

Work Setting Restrictions for Licensees** in the Health Professionals' Services Program (HPSP)

Policy Statement: The Board of Nursing recognizes that licensees diagnosed with a substance use disorder, a mental health disorder, or both, may have impaired functional ability**. For participants in the Health Professionals' Services Program (HPSP) the Board recognizes the benefit of the participant's return to the work setting as long as the individual is supervised.

The Board affirms that direct supervision** is required to protect the public and support the licensee. It is indicated for all HPSP participants. Therefore, the Board has identified certain high-risk settings that will generally be prohibited due to the lack of direct supervision or inconsistent supervisory oversight. These settings include, but are not limited to:

- Self-employment;
- Home health;
- Home hospice;
- Staffing agency;
- Assisted living or residential care facilities;
- Foster care facilities;
- Float areas outside the participant's workplace monitor's supervised area;
- Night shifts outside an acute care setting.

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

- Severity of illness;
- Level of individual's recovery;
- History of job performance;
- Compliance with all other aspects of the program;
- Recommendations, as available, from the treatment provider or other licensed provider who has authority to write orders for the client.

Authorization to work will require a statement signed by the employer ensuring that the licensee will be directly supervised and that the direct supervision meets the following criteria:

1. Licensee will be clinically supervised by another healthcare professional licensed at the same or higher level as the participant licensee, and;
2. Supervisor/s are aware of the licensee's participation in HPSP, and;
3. Supervisor/s are able to provide direct supervision as defined below.

HPSP will obtain a signed statement from the employer ensuring that the licensee is directly supervised at the time of enrollment and at any time the licensee changes employment.

The Board has determined that the number of hours a licensee practices in a given time period is often of concern for an individual in HPSP. Therefore, the Board restricts participants to no more than 1.0 FTE work. Further restrictions may, on occasion, need to occur. These restrictions would be

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based on the indicators listed above or by recommendations from the treatment provider or other licensed provider (such as MD, NP, PA). Limited overtime may be approved on occasion.

Definitions:

**“Direct supervision” means the presence of another licensed healthcare professional, functioning at the same or higher level of licensure with relevant clinical competence, who is aware of HPSP 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 supervisor training.

**“Functional ability” means the competence and reliability with which a licensee is able to practice at any given time.

**“Licensee” refers to license status as an RN, LPN, NP, CRNA, and CNS.

Date Adopted: April 21, 2011

The Oregon State Board of Nursing (OSBN) is authorized by Oregon Revised Statutes Chapter 678 to exercise general supervision over the practice of nursing in Oregon to include regulation of nursing licensure, education and practice in order to assure that the citizens of Oregon receive safe and effective care. The OSBN further interprets statute and rule and issues opinions in the form of Board Policies, Policy Guidelines and Position Statements. Although they do not have the force and effect of law, these opinions are advisory in nature and issued as guidelines for safe nursing practice.