strengthen and consolidate disciplinary procedures for licensed and certified health and health care-related professions and agencies.

Contact Washington Health Professional Services

Self-referrals aid early entry into treatment and recovery and are treated confidentially.

Nurses may also be directed to the program by colleagues, co-workers, friends or family members. Referrals are also commonly made by professional associations, employee assistance programs, disciplining authorities, agencies and institutions, such as schools and hospitals. Early intervention increases public protection. If you, or someone you know has a substance abuse problem, and are looking for further assistance, please contact:

Washington Health Professional Services
PO Box 47872
Olympia, WA 98504-7872
whps@doh.wa.gov
Tel 360-236-2880, option 1
Fax 360-664-8588

There are separate substance use monitoring programs for physicians, pharmacists and other allied health professionals:

Washington Physician Health Services (WPHP)

Providing substance use and behavioral health services to physicians, physician assistants, podiatrists, dentists and veterinarians.

→ 206-583-0418 or www.wphp.org

Washington Recovery Assistance Program for Pharmacy (WRAPP)

Providing substance use and behavioral health services to pharmacists and pharmacy technicians.

→ 1-800-446-7220 or www.wsparx.org/WRAPP

Washington Recovery Assistance Monitoring Program (WRAMP)

Providing substance use monitoring services to all other allied health professions.

→ 360-236-2880, option 2

Additional Resources

WEBSITES

Al-Anon Family Groups

www.al-anon.org

Alcohol and Drug 24-Hour Help Line

www.adhl.org

Alcohol and Drug Abuse Institute at the University of Washington

adai.washington.edu

Alcoholics Anonymous

www.aa.org

American Academy of Addiction Psychiatry

www.aaap.org

American Association of Nurse Anesthetists

www.aana.com

American Nurses Association

www.nursingworld.org

American Society of Addiction Medicine (ASAM)

www.asam.org

Chemical Dependency Training Consortium

www.addictionceu.org

Drug Free Business

www.drugfreebusiness.org

Evergreen Council on Problem Gambling

www.evergreencpg.org

National Council of State Boards of Nursing

www.ncsbn.org

National Institute on Drug Abuse

www.drugabuse.gov

National Institute of Mental Health

www.nimh.nih.gov

Northwest Addiction Technology Transfer Center

adai.uw.edu/nwattc/

Professionals Resource Network

www.flprn.org

Substance Abuse and Mental Health Services Administration

www.samhsa.gov

Washington Association of Alcoholism and Addiction Programs

www.aapwa.org

Washington State Nurses Association

www.wsna.org

Washington State Nursing Care Quality Assurance Commission

[www.doh.wa.gov/LicensesPermitsandCertificates/
NursingCommission.aspx](http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission.aspx)

RCW 18.130.175

VOLUNTARY SUBSTANCE ABUSE MONITORING PROGRAMS.

(1) In lieu of disciplinary action under RCW 18.130.160 and if the disciplining authority determines that the unprofessional conduct may be the result of substance abuse, the disciplining authority may refer the license holder to a voluntary substance abuse monitoring program approved by the disciplining authority.

The cost of the treatment shall be the responsibility of the license holder, but the responsibility does not preclude payment by an employer, existing insurance coverage, or other sources. Primary alcoholism or other drug addiction treatment shall be provided by approved treatment programs under *RCW 70.96A.020 or by any other provider approved by the entity or the commission. However, nothing shall prohibit the disciplining authority from approving additional services and programs as an adjunct to primary alcoholism or other drug addiction treatment. The disciplining authority may also approve the use of out-of-state programs. Referral of the license holder to the program shall be done only with the consent of the license holder. Referral to the program may also include probationary conditions for a designated period of time. If the license holder does not consent to be referred to the program or does not successfully complete the program, the disciplining authority may take appropriate action under RCW 18.130.160 which includes suspension of the license unless or until the disciplining authority, in consultation with the director of the voluntary substance abuse monitoring program, determines the license holder is able to practice safely. The secretary shall adopt uniform rules for the evaluation by the disciplinary [disciplining] authority of a relapse or program violation on the part of a license holder in the substance abuse monitoring program. The evaluation shall encourage program participation with additional conditions, in lieu of disciplinary action, when the disciplinary [disciplining] authority determines that the license holder is able to continue to practice with reasonable skill and safety.

(2) In addition to approving substance abuse monitoring programs that may receive referrals from the disciplining authority, the disciplining authority may establish by rule requirements for participation of license holders who are not being investigated or monitored by the disciplining authority for substance abuse. License holders voluntarily participating in the approved programs without being referred by the disciplining authority shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the disciplining authority, if they meet the requirements of this section and the program in which they are participating.

(3) The license holder shall sign a waiver allowing the program to release information to the disciplining authority if the licensee does not comply with the requirements of this section or is unable to practice with reasonable skill or safety. The substance abuse program shall report to the disciplining authority any license holder who fails to comply with the requirements of this section or the program or who, in the opinion of the program, is unable to practice with reasonable skill or safety. License holders shall report to the disciplining authority if they fail to comply with this section or do not complete the program's requirements. License holders may, upon the agreement of the program and disciplining authority, reenter the program if they have previously failed to comply with this section.

(4) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved programs shall be confidential, shall be exempt from chapter 42.56 RCW, and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplining authority for cause as defined in subsection (3) of this section. Monitoring records relating to license holders referred to the program by the disciplining authority or relating to license holders reported to the disciplining authority by the program for cause, shall be released to the disciplining authority at the request of the disciplining authority. Records held by the disciplining authority under this section shall be exempt from chapter 42.56 RCW and shall not be subject to discovery by subpoena except by the license holder.

(5) "Substance abuse," as used in this section, means the impairment, as determined by the disciplining authority, of a license holder's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(6) This section does not affect an employer's right or ability to make employment-related decisions regarding a license holder. This section does not restrict the authority of the disciplining authority to take disciplinary action for any other unprofessional conduct.

(7) A person who, in good faith, reports information or takes action in connection with this section is immune from civil liability for reporting information or taking the action.

(a) The immunity from civil liability provided by this section shall be liberally construed to accomplish the purposes of this section and the persons entitled to immunity shall include:

- (i) An approved monitoring treatment program;
- (ii) The professional association operating the program;
- (iii) Members, employees, or agents of the program or association;
- (iv) Persons reporting a license holder as being possibly impaired or providing information about the license holder's impairment; and
- (v) Professionals supervising or monitoring the course of the impaired license holder's treatment or rehabilitation.

(b) The courts are strongly encouraged to impose sanctions on clients and their attorneys whose allegations under this subsection are not made in good faith and are without either reasonable objective, substantive grounds, or both.

(c) The immunity provided in this section is in addition to any other immunity provided by law.

Legislative intent—1988 c 247: "Existing law does not provide for a program for rehabilitation of health professionals whose competency may be impaired due to the abuse of alcohol and other drugs.

It is the intent of the legislature that the disciplining authorities seek ways to identify and support the rehabilitation of health professionals whose practice or competency may be impaired due to the abuse of drugs or alcohol. The legislature intends that such health professionals be treated so that they can return to or continue to practice their profession in a way which safeguards the public. The legislature specifically intends that the disciplining authorities establish an alternative program to the traditional administrative proceedings against such health professionals." [1988 c 247 § 1.]

WASHINGTON HEALTH PROFESSIONAL SERVICES (WHPS) REQUEST FOR SPEAKING ENGAGEMENT

A lack of knowledge about substance use disorders is a major risk factor for nurses and other healthcare practitioners. We are available to provide education and consultation, free of charge, to your staff and students about substance use disorders among healthcare professionals and the WHPS program. Providing this information to nursing students is a valuable part of their education.

Today's Date

Name of Organization

Requested Date for Presentation:

First Choice

Second Choice

Third Choice

Presentation Topic

Name of Meeting Room

Address

City

State

Zip

Contact Person

Phone

Email

Audience (primary specialty of attendees)

Number of Attendees expected

Available audiovisual equipment

Please fax or email this completed form to WHPS at 360-664-8588 or whps@doh.wa.gov.

Once we receive the request form, we will contact you to begin program arrangements. If you have questions or need assistance, please call us at 360-236-2880.