



# Board of Nursing Requirements for Worksite Monitors and Supervisors

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# Worksite Monitor Requirements

- Found in Nurse Practice Act Division 70 (OAR 851-070-0075)
- Read before agreeing to serve.
- Important aspect of public safety.



The screenshot shows the top portion of the Oregon Secretary of State's website. On the left is a portrait of Jeanne P. Atkins, the Secretary of State. To her right, the text reads "Oregon Secretary of State Jeanne P. Atkins". In the top right corner, there are links for "About Us", "Work With Us", "Media Resources", and "State Agency Directory", along with Facebook and Twitter social media icons. Below these links is a "Google™ Custom Search" box with a "Search" button and a close icon. A dark blue navigation bar contains the following menu items: "Home", "Business", "Voting & Elections", "State Archives", and "Audits". Below the navigation bar, a red banner reads "► The Oregon Administrative Rules contain OARs filed through May 15, 2016 ◀". Underneath this banner, the text says "QUESTIONS ABOUT THE CONTENT OR MEANING OF THIS AGENCY'S RULES?" followed by a blue link: "CLICK HERE TO ACCESS RULES COORDINATOR CONTACT INFORMATION". At the bottom of the page, the text reads "OREGON STATE BOARD OF NURSING" in gold, "DIVISION 70" in black, and "HEALTH PROFESSIONALS' SERVICES PROGRAM" in black.

# This Presentation

- Define requirements of worksite monitor.
- Review paperwork required
- Describes behaviors monitors should be aware of.
- Frequently asked questions.

# Board of Nursing

- Assure public safety through the regulation of safe nursing practice.
- Ensure impaired nurse adheres to return to work agreement.
- Watch for signs of impairment while practicing.

# Types of Monitored Practice

1. Board-Ordered Probation.
  - Public discipline.
  - All license types.
  - Listed on website and in newsletter.
  - Reported to national practitioner database.
2. Alternative-to-discipline program:  
Health Professionals' Services Program (HPSP).
  - Not discipline.
  - Confidential--not listed anywhere if successfully completed.
  - Only for LPNs and RNs.

# Who Can Be A Monitor?

- For impairment—any healthcare licensee can be a monitor.
- For practice issues, monitor must be:
  - A nurse for RNs and LPNs.
  - A physician is allowed for advanced practice nurses.
- Monitors must be approved by the Board.

# Who Can Be A Monitor?

- Licensees work under their own licenses, not the license of their monitors.
- Every licensee is responsible for her/his own practice.
- LPN monitoring RN:
  - RN still supervises practice of LPN, but LPN observes RN for adherence to monitoring agreement.
- Non-nurse monitoring a nurse:
  - Observes nurse for adherence to monitoring agreement.
  - Normal organizational hierarchy applies.

# Worksite Restrictions

- Restrictions listed in Board Order or the Return to Work.
- Based on type of impairment, work environment, length of time being monitored.
- Can include:
  - No floating to another unit.
  - Restricted access to controlled substances.
  - Minimum number of work hours per week.

# Who Needs to Know?

- In addition to the worksite supervisor and monitor, other people may need to know about a licensee being monitored.
  - Staffing office.
  - Off-shift supervisor.
  - Human Resources.
- Anyone who is informed of the monitored practice must maintain the confidentiality of the information.

# Being a Worksite Monitor

- A worksite monitor:
  - Is a professional activity
  - Requires education to accept the assignment.
  - Requires understanding of the Nurse Practice Act.

# Worksite Monitor Requirements

- Must be a licensed nurse or healthcare professional approved by the Board.
- Worksite monitor may also be the nurse's supervisor.
- Must complete worksite monitor education.
- Must sign the worksite monitor agreement.

# Forms and Reports

- Worksite Monitor Agreement (HPSP)

**Contract between Workplace Monitor, Licensee, and Health Professionals' Services Program**

As the workplace monitor of \_\_\_\_\_ I am aware of the following restriction(s) and/or conditions for safe practice on her healthcare practice at: \_\_\_\_\_

- She may have access to narcotics and controlled substances in the workplace.
- She must have direct supervision.
- She is unable to work in home health care settings or agency work.
- She is able to work up to 40 hours per week in this position.
- She is unable to work in the float pool.

All other terms and conditions as outlined below are in effect until revision and review occurs. I acknowledge by signing this document that I have reviewed this contract with the licensee and we both agree with the following:

- I confirm that he has informed me of participation in the Health Professionals' Services Program (HPSP) and I have reviewed the monitoring agreement and addendum to the monitoring agreement.
- I will provide direct supervision. I understand that direct supervision means a licensee working in 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.
- I agree to immediately notify HPSP of any concerns regarding her practice, behavior or conduct.
- I will submit monthly written reports provided by the HPSP program.
- If there are significant performance problems in the workplace, I will immediately notify HPSP, remove licensee from the workplace setting, and request drug screens as appropriate.
- I understand that the HPSP will communicate with me and share any concerns regarding compliance issues with licensee's monitoring agreement.
- I understand that \_\_\_\_\_ must test on the same day that he has been notified of a scheduled test, and may be limited by collection site hours.
- I agree to notify the HPSP agreement monitor of any changes of her employment status within 3 days of occurrence.
- I understand that this contract will be reviewed annually from the date of signing and revisions will occur as agreed upon with the HPSP program, the licensee, and myself.
- I confirm that I will abide by the terms and conditions of this contract and keep the licensee's participation in the HPSP program confidential. I will limit the persons who know of \_\_\_\_\_ status to those individuals with a need to know in order to assure the terms and conditions of this contract are met.

|  |               |
|--|---------------|
| _____<br>Signature of Workplace Supervisor | _____<br>Date |
| _____<br>Signature of Licensee             | _____<br>Date |
| _____<br>Signature of Agreement Monitor    | _____<br>Date |

Notwithstanding to whom this contract is made, it shall remain the property of the Health Professionals' Services Program and shall not be loaned, copied, reproduced, or otherwise disseminated without the express written consent of the program. Any unauthorized use of this contract is prohibited. Agreement to participate in the HPSP program is not a condition of employment. The release of medical or other information is NOT subject for this program. The federal rules restrict any use of this information to create the investigate or prosecute the patient.

Contract between Workplace Monitor, Licensee, and Health Professionals' Services Program

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**HPSP Health Professionals' Services Program**  
 1220 SW Morrison #600  
 Portland, Oregon 97205  
 Phone: 888-802-2843  
 Fax: 503-961-7142  
 www.tbhhealthpro.com

# Forms and Reports

- Initial Supervisory Agreement for Probation.

Oregon State Board of Nursing  
17938 SW Upper Boones Ferry RD • Portland, OR 97224  
(971) 673-0654 • (971) 673-0683 FAX

## Initial Supervisory Agreement for NP/RN/LPN/CNA

Completed by the nursing supervisor who is directly responsible for everyday nursing functions:

Name of Licensee/Certificate Holder (please print or type) \_\_\_\_\_

Name of Supervisor (please print or type) \_\_\_\_\_

Name of Nurse Manager or Executive: (please print) \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Start Date: \_\_\_\_\_ (Including Orientation)

Position: \_\_\_\_\_ (Attach job description)

Shift: \_\_\_\_\_ Hours: \_\_\_\_\_

As the supervisor of the Probationer, I verify the following conditions:

- I confirm that I have been informed of her probation status.
- I agree to schedule the Probationer to work as follows:
  - Probationer may work up to 40 hours per week.
  - Probationer may work limited overtime to complete a shift.
  - Additional overtime may be evaluated after 12 months of compliance.
  - Probationer will not have access to narcotics in the workplace until she receives written approval from Board staff. (Access to narcotics is not required for this position.)
- I will immediately notify the Probation Staff of any concerns regarding the Probationer's practice, behavior or conduct.
- I will submit quarterly reports on forms provided by the Oregon State Board of Nursing.
- I will remove the Probationer from the work setting if there are signs of relapse or relapse behavior; or at the request of Probation staff. Practice will resume only after discussion with the probation monitor. I will

# Examples

- Example of a direct observation plan for supervisory agreement:
  - “The nurse will not be assigned to a unit where he is passing medications. He will have a CMA assigned to his unit. He will not have access to narcotics at any time. He will work day or evenings only, with three other nurses at all times.”
  - “Narcotic counts are done twice per day – before patient care and after patient care is complete. Chart audits will be performed on this individual by preceptor daily and by nurse manager weekly. This nurse will be with preceptor for a minimum of one month. Random chart audits by nurse manager and pharmacy consultant after the individual completes the probationary period.”

# Worksite Monitor Role

- Why is the worksite monitor so important?
  - Eyes and ears in the workplace to ensure licensee is safe to provide patient care.
  - Conduct routine observation of licensee's performance.



# Forms and Reports

- Monthly Report for HPSP.



## Health Professionals' Services Program Workplace Monitor Safe Practice Report

HPSP requires the following safe practice report form be completed by the workplace monitor and that the form be sent directly to RBH HPSP. This form must be submitted on a monthly basis in order for the licensee to be in compliance with his/her monitoring agreement. Please either mail or fax this form to RBH by the close of business on the 5<sup>th</sup> day of each month. If in between the reporting time period there is any evidence of unsafe job performance or any concerns please contact RBH immediately at 1-888-802-2843. This is a confidential document and only should be viewed by staff with a need to know.

Licensee Name or account#: \_\_\_\_\_ Evaluation From: \_\_\_\_\_ To: \_\_\_\_\_

### Employment Setting:

Name of Employer: \_\_\_\_\_ Workplace setting: \_\_\_\_\_

Name of Workplace Monitor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Confidential fax: \_\_\_\_\_ Email address: \_\_\_\_\_

### Job Specifications:

Has there been a change in the licensee's position or job description since the last report? (Circle One) yes no

Current Position Title: \_\_\_\_\_ Start date if new position: \_\_\_\_\_

Work Hours/Shift: \_\_\_\_\_

Frequency of contact w/ Licensee: (Circle One) daily, twice a week, weekly, every other week, monthly

|   |   |
|---|---|
| <b>Physical performance</b> <ul style="list-style-type: none"> <li>• Balance</li> <li>• Manual coordination/tremor</li> <li>• Speech patterns</li> <li>• Gait/stance</li> </ul>   | <b>Within acceptable limits for workplace</b><br><br><b>Yes or No</b> |
| <b>Cognitive performance</b> <ul style="list-style-type: none"> <li>• Mental alertness/concentration</li> <li>• Memory</li> <li>• Accuracy of documentation</li> </ul>  | <b>Within acceptable limits for workplace</b><br><br><b>Yes or No</b> |
| <b>Communication performance</b> <ul style="list-style-type: none"> <li>• Emotional tone with co-workers and patients</li> <li>• Response to feedback on performance</li> <li>• Maintenance of clear professional boundaries</li> </ul>                                 | <b>Meets Worksite Standard</b><br><br><b>Yes or No</b>                |
| <b>Attendance</b> <ul style="list-style-type: none"> <li>• Change in pattern</li> <li>• Unexplained absences</li> </ul>   | <b>Meets Worksite Standard</b><br><br><b>Yes or No</b>                |
| <b>Management of Worksite Medications, if applicable</b> <ul style="list-style-type: none"> <li>• Medication administration/documentation consistency</li> <li>• Adherence to narcotic disposal policy</li> <li>• Authorized access to controlled medication</li> </ul> | <b>Meets Worksite Standard</b><br><br><b>Yes or No NA</b>             |

Please describe any behavioral changes since last report:

Comments including any concerns expressed by others pertaining to the licensee's practice:

# Forms and Reports

- Employer Quarterly Evaluation Report

**Oregon State Board of Nursing**  
17938 SW Upper Boones Ferry RD • Portland, OR 97224  
(971) 673-0654 • (971) 673-0683 FAX • Probation Staff: 971-673-0655

## Employer Quarterly Evaluation of Performance and Practice

Name: \_\_\_\_\_ RN \_\_\_ LPN \_\_\_ CNA \_\_\_ APRN \_\_\_

Reporting period: \_\_\_\_\_ to \_\_\_\_\_

Employer: \_\_\_\_\_

Contact/Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Hire: \_\_\_\_\_

Position: FT: \_\_\_\_\_ PT: \_\_\_\_\_ Unit: \_\_\_\_\_

Shift: \_\_\_\_\_ Staff: \_\_\_\_\_ Charge: \_\_\_\_\_ RCM: \_\_\_\_\_

On Call Duties: \_\_\_\_\_

Other: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Overtime per week: \_\_\_\_\_

Second Job: \_\_\_\_\_ Third Job: \_\_\_\_\_

Attendance: \_\_\_\_\_ Annual Evaluation scheduled: \_\_\_\_\_

### Evaluation of Practice/Performance

E= Excellent S=Satisfactory U=Unsatisfactory NA=Not Applicable

1. Adheres to P and P's \_\_\_\_\_
2. Assessment skills \_\_\_\_\_

# Report Comment Examples

- “Currently addressing issues with communication skills and peer interactions. Currently coaching nurse. Reminder for chart completion and needs to ask for help from peers when needed.”
- “Patient care is kind and caring, yet professional and thorough. She brings matters, questions or suggestions to management thoughtfully and seeks to improve.”
- “Then nurse has been talked to about her scanning percentages being below standards. She has also been coached on her attendance.”
-

# Direct Observation

- Definition: A licensee working in the presence of another licensed healthcare professional who is aware of the need for monitoring and is:
  - Working in the same physical location,
  - Is readily available to observe a person's practice and provide assistance, and
  - Meets the standard for monitor education.

# Be Alert to Behaviors

- Worksite monitor's responsibility to watch for signs and behaviors of potential problems.
- Look for patterns.
- Warning signs generally fall into six areas:
  - Time and attendance
  - Physical appearance
  - Cognitive performance
  - Behavioral observations
  - Job performance
  - Other workplace observations

# Warning Signs of Impairment

## 1. Time and Attendance

- Excessive use of sick days.
- Absence without notification or leaving early.
- Coming into work on days off.
- Volunteers to work overtime.

## 2. Physical Appearance

- Sweating, nausea or vomiting
- Unsteady gait/balance or tremors
- Dilated or constricted pupils, bloodshot eyes
- Changes in weight
- Long sleeves, even in warm weather
- Disheveled appearance/overall changes in dress

# Warning Signs of Impairment

## 3. Cognitive Performance

- Lack of concentration or focus
- Poor memory
- Mistakes due to inattention, poor judgement or decisions.

## 4. Behaviors

- Mood swings or inappropriate anger
- Social isolation
- Hyperactive or sedated
- Frequent breaks
- Slurred speech, sleeping on the job
- Problems with coworkers

# Warning Signs of Impairment

## 5. Job Performance

- Overall quality of work declines
- Cannot meet deadlines or complete work
- Increase in patient complaints
- Incomplete or inaccurate documentation

## 6. Workplace Observations

- Excessive amounts of wasted narcotics or not following policy.
- Incorrect narcotic counts
- Always using the maximum amount of pain medication
- Patients complain of not receiving pain medication.
- Packaging appears altered

# Next Steps

- Document warning signs to recognize patterns. Use your agency forms or processes to keep track of written observations.
- Talk to monitored nurse about observed behaviors.
- Inform the HPSP or probation monitor of any concerning behavior or patterns of poor performance. Do not wait until the next report is due.

# Next Steps

- If the nurse is clearly impaired, pull her/him out of the unit immediately and request a urinalysis. If the monitor is not the manager, inform the manager immediately. Notify the HPSP or probation monitor as soon as possible.
- Know your organization's workplace impairment policy.
- Be aware of any applicable collective bargaining agreement clauses. Involve Human Resources.

# Next Steps

- If the situation leads to the nurse's firing, report directly to the Board of Nursing.
- Monitoring is a two-way street. The HPSP agreement monitor or the Board probation monitor may contact worksite monitors if there are concerns about relapse or positive urinalyses.

# Next Steps

- Remember: Impairment relates to legal and prescription drugs as well as illicit drug use. This includes alcohol and marijuana.
- HPSP and probation are both abstinence-based programs. Alcohol and marijuana use is prohibited.

# Post Test

- Post Test available at [www.Oregon.gov/osbn](http://www.Oregon.gov/osbn)
- Complete as per the instructions.
- You only need to take the test once to be authorized as a worksite supervisor/monitor.
- You must be listed on the Board roster as a worksite supervisor/monitor before being allowed to work in that capacity.

# More Information

- Oregon State Board of Nursing website:  
[www.oregon.gov/OSBN](http://www.oregon.gov/OSBN).
- Features:
  - Frequently asked questions.
  - Licensee and worksite monitor agreement forms.
  - Descriptions of HPSP and probation.
  - Resources for licensees and employers.