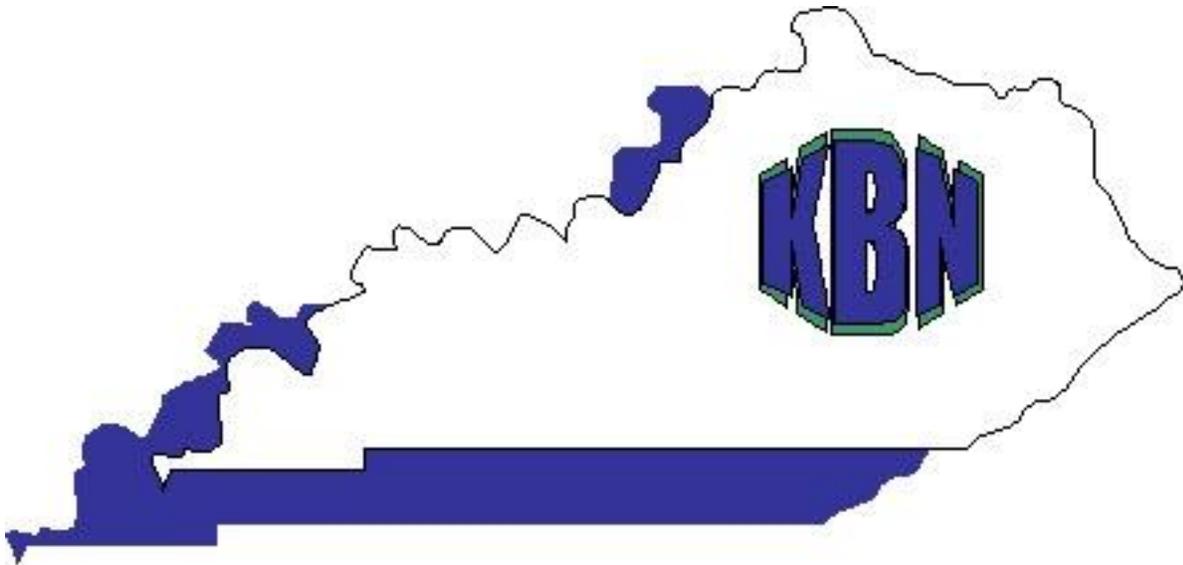


KENTUCKY ALTERNATIVE RECOVERY EFFORT ("KARE")



PARTICIPANT HANDBOOK

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INTRODUCTION

Welcome to the Kentucky Alternative Recovery Effort (“KARE”) for Nurses Program!

The KARE program is a monitoring program that was developed and is offered by the Kentucky Board of Nursing (KBN). This program is designed to help support your recovery from a substance use disorder (SUD). Many nurses have successfully entered into recovery from these disorders and have successfully maintained their nursing license as a result of their participation in the KARE for Nurses Program.

The KARE Participant Handbook was developed to assist you in understanding KRS 314.171, 201 KAR 20:450, and the various other requirements of your participation in this state-legislated monitoring program. By statute (KRS 314.171 (4)), a portion of every Kentucky nurse’s license renewal fee goes to support the administrative costs of this program. You are responsible for any costs, including but not limited to SUD treatment, random drug screens and/or Board ordered substance use disorder, mental health or physical evaluations.

The Board will verify your participation in the KARE for Nurses Program. However, release of any documents, memoranda or reports either received or generated by the Program is prohibited by KRS 314.171(6).

Helpful tips are offered throughout this handbook which will support your participation during KARE monitoring and will be highlighted throughout the Handbook. Here are your first two tips:

Tips

- *Immediately start a file folder to organize all of your KARE materials. You can include this Handbook, your monitoring agreement, a set of blank forms, copies of the forms you submit to KARE, important phone numbers and receipts for your drug tests. Remember to make a copy of every document relevant to your case for your own use.*
- *Whenever you have questions about your program, write them down and call or email your Case Manager.*

We look forward to supporting you in your recovery and to your return to safe nursing practice.

MONITORING PROCESS

The KARE for Nurses Program (KARE) is designed to facilitate your recovery from SUDs in a supportive and non-punitive manner. It also offers you an opportunity to, when permitted, return to work as a nurse and demonstrate that you can practice nursing safely and competently. In order to monitor and support your recovery, KARE has established a process designed to communicate clear expectations for you and anyone involved in compliance with your KARE Program Agreement.

The KARE Program Agreement is a crucial part of your monitoring and recovery process. The Program Agreement is a legal contract between you and KBN. The purpose of the Program Agreement is to describe the specific terms and conditions of your participation in this program. You must comply with all terms and conditions of your Program Agreement and you must ensure all other individuals supporting your recovery mentioned in the Program Agreement (i.e.: treating practitioners, twelve-step sponsors, counselor/therapist, probation/parole officers, immediate nursing supervisor, etc.) have a copy of your Program Agreement and any subsequent modified Program Agreements entered into with the Program. Once these individuals have a copy of your Program Agreement and read it, they will have an understanding of their obligations to support your monitoring and recovery process. It is your responsibility to make sure that all appropriate verification forms are completed by the appropriate individual and submitted to your Case Manager within the time frame specified in the Program Agreement.

KARE for Nurses Program Agreements may be individualized, based upon the recommendations made by the Board approved evaluator and as identified in the substance use disorder evaluation(s). As a participant in the KARE for Nurses Program, you will be held accountable for complying with all requirements of the Program Agreement. Non-compliance with any aspect of the Program Agreement may result in termination from participation in the Program and the suspension (or denial of reinstatement if the nursing license is lapsed) of the nursing license.

Tip

- *Refer to your Program Agreement often. If you have any questions about any of the specific provisions contained within your Program Agreement, contact your Case Manager by phone or email.*

Release of Information

An authorization to release information is your consent for your Case Manager (and other KARE program staff) to share information with a third party and is an important component of your monitoring program. Case Managers and other KARE program staff need to communicate with all individuals who are supporting your recovery. These individuals will include the therapist who completed your substance use disorder evaluation and/or other individuals with whom you are in treatment. It may also include your treating health care practitioners, twelve-step sponsor, immediate nursing supervisor, and others as applicable.

MONITORING MEETINGS

All new participants will have an initial meeting with their Case Manager and follow up meetings as needed. All meetings will be held at the Kentucky Board of Nursing Office in Louisville, Kentucky. You will be mailed a letter notifying you that a meeting has been scheduled. Failure to appear for a scheduled meeting is a violation of your agreement.

Monitoring meetings will be scheduled for, *but are not limited to*, the following:

- Initial meeting with Case Manager
- Modification to agreement
- Non-compliance with any provision of the Program Agreement (i.e. – late paperwork, missed calls and/or drug screens, negative reports from employer or counselor, etc.)
- Successful completion/exit meeting

EMPLOYMENT

Compliance with your Program Agreement enhances your safe return to work as a nurse. Any employment for which you use your nursing license or any employment in a health care setting must be reported to Program Staff. This includes part-time, PRN or full-time employment.

Limitations of employment

Depending upon your individual circumstances, certain conditions may be placed upon your return to nursing employment. These conditions may include limiting the total hours you are allowed to work per week, working under the supervision of another licensed nurse or physician, restriction of access to controlled substances, and the work setting. KARE looks to your present treatment providers to make recommendations for these conditions. These conditions are intended to support your recovery as well as promote patient safety.

Before you begin looking for employment

As you prepare to pursue employment, do the following:

1. Call your Case Manager to ensure you have a Program Agreement that allows you to return to work in a nursing position. If you do not have a Program Agreement that allows you to return to work, your Case Manager will explain all required documentation needed in order to facilitate modifying your agreement to allow you to return to nursing practice.
2. As appropriate, talk with your counselor/therapist, twelve-step sponsor, and/or nurses support group about returning to work.
3. Submit a letter requesting to return to nursing practice.
4. Submit letters of support from your primary counselor/therapist and sponsor in support of your return to work.

Tip

- *You must have a Program Agreement allowing you to return to nursing practice prior to submitting an application for nursing employment or interviewing for a nursing position.*

After receiving approval to return to work

1. When you go for an initial interview, you must inform your prospective employer about your involvement with KARE during the interview process and give them a copy of your Program Agreement.
2. If you are offered and accept a nursing position, you will need to provide your immediate nursing manager/supervisor a copy of your Program Agreement and have the nursing

manager/supervisor contact your Case Manager to review the provisions of your Program Agreement. Your nursing manager/supervisor must complete and submit the Employer Verification Form to your Case Manager as outlined in your Program Agreement.

Regarding any changes in employment

If you anticipate or wish to change any of the conditions of your nursing employment, you must submit written notice to your Case Manager within the time frame specified in your Program Agreement. This applies to any change in your place of employment including, but not limited to, hours, shift worked, or your immediate supervisor/manager.

Tip

- *Your Case Manager will help you understand the return to work process or the rationale for certain monitoring restrictions of your nursing practice. Call or email your Case Manager if you have any questions.*

CHANGES TO YOUR PROGRAM AGREEMENT

Over the course of your monitoring period, certain provisions of your Program Agreement may be changed. As you progress in monitoring and maintain compliance, you may request changes to your Program Agreement. (i.e.: access to controlled substances, managerial/supervisor position, etc.)

When requesting a change to the terms of your Program Agreement, please do the following:

1. Discuss the desired change with your treatment providers, counselors/therapists, immediate nursing supervisor/manager, and sponsor before you request the change.
2. Submit a written request for the change to your Case Manager.
3. Request that your treatment provider(s), counselors/therapists, immediate nursing supervisor/manager, and sponsor provide your Case Manager with their written support for the requested change.

Following receipt of the above, your Case Manager will review your request. When the change has been approved, a meeting will be scheduled with your Case Manager to modify your agreement. All provisions will remain in effect until a new agreement is signed.

REQUIRED REPORTS

Monthly Reports

You are required to submit certain reports to your Case Manager in a regular and timely fashion as part of your Program Agreement. Your *Monthly Self Report*, *Monthly Meeting Documentation* that includes your *Twelve (12) Step Sponsor Verification* are to be submitted to your Case Manager on a monthly basis. These reports are due by the 10th of the following month. To ensure that all reports are received by the 10th, submit the documentation on the last day of the month. (For example, February monthly reports are due by March 10th; submit all documentation on February 28th.)

Tips

- *Submit all original documents to your Case Manager. Keep copies for your records.*
- *Do not submit duplicate documents.*

Other Reports

Unless otherwise directed, your *Academic Performance Evaluation*, *Counselor Evaluation*, *Probation/Parole/Drug Court Report* and *Work Performance Evaluation* and any other reports, as required, are to be submitted a minimum of three (3) times per year. It is your responsibility to ensure that all reports are submitted to your Case Manager by the appropriate due date.

Tips

- *Put your first and last name, license number, and case number on all reports that you submit.*
- *Make copies of all reports that you send to KARE for your records.*
- *Ask your twelve-step sponsor, counselor/therapist, immediate nursing supervisor, probation/parole/drug court officer, and treating practitioner to send a copy of their KARE report to you so that you can ensure it was sent to KARE.*

Treating Practitioner/Prescription Medication Report

Participation in the KARE Program requires the participant to cause all treating practitioners to submit a *Treating Practitioner Verification form* and *Prescription Medication Report* to their Case Manager. The *Prescription Medication Report* form is to verify any and all medications, including refills for the same medication that the treating practitioner has prescribed, recommended, or dispensed (prescription and/or samples) to the participant. The *Prescription Medication Report* is due in the Board office within five (5) days of the prescription, recommendation, or dispensing of any medication.

It is imperative that you inform and provide a copy of your KARE agreement to all of your treating practitioners, including dentists and other specialists, of your history and recovery status so that medications can be prescribed safely and appropriately when they are deemed necessary. When your treating practitioner recommends you take an OTC medication, you must have them complete the Prescription Medication Report form. Do not alter, discontinue, or make changes in the dose of medication that you have been prescribed for any substance.

Tips

- *A Prescription Medication form is required each time a treating practitioner prescribes a medication. (Example: Prescribes a blood pressure maintenance medication with six (6) refills. When the treating practitioner writes or calls in another prescription for the blood pressure medication, another Prescription*

Medication Report must be completed and submitted to verify continuation of the treatment and for how long.)

- *Medication that has been prescribed on a PRN basis must be verified on a prescription medication report form. A prescription for a PRN medication of any kind will only be considered valid for a period of one (1) year and used for the purpose prescribed/recommended. (Example: Pain medication prescribed for tooth pain extraction cannot be used for back pain.)*
- *Treating Practitioner Verification form is only required one time per provider.*

DOCUMENTATION REPORT SUBMISSION SCHEDULE

It is your responsibility to submit all required documentation, to the attention of your Case Manager at the Board office. A schedule will be provided. Meeting documentation/sponsor verification and monthly self report forms must be submitted to your Case Manager by the 10th of each month.

All other documentation required to be submitted, which may include but not be limited to: *Counselor Evaluation Reports; Work Performance Evaluations; Academic Evaluations; and Probation/Parole/Drug Court Reports*, etc, must be sent to the attention of your assigned Case Manager by the 10th of the month.

Financial and/or Continuing Education Requirements

If you are required to submit payment for a monitoring fee, civil penalty, hearing fee and/or stenographic services, you must provide payment in the time frame as stated in your KARE for Nurses Program Agreement. In addition, if you are required to submit additional continuing education (CE), the CE must be obtained and submitted as stated in your KARE for Nurses Program Agreement.

Please note that it is your responsibility to review and be aware of the provisions in your KARE for Nurses Program Agreement and to notify your Case Manager of changes as required (i.e. change of employment, address, marital status, conviction, etc.).

MOOD ALTERING AND CONTROLLED SUBSTANCES

Mood altering substances are defined as any substance, legal or illegal, which may be taken with the intended or **unintended** outcome of altering your mood. ***Controlled substances are defined as those substances managed under the Controlled Substances Act – Schedule 1 through 5. Not all mood altering substances may be considered controlled substances. However, all controlled substances are considered mood altering. Alcohol is considered a mood altering substance in any amount.***

You will need to refrain from the use of any over the counter medication that contain mood altering substances including, but not limited to, ephedrine, alcohol or Benadryl compounds. Always make sure you read the labels of any medication or supplement you use. If you choose to use any over the counter medications without the recommendation and approval of your treating practitioner, who has knowledge of your substance use disorder history, and have failed to have the required documentation submitted of such approval by the treating practitioner, a positive drug screen will be treated as a relapse and is a violation of your Program Agreement. A positive drug screen result will be treated as a violation of the Program Agreement unless there is a current, properly completed and signed *Prescription Medication Report* form on file that lists a medication which would account for the positive drug screen result.

It is your responsibility to be knowledgeable about the products you are utilizing and to be aware of what you are ingesting in your body. You must read labels to be informed about the ingredients (both active and inactive) and to use the product wisely and responsibly. If you are uncertain if utilizing the product could pose a risk to you after you read the label, consult with your pharmacist or treating practitioner for advice.

Tip

- *Always consult with your pharmacist and treating practitioners before using any over the counter medication.*
- *Avoid ingestion, inhalation, or absorption of any non-prescribed mood-altering substance, alcohol, poppy seeds, hemp, or cannabidiol (CBD) products, hand sanitizer, lotions, cosmetics, and over-the-counter liquids and syrups that contain ethyl alcohol, unless the packaging materials include the words alcohol free.*
- *Avoid: all forms of alcohol – this includes all “non-alcohol” (NA or “alcohol free”) forms of beer and other beverages.*
- *Avoid all inhalants.*
- *Avoid all street drugs.*
- *Avoid all synthetic/designer drugs.*
- *Avoid buying any medication from infomercials, the dark net, YouTube, etc.*
- *Avoid ingesting food that is cooked with or contains alcohol including vanilla extract.*
- *Avoid using hygiene related products, including mouthwash, that contain alcohol.*

The use of any addictive mood altering or controlled substances may be detrimental to your recovery. If you have a mental health diagnosis (i.e. bi-polar disorder, depression, etc.) you will need to be followed under the supervision of your treating practitioner or addictionologist.

A requirement of your Program Agreement is to inform your Case Manager of all your prescribed medications as well as all over-the-counter medications. Some over-the-counter medications, including vitamins and herbs, may affect the results of your drug screens. In addition, some food and beverage supplements could affect your drug screens and you should consult with your pharmacist or treating practitioner before use.

Many medications which are routinely ordered by physicians for those individuals who are not abusing or addicted would be inappropriate for a nurse who is in recovery and is being monitored. A short list of these medications include: benzodiazepines, opiates and opioids, psycho-stimulants such as Ritalin and Adderal, as well as some antihistamines, muscle relaxants and sleep medications, except in the case of emergency or serious accident. As mentioned previously, this should be reported to KARE immediately. All medication must be documented on a Prescription Medication Report and the form must be signed by the prescribing practitioner.

In the event of a simple cold or flu, you should consult with your treating practitioner to guide you to over-the-counter medications which do not contain **alcohol**, ephedrine or Benadryl (diphenhydramine).

Use of controlled substances for pain management

Pain is a significant issue for anyone. Pain in a person with a substance use disorder requires special considerations. If you are experiencing significant and acute pain, you deserve pain relief. However, those medications ***should only be prescribed by your treating practitioner who has knowledge of your substance use disorder.***

It is essential that you submit the required documentation regarding any situation where you have been prescribed a controlled substance (i.e. surgery, etc.) and of any emergency situations where you were prescribed a controlled substance (i.e. accident/injury, etc.). You must submit to KARE staff a copy of the prescription and a copy of the physicians report, including any and all medications ordered. The prescription medication report must be submitted within five (5) days of the prescription. (This includes any samples given, prescriptions that are called in to the pharmacy, etc.)

If you experience chronic pain due to injury or a debilitating disease process you will need to have your pain management physician/addictionologist submit documentation regarding your diagnosis, plan of care, compliance with treatment, copy of your pain management contract, and a letter verifying that you are safe to practice as a nurse while on the prescribed medication. An updated report from your pain management specialist and/or addictionologist must be submitted to your assigned Case Manager **at least three (3) times** per year according to your Case Manager's schedule for documentation submission.

DRUG TESTING

Random drug screens are an important aspect of monitoring for all KARE participants. Drug testing is done randomly for two (2) reasons: to deter the use of mood altering or controlled substances and to detect use.

Random drug tests

When you signed the Program Agreement, you agreed to comply with all aspects of monitoring including drug testing. You have agreed to be subject to testing on a daily basis for the length of participation in KARE. You are responsible for the costs associated with all aspects of drug testing. This is a responsibility which does require financial planning.

Some health care insurance policies may cover a portion of treatment costs. Most will not.

Tips

- *Drug screens are random and you should budget for a minimum of eighteen hundred dollars (\$1800) to two thousand dollars (\$2000) per year for drug testing.*
- *Do not miss a drug screen. If an emergency arises that delays or prevents you from providing a drug screening specimen on the date you are selected you must submit a letter of explanation along with any documentation to verify the reason you were unable to test.*
***Please note that a letter of explanation does not excuse the missed test, it just explains the reason why it was missed.*

Affinity

Affinity is the Third Party Administrator (TPA) which oversees the random drug testing program for the Board. You may only use testing collection sites that have been approved by Affinity. Affinity has drop sites throughout the state of Kentucky and across the United States. Affinity staff will work with you to identify a local collection site that is convenient for you.

Affinity manages the randomization of your drug testing frequency. You will be provided a packet of information with complete instructions once you have signed your KARE Program Agreement. For information on your drug test, you must call the toll free number or check-in on line between 5:00 am and 1:00 pm seven (7) days per week for the five (5) year duration. If you are selected to test, you are required to submit your specimen on the day you are selected. If you are instructed to test on Saturday, Sunday, or a holiday, you must submit your specimen unless you have verified that there is not a site available within a sixty (60) mile radius of where you reside. You are the person accountable for your own recovery and when you call each day to determine if you need to provide a specimen for drug testing, you reinforce your accountability to the program, the Board and yourself. You are required to check-in online or by phone daily, as Affinity has the means of recording whether or not you checked-in online or by phone. If you are unable to submit a specimen when directed, you will be in violation with the terms of your Program Agreement.

Tips

- *Check in with Affinity early in the morning. If you are required to provide a specimen that day, this early call permits you to plan your day.*
- *Refrain from drinking excessive amounts of fluids two to three hours before you provide the specimen.*
- *Avoid caffeine approximately three (3) hours before testing.*
- *If you are unable to void while at the site, drink four (4) ounces of caffeine free liquids every 30 minutes until you can provide a specimen.*

Cost of Drug Screens

Affinity strives to keep the cost of drug testing low while also maintaining forensic accountability. Due to the nature of some of the drugs, an extensive drug panel is required to ensure forensic accountability. Some individuals may require additional screens, at an additional charge; if this is the case, the specifics will be discussed with you individually. Each drug test costs **approximately** \$51.50.

It is your responsibility to maintain a balance in your account with Affinity.

When providing a specimen for drug testing, **you are required to follow the chain-of-custody (“COC”) process.** Always remain present until the entire process is complete and request a copy of the COC form for your records prior to leaving the collection site. If you have **any** questions or concerns about how your collection site is following the COC process, please call Affinity (1-877-267-4304) before you leave the collection site.

Notification of Absences from Home

Your Case Manager must be informed of any travel affecting your drug testing obligations (i.e., vacations, etc.) in writing at least two (2) weeks prior to the start of absence from home. You must contact Affinity (via website or on phone) to obtain information regarding collection sites should you be selected to test while away from home. **Regardless of the reason for being away from home, you are still held accountable for meeting all requirements of the random drug screening program, including contacting Affinity on a daily basis.**

Tips

- *Remember, at least two (2) weeks prior; submit written notification to your Case Manager of your absence from home.*
- *You must continue to call/check-in with Affinity daily while you are away from home. (Please remember to call/check-in on your home time-zone, not the time zone where you are located.) If you are selected to test, you must test as required.*
- *Take chain of custody forms with you in case you are selected to test.*
- *Take prescription medication report form.*

Emergency absences from your home area need to be communicated to your Case Manager directly by phone and in writing and at your earliest opportunity.

Positive or abnormal drug screen results

A sequence of events will occur whenever a positive or abnormal drug screen test result is received from a drug screening specimen you submitted for testing. If you do not have a Prescription Medication Report on file to verify the positive screen, it will be considered a relapse and you will be in violation of your Program Agreement and may be terminated from KARE.

Abnormal, dilute and adulterated drug screen results

A drug screen may be considered abnormal if the results appear to have been diluted, adulterated or invalid/substituted (i.e. outside normal temperature range). Refraining from drinking excessive fluids two to three hours before submitting the screen will help to concentrate your urine. Unless KARE has received verification from your treating healthcare practitioner of a diagnosed medical condition that would result in an abnormal drug screen test result, your drug screen will be considered a violation of the KARE Program Agreement. If you cannot or do not cause your treating practitioner to submit verification of a medical condition that would result in an abnormal test result, continued abnormal test results may result in your termination from KARE. (Please refer the Board's *Guidelines for Drug Screen Test Results*.)

A drug test confirmed positive for a drug* (or its metabolite) and/or found to be adulterated, substituted, invalid or abnormal/dilute will be considered a violation of the KARE for Nurses Program Agreement.

Tips

- Refer to the [Guidelines for Drug Screen Test Results and Steps to Avoid Dilute Urine Drug Screens](#) which were included in your initial packet.

TWELVE-STEP SUPPORT MEETINGS

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

You are required to attend at least three (3) twelve-step meetings per week as described in your Program Agreement. Both Alcoholics Anonymous and Narcotics Anonymous meetings are widely available throughout the state of Kentucky. Celebrate Recovery can count as one (1) meeting per week. You will also maintain documentation of the meetings you attend on a form provided by KARE. The chairperson or designee of the meeting will sign your form to verify your attendance. Submit the original *Monthly Meeting Documentation* report and *Monthly Self Reports* to your Case Manager at the end of each month. These reports must be received by the Program no later than the 10th day of the following month (i.e., May Meeting Documentation report must be received by no later than June 10th).

TWELVE-STEP SPONSOR

The KARE Program Agreement requires you to obtain a twelve-step sponsor as soon as possible, no later than two (2) months, and you must identify this person to your Case Manager. (You may utilize a temporary sponsor during this two month period.) A twelve-step sponsor is someone who has had a period of recovery and who actively attends AA/NA meetings. The meetings you attend should have literature about sponsorship which 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 your next twelve-step meeting.

A requirement of the twelve-step sponsor is the sponsor's willingness to verify at least two (2) times per week contact. On rare occasions, your Case Manager may contact your sponsor directly.

Tip

- *If you are experiencing difficulty in identifying a person to be a sponsor, you can always ask the chairperson at a meeting for suggestions.*
- *Twice weekly contact is defined by face to face or phone conversations (text, email, etc. are not accepted as contact.)*

THERAPY – CONTINUING CARE/AFTERCARE

Continuing care is an essential component of your recovery monitoring agreement. You may be required to participate in group and/or individual therapy as part of your Program Agreement. Generally, continuing care/aftercare is required for a period of time as determined by your primary counselor/therapist. This may involve individual and/or group therapy. Your individual/group therapist will send reports to your case manager. When your therapist determines completion of aftercare, you and your therapist need to communicate this to your Case Manager. Your therapist will be asked to provide a written discharge summary to your Case Manager.

RELAPSE

Although KARE requirements are established to minimize the risk of returning to active use of substances, relapses do 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 your Case Manager immediately.

*A relapse is defined as any break or lapse in abstinence, **regardless of duration or the kind/amount of the substance used.*** A relapse almost always occurs before an individual actually 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 individuals will help prevent a relapse.

Steps to take if you have relapsed

1. Call your Case Manager **immediately** and **be honest** about what happened.
2. Contact your AA/NA sponsor and go to an AA/NA meeting.
3. You must cease nursing practice immediately.
4. You will be required to sign a KARE for Nurses Program Agreement whereby you agree to not practice as a nurse.
5. Call your immediate supervisor and inform him/her about what happened and that you cannot work at this time. You cannot return to nursing practice until your Case Manager approves you do to so. Returning to work prior to approval is a violation of your agreement and cause for termination from the KARE program.
6. Submit a letter of explanation concerning the relapse to your Case.

CASE CLOSURE

Participants must comply with all KARE requirements for a minimum of five (5) years. Failure to remain compliant or resolve issues of non-compliance, as directed by your Case Manager, will result in termination from participation in the KARE for Nurses Program. Termination from the KARE for Nurses Program will result in the suspension/denial of reinstatement of your nursing license(s) for a period of time as specified in the Program Agreement. Suspension of the nursing license(s) is considered disciplinary action which is reported to the National Council State Boards of Nursing disciplinary database (NURSYS), other state, federal and certifying bodies, as applicable. This action is public information and can be disseminated according to the regulations of the Board, Kentucky Open Records Act, and any other state or federal law as required. Following suspension of the nursing license(s) or denial of reinstatement, you will receive *Guidelines for Reinstatement* which will identify requirements to be met prior to reinstatement of the nursing license(s).

Voluntary Surrender

At any time during your participation in the KARE Program, you have the option to request, in writing, resignation from the program. Resignation from the KARE Program will require you to sign an Agreed Order in which you agree to voluntarily surrender your nursing license for a specified period of time, depending upon the specific language in the Program Agreement. Implementation of the voluntary surrender will result in imposition of a civil penalty. Voluntary surrender of the nursing license is considered disciplinary action by the Board which is reported to National Council State Boards of Nursing disciplinary database (NURSYS), other state, federal and certifying bodies, as applicable. This action is public information and can be disseminated according to the regulations of the Board, Kentucky Open Records Act, and any other state or federal law as required. Following voluntary surrender of the nursing license(s) or denial of reinstatement, you will receive *Guidelines for Reinstatement* which will identify requirements to be met prior to reinstatement of the nursing license(s).

Successful Completion

The successful completion of your KARE monitoring is represented by five (5) years of successful monitoring. The process to successfully complete your Program Agreement includes the following:

1. Contact your Case Manager three (3) months prior to your completion date to ensure you are in compliance with all aspects of your Program Agreement and that all reports and drug screens have been received to date.
2. Continue to maintain compliance until you are notified that you have successfully completed KARE.

Your Case Manager will review your file and the submitted documentation. On or after your completion date, the KARE Program Manager will review your compliance and the provisions of your KARE Program Agreement. Once all information has been received and reviewed, you will be sent a successful completion letter. You may want to copy this letter to all individuals identified in your Program Agreement. It is recommended you keep this letter in a safe place for future evidence of your successful completion of your KARE monitoring.

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