



**MISSISSIPPI NURSE
VOLUNTARY PROGRAM
[MnVP]
PARTICIPANT HANDBOOK**

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INTRODUCTION

Welcome to the Mississippi Nurse Voluntary Program (MnVP), a monitoring program designed to support and to monitor a nurse or nurse applicant's recovery from substance use disorder (SUD) as well as qualifying mental conditions. MnVP is the Mississippi Board of Nursing's alternative to discipline program authorized by law to allow eligible candidates the opportunity to participate in a structured monitoring program designed to initially remove nurses from nursing practice, provide resources for a nurse to rehabilitate and to facilitate safe transition for future re-entry back into nursing practice. MnVP remains committed to the Board's primary mission of protecting the public while supporting the individual nurses' health and welfare. MnVP is a voluntary program.

The MNVP Participant Handbook was created to assist all participants in understanding the various requirements of this legislative authorized program. There are also fees associated with participation (i.e. treatment and random urine drug screening costs) that must be assumed by all participants to remain in compliance with MnVP. The program is structured around three (3) fundamental principles:

- I. Removal from Nursing Practice
- II. Rehabilitation of the Nurse
- III. Re-entry Back into Nursing Practice

I. REMOVAL FROM NURSING PRACTICE

A. When a nurse self-reports to the MnVP coordinator, the MnVP coordinator will vet a participant's self-report and other reports to be sure it meets approved MnVP participation criteria. Participation is not made public, is confidential and allows for certain legal protections of your license.

Approved criteria to participate in MnVP includes but is not limited to the following:

1. Voluntary participation and admission to having a substance use/abuse/addiction or other qualifying mental condition.
2. Participant does not currently have an encumbered license in any jurisdiction or any past discipline within five (5) years in any jurisdiction.
3. Participant has not diverted controlled substances for reasons other than self-administration.
4. Participant has not engaged in behaviors that resulted in patient harm.

5. Participant has not been formally charged, entered into an agreed disposition to or has a conviction for the sale and/or distribution of controlled substances and/or legend prescription drugs.

B. Once the MnVP coordinator determines a participant eligible, he/she will then confirm a day within 10 business days for participant to personally meet with the MnVP coordinator or assigned compliance officer to review and execute a preliminary agreement not to work and to meet certain conditions. All participants who execute the preliminary agreement not to work MUST cease and desist from ALL nursing practice until all conditions of the preliminary agreement not to work have been met.

C. Once all conditions of the preliminary agreement have been met, participant will execute a MnVP agreement outlining all terms, conditions and duration.

II. REHABILITATION

A. The participant shall complete all conditions in the preliminary agreement including obtaining an evaluation for substance use disorder/substance abuse and/or mental conditions. The participant must execute the necessary authorization and release in order for MnVP to receive a copy of all diagnoses, course of treatment prognosis, treatment recommendations and professional opinion(s) as to whether participant is capable of practicing nursing with reasonable skill and safety. The report of said evaluation shall be submitted to the MnVP coordinator or assigned compliance officer within thirty (30) days from the date participant signs the preliminary agreement not to work. If participant is found to have a substance use disorder and to have abused mood- altering substances, the participant must follow the recommendations of the Board-approved assessor.

B. Should the assessor or treatment team recommend inpatient or intensive outpatient treatment, participant shall continue to refrain from practicing as a nurse or from practicing nursing in any setting until participant successfully completes treatment and submits documented evidence to MnVP staff evidencing successful completion.

C. All recommendations from participant's treatment team, assessor and/or other professional who is a Board approved evaluator shall be incorporated into participant's MnVP Agreement. Participant shall review and execute the MnVP Agreement to commence monitoring. The terms and duration of the MnVP Agreement can range from two to six years.

III. RE-ENTRY INTO NURSING PRACTICE

A. Monitoring Agreement

MnVP Agreement is designed to facilitate your recovery from Substance Use Disorder (SUD) or mental conditions in a supportive and non-punitive manner as well as monitor your return to nursing practice to ensure you are working as a safe, competent professional.

The MnVP agreement is a crucial part of your monitoring and recovery process. The MnVP agreement is a mutual understanding between you and MnVP. The purpose of the MnVP agreement is to describe the specific conditions of participant's monitoring. It is essential participant complies with all terms and conditions of the MnVP agreement, and participant must ensure all other individuals supporting your recovery mentioned in the MnVP agreement (i.e. Addiction Provider, Sponsor, Therapist and Work site Monitor) have a copy of the MnVP agreement.

The monitoring conditions written in your MnVP agreement are determined by a review of participant's comprehensive assessment and evaluation including recommendations. Each condition will support participant's overall goal of recovery as well as foster competency when re-entering nursing practice. Compliance with each requirement contained in the MnVP Agreement is fundamental to participant's recovery and crucial for re-entry into nursing practice.

B. Release of Information

A Release of Information is your consent for MnVP to share information with a third party and is an important component of your monitoring program. MnVP staff must be able to communicate with all individuals who are supporting participant's recovery and safe return to work. Examples of such third parties are not limited to the following: therapists, addiction treatment provider, twelve-step sponsor, family members and work site monitor. In addition, a release of information must be obtained from LabCorp Laboratory and the Board of Nursing legal staff. The consents to release information to the Board's legal division will not be used unless participant becomes non-compliant with the terms of the MnVP agreement. Participant will be requested to sign a new release of information if the individuals involved in your support group as referenced in the MnVP agreement change (i.e. new work site monitor).

C. Mood-Altering and Controlled Substances

MnVP IS AN ABSTINENCE-BASED PROGRAM. Mood-altering substances are defined as any substance, legal or illegal, which may be taken with the intended or unintended outcome of altering an individual's mood. **Controlled substances** are defined as those substances managed under the Controlled Substances Act- Schedule 1 through Schedule 5. Not all mood-altering substances may be considered controlled substances. However, all controlled substances are considered mood-altering. **Alcohol** is also considered a mood-altering substance *in any amount*. Abstinence means **absolutely no use of any alcohol and illicit drugs** (i.e. marijuana, methamphetamine, ecstasy, crack/cocaine, hallucinogens, etc.) Participants will need to refrain from the use of **any over the counter (OTC) medications which contain ephedrine**, alcohol, kratom or Benadryl compounds. (Make sure to read medication labels and **obtain approval from MnVP** before use).

Consumption of Poppy seeds i.e. (poppy seed chicken, bagels, crackers, dressing, cakes, cookies) may/will Result in a positive test for Morphine or Codeine. Accidental consumption of poppy seeds resulting in a positive test will be non-compliance with your agreement.

Use of Cannabidiol (CBD) oil that results in a positive THC test, will be treated as a positive result test for marijuana.

In addition, the short-term use of controlled substances (i.e opiates, benzodiazepines) MUST be approved by MnVP and participant's treatment provider. Anyone who must be on controlled substances for an extended period will not be eligible for monitoring with MnVP because this is an abstinent based program.

The use of any addictive mood-altering or controlled substance may be detrimental or potentially detrimental to your recovery. However, if any participant is diagnosed with a mental health disorder (i.e. bi-polar, depression), participants must be followed under the supervision of participant's mental health provider (i.e. Psychiatric Nurse Practitioner or Psychiatrist).

Other Drugs to Avoid

The following is a partial list to provide guidance to participants in MnVP.

Medicines for sleep: Ambien, Lunesta, Dalmane, Restoril, Halcion, Nembutal, Seconal, Doriden, Placidyl, Chloral Hydrate, Tuinal, Sleepeze, Sominex, Unisom, Tylenol PM, Diphenhydramine.

Narcotics: codeine (Tylenol #2, 3, 4 or Empirin #2, 3, 4), Morphine, Dilaudid, Demerol, Stadol, Nubain, Talwin, Darvon, Darvocet, Percodan, Percocet, Vicodin, Tylox, Norco, dolophine, duragesic, MS Contin, Oxycontin, propoxyphene, Roxanol, Ultiva, Hydrocodone, Ultram/Tramadol, Nucynta/Tapentadol, Fentanyl, or any of the synthetic derivatives of opioids/narcotics, Methadone, Suboxone or Subutex.

Tranquilizers, Sedatives, Hypnotics, Barbiturates : meprobamate (Miltown, Equanil), Butalbital, Phenobarbital, Tuinal, Seconal, and Benzodiazepines (Valium, Librium, Serax, Xanax, Ativan, Tranxene, Klonopin etc.). The Benzodiazepines are particularly hazardous because of their wide usage, easy availability, and high addiction potential.

Stimulants: cocaine, amphetamines, Ritalin, Adderall, Concerta, Vyvanse, Ephedra, Phentermine/Adipex and all weight control and diet aids.

Over-the-counter medications: These are a frequent cause of relapse. Beware of OTC medications in general. Some, including cough and cold medicines, may be 30-40 proof and contain alcohol (i.e. Nyquil, Kratom, any medication containing dextromethorphan, herbal supplements with sedative effects).

Mouthwash/Dental Hygiene, Dr. Tichner's, :Listerine, Mouthwashes containing alcohol

Alcohol (liquor, beer, wine, cough medicines, etc.). Food items where the full alcohol content has not been cooked out, extracts. "Elixir" contains alcohol.-cooking wine

Antihistamines: This will mean avoidance of almost all remedies for coughs, colds, hay fever, sinus trouble, and related conditions. (Examples: Contact, Dristan, Novahistine, Dramamine, Benadryl, Vistaril and Atarax, Chlor-Trimeton, Dimetane, sudafed hydroxyzine, Periactin, Tavist)

Muscle Relaxants: Flexeril, Norflex, Soma, Norgesic, Robaxial, Parafon Fort

Gastrointestinal Issues:

Lomotil, GI Cocktails containing phenobarbitol or atrophines

Others:

Phenergan

Benadryl (anything OTC with “PM” in its name)

Sudafed (any drug with”-D” after its name)

Spice, Bath Salts, Marijuana, Hashish

Any Illegal or Mood Altering Herbal Products or Medications

Phencyclidines – PCP and related drugs.

Inhalants – Solvents such as gasoline and paint thinners. Amyl and butyl nitrite. Nitrous oxide. Remember, if it makes you feel different, it could be mood altering. Avoid it! If you don’t know what is in a prescribed drug, ask your doctor or pharmacist. Ask before you take it, not after!

Prior to ingesting any new drug prescribed to you, you must speak with MnVP staff.

D. The Costs of Monitoring

Participant is responsible for the costs of all evaluations, therapy and addiction provider appointments as well as for drug testing. Future financial planning is recommended to ensure participant will meet all financial obligations.

Some healthcare insurance policies may cover part of the cost. Upon request, Labcorp will provide you with a statement that identifies your testing history. This can be done quarterly. MnVP strives to keep the cost of drug testing low, while maintaining forensic accountability. Due to the nature of some of the drugs used by nurses with addiction, an extensive drug panel is required to ensure forensic accountability. Some individuals may require additional screens at an additional charge.

It is participant’s responsibility to keep your account current with AOS. If your account is not current, AOS will not authorize you to test. If participant is unable to test due to costs, participant must contact his/her case manager immediately to determine next steps.

When providing a drug screening specimen, participants are required to follow the “chain-of-custody” process. Participants should always remain present until the process is complete and request a copy of the COC form for personal records prior to leaving the collection site. If

participant has any questions or concerns about how your collection site is following the COC process, please call AOS. AOS must first approve all collection sites.

E. DRUG TESTING

Randomized urine drug screens are an important aspect of monitoring for all MnVP participants. Drug testing is done randomly to deter the use of mood-altering controlled substances and to detect use. The frequency of drug testing will vary as a result of participant's changes in employment status, relapse and progress through the monitoring program, etc.

1. Randomization and Toxicology Procedures

- a. Each participant will have a randomized schedule for drug screens to ensure that the screens are valid.
- b. UDS records will be kept private in accord with HIPAA regulations by MnVP. MnVP will discontinue working with any collection site or lab that violates HIPAA regulations.
- c. The initial frequency of drug screens required will be determined by the MnVP monitors and clinical team. The initial frequency will be determined using the following criteria:
 - i. Participants who are unemployed and/or have a suspended license will have a frequency of 16 times/year.
 - ii. Participants who are completing urine drug screens, breathalyzers, saliva tests, are on an interlock testing system or an ankle bracelet through criminal probation, house arrest officer, treatment provider or an employer MAY have their frequency lowered. If the drug screens are not received from the supplemental source MnVP will be extended and the licensee's frequency with MnVP may be increased.
 - iii. Participants who are have obtained a nursing position or who are in significant noncompliance with their monitoring agreement, may have the frequency of their drug screens increased.
 - iv. Participants who have been fully compliant with the MnVP agreement may be eligible to have their UDS frequency decreased if participant displays an extended period of full compliance.
 - v. Participants may be required to complete an observed UDS once/month (at minimum). The frequency of observed drug screens may be increased if the participant attempts to tamper with the specimen for UDS or

relapses. IF there is no same-sexed staff at the collection site at the time the participant is scheduled to do an observed UDS, the requirement to have the UDS specimen observed may be cancelled and additional testing (hair or nail) may be ordered. IF you have been selected for an observed collection, it is participant's responsibility to contact the collection site to inquire on observed collection personnel.

vi. The labs with which MnVP utilizes will use gas chromatology and mass spectrometry to ensure the drug screens meet all standards for specificity, sensitivity and qualitative accuracy. Drug screens will have a standard 12 panel screen with testing and/or ETG. MnVP will test for other drugs when appropriate. (Benadryl, gabapentin, fentanyl, sufentanil, kratom, etc.)

2. Check in requirements

Participants must check in daily between 5 a.m. 5 p.m. to verify selection to complete UDS.

- a. Participant must check in by calling Affinity (877) 267-4304 or can check in on-line daily using the Affinity case management system or the Affinity mobile app, Spectrum.
- b. If participant has been scheduled to submit a specimen on a week day, participant must provide a specimen for the UDS by 8 p.m. same day.
- c. If participant has been scheduled to provide a UDS specimen on a weekend or holiday and the collection site is not open, the participant must contact the case manager. Participant will be directed as to next steps. Additional drug testing (hair, nail, Peth) may be ordered.

3. Drop Sites/ Chain of Custody (COC)

- a. It is the responsibility of Affinity and LabCorp labs to ensure that appropriate laboratory procedures are used for all drug screens.
- b. Issues with collection sites should be addressed with LabCorp labs and/or Affinity.
- c. Affinity will instruct participant how to ensure that all information on the requisition is correct to ensure a valid COC.
- d. Affinity will work with participants to find a collection site located within 30 miles from the participant's residence and/or work site.

4. Laboratory:

a. LabCorp is the laboratory that performs MnVP testing. Participants may only use drug testing collection sites approved by AOS. AOS has certified drop sites throughout the state. Lab staff will work with participant to identify a local, convenient collection site.

b. Affinity E-Health/Spectrum (originally known as Affinity Online Services-AOS) manages randomization of participant drug testing frequency. Participant's case manager will send out a packet of information with complete instructions with your MnVP agreement on how to access AOS account. For information about your drug test, you must check-in electronically with AOS or call the toll-free number 8770267-4304, between 3 a.m. and 5 p.m., EST seven days per week. Participants are required to submit to a urine drug screen by 8 p.m. same day if participant's ID number is identified. Should a specimen for screening be required for submission on Saturday, Sunday or a holiday, participants are asked to travel to a 24 hour drop site unless participant has verified with MnVP there is no available 24 hour drop site within 30 miles of where participant resides. At a minimum, all nurses are required to do an observed urine drug screen once every month. Participants are accountable for their own recovery; thus, participants must call in daily and submit a specimen when required to reinforce responsibility and accountability. Participants are *required to call or check in daily*, as Affinity has a means of recording whether or not participants called. If participants are unable to submit a urine sample when directed, call MnVP to discuss as additional testing (hair or nail) may be ordered.

5. Dilute Specimen

a. Urine specimens that have a creatinine level below 20mg/dl and a specific gravity less than 1.0030 are considered Dilute. This measurement means there is excess water in the specimen and it no longer tests as human urine. All human urine contains a protein called creatinine. This protein comes from the normal physiologic breakdown of muscle tissue and is always present. If a specimen has no creatinine in it, it isn't urine. Dilute specimens are not acceptable as normal negative urine screens.

b. There are several circumstances that can cause dilution of urine specimens. Most of them are easy to avoid. There are several strategies that can be used on the day of testing to avoid dilute specimens.

i. Log in or call in early and test early in the day. (if working nights and begin the day at an irregular time, follow the tips from time of wake)

ii. Don't ingest any diuretics before going to test. Common diuretics include: coffee, soda, tea, furosemide, hydrochlorothiazide/HCTZ, spironolactone, Lasix pms medications like Pamprin, or any product that decreases bloating or increases urination. (NOTE: These examples are not forbidden but should not be taken prior to testing.)

iii. Void your kidneys when first awake. If thirsty then drink one or two 8 oz glasses of orange juice but nothing more prior to testing.

iv. Do not drink large amounts of fluid prior to giving your urine sample.

c. The following serious medical conditions may cause dilute urine: Diabetes Insipidus and Hyponatremia. If diagnosed with one of these conditions and are being treated by a physician, MnVP staff will need legible documentation from your physician concerning participant's condition and treatment. If participant is unable to produce normal undiluted urine due to a diagnosed medical condition, participant will be asked to substitute tests by using hair or nail specimens instead.

6. Positive or Abnormal Urine Drug Screen (UDS) Results

A sequence of events will occur whenever MnVP receives a positive or abnormal drug screen result from a drug screening specimen submitted for testing.

POSITIVE DRUG SCREENS

a. All positive results are presumed to be accurate. If participant utilizes the Medical Review Officer (MRO), the MRO's report will be documented in the progress notes.

i. Any time a drug screen is confirmed positive, MnVP case manager will contact the worksite monitor.

ii. If participant denies any drug use when there is a positive drug screen, MnVP will ask the MRO to further review the positive drug screen.

b. Excused/ Missed drug screens

i. When participant has 1 missed, positive, unexcused dilute or adulterated drug screen, participant shall expect consequences. MnVP staff may increase UDS frequency, lengthen duration of the MnVP agreement, or additional nail/ hair testing may be ordered.

ii. When a participant has 2 missed, positive, unexcused, dilute, or adulterated drug screens, participant will be required to meet his/her MnVP case monitor in person, may be required to be re-evaluated by an Addiction professional and will be immediately removed from work.

iii. When a participant has 3 missed, positive, unexcused, dilute or adulterated drug screens, an OTSC will be completed on nurses who are regulatory. The fine will be closed and sent to the office of the Attorney General for non-regulatory nurses.

c. A UDS can be excused for the reasons listed below even though additional hair or nail testing may be ordered:

- i. There is a civic alert to stay off the roads due to weather conditions or a civic emergency.
- ii. A requirement by the worksite monitor that participant work over time. The worksite monitor must confirm this.
- iii. Participant is hospitalized. Participant must provide MnVP staff med records verifying that he/she was hospitalized.
- iv. Participant is pregnant and has been directed by the obstetrician to bed rest due to complications. Participant must provide a statement to MnVP staff from the obstetrician.
- v. Participants who do not have the funds to pay for the UDS due to unemployment or suspended license, will be expected to contact MnVP to make arrangements.

d. If the collection site or staff of Labcorp determine participant's screen has been tampered with or is adulterated, the screen will be considered "positive."

F. REPORTS

1. MONTHLY REPORTS

Participant must ensure that certain reports are sent to MnVP staff in a regular and timely fashion as part of participant's MnVP Agreement. Participant's twelve step (AA/NA) meeting logs and/or Support group meeting logs are due to MnVP via Affinity by the 10th day of the following month (i.e. February monthly reports are due by March 10th, etc.)

2. QUARTERLY REPORTS

Self-reports, sponsor's report, work site monitor's report, addiction provider report and therapist's report (if involved in continuing care) are due on the 10th of April, July, October and January. It is Participant's responsibility to ensure ALL reports are submitted to MnVP when due.

Participants need to place both first and last names on all reports submitted, make copies of all submitted reports for personal records and periodically verify with MnVP that all reports are being received.

3. EMPLOYER REPORTS

Compliance with your MnVP Recovery Monitoring Agreement enhances your safe return to work as a nurse. Any employment for which utilizes a nursing license or any

employment in a healthcare setting must be pre-approved by MnVP staff. This includes volunteer, part-time, prn and full-time work.

4. LIMITATIONS ON EMPLOYMENT

Depending upon your individual circumstances, certain conditions may be placed upon your return to employment. These conditions may include your total hours of work per week, the shifts you work, restriction of access to narcotics, and work setting. MnVP consults with participant's present providers to make recommendations for these conditions. These conditions are intended to support your recovery as well as promote patient safety.

Participants must have MnVP approval BEFORE returning to any type of employment, changes in employment or changes within participant's working conditions.

Each participant should do the following prior to going back to work

- a. Call MnVP to ensure you have initial approval to return to work as a nurse.
- b. Consult with your therapist and/or treatment provider as well as Nurse support group about returning to work.
- c. Complete a fitness for duty assessment.

After receiving approval, each participant is responsible for discussing with prospective employers' involvement with MnVP. When hired, each participant is required to call MnVP and provide employer information as well as the designated work site monitor. Participant will also be required to complete a release of information so that MnVP staff can communicate with participant's employer.

5. TWELVE-STEP SUPPORT MEETINGS

Developing a support system is a critical component of participants recovery and monitoring agreement. Research reveals individuals with addictions who attend 12 step support meetings are significantly more successful in recovery than those who do not attend these meetings.

Both Alcoholics Anonymous and Narcotics Anonymous meetings are widely available through the state of Mississippi. Participants are required to attend a specific number of these meetings as designated in the MnVP agreement. Participants will also maintain a log of the meetings attended and verify attendance through the Affinity system. Participants are required to submit the meeting verifications to MnVP through Affinity every month, by the 10th of the following month.

Nurse Support Group meetings may be used along with NA or AA attendance to meet meeting requirements. These meetings are 12-step recovery based, mutual support meetings intended to provide nurses/health professional with the opportunity to meet with their recovering professional peers to discuss recovery issues common to them. Mutual support for each nurse in integrating into the local recovery community is a function of the group.

6. SPONSORSHIP

Most MnVP agreements require obtaining a 12-step Sponsor and participants must identify this person to MnVP within 60 days of signing the MnVP agreement. A sponsor is someone who has had a period of recovery and who actively attends AA/NA meetings. The meetings participant attends should have literature about Sponsorship that provides specific answers about the Sponsor's role and how to establish a relationship with a Sponsor. An additional means of learning more about Sponsors is to request the topic at the next twelve step or Nurse Support Group meetings.

An additional requirement of the Sponsor is the Sponsor's willingness to send MnVP a quarterly report through Affinity system. Participant's sponsor will be identified in the monitoring agreement by first name and first initial of their last name and a phone number. MnVP does request participant sign a release of information to permit MnVP to communicate with your Sponsor via the Sponsor's quarterly reports. On occasion, MnVP may contact the Sponsor directly.

7. THERAPY/AFTERCARE

Treatment and Continuing Care is an essential component of recovery and participant's MnVP agreement. Participants may be required to participate in group and/or individual therapy as part of the MnVP agreement. Generally, continuing care is required for a period of six months following primary treatment. This may involve individual and/or group therapy. Participant's individual/group therapist will send quarterly reports to MnVP. When participant's therapist supports completion of aftercare, participant and therapist need to communicate this to MnVP. Participant's therapist will be asked to provide a written discharge summary to MnVP.

Another aspect of participant's MnVP may be to identify a physician or other medical provider who specializes in addiction medication and/or treatment. Participants may be required to identify such provider if participant has a history of chronic pain and have routinely used controlled substances for pain management. A requirement of participant's MnVP agreement may be participant visit a medical provider who specializes in addiction medication and/or treatment quarterly, or as designated within the MnVP agreement. The medical provider submits quarterly reports to MnVP. MnVP maintains a list of Addiction Physicians or Nurse Practitioners within the state.

G. RELAPSE

Although MnVP's policies and procedures are established to minimize or eliminate the risk of a relapse, a relapse may occur. Experts in the field of addiction are conscious of the nature of relapse, cross-addiction and recovery. It is very important for you to know what to do in the event of a relapse in your recovery. You must contact MnVP immediately. MnVP staff will guide you back into a healthy recovery.

A relapse is defined as any break or lapse in abstinence, regardless of duration or the kind/amount of the substance used. Relapse is defined in several ways. Relapse may be the return to using your primary drug of choice. Or it may be the use of any other mood-altering drug, including alcohol, illicit drugs or other controlled substances. A relapse might be the use of an over-the-counter product which contains alcohol. Therefore, before using any over-the-counter drug or a new prescription ordered participant, participant should consult with participant's identified medical provider who practices in addiction medicine and/or treatment. Participant should also inform all designated healthcare providers of the need to avoid, if at all possible, the use of a controlled substance prescription. When appropriate, a consultation between participant's medical provider who practices in addiction medicine or treatment and medical provider will assist participant in an improved healthcare plan and avoid the dangers of cross-addiction.

A relapse often occurs before an individual uses a mood-altering or controlled substance. Addiction is a brain disease, and the thoughts and decisions which result in relapse begin before the actual use. Therefore, staying in close contact with your Sponsor and other recovering nurses will help prevent a relapse. Certain behaviors at work, in one's personal life, or in therapy may be predictive of a substance use relapse. If treatment providers, family members, and /or your worksite monitor report behaviors that are of concern, you will be asked to visit your therapist and/or addiction medical provider, who will attempt to intervene before actual substance use occurs.

H. CASE REVIEW TEAM

The MnVP team reviews matters that arise while participants are being monitored with MnVP. The team is comprised of the Program Coordinator and case managers. Issues discussed by the Case Review Team include participants' eligibility for monitoring, return-to-work issues, relapse(s), noncompliance with the terms of the MnVP agreement and successful completion. The case review team meets at minimum three (3) times a week.

I. NONCOMPLIANT CASE CLOSURE

Participant will receive support from MnVP as long as participant remains compliant with all conditions of the MnVP agreement. If participant becomes noncompliant with the MnVP agreement and does not follow the direction of MnVP to return to compliance,

participant's file will be closed or a referral to the Board's legal division for a show cause hearing will be initiated. If this occurs, a memo summarizing participant's involvement with MnVP and noncompliance which lead to case closure/legal referral will be completed. The legal division of the Board will review all contents of participant's file and take necessary legal action to ensure safety of the public.

J. SUCCESSFUL COMPLETION

The successful completion of participant's MnVP monitoring is represented by the end date of the MnVP agreement or subsequent addendum(s). The process to successfully complete participant's MnVP agreement includes the following:

- i. Contact MnVP one month prior to completion date to ensure participant is in compliance with all aspects of MnVP and that all reports and drug screens have been received to date.
- ii. Submit a written personal relapse prevention plan/healthy recovery plan to MnVP.
- iii. Request written support for participant's successful completion from individuals who are still involved in monitoring.
- iv. Submit the above documentation no sooner than two weeks prior to participant's MnVP completion date.

MnVP will review participant's file and submitted documentation. On or after participant's completion date, MnVP's case review team will review compliance and urine drug screens, relapse prevention plan and all letters of support. Participant will not complete the monitoring program until all pending drug screens have been received by MnVP through MnVP completion date.

Once all completion documentation and drug screens have been received, participant will be sent a successful completion letter. Participant may want to copy this letter to all individuals identified in the MnVP agreement. It is recommended participant keep this letter in a safe place for future evidence of participant's successful completion of MnVP monitoring.