

**EMPLOYEES SUFFERING FROM ALCOHOL
OR DRUG MISUSE POLICY**

		POLICY	
Reference	HR/0031		
Approving Body	Joint Staff Side Partnership Forum		
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	X		
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APPENDICIES

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1.0 INTRODUCTION

The Sherwood Forest Hospitals (NHS) Trust, like any other major employer, is aware of the potential problems of alcohol and drug misuse at all levels within the organisation. In addition, it is accepted that in a health care environment, there are additional stresses and temptations for staff who work in close proximity to drugs, anaesthetic gases etc. The main aims of the policy and procedure are:-

- To encourage and assist employees who know or suspect that their misuse of alcohol or substances is affecting their behaviour and / or work performance to seek help at an early stage.
- To ensure a consistent and caring approach by managers to assist their staff who have alcohol or drug related problems.
- To provide a flexible procedure to ensure individual cases can be dealt with according to individual needs.
- To operate the policy and procedure in a non-judgmental way. However, managers will be reminded of their responsibilities for reporting concerns where suspected misuse of illegal substances are concerned.

2.0 POLICY STATEMENT

The policy and procedure applies to all members of staff employed by the Trust. This policy has been put in place to help staff that have such problems and identify the support available, such as General Practitioners, Trade Unions and Professional Organisations, Human Resources, Occupational Health and outside specialist agencies.

The main principles that underpin the policy and procedure are:

That alcohol or drug misuse is primarily a health problem and thus colleagues require specialist help.

1. That alcohol or drug misuse definitely and repeatedly interferes with the sufferer's health and job performance.
2. Those employees who suspect or know that they have an alcohol or a drug problem are encouraged to seek specialist help voluntarily with assistance from the Occupational Health Service or Staff Counselling Service if required.
3. That employees who are identified through observation or by normal procedures following poor work performance as possibly suffering from alcohol or drug misuse, are given the opportunity immediately to seek diagnosis and specialist help. At this stage, managers must consult their Divisional HR People Partner and the Occupational Health Service.
4. That the encouragement to seek and accept help from a specialist agency is on the understanding that:-

- The employee, whilst attending that agency can, if required, be put on sick leave and be entitled to normal sickness benefits. Circumstances of this nature advice should be sought from the Divisional HR People Partner in relation to the application of Trust policy.
- Every effort will be made to ensure that the employee, when considered fit by the Occupational Health Service, is able to return to the same job unless this would risk undermining a return to a satisfactory level of job performance or would jeopardise the welfare and safety of patients or staff.

There would be no demotion or other action taken unless matters of discipline were involved.

That employees who have come to notice as possibly suffering from alcohol or drug misuse but who decline to accept referral for diagnosis and / or specialist help, or who discontinue an agreed recovery programme before its satisfactory completion and whose work performance continues to be unsatisfactory, will be subject to action in accordance to relevant Trust policy.

That following a return to employment after completion of, or during, the recovery programme, should work performance or conduct suffer as a result of a further lapse of alcohol or drug misuse, each case will be considered on its merit and if appropriate, a further opportunity to accept an additional recovery programme may be provided.

That the confidential nature of any records of employees with alcohol or drug problems (or other health or social problems) will be strictly preserved.

3.0 DEFINITIONS/ ABBREVIATIONS

Abuse	To make excessive and habitual use of alcohol,
Addiction	The fact or condition of being dependant on alcohol,
Alcohol	A drink that contains ethanol (alcohol). Alcoholic drinks are divided into three general classes: beers, wines, and spirits.
Drugs and Substances	Any Class A, Class B or Class C controlled drug or substance as defined in the Misuse of Drugs Act 1971 and any associated regulations such as the Misuse of Drugs Regulations 2015. For the purpose of this policy this will also include 'Legal highs' that are not covered by current misuse of drugs laws and substances such as solvents.
Misuse	To use alcohol, drugs or substances in the wrong way or for the wrong purpose.

4.0 ROLES AND RESPONSIBILITIES

Chief Executive and the Trust Board: Are responsible for ensuring there is a policy in place.

Director of People: Is responsible for developing the policy and ensuring the provision support.

Managers: Are responsible for implementing this policy and the procedures outlined within it, seeking advice from their HR People Partner/Advisor and Occupational Health at the earliest possible stage. They should ensure that all their employees are aware of the existence of this policy.

Occupational Health: Are responsible for supporting employees as appropriate when a dependency or misuse problem has been identified or diagnosed. They will also assist and advise the managers of employees that they are supporting in matters such as their return to work. They will also provide (where possible) facilities for testing services during the hours that they are open.

HR People Partners: Are responsible for advising managers who are using the policy.

Trade Unions/Professional Organisation Representatives: Are responsible for supporting their members and providing them with advice in relation to this policy.

All Trust Employees: Have a responsibility to report for duty in a fit and competent state and not be under the influence of alcohol, drugs or other substances. They have a responsibility to follow the procedures detailed in this policy.

5.0 APPROVAL

Joint Staff Partnership Forum

6.0 DOCUMENT REQUIREMENTS

Consumption of Alcohol at work

- Employees have an implied duty of care to present for duty in a fit condition.
- Even small amounts of alcohol can impair individual performance at work. Employees must not consume alcohol during their contracted working hours, or on Trust premises
- It is generally expected that employees will not consume alcohol prior to reporting for duty. Employees must not consume alcohol during paid or unpaid breaks
- Employees travelling to or attending a function at any time on behalf of the Trust, at which alcohol is available, are expected to behave responsibly so as not to damage the Trust's image or standing. Anyone who by irresponsible drinking, damages the image / standing of the Trust, may be subject to disciplinary procedures.

Use of prescription or illegal drugs

- Employees have an implied duty of care to present for duty in a fit condition.
- If an employee is currently using drugs prescribed to them by their GP/Specialist and they feel that the side effects may affect their ability to perform their duties safely they must discuss this with their manager or with the Occupational Health Department.
- If the prescribed drugs are legally held but are being used for other than the intended medical purpose, the employee may be subject to a full investigation in accordance with Trust disciplinary procedures.
- If an employee knowingly possesses illegal substances and reports for duty and is subsequently found to be either in possession of, consuming or distributing these substances, they will be subject to the Trust disciplinary procedures and the Police will be informed.

Procedure for dealing with possible cases of alcohol or drug misuse

The procedure for dealing with suspected cases of alcohol or drug misuse is described in Appendix 1a and Appendix 1b of this policy. Operational Managers will be responsible for initiating the use of the procedure (in consultation with their HR People Partner / Operational HR Team and the Occupational Health Service). Up to date training on the use of this policy and procedures will be provided on a regular basis.

Alcohol or drug misuse may be suspected in the following circumstances:-

- a) Frequent lateness, repeated brief periods of absence for trivial or inadequate reasons, impaired concentration and memory.
- b) Smelling of alcohol / illicit substances or under the influence of alcohol / illicit substances during working hours.
- c) Absenteeism, uncertified or certified, particularly related to weekends, holidays etc.
- d) Mood changes, irritability, lethargy.
- e) Proneness to accidents, minor accidents on the job and accidents away from the job, mistakes, errors of judgement.
- f) Deterioration in relationships with fellow workers, borrowing money.
- g) Hand tremors, slurred speech, facial flushing, bleary eyes and poor personal hygiene.

Suspensions may also be aroused following routine sickness absence interviews or appraisal interviews.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Effectiveness	JSPF	Audit of policy effectiveness	Quarterly	JSPF

8.0 TRAINING AND IMPLEMENTATION

This policy will be monitored and evaluated to ensure its continued appropriateness. As it is preventative in nature the overall effectiveness or ultimate impact may only be determined over a long time period, however, some components of the policy can be evaluated in the short term:

- Ensuring the policy is promoted and awareness is raised about the policy and is known about and understood by employees and that a copy is accessible.
- Employees are aware of basic facts about alcohol including 'units' of alcohol and sensible drinking through an awareness campaign.
- Monitoring undertaken by Occupational Health of the numbers of self and management referrals within the bounds of confidentiality.

9.0 IMPACT ASSESSMENTS

This document has been subject to an Equality Impact Assessment, see completed form at Appendix 2.

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

Health and Safety at Work Act 1974
The Road Traffic Act 1988
Transport and Work Act 1992
The Management of Health and Safety at Work Regulations 1999
The Misuse of Drugs Act 1971
Misuse of Drugs Regulations 2001

Related SFHFT Documents:

Disciplinary Policy
Sickness Absence and Wellbeing Policy
Capability Policy

11.0 KEYWORDS

N/A

12.0 APPENDICES

APPENDIX 1a

Dealing with possible cases of alcohol or drug misuse

The Sherwood Forest Hospitals (NHS) Trust wishes to give employees who, at any time and for any reason may be suffering from alcohol or drug misuse, the opportunity to obtain specialist help.

Should an employee be found to have such a problem, then we are committed to offering every assistance in accordance with the principles of the policy. The procedural arrangements are:-

When an employee believes that he / she has an alcohol or drug problem, then that person should seek specialist help as soon as possible. The Occupational Health Service is available to give advice. It is obvious that the earlier this is done the greater will be the possibility of recovery, and the economic loss to the employee and the Trust will be kept to a minimum.

Immediately a supervisor or colleague suspects that an employee has an alcohol or drug problem, he / she must draw this to the attention of the Line Manager concerned. The manager will then arrange to meet with the employee and should advise them of their right to be accompanied by his / her staff representative, if desired. The interview will be confined to principally cover aspects of work performance and behaviour.

The manager should, however, enquire of the employee whether he / she has a health problem which might be a contributory factor to the work problem. Any reported concerns about the use of alcohol or drugs should be raised in a sensitive manner, if the employee concerned does not raise this first. Managers should not pass any opinion or judgement on alcohol or drug misuse. The aim should be to get the employee to admit to, and voluntarily seek help for the problem.

In the event of the employee either confirming or denying that there is any health problem, the manager makes a referral to the Occupational Health Service. Alternatively, the employee may wish to propose some alternative therapeutic agency and if this is acceptable, this should be arranged after consultation with the Occupational Health Physician. The manager should discuss with the employee about his / her work performance. Should poor work performance and behaviour recur, the employee must be met with again informally, with appropriate representation if desired, and consideration given to obtaining further Occupational Health advice. If the employee indicated that he / she has no health problem appropriate action should be taken within the framework of the relevant Trust policy.

Where the Occupational Health Service confirms that the employee has an alcohol or drug problem, the Occupational Health Clinician will liaise with the employees' treating clinician/s (e.g. GP, Specialist) as appropriate and indicated

When the employee accepts the treatment/specialist support programme offered he / she will return to normal work if considered fit by the Occupational Health Service. Should a return to their post carry with it a risk of recurrence of the drug or alcohol misuse or a risk or jeopardising the welfare and safety of the patients or staff a suitable alternative should be provided if available. If a suitable post is not available, then the employee will be placed or remain on sick leave/ authorised medical absence.

When the employee does not accept the treatment/specialist support recovery programme offered, then Occupational Health Service will refer him / her back to the Manager who will then assess whether the employee should resume work following relevant Occupation Health Advice. If an employee returns to work and work problems recur, the Manager will take the appropriate action within the framework of the relevant Trust policy, following advice from the Operational HR Team.

When the Occupational Health Service advises that the employee has no health problem, the manager must assess the position and if necessary have resource to the disciplinary/capability procedure.

On the occasion where there is evidence to suggestion that an employee is under the influence of either drugs or alcohol, advice can be obtained from the People Directorate for an independent test to be administered in accordance with appendix 1c. It is advised that this process would be used in rare circumstances.

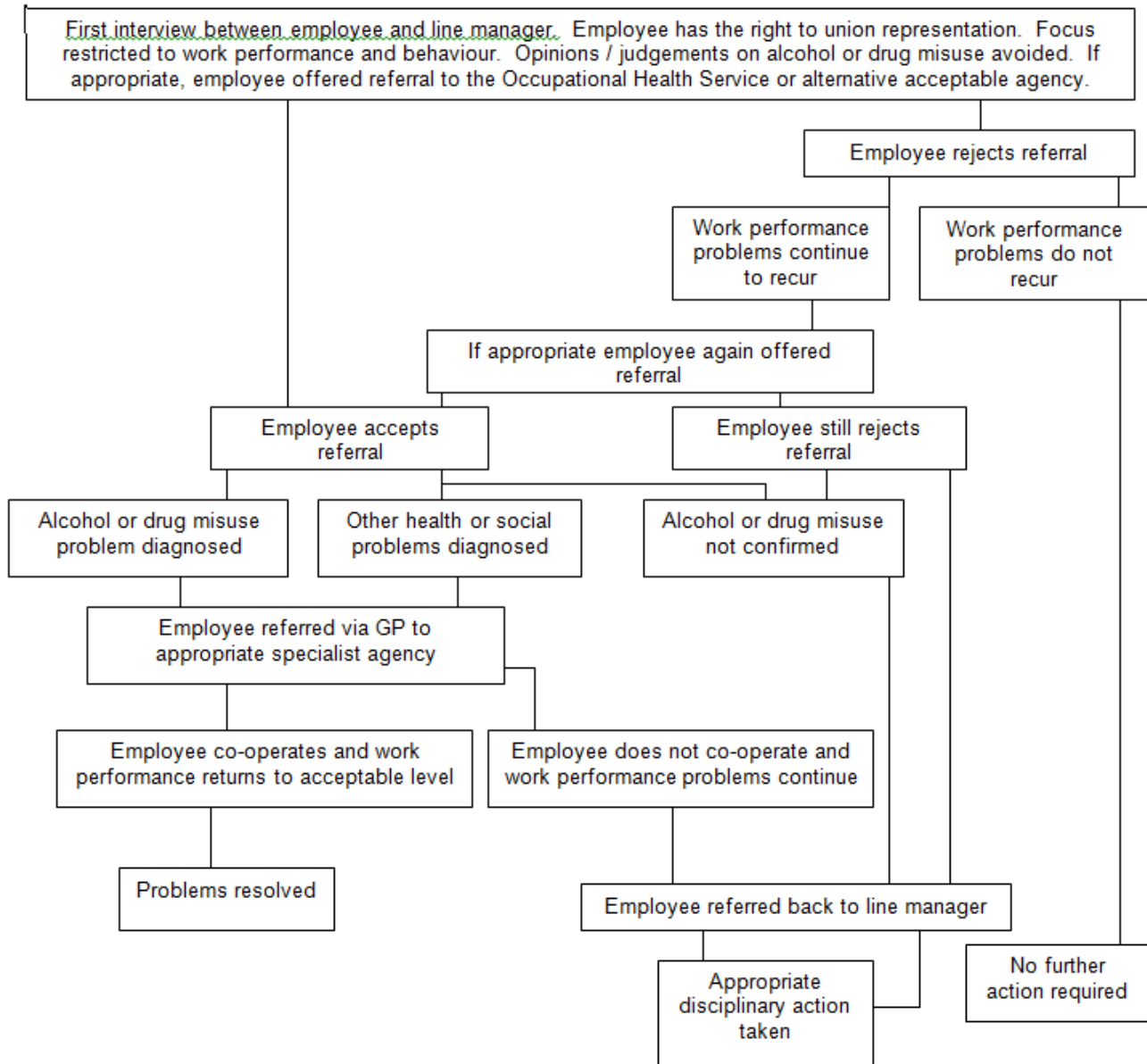
In rare circumstances where employees are suffering from alcohol or drug misuse advice should be taken from the Divisional People Partner team in regards to establishing in a referral to any professional bodies are required.

Note Managers should note, that guidance on the operation of this procedure must be obtained from their Divisional People Partner.

APPENDIX 1b

Flow Chart for dealing with possible cases of alcohol or drug misuse

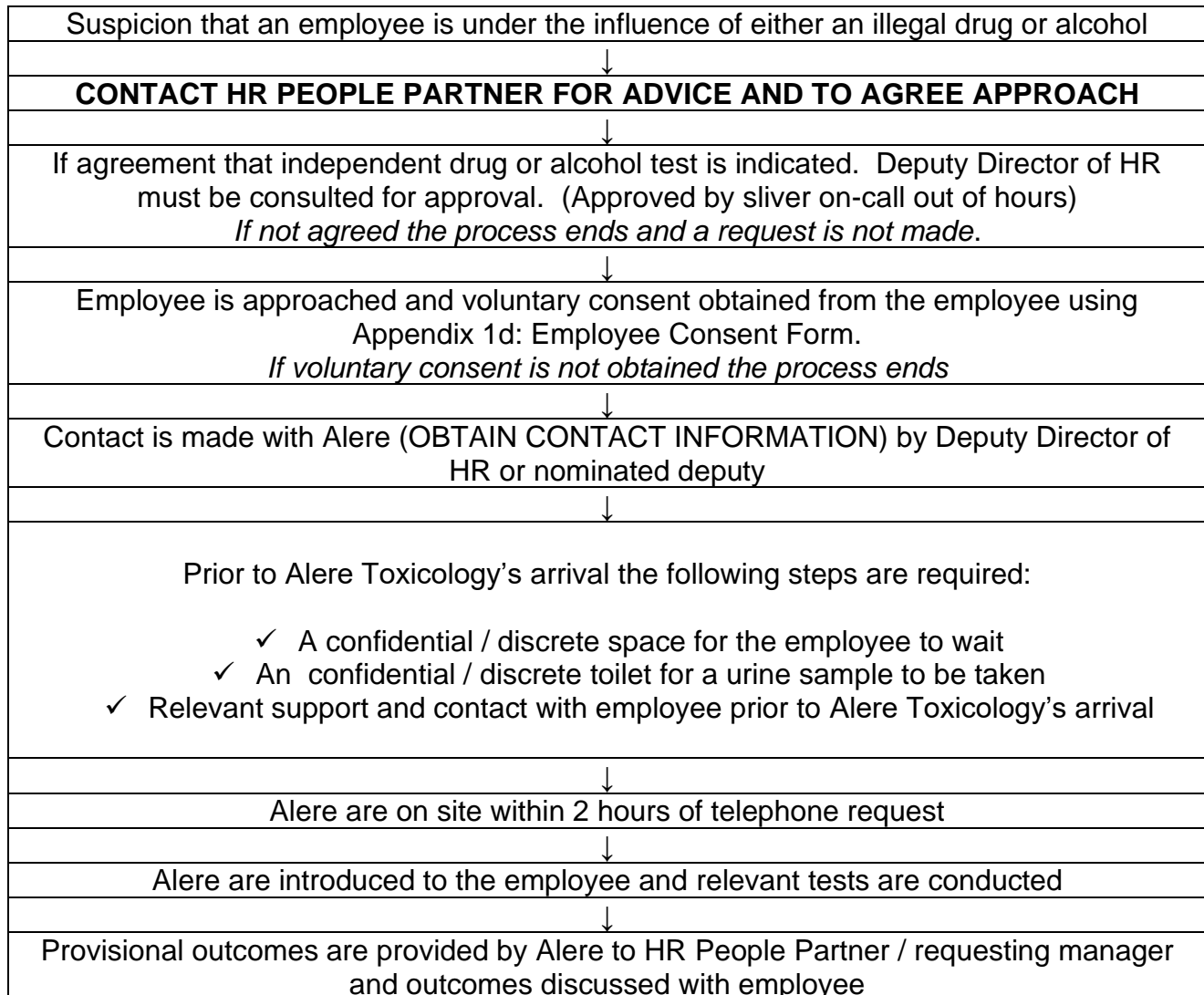
The following stages in procedure are suggested regarding employees who come to notice as possibly suffering from alcohol or drug misuse, either from observation of behaviour or as a result of a deteriorating pattern of work performance.



APPENDIX 1c

Agreed process when wish to approach Alere Toxicology for an independent drug or alcohol test is required

Please note, prior to following Appendix C contact must be made with your local HR People Partner



APPENDIX 1c

Consent Form

I consent to provide samples of breath and/or urine for the purpose of alcohol and drug analysis by Alere Toxicology PLC (an external company used by the Trust for this purpose).

I am aware that Alere Toxicolgy will release all test results to a specified Trusts HR People Partner and requesting Manager

PRINT NAME

JOB TITLE

SIGNATURE

DATE

APPENDIX 2 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Employees Suffering From Alcohol Or Drug Misuse Policy			
New or existing service/policy/procedure: Existing Policy			
Date of Assessment: 09/01/2023			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	None		
Gender	None		
Age	None - There is a perception that young people are more likely to use drugs and alcohol but it is an issue that impacts upon all age groups. This Policy is consistent in its approach to the management of drug and alcohol related problems regardless of the employee's age.		
Religion	None – whilst some employees may fast due to their religious beliefs, this has not been known to result in samples being unable to be obtained.		
Disability	None		
Sexuality	None		

Pregnancy and Maternity	None		
Gender Reassignment	None		
Marriage and Civil Partnership	None		
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None		
What consultation with protected characteristic groups including patient groups have you carried out? <ul style="list-style-type: none"> Discussions with Occupational Health colleagues 			
What data or information did you use in support of this EqIA? <ul style="list-style-type: none"> Knowledge of the policy and the Equality Act 2010 			
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? <ul style="list-style-type: none"> No 			
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: Low Level of Impact For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
Name of Responsible Person undertaking this assessment: People Operational Lead			
Signature: A Hardy			
Date: 09/01/2023			