



Drug and Alcohol Policy (Staff)

Document Author	Authorised
Written By: Assistant Director Health, Safety and Security / Joint Heads of OH	Authorised By: Chief Executive
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DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
Sept 2014	0.1		Executive Director of Nursing & Workforce	New Policy out for consultation	Circulated to members of HWB Group for comment
Nov 2014	0.2		Executive Director of Nursing & Workforce		
18 Nov 2014	1.0	18 Nov 2014	Executive Director of Nursing & Workforce	New Policy	Approved at Policy Management Group
August 2017	1.1		Executive Director of HR & OD	Policy due for review. Put in current template, job title changed 6.2	
9 January 2018	1.1		Executive Director of HR & OD	For ratification	Partnership Forum
9 January 2018	2.0	9 January 2018	Executive Director of HR & OD	Policy approved	Policy Management Group

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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1. Executive Summary

As an organisation directly concerned with health care and health promotion, the Isle of Wight NHS Trust is eager to promote sensible practices in relation to the use of alcohol and drugs. This policy gives guidance to ensure that employees carry out their jobs safely and effectively in an environment which is free from alcohol and drug misuse.

The Trust recognises that alcohol and drug dependency is a health issue which it will seek where appropriate to address in a supportive and positive way.

2 Introduction

The Trust aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients, public, staff, stakeholders and the use of public resources. In order to provide clear and consistent guidance, the Trust will develop documents to fulfil all statutory, organisational and best practice requirements.

The consumption of even the smallest amount of alcohol or drugs (except legally obtained medicines) may greatly affect employees' judgement and efficiency at work and therefore the Trust operates a strict zero tolerance to alcohol, illegal drugs and substance use in the workplace.

Employees must not consume alcohol or drugs (except legally obtained medicines) at any time while at work including during rest or meal breaks spent at or away from work premises.

Employees must not attend work under the influence of drugs or alcohol (except legally obtained medicines)

This document sets out the Trust's approach:

- To prevent drug and alcohol problems by raising awareness of their effects and the impact they can have on both the workplace and the person affected.
- To promote the sensible and appropriate use of alcohol among employees, as it relates to the workplace.
- To promote the general well-being of all its staff, and recognises that the use of alcohol or drugs can not only affect an employee's health, attendance, work performance and working relationships but may also affect other employees, patients and members of the public.
- To facilitate the early identification of problems and to encourage staff to seek advice and assistance voluntarily and in confidence before their work performance is affected.
- To provide guidance and support for managers to deal with drug and alcohol related incidents in the workplace encouraging managers to offer referral to an appropriate agency for specialist help to those members of staff who request support, or whose work performance may be affected by the inappropriate use of alcohol or drugs.
- To ensure no one reports for work when the use of a drug or alcohol would negatively affect his or her work performance or put patient safety at risk.
- To ensure the possession, use, or distribution of drugs for non medical purposes is strictly prohibited and may attract action under the Trust's disciplinary procedure.
- To ensure the image and reputation of the organisation is maintained.
- To support relevant legislation

3 Definitions

Fitness to practice – professional codes of conduct for registered staff may need to be considered such as the Nursing & Midwifery Council (NMC) for nurses or General Medical Council (GMC) for doctors.

4 Scope

4.1 This guidance policy applies to all persons working in or for the Trust including:

- Directly employed staff
- Staff employed on joint or honorary contracts
- Staff employed by contractors or sub-contractors
- Visiting practitioners, observers and work experience placements
- Volunteers

4.2 It is applicable to all premises that are owned/occupied or shared by the Trust.

5 Purpose

5.1 The purpose of the policy is to enable all staff to identify problems related to the influence of alcohol, drugs or other substances which may affect their performance within the work place.

5.2 It also serves to provide a framework whereby employees who are experiencing and declare problems with alcohol, drugs or other substances, have access to support and treatment in order to facilitate an early recovery and a reduction in the effects of their condition on their work

6 Roles and Responsibilities

6.1 **Chief Executive.** The overall responsibility of policies within the Trust rests with the Chief Executive, who must ensure that these policies, procedures and systems are in place and kept under review.

6.2 The **Executive Director of Human Resources and Organisational Development** will be the Board-level Director responsible for ensuring that the Drug and Alcohol Policy (Staff) is implemented.

6.3 All managers have a specific responsibility to operate within the boundaries of this policy, to ensure staff understand the standards of behaviour expected of them and to take action when behaviour falls below the Trust's requirements.

6.4 If anyone notices a change in a colleague's pattern of behaviour they should encourage them to seek assistance through their manager or the Human resources Department. If they will not seek help themselves the employee should draw the matter to the attention of their manager. No one should attempt to cover up for a colleague whose work or behaviour is suffering as a result of an alcohol or drug related problem.

7 Policy detail/Course of Action

ALCOHOL AND DRUGS AT WORK

- 7.1 The trust recognises that alcohol and drug related problems are areas of health and social concern and will provide access to help for employees who suffer from such problems.
- 7.2 Alcohol and drug related problems are defined as a level of drinking or drug taking, whether intermittent or continual, which persistently affects an employee's work; this is regarded as an illness.
- 7.3 The Trust is an alcohol free site. Occasionally alcohol may be consumed at social events such as a retirement or other celebration in appropriate areas of Trust premises by **off duty staff**. A range of non alcoholic beverages must be available particularly for staff who will be commencing or returning to duty or driving after the event. Alcohol is permitted when used for the Sacrament of Holy Communion.
- 7.4 Employees who suspect, or know, that they have an alcohol, or drug, related problem are encouraged to seek help and treatment voluntarily either through the procedures outlined in this policy, or through resources of the employee's own choosing such as their GP or the Trust Drug and Alcohol Service.
- 7.5 The possibility of an employee having an alcohol, or drug, related problem may be brought to light because of problems with health, work performance or behaviour, or through other signs which may lead to action under the appropriate employee conduct procedure. Where a manager identifies a possible problem and the employee acknowledges that a problem exists, The Trust can provide the opportunity for assessment, support and counselling.
- ### **7.6 Managing Suspected Substance Abuse**
- 7.6.1 Where an employee is suspected of being under the influence of alcohol or drugs whilst on duty, they should be removed to a place where concerns can be raised in a confidential and sensitive manner. A manager will assess whether the employee is fit to be on duty. Where a manager has reasonable suspicion that an individual is suffering the effects of alcohol or drug misuse, they will be removed from duty.
- 7.6.2 Evidence that an employee is suffering the effects of alcohol or drug misuse at work could include being involved in an accident, abnormal behaviour, impaired cognition, slurred speech, poor physical co-ordination or smelling of alcohol
- 7.6.3 Occasionally testing may be agreed and arranged with the individuals consent when there is due cause for concern, however testing will not be required to determine whether an employee should be removed from duty.
- 7.6.4 Clear and factual notes must be made documenting all the reasons, signs and behaviours observed that led to the point that concerns were raised and what action was taken. An investigation into the event will be undertaken.
- 7.6.5 Employees who admit to having a dependency issue with either drugs or alcohol should be formally referred to Occupational Health.

- 7.6.6 Disciplinary action may also be taken in relation to drug or alcohol issues such as taking drugs from the hospital, not disposing of surplus drugs appropriately or involving others in covering up a problem.
- 7.7 In all instances within paragraphs 7.3 to 7.5 above, the encouragement, or the offer of an opportunity, to seek and accept help and treatment is made on the clear understanding that:
- 7.7.1 Where necessary, the employee will be granted leave to undergo treatment and such leave will be treated as sick leave within the terms of the appropriate sick pay scheme
- 7.7.2 Where it is considered appropriate, on the advice of Occupational Health or other specialists, formal action under the Disciplinary Policy or, in the case of medical or dental staff, the Conduct, Capability, Ill health and Appeals Policy and Procedures for Medical and Dental Practitioners, employment will be suspended or discontinued.
- 7.7.3 Each employee will be assessed on a case by case basis to ascertain any advised adjustments for the resumption of duties or return to work following a period of treatment. Our aim is to preserve the employees right to return to same job after effective treatment; this will be dependent on the outcome their treatment.
- 7.7.4 Having accepted help or treatment and resolved the alcohol, or drug, related problem, the employee's normal promotional prospects will not be impaired.
- 7.8 An employee whose problems are suspected to be alcohol, or drug, related and who refuses the offer of referral for diagnosis and/or help and treatment, or who discontinues a course of treatment before its satisfactory completion and whose conduct remains unsatisfactory, will be subject to action under the appropriate employee conduct procedure. Staff who present for duty unfit due to drugs or alcohol may be deemed to have committed an act of gross misconduct. Whilst the Trust is concerned to prevent the need for disciplinary action to be taken in relation to the misuse of alcohol and drugs, all employees must be aware of the serious view the Trust takes of misuse of alcohol or drugs and recognise that the possession of anything other than prescribed medication whilst on duty will be regarded as gross misconduct. The employee may be breaching professional codes of conduct.
- 7.9 Where, following return to work after treatment, the employee's work performance continues to suffer as a result of alcohol, or drug related problems, the individual circumstances of the case will be considered and, where appropriate, further help and treatment may be offered again. Where this is assessed as no longer appropriate, the staff member will be managed under the appropriate employee conduct procedure.
- 7.10 The confidential nature of any records of staff with alcohol, or drug, related problems will be strictly observed and consistent with other health related issues.
- 7.11 It is recognised that there may be occasions when colleagues, either collectively or individually, may be placed under strain during the period of treatment and rehabilitation of an employee with an alcohol, or drug, related problem. Staff support mechanisms are available, and include advice from occupational health, self-referral to occupational health and the confidential staff counselling service.

7.12 Consideration must be given to protecting those who have raised and reported concerns. However, if there is any suggestion that the concern has been raised maliciously, it would also be considered a disciplinary issue.

8. Consultation

Consultation has been undertaken through the Staff Health & Wellbeing Group, Health and Safety & Security, Combined Unions and Professional Associations Committee (CUPAC), JLNC (staff side for doctors) Staff Partnership Forum and the Policy Management Group.

9 Training

This Drug and Alcohol Policy (Staff) does not have a mandatory training requirement or any other training needs, however support and advice can be sought from HR, OH or Health, Safety and Security as required.

10 Monitoring Compliance and Effectiveness

Monitoring will take place on a case by case basis, and the number of incidents will be monitored by HR H&S and OH in the HWB Group as part of the support of both employee and the manager.

11 Links to other Organisational Documents

- Attendance Management policy
- Disciplinary policy
- Capability policy
- Conduct, Capability, Ill health and Appeals policy and procedures for Medical and Dental Practitioners
- Conduct, Capability and Performance of Medical Staff policy

12 References

- Guidance on Alcohol and Drug Misuse in the Workplace. Faculty of Occupational Medicine July 2006
- Thanks and acknowledgement is given to North West Ambulance Service & Leeds Teaching Hospitals Trust for sight of their Drug and Alcohol policies, parts of these have been used in this policy.
- Categorisation of Drugs (as per ACAS guidance) Under the Misuse of Drugs Act drugs are classified according to their perceived danger.
- **Class A:** including ecstasy, cocaine, heroin, LSD, mescaline, methadone, morphine, opium and injectable forms of class B drugs.
- **Class B:** including cannabis, cannabis resin, oral preparations of amphetamines, barbiturates, codeine and methaqualone (Mandrax).
- **Class C:** including most benzodiazepine (for example, Temazepam, Valium), other less harmful drugs of the amphetamine group, and anabolic steroids.

GUIDELINES FOR MANAGERS

1. INTRODUCTION

These guidelines have been prepared to help line managers understand and implement the Trust's policy on alcohol, drugs and other substance misuse.

2. IDENTIFYING PROBLEMS

It is important to remember that the earlier an individual's problem can be identified, the more likely it is that he or she can be successfully helped to overcome it.

Work related problems often caused by alcohol, drug or other substance misuse may include the following:

2.1 Absenteeism

- Multiple instances of unauthorised absence.
- Frequent and excessive sick leave.
- Short term and frequent absences that show a pattern.
- Peculiar and increasingly improbable excuses for absence.
- Unusually high absenteeism rate for colds, flu, diarrhoea and vomiting etc.
- Frequently late for work.
- Frequent trips to the cloakroom.
- Overlong breaks.

2.2 High Accident Rate

- Accidents at work
- Accidents off the job, e.g. at home, travelling to or from work etc.

2.3 Appearance

- Flushed face, 'bleary' eyes.
- Smell of alcohol.
- Hand tremors, unsteady movements
- Increasingly unkempt appearance/lack of personal hygiene.
- Physical incapacity
- Sleepiness
- Slurred speech
- Cold, sweaty palms
- Dilated pupils
- Red eyes
- Suspicious attitude toward others
- Excessive talkativeness

2.4 Deteriorating Efficiency

- Jobs taking more time.
- Missed deadlines
- Mistakes due to inattention or poor judgement.
- Complaints from colleagues, patients or others.
- Increasingly unreliability and unpredictability
- Difficulty in recalling instructions etc.

2.5 Poor Employee Relations

- Over reaction to real or imagined criticism.
- Irritability and/or aggression.
- Complaints from colleagues.
- Avoidance of manager or colleagues.

In some cases, alcohol, drugs or other substance misuse may come to your attention through an incident at work associated with inappropriate behaviour or misconduct. Any suspicions of misuse must be acted upon as soon as is practicable. Each case should be considered individually, depending on the previous pattern of behaviour and the nature of the incident. The HR department or OHD should always be consulted in these circumstances.

3. HOW TO APPROACH AN EMPLOYEE

There are two main situations when you would approach an employee about substance abuse if you suspect either they are under the influence whilst on duty or a substance dependency is suspected.

You should approach the employee as soon as is practicable and appropriate being mindful of confidentiality. Consider any potential difficulties that may prevent your efforts from being effective, for example:

- Personal friendship with the individual
- A poor relationship with the individual
- Feeling insufficiently informed about the Drug and Alcohol Policy or misuse problems in general.

Where these or other circumstances exist that make approaching the employee difficult or inappropriate, you need to contact a senior manager to come as soon as possible. If out of hours it will be the senior manager on call.

3.1 Substance intoxication on duty

- If it is suspected that an employee is intoxicated or dependent on a substance whilst on duty the line manager should ensure the individual is taken away from the workplace or into a private office away from other employees, patients or members of the public.
- If available at short notice it is advisable for the line manager to be accompanied by a colleague and for the employee to be accompanied by a workplace colleague or Trade Union Representative.
- The Manager must highlight to the individual that there is a concern that they may be under the influence of alcohol or drugs whilst in the workplace.
- The manager should ask the individual if they agree with this statement and make it clear that support is available and the issue will be managed sensitively and fairly if it is the case.
- The manager should highlight to the individual the reasons for them having a suspicion that they are under the influence.

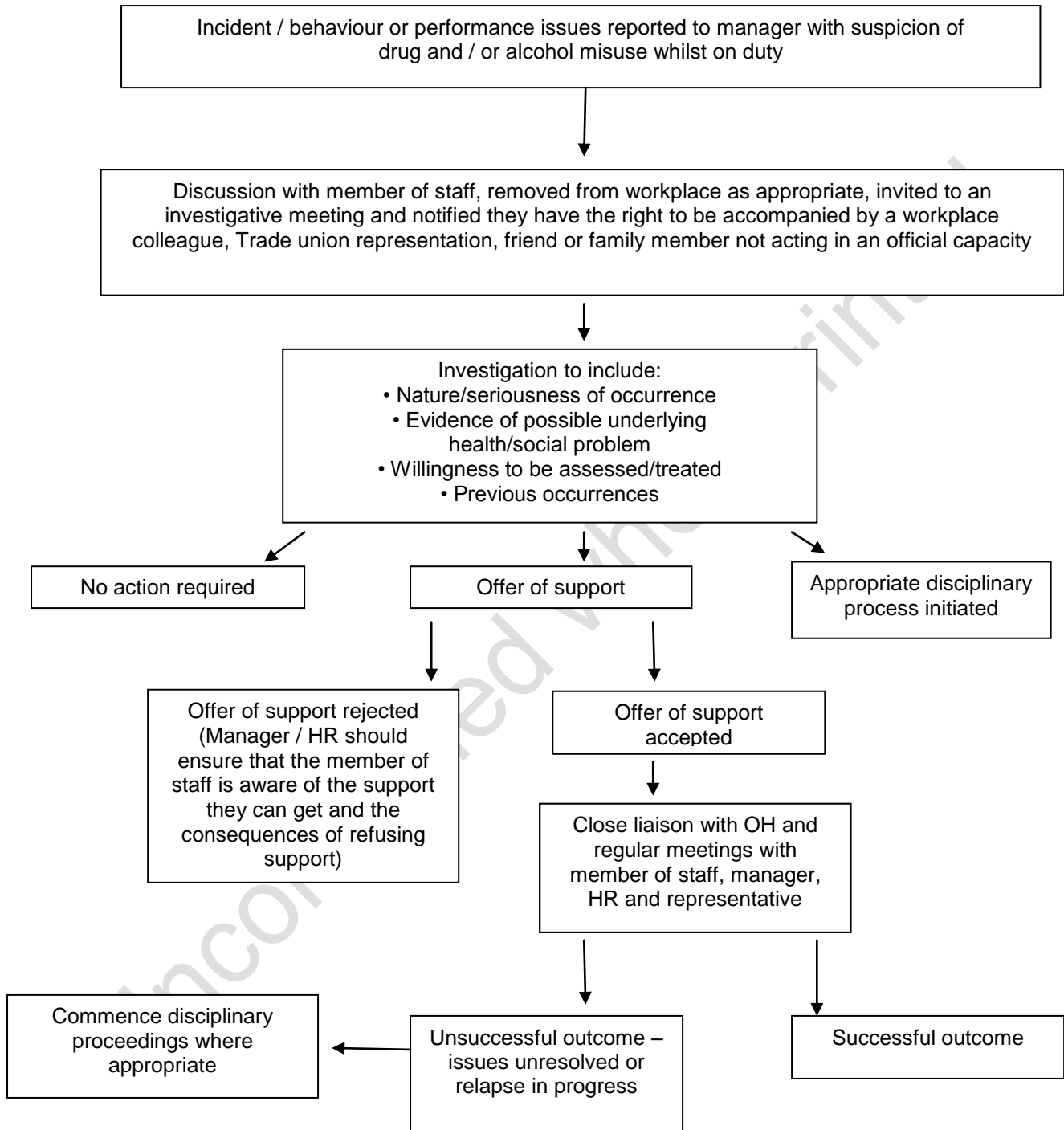
- If the manager believes that employee is under the influence of alcohol, drugs or substances, they should make arrangements for the employee to be removed from duty and if appropriate taken home.
- The manager should make a record of any signs which may be indicative of the employee being under the influence. Clear and factual notes must be made documenting all the reasons, signs and behaviours observed that led to the point that concerns were raised and what action was taken.
- The manager should also consider referring the employee to Occupational Health.
- The manager should also take advice from HR about whether to suspend the employee in accordance to the Trust's disciplinary procedure whilst an investigation is undertaken.
- The manager should seek advice from HR about potential breaching of professional codes of conduct.
- If the individual admits and seeks help for substance dependency this will be taken into consideration when managing the issue. There may need to be a period of reflection whilst the individual considers whether they do have a dependency problem.
- The Assistant Director of Health, Safety & Security will support managers to deal with any identified risks.
- Ensure confidentiality is maintained and let the employee know who will need to be told so that support can be offered.

3.2 Substance dependency

- A substance dependency problem can be brought to a manager's attention through a number of channels including via information from an individual or through managing absence.
- Where an employee has not attended work due to a substance dependency problem this should be managed in accordance with the Attendance Policy.
- Line manager should ensure that their approach is supportive, undertaken in a confidential manner and is such that encourages openness and honesty.
- A formal meeting to discuss the issues should be convened with HR present following the appropriate conduct and capability policy with the opportunity for the employee to bring a Trade Union representative or colleague with them for support.
- Options for support should be discussed with the employee, taking advice from Occupational Health.
- Consideration may be given as to whether it is appropriate for the employee to attend work whilst they seek help for their dependency problems and a risk assessment undertaken. It is possible that adjusted or alternative duties may be considered although not always available or appropriate.

- The offer of a `mentor` or `supporter` could be made to ensure regular contact between the employer and the employee. This could be OH or other suitable person.

GUIDANCE FOR MANAGERS FLOW CHART



WHERE TO GO FOR HELP

- Island Recovery Integrated Service (IRIS) Drug and Alcohol Service, 102 Carisbrooke Road, Newport. Email: iris@iow.nhs.uk Telephone: (01983) 526654
- Occupational Health (53)4209
- Confidential Staff Counselling service and advice line Workplace Options

Workplace Options - Support Service for Staff and their Families Confidential- External Service - Free – 24 Hours Support

Workplace Options is a free, completely confidential support service offering professional consultation, short term counselling, information, resources and referrals to local services. Offering support for a range of concerns, telephone helpline available 24 hours a day. Accessible by phone on: 0800 243 458
email: assistance@workplaceoptions.com or the website
<http://www.workplaceoptions.com/member-login-2/>

To use the secure area of the website please use the following to log-in:
Username: **IOW** and password: **employee**.

Please Note: that at no point should any employee put any personal information into the Workplace Options website. If you are logging on externally, i.e. not via the link above or Occupational Health Intranet page, please ensure you access through the members benefit log in at the top of the home page.

- Line Manager
- HR
- Trade Union
- NHS Choice - www.nhs.uk
- Alcoholics Anonymous - www.alcoholics-anonymous.org.uk
- AI – Anonymous Family Groups - www.alcoholics-anonymous.org.uk
- Cocaine Anonymous - www.cauk.org.uk
- FRANK - www.talktofrank.com
- Public Health England - <http://www.nta.nhs.uk/>
- Alcohol Concern - <http://www.alcoholconcern.org.uk/>
- Alcohol Learning resource centre - <http://www.alcohollearningcentre.org.uk/>
- NHS Practitioner Health Programme (NHS employers can make referrals for doctors and dentists outside London),

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	Drug and Alcohol Policy (Staff)
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Totals	WTE	Recurring £	Non Recurring £
Manpower Costs	0		
Training Staff	0		
Equipment & Provision of resources	0		

Summary of Impact:

This policy should be followed to support and manage potential drug or alcohol related concerns regarding an employee.

Risk Management Issues:

Failure to comply with the policy may result in minor or serious errors affecting patient care.

Benefits / Savings to the organisation:

Support and management of drug or alcohol related problems will help reduce costs of absence and maintain quality care for patients.

Equality Impact Assessment

- | | |
|--|-----|
| ▪ Has this been appropriately carried out? | YES |
| ▪ Are there any reported equality issues? | NO |

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
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Operational running costs			
Totals:	0		

Staff Training Impact	Recurring £	Non-Recurring £
Totals:	0	

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed	0	
Building alterations (extensions/new)	0	
IT Hardware / software / licences	0	
Medical equipment	0	
Stationery / publicity	0	
Travel costs	0	
Utilities e.g. telephones	0	
Process change	0	
Rolling replacement of equipment	0	
Equipment maintenance	0	
Marketing – booklets/posters/handouts, etc	0	
Totals:	0	

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	N/A
Signature & date of financial accountant:	N/A
Funding / costs have been agreed and are in place:	N/A
Signature of appropriate Executive or Associate Director:	N/A

Equality Impact Assessment (EIA) Screening Tool

Document Title:	Drug and Alcohol Policy (Staff)
Purpose of document	To provide a framework for identifying and supporting staff with drug or alcohol related problems and ensuring delivery of patient care is as safe and efficient as possible.
Target Audience	All staff
Person or Committee undertaken the Equality Impact Assessment	Di Eccleston – Staff Health & Wellbeing Group√

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	√		
	Women	√		
Race	Asian or Asian British People	√		
	Black or Black British People	√		
	Chinese people	√		
	People of Mixed Race	√		
	White people (including Irish people)	√		

	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	√		
Sexual Orientation	Transgender	√		
	Lesbian, Gay men and bisexual	√		
Age	Children	√		
	Older People (60+)	√		
	Younger People (17 to 25 yrs)	√		
Faith Group		√		
Pregnancy & Maternity		√		
Equal Opportunities and/or improved relations		√		

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	NO
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or

improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	

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