



The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants. The term nurse in this document refers to LPNs, RNs and NPs unless otherwise stated.

Contents

Overview of this Guideline	2
What is Problematic Substance Use?	2
Dealing with Suspected Problematic Substance Use.....	3
Self Reporting	3
Accessing Support	4
Returning to Practice.....	4
Key Points	4
Suggested Reading	4
Appendix A: Signs and Symptoms of Actual or Potential Problematic Substance Use.....	5
Appendix B: Nurse Response to Suspected Problematic Substance Use	6

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Our practice support tools are developed using current reference material. The source of this material is available upon request.



Overview of this Guideline

This tool is a resource for nurses in all practice settings to help them understand:

- Problematic substance use (PSU)
- How to identify PSU
- Steps to take if you suspect PSU in a co-worker or yourself
- Recovery from PSU and return to practice

Like all regulatory tools, use this document in conjunction with employer policy, applicable legislation and the standards of practice and code of ethics for LPNs, RNs and NPs.

What is Problematic Substance Use?

Problematic substance use is defined as situations in which the use of a substance negatively impacts the ability of a nurse to practice in a safe, competent, ethical and compassionate manner. For some individuals, PSU can develop into substance use disorder (SUD) which is a diagnosable illness. Unfortunately, for many reasons including denial, shame and/or guilt and fear of employment consequences, many individuals do not voluntarily seek treatment. PSU may involve legal or illegal drugs, or alcohol that may or may not be available in the workplace.

It is estimated that 8% to 20% of nurses are affected by PSU.

Problematic substance use can affect a nurse's cognitive functioning and judgment, decision-making and the ability to manage stressful situations. As a result, PSU conflicts with the standards of practice for nurses and is a threat to the provision of safe, competent and ethical nursing services.

Problematic substance use has particular relevance for nurses given that many nurses have access to controlled drugs and substances through their workplace. Nurses and managers must watch for signs of drug diversion, which is the unlawful misdirecting or misuse of any medication. It is a serious conduct issue and potentially a criminal offence.

Nurses typically divert medications using one of the following methods:

- Taking the wasted portion of medications for personal use
- Removing excessive amounts of as-needed medications
- Removing but not administering medications to patients
- Administering a substitute medication to patients

The standards of practice and code of ethics requires nurses to maintain their individual fitness to practise. This includes not being impaired while providing nursing services.

Fitness to practise means having the necessary physical and mental health to provide safe, competent, ethical and compassionate nursing services.

Recognizing Problematic Substance Use

Prompt recognition and reporting of suspected PSU minimizes the risk to client safety. It also improves early access to treatment, which improves the chance for positive outcomes.

It is important to be able to recognize possible signs and symptoms of PSU in order to respond appropriately when it is observed or suspected. Signs and symptoms may be physical, emotional and associated with performance and/or behaviours. The focus should not be on attempting to diagnose a substance use disorder, but on determining whether a client's safety is at risk or a co-worker needs help. It is important to keep in mind

that a number of other stressors and/or medical conditions may present similar signs and symptoms to those of PSU. See [Appendix A](#) for more information on signs and symptoms of PSU.

Dealing with Suspected Problematic Substance Use

Nurses are required to take action if a co-worker or they themselves are experiencing PSU that negatively impacts the ability of the nurse to practice in a safe, competent, ethical and compassionate manner. If they reasonably believe that another nurse is practising in a manner that could be a danger to a client, it is critical to take immediate steps to ensure client safety. This may include removing the nurse from practice and promptly discussing your concerns with your manager/employer. In addition, the Nursing Act requires nurses to report, or ensure the employer reports, instances of PSU. If you reasonably believe a nurse is diverting drugs in the workplace, you are required to report your concerns to your manager or employer. See the [Duty to Report Practice Guideline](#) for more information.

Nurses can benefit from a clear process if they suspect a co-worker is under the influence of a substance such as drugs or alcohol. Steps for appropriate action if a nurse suspects PSU in themselves or another co-worker are outlined in [Appendix B – Nurse Response to PSU](#). It is important to document the incident as soon as client safety is ensured. Documentation should follow employer policy, and may include completing an incident report, emailing a manager or creating a personal record. It is good practice to keep a copy for yourself. Do not document the incident in the client record. Remember, your ultimate responsibility is to ensure the safety of clients. If there is no concrete evidence of PSU, you may consider approaching your co-worker to discuss your concerns. This type of conversation can be difficult because individuals who have a problem with substance use may deny that a problem exists and may react negatively to your concerns. Regardless of your decision to speak with your co-worker, you need to ensure client safety and have a conversation with your manager regarding your concerns.

Ensure privacy and confidentiality of client information

When reporting your concerns about PSU to your manager, focus on specific observations related to your co-worker's behaviours. Accurately document your observations of your co-worker's behaviours in an objective and factual way as per employer policy. Include information such as times, dates, locations, details of the incidents, names of witnesses, identification of any clients involved and actions taken.

Provide the manager with a copy of your documentation as soon as possible and express to the manager the importance and urgency of the situation. It may be helpful to identify other documents, such as client charts and narcotic control records, that can provide further information about the situation including changes in handwriting or charting practices or inaccuracies in the count of controlled drugs and substances.

After documenting and reporting your observations, you have a responsibility to ensure that the manager has addressed the situation. This can be accomplished by requesting a follow up, either verbally or in writing, from your manager. Because of employer/employee confidentiality, the manager may not be able to provide all the details regarding the outcome; however, the manager should be able to assure you that the situation has been addressed.

In the event that the issues persist, continue to report and document your concerns. The [Resolving Professional Practice Issues Practice Guideline](#) could be a helpful tool to guide you as you work through the issue.

It may be necessary for you to contact NSCN with your concerns if you cannot confirm that your manager has addressed the issue or if the issue persists, refer to the [Duty to Report Practice Guideline](#) for more information. If you report your concerns to NSCN, we recommend that you inform your manager.

SELF REPORTING

Nurses are required to take action if they are experiencing PSU that is negatively impacting their ability to practice in a safe, competent, ethical and compassionate manner. This may include removing themselves from practice, seeking help (see [Accessing Support](#)), and contacting NSCN to enquire about the fitness to practise process.

ACCESSING SUPPORT

If you report a co-worker for PSU or suspected PSU, or need to obtain treatment for yourself, you may require additional support. There are various resources you can reach out to, such as the employee assistance program, your primary health care provider, occupational health nurse or mental health or addiction counselors. In addition, you may wish to connect with co-workers, your manager, NSCN, and your union.

Returning to Practice

Once recovery has been achieved and maintained for a period of time, nurses may consider whether they want to return to nursing practice. When a nurse has completed NSCN's fitness to practice process, their return to practise will be reviewed by an NSCN committee. Typically, when a nurse returns to practice, there will be conditions and restrictions on their licence for a period of time imposed by NSCN. The employer may also introduce conditions and restrictions on employment.

Conditions and restrictions may impact the way the nurse practices and interacts with members of the health care team. The manager may need to communicate the applicable restrictions to affected colleagues where there are implications for other staff.

Depending upon the specific conditions and restrictions in place, co-workers may be responsible for supervising some aspects of the nurse's practice, such as supervising the administration of controlled drugs and substances. For example, where a nurse is supervising a colleague's narcotic administration, the supervising nurse is expected to ensure correct medication administration. If you have questions or concerns about supervising a colleague who has restrictions or conditions in place you should speak with your manager.

Relapses are common and should be dealt with the same way as any other suspected situations involving PSU

Key Points

- Problematic substance use is a threat to the provision of safe, competent, ethical and compassionate nursing services.
- If you observe or suspect PSU in a coworker or yourself, you are accountable to take steps to ensure client safety.
- Various resources are available to support nurses who may be dealing with PSU.
- Nurses who return to the workplace after achieving and maintaining recovery may have conditions and restrictions on their licence and may require supervision of some aspects of practice.

Suggested Reading

- [Duty to Report Practice Guideline](#)
- [Fitness to Practise and Incapacity: Guidelines for Nurses](#)
- [Resolving Professional Practice Issues Practice Guideline](#)
- [Standards of practice](#)
- [Code of Ethics](#)

For further information on anything contained within this tool, please contact an NSCN Practice Consultant at practice@nscn.ca.

Appendix A:

SIGNS AND SYMPTOMS OF ACTUAL OR POTENTIAL PROBLEMATIC SUBSTANCE USE*

<p>PHYSICAL</p> <ul style="list-style-type: none"> • Deterioration in appearance and/or personal hygiene • Unexplained bruises • Sweating • Complaints of headaches • Tremors • Diarrhea and vomiting • Abdominal/muscle cramps • Restlessness • Frequent use of breath mints, gum or mouthwash • Odor of alcohol on breath • Slurred speech • Unsteady gait 	<p>PERSONALITY AND MENTAL HEALTH</p> <ul style="list-style-type: none"> • Family disharmony: e.g. how the colleague speaks of family members • Mood fluctuations: e.g. swinging from being extremely fatigued to “perkiness” in a short period of time • Irritability • Confusion or memory lapses • Inappropriate responses/behaviours • Isolation from colleagues • Lack of focus/concentration and forgetfulness • Lying and/or providing implausible excuses for behaviour
<p>PERFORMANCE AND PROFESSIONAL IMAGE</p> <ul style="list-style-type: none"> • Calling in sick frequently but still working overtime • Moving to a position where there is less visibility or supervision • Arriving late for work and/or leaving early • Taking extended breaks throughout a shift, sometimes without telling colleagues they are leaving • Forgetfulness • Errors in judgment • Deterioration in performance • Excessive number of incidents/mistakes • Non-compliance with policies • Doing just enough work to “get by” • Sloppy, illegible or incorrect charting • Change in charting practice - excessive or over compensatory charting about medications or incidents 	<p>MEDICATION DIVERTING BEHAVIOURS</p> <ul style="list-style-type: none"> • Failing to have narcotic wastage observed and/or cosigned • Performing narcotic counts alone • Tampering with packages or vials • Waiting until alone to open narcotic cupboard and/or draw up medication • Use of fictional client names on narcotic records • Frequent revisions and/or discrepancies on narcotic records • Inconsistencies between narcotic records and patients’ medical charts for medications administered • Frequent reports of lost or wasted medications • Requesting to be assigned to patients who receive large amounts of pain medication • Increased amounts of medications being ordered for patients • Excessive administration of PRN medications to patients along with patients’ reports of ineffective pain relief • Offering to cover other nurses’ breaks and to medicate their patients • Patients’ medications from home going missing

*The signs and symptoms listed in this table is not an exhaustive list and many of the symptoms can be associated with other pathologies and diagnoses.

Appendix B:

NURSE RESPONSE TO SUSPECTED PROBLEMATIC SUBSTANCE USE

