**Appendix A**

**Kennesaw State University**

**WellStar School of Nursing**

**Chemical Abuse Policy**

**Quick Reference Sheet for Faculty**

* **For guidance in crisis situations or for information in obtaining services contact the GA Mental Health Crisis Line 1-800-715-4225**
* **If the incident occurs on campus and immediate assistance is needed, call the KSU Behavioral Response Crisis Team at 770-423-6600, or the KSU Police at 770-423-6666 or 911.**

**Faculty members are responsible for reading the entire Chemical Abuse Policy, located in the Faculty Handbook, but this quick list details the immediate actions required by the Faculty member who observes the behaviors:**

1. Faculty observes student behaviors that may be indicative of chemical abuse (see Appendix E)
2. Faculty completes Appendix F, documenting observed behaviors
   1. Faculty informs student of need for immediate drug testing at an approved facility (any Advantage Testing facility) and that they have 12 hrs maximum to complete the drug testing or will face disciplinary action that may include dismissal from the program
   2. Faculty informs student that they cannot return to class/clinical/lab until a comprehensive evaluation is completed (they will be given further information regarding this at a conference to be held within 5 business days)
3. Tell student to arrange transportation to the testing center and/or home (do not let them drive impaired, but student is responsible for arranging transportation & paying for it, if a taxi, etc. is called); include a note on Appendix F stating how student left the scene
4. Notify the Course Coordinator and the Associate Director of the Program of the above

\*\*\*\* **Convey concern for the student’s welfare and be sure to watch for suicidal ideation (see crisis numbers above); remind student there are resources on campus that can help them throughout this process (e.g. the Collegiate Recovery Center, the KSU Student Health Clinic and the KSU Student Success Services)**

1. A conference with faculty, student, Associate Director of program and a member of the Advisory Committee to Faculty on Clinical Performance will be scheduled within 5 business days. During the conference:
   1. Express concern for the student, describe how behaviors affect clinical/lab/classroom performance
   2. Student must agree to have a comprehensive evaluation for chemical abuse/dependence or will be dismissed from the program
   3. Student must sign Appendix G and H
   4. Student given Appendix B which includes facilities that can complete the evaluation, including several sites on campus (Collegiate Recovery Center, KSU Student Health Clinic, or Student Success Services
2. Possible outcomes:
   1. Non-validation of a violation – information removed from student’s file and student can return to clinical/lab/class; **however**, **a clinical contract may still be necessary if the observed behaviors interfered with clinical performance**
   2. Validation of a Violation, but student refuses to comply with recommendations – student will be dismissed from program
   3. Validation of a Violation and student agrees to comply with all recommendations – student signs contracts (Appendices H & I) and can return to class/clinical/lab as long as they remain in compliance
   4. Mixed/Inconclusive results – Student needs second comprehensive evaluation and can return to program as long as they remain compliant with recommendations

***If you have questions about the Chemical Abuse Policy or any of the above information, please contact the Associate Director of the program or any member of the Advisory to Faculty on Clinical Performance Committee.***

**Appendix B**

**Kennesaw State University**

**WellStar School of Nursing**

**List of Treatment Centers Providing Chemical Abuse Evaluation Services in Metropolitan Atlanta**

* There are many options and small residential facilities, as well as out-of-area treatment, some with a sliding scale. Most local treatment facilities can provide resources to patients that may fit their financial needs, geographies and insurance situation.

Evaluation and Treatment Centers:

* Collegiate Recovery Center at KSU
* Counseling and Psychological Services at Student Success Services at KSU
* Talbott Recovery Campus Impaired Professionals Program & Aftercare, Atlanta
* Ridgeview Institute, Smyrna – Impaired Professional’s Program and Aftercare Program
* Metro Atlanta Recovery Residence (M.A.R.R.), Atlanta – Impaired Professional’s Program and Aftercare Program
* Talbot Marsh, Jonesboro – Impaired Professional’s Program and Aftercare Program
* Peachford Hospital, Dunwoody – General Treatment
* Anchor Hospital, Jonesboro – General Treatment
* Summit Ridge Hospital, Lawrenceville – General Treatment
* Winnwood Hospital, Rome – General Treatment
* Laurelwood Hospital, Gainesville – General Treatment

Low-Cost Outpatient Treatment:

* St. Judes Recovery, Atlanta
* Georgia Recovery Center, Marietta
* County Facilities (Fulton Co. Community Services Board, Cobb/Douglas

Community Services Board, etc.)

Low-Cost Counseling Resources:

* The Link
* The Verdery Center & Clinic
* Phoenix Program

Residential Programs:

* St. Judes Recovery, Atlanta
* Atlanta Woman’s Mission – My Sister’s House, Atlanta
* Breakthru House Inc., Decatur
* Turnaround Recovery Residences
* Salvation Army

Evaluations may also be done by mental health professionals in their private practices.

**Appendix C**

**Kennesaw State University**

**WellStar School of Nursing**

**List of Drugs Included in Drug Screening Test**

###### 

The Medical Professional Panel Drug Screens includes common street drugs and those drugs that health care workers have access to and abuse. Drugs monitored may include:

Alfentanil

Butorphanol (Stadol)

Fentanyl

Ketamine

MDMA (ecstasy)

Nalbuphine (Nubain)

Sufentanil

Tramadol

Alcohol

Amphetamines & Methampletamines

Barbiturates

Benzodiazepines

Cannabinoids

Cocaine

Methadone

Heroin

Opiates

Phencycidine

Propoxyphene

Other drugs may also be detected

**Appendix D**

**Kennesaw State University**

**WellStar School of Nursing**

# Consent for Drug Testing Upon Admission and for the Duration of Enrollment in the

# WellStar School of Nursing

**WellStar School of Nursing**

I understand that as a requirement for admission to the WellStar School of Nursing (WSON), I must submit to a drug test at a designated laboratory, which will provide the result of the test to the Chair of the WSON and to clinical agencies when requested. The course coordinator and other faculty supervising the student may also be notified as needed. I understand that if the test result is positive, I may be denied the opportunity to complete the required clinical rotations for graduation.

I further understand that I will be subject to random drug tests while enrolled in the WSON. A positive drug test or refusal to submit to testing may result in dismissal from the WSON.

**BY SIGNING THIS DOCUMENT, I INDICATE THAT I HAVE READ, I UNDERSTAND, AND I AGREE TO THE WSON DRUG TESTING POLICY. I UNDERSTAND THAT A NEGATIVE DRUG TEST IS REQUIRED FOR PROGRESSION IN THE SCHOOL OF NURSING.**

**THIS NOTORIZED DOCUMENT CONSTITUTES MY CONSENT FOR DRUG TESTING BY WSON DESIGNATED LABORATORY. IT ALSO CONSTITUES CONSENT FOR THE LABORATORY TO RELEASE THE RESULT OF MY DRUG TESTS TO THE WSON.**

In Witness Whereof, this statement is executed this the\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 2016 .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Printed Name

**STATE OF** Georgia **COUNTY OF** Cobb

On this\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2016, before me appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be known to be the person described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ executed the same as free act and deed.

Given under my hand and seal on the day and year above written.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC

**SEAL** My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adapted from the University of South Alabama College of Nursing Drug Testing and Procedure Policy

**Appendix E**

**Kennesaw State University**

**WellStar School of Nursing**

# Symptoms and Other Indicators of Substance Abuse or Dependence

Physiologic

* Slurred or rapid speech
* Blackouts
* Trembling hands
* Agitation or restlessness
* Persistent rhinorrhea
* Sweating
* Altered pupil dilation or constriction
* Flushed complexion
* Swollen face
* Bloodshot or glassy eyes
* Odor of alcohol
* Unsteady/staggering gait
* Declining health
* Dramatic changes in weight
* Changes in mental status or cognition
* Palpitations or tachycardia
* Withdrawal symptoms or hangover

#### Behavioral

* Deterioration in personal appearance
* Rapid mood swings
* Increased irritability
* Paranoia
* Rage or anger
* Frequent tardiness
* Increased absenteeism
* Difficulty in meeting deadlines
* Frequently leaves clinical unit or makes self sparse
* Frequent trips to the restroom
* Eats alone, long coffee breaks, long lunch breaks
* Isolation/withdrawal from the group
* Decreased classroom and clinical productivity
* Fluctuating clinical and academic performance
* Making poor clinical decisions
* Errors in judgment
* Forgetfulness, confusion, decreased alertness
* Sleeping in class or clinical
* Inappropriate responses
* Elaborate excuses for behavior
* Blaming others for problems
* Patients complain of ineffective pain relief
* Excessive use of PRN mediations or frequent medication errors
* Frequent un-witnessed medication wasting or loss
* Complaints from fellow students, nursing staff, patients, family members
* Self-disclosure of drug or alcohol abuse
* Other behaviors or symptoms of impairment not listed above

**Appendix F**

**Kennesaw State University**

**WellStar School of Nursing**

# Reporting Form for Alleged Chemically Impaired Student

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observed Behaviors: (see attached checklist)

Faculty Comments:

Student Comments:

Faculty Recommendations:

Conference date with student, faculty member filing report, WSON Director, and a representative of the KSU Counseling, Advising and Program Services Center (CAPS) set for \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date and time).

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Adapted from Clark, C. Boise State University, Boise, Idaho College of health Sciences, Department of Nursing Policy Statement Regarding the chemically Impaired Nursing Student)

**Checklist of Specific Observations to Support Reporting Form for Alleged Chemically Impaired Student Nurse**

Review the following list of overall behaviors of chemically impaired student nurse and make a check mark next to each situation that applies to the student about whom you are concerned.

## **Appearance**

\_\_\_\_\_Decreasing attention to personal appearance and hygiene

\_\_\_\_\_Odor of alcohol on breath

\_\_\_\_\_Glassy, red eyes

\_\_\_\_\_Altered pupil dilation or constriction

\_\_\_\_\_Tremors

\_\_\_\_\_Flushed complexion

\_\_\_\_\_Slurred or rapid speech

\_\_\_\_\_Diaphoresis

\_\_\_\_\_Unsteady/staggering gait

\_\_\_\_\_Persistent rhinorrhea

\_\_\_\_\_Altered mental status

\_\_\_\_\_Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Absenteeism**

\_\_\_\_\_Instances of leaving without permission

\_\_\_\_\_Excessive sick days

\_\_\_\_\_Frequent Monday and/or Friday absences

\_\_\_\_\_Repeated absences, particularly if they follow a pattern

\_\_\_\_\_Lateness to clinical/class, especially on Monday morning; and/or returning from

lunch/break

\_\_\_\_\_Leaving clinical/class early

\_\_\_\_\_Peculiar and increasingly unbelievable excuses for absences or lateness

\_\_\_\_\_Absent more often than other students for colds, flu, gastritis, etc

\_\_\_\_\_Frequent unscheduled short-term absences (with or without medical explanation)

## **Clinical Absenteeism**

\_\_\_\_\_Continued absences from the clinical area more than job requires

\_\_\_\_\_Long coffee breaks, lunch breaks

\_\_\_\_\_Repeated physical illness while in the clinical area

\_\_\_\_\_Frequent trips to the restroom

\_\_\_\_\_Unexplained absences during clinical shift

## **High Accident Rate**

\_\_\_\_\_Accidents while on the clinical unit

\_\_\_\_\_Accidents off the clinical unit (but affecting job performance)

\_\_\_\_\_Horseplay, which causes unsafe conditions

## **Difficulty in Concentration**

\_\_\_\_\_Work requires greater effort

\_\_\_\_\_Jobs take more time

\_\_\_\_\_Repeated mistakes due to inattention

\_\_\_\_\_Making bad decisions or poor judgment

\_\_\_\_\_Errors in charting

\_\_\_\_\_Forgetfulness

\_\_\_\_\_Blackouts

\_\_\_\_\_Inappropriate responses

## **Confusion**

\_\_\_\_\_Difficulty following instructions

\_\_\_\_\_Increasing difficulty handling complex assignments

\_\_\_\_\_Altered mental status or cognition

## **Problems with Memory**

\_\_\_\_\_Difficulty in recalling instructions, details, conversations, etc

\_\_\_\_\_Difficulty recalling one’s own mistakes

## **Poor Relationships in the Clinical/Class Area**

\_\_\_\_\_Failure to keep promises and unreasonable excuses for failing to keep promises

\_\_\_\_\_Over-reaction to real or imagined criticism

\_\_\_\_\_Borrowing money from fellow students/staff/faculty

\_\_\_\_\_Unreasonable resentments

\_\_\_\_\_Avoidance of associates

\_\_\_\_\_Lying and exaggerating

\_\_\_\_\_Complaints from students, staff, patients, others

\_\_\_\_\_Blames other for problems

\_\_\_\_\_Isolation/withdrawal from the group

## **Reporting To Clinical/Class**

\_\_\_\_\_Coming to/returning to the clinical area/class in an obviously altered condition

**General Lowered Job Efficiency**

\_\_\_\_\_Missed deadlines, unreliable

\_\_\_\_\_Complaints from patients, family members, other students, faculty

\_\_\_\_\_Improbable excuses for poor job performance

\_\_\_\_\_Cannot be depended on to be where he/she said or do what he/she said

he/she would do

\_\_\_\_\_Shuns job assignments, incomplete assignments

\_\_\_\_\_Is found on units where he/she does not belong

\_\_\_\_\_Frequent medication errors or errors in documentation

\_\_\_\_\_Excessive use of PRN medications

\_\_\_\_\_Frequent un-witnessed medication wasting or loss

\_\_\_\_\_Frequent complaints from patients of inadequate pain relief

## **Uneven Work Pattern**

\_\_\_\_\_Alternate periods of high and low productivity

## **Other Behaviors**

\_\_\_\_\_Sleeping in the clinical area or in class

\_\_\_\_\_Withdraws from others isolates self

\_\_\_\_\_Mood swings

\_\_\_\_\_Increasing irritability

\_\_\_\_\_Relates problems at home, with relationships, with finances, etc

## **The Student Who May Be Diverting Drugs**

\_\_\_\_\_Always volunteers to give medications

\_\_\_\_\_Patient complaints of no relief—discrepancies on records

\_\_\_\_\_Always give IM (PRN) and maximum dose when other nurses do not

\_\_\_\_\_Has frequent wastage, such as spilling drugs or breaking vials, etc

\_\_\_\_\_Unobserved wastage or no co-signature

\_\_\_\_\_Is working on a unit where drugs are missing or have been tampered with

\_\_\_\_\_Frequently volunteers for additional shifts and on unit where not assigned

## **Others**

Review the items checked. The student’s work performance and behaviors may be affected by the use of alcohol/other drugs or a personal/emotional problem. Document each occurrence in an anecdotal note, and when appropriate, conduct a conference. When the performance deficit or adverse situation cannot be attributed to a management problem, follow the WSON of Nursing Policy for the Chemically Impaired Student. Interventions need to include discussion and referral to an experienced professional who can assist the nurse to obtain the appropriate help.

(Adapted from Catanzarite, A. (1989) and Dunn, D. (2005)

Appendix G

**Kennesaw State University**

**WellStar School of Nursing**

**Contract for the Chemically Impaired Nursing Student**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, admit that:

I consent to obtain a comprehensive chemical abuse evaluation for the purpose of professional evaluation of chemical abuse status and determination of a treatment plan.

I understand and acknowledge that the admission of abuse at this point may have academic consequences that include:

I am responsible for the cost of the chemical abuse evaluation and any prescribed treatment.

Participation in clinical course work will not be permitted until the terms of the treatment plan and return to clinical contract stipulations are fulfilled/ a semester grade, as appropriate, of I (Incomplete), WP (Withdrawal passing), or WF (Withdrawal failing) will be assigned for current nursing courses dependent upon factors related to grade determination as stated in the Kennesaw State University Student Handbook and the Guidelines for Faculty Intervention with the Chemically Impaired Student.

I consent to have the results of the chemical abuse evaluation released to the WSON Director.

I understand that failure to abide by the stipulations of my recommended treatment plan and monitoring of my progress will result in my dismissal from the program.

Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Signature of Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

(Adapted from Clark, C. Boise State University, Boise, Idaho College of health Sciences, Department of Nursing Policy Statement Regarding the chemically Impaired Nursing Student)

# Appendix H

# Kennesaw State University

**WellStar School of Nursing**

# Agreement for Monitoring the Chemically Impaired Student

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to abide by the following terms for monitoring as determined by the Kennesaw State University WellStar School of Nursing (WSON):

1. Abstain from the use of all mind-altering and potentially addicting drugs, to include but not be limited to alcohol, marijuana, cocaine, stimulants, narcotics, sedatives, hallucinogenics, tranquilizers, GHB, etc. In the even that such medications are legitimately required for medical care, I will notify the Director of the WSON immediately and request the care provider to submit a letter of explanation. If necessary, I will investigate options other than the use of medications to establish abstinence form all mind-altering chemicals.
2. Provide proof of compliance with an approved, prescribed treatment plan, by allowing my health and treatment records to be released to the WSON Director.
3. Continue in outpatient treatment/aftercare and insure that counselor/therapist submit written reports of progress at the WSON Director’s request.

I understand the terms of monitoring may be revised if necessary and that I must be in compliance and show progress in recovery.

Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Signature of Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

I have read the Monitoring Agreement and am participating in the student’s recovery program.

Signature of Counselor/Therapist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Signed agreement reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of WSON Director Date

(Adapted from Clark, C. Boise State University, Boise, Idaho College of health Sciences, Department of Nursing Policy Statement Regarding the chemically Impaired Nursing Student)

**Appendix I**

**Kennesaw State University**

**WellStar School of Nursing**

# Contract for Return to Nursing Program

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student), enter into this agreement on the above date with Kennesaw State University, WellStar School of Nursing (WSON) and the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Treatment Program.

In consideration of my being permitted to continue in or return to the program through Kennesaw State University, WSON, I agree to the terms and conditions set out in this agreement. I understand I will be allowed to continue in the program only on these terms and conditions and that failure to comply with the terms of this agreement shall be grounds for either additional disciplinary action or dismissal from the program.

I understand that my failure to meet the terms and conditions set out in this agreement violate the terms of my participation in the Program for Chemically Impaired Nursing Students.

The terms and conditions of this agreement shall remain in force for the entire period that I am a student in this program.

This agreement consists of this page, plus the Monitoring Agreement (Appendix G) attached. Additional forms/pages included in this agreement are listed here:

This contract is executed on the date shown above.

Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of WSON Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Adapted from Clark, C. Boise State University, Boise, Idaho College of health Sciences, Department of Nursing Policy Statement Regarding the chemically Impaired Nursing Student)

# Appendix J

# Kennesaw State University

**WellStar School of Nursing**

# Chemically Impaired Student Withdrawal Letter

Dear Ms./Mr. (name)

As was discussed with you by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, WellStar School of Nursing (WSON) Director, we are concerned about your problems and the effect they have upon your performance as a student in the WSON at Kennesaw State University. Therefore, we believe it would be in your best interest to agree to the following conditions.

1. You take a leave of absence that will extend until the end of the (semester, year).
2. Your grade for the following clinical course will be a Withdrawal (W): name of course.
3. You complete the following didactic courses (number and names) by successfully completing the course requirements by \_\_\_(date)\_\_\_. If you do not successfully complete these courses you will be given a grade of Withdrawal Failing (WF).
4. You seek professional assistance for your problems that have interfered with your ability to adequately perform as a student.
5. If you desire to return to your program of study, you notify in writing by \_\_\_(date)\_\_\_ the WSON Director of your intent to return for the (semester/year).
6. Upon receipt of your letter of intent to return to your program of study, you must undergo a health assessment by a health care provider designated by the WSON Director. You must bear the cost of this evaluation. Your health assessment must indicate that you are well enough to re-enter the program. If the assessment does not indicate that you are well enough to re-enter the program, you subsequently will be administratively dismissed from the program. In addition, upon request to the WSON Director, you must provide access to your health records.
7. If a grade of W, WF or F is received for \_\_\_(courses that are to be repeated)\_\_\_, you repeat the course upon the return to the program.
8. If you are given a grade of Incomplete, you must complete the necessary requirements to complete the course.
9. If after re-entry into your program of study there is evidence, once again, of problems interfering with you performance as a student, you will be administratively dismissed from the program, according to applicable policies of Kennesaw State University.

We believe that these conditions are in your best interest and in the best interest of the School of Nursing. If you agree to these conditions, please sign the original copy of this letter. Retain the copy of the letter for your files.

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dean\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_ WSON Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Adapted from Clark, C. Boise State University, Boise, Idaho College of health Sciences, Department of Nursing Policy Statement Regarding the chemically Impaired Nursing Student)

# Appendix K

# Kennesaw State University

**WellStar School of Nursing**

# Chemically Impaired Student Nurse Letter for Returning to the Nursing Program

Dear Ms./Mr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student)

This letter is to inform you that I have received the report of your health assessment conducted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(healthcare provider). After careful review of the report, I wish to inform you, provided that you meet the following contingencies, you are permitted to re-enter the Kennesaw State University, WellStar School of Nursing (WSON) starting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date).

1. You abstain from chemical substances.

1. You continue to see your therapist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name), at least monthly and more often if needed depending upon your clinical situation.
2. You adhere to the therapies prescribed by your therapist.
3. You become actively involved in Alcoholics Anonymous or any other treatment program recommended by your physician.
4. You provide evidence of your compliance with the above-described contingencies, if requested, by the Director of the WSON.
5. You will adhere to the terms of the letter.

Also, please keep in mind that:

1. You must comply with the necessary academic requirements for returning to the nursing program
2. If after returning to your program of study, you experience further academic, disciplinary, or problems that interfere with your performance as a student, you may be subject to disciplinary action according to applicable academic policies of the Kennesaw State University.

Please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, WSON Director, no later than \_\_\_\_\_\_\_\_\_\_\_(date) to make the necessary arrangements for your re-entry.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director, WSON Date

[Adapted from Lambert, V. A., & Nugent, K. E., (1994). Addressing the academic progression of students encountering mental health problems. *Nurse Educator, 19*(5), 33-39.]

**Appendix L**

**Kennesaw State University**

# WellStar School of Nursing

# Chemically Impaired Student Dismissal Letter

Dear Ms./Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This letter is to inform you that you have violated the contingencies of your re-entry to the Kennesaw State University WellStar School of Nursing (WSON), which began \_\_\_\_\_\_\_\_\_(date). As stated to you in the letter of \_\_\_\_\_\_\_\_\_\_\_\_(date):

If after re-entry into your program of study, you should experience further academic, disciplinary or health problems that interfere with you performance as a student, you may be subject to disciplinary action according to applicable policies of Kennesaw State University.

On \_\_\_\_\_\_\_\_\_\_\_\_\_(date), as reported to me by faculty of Kennesaw State University WSON, you appeared inebriated (under the influence) and were having difficulty mentally processing information while carrying out your clinical responsibilities with patients. When confronted several times about the (presence of alcohol on your breath), you did not deny the fact. The behavior that you demonstrated is unprofessional and a serious threat to the safety of patients and other healthcare providers.

In addition, you are not successfully meeting the objectives of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(number and name of course). Attempts have been made to assist you in correcting your academic weaknesses. However, you continue to be unable to successfully achieve the course objectives.

Therefore, effective immediately, you are administratively dismissed from the Kennesaw State University, WSON. In accordance with university and college policies as described in the student handbook page \_\_\_\_\_\_, you have the right to appeal the dismissal action in writing to the President of the University within five days after receipt of letter.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director, WSON Dean, WellStar College Health and Human Services

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Adapted from Lambert, V. A., & Nugent, K. E., (1994). Addressing the academic progression of students encountering mental health problems. *Nurse Educator, 19*(5), 33-39.]