

Alcohol and Drug Misuse Policy

Document Summary

To provide a supportive framework for all employees who may be encountering problems related to Alcohol/Drugs. To provide details of the circumstances when the 'For Cause' testing process will be invoked and

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POLICY AUTHOR	HR Business Partner
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KEY WORDS	Alcohol, Drug Misuse

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments.

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1.SCOPE

This policy applies to all St Helens & Knowsley Hospitals Trust employees/bank and agency staff as well as to any individual working on site on behalf of the Trust.

2.INTRODUCTION

The misuse of alcohol/drugs may adversely affect the delivery of services in the following ways: absenteeism, lateness, poor concentration or effort, increased accidents or misconduct. Consequently, an active policy of assisting staff with an alcohol/drug related problem will have a positive impact on service delivery.

The Trust recognises that alcohol/drug misuse is a condition for which the individual may require assistance and sometimes treatment to aid recovery. This Trust regards alcohol/drug misusers as people who require help and rehabilitation and aims to offer help to any employee with an alcohol/ drug problem.

The Trust has a public duty to set an example by promoting a culture in which employees must be free from any traces of drugs or alcohol whilst they are at work. In order to maintain public confidence in the ability of all employees to deliver a safe and effective service this policy must apply.

3.STATEMENT OF INTENT

There is a clear link between the misuse of alcohol and drugs and reduced safety and efficiency. Hence the aims of the policy are as follows:

- Provide support to staff with an identified problem
- Encourage health and wellbeing of staff
- To ensure that an employee's use of alcohol or drugs does not affect the health and safety of individuals themselves, their fellow workers, patients, or others with whom they come into contact in the course of their work
- To ensure that an employee's use of alcohol or drugs does not affect the efficient and effective operation of the organisation's activities
- To set out the Trust's rules on alcohol, drugs and substance abuse
- To provide guidance on the symptoms and effects of alcohol, drugs, and substance misuse
- To provide guidance on the symptoms and effects of alcohol, drugs, and substance misuse, for managers, highlighting how to recognise the problem and thus lead to the early detection of the alcohol/drug misuser
- To promote confidential and sensitive management of staff with alcohol or substance misuse problems, adopting an approach that is appropriate to the circumstances
- To promote an environment in which individual employees suffering from alcohol or substance misuse feel confident to request help and assistance. Thereby removing the need to conceal and deny problem
- To assist in identifying employees with problems at an early stage and provide guidance and encourage them to seek appropriate help.

4.DEFINITIONS

Alcohol/Drug or Substance Misuse – A drug used inappropriately and/or illegally. Usually an illegal substance, such as heroin. This could include a prescription drug used inappropriately.

Addiction – The repeated use of an intoxicating substance resulting in periodic or chronic intoxication. This leads to a dependence which is an impaired control over the use of the substance and difficulty functioning without it.

Intoxicating substance – A psychoactive substance such as alcohol or drugs (legal or illegal) which causes a transient effect on the level of consciousness, cognition, perception, behaviour or other functions or responses.

Substances – Substances subject to the Misuse of Drugs Act 1971; Alcohol; Prescription only medications for which no valid prescription is available; Novel Psychoactive Substances

Detoxification – A process in which a patient is assisted, through symptomatic relief, to withdraw from a drug or alcohol in a controlled way in order to minimise adverse effects.

'For Cause' testing – Testing for the presence of alcohol or drugs following an incident where an employee is suspected of being intoxicated, as part of an agreed return to work plan or detoxification where it is agreed testing will occur.

Chain of Custody – Management of the process of collecting, handling, storing and testing biological samples in order to prevent interference or contamination

5.DUTIES ACCOUNTABILITIES AND RESPONSIBILITIES

5.1 Trust Board

The Board are responsible for ensuring that this policy is fully implemented and that there is a continuing commitment to making staff aware of where to find information about alcohol and drug misuse as part of the Trust role in supporting the health and wellbeing of the workforce.

5.2 Board of Directors

The Board are responsible for ensuring that the policy is being adhered to, both collectively and by the management and staff in their area of responsibility. The monitoring of the impact of the policy will be delegated to the HR Council and the auditing to the HR Management team, however the HR Director and HR Council will highlight any areas of significant shortfall identified to the Board. The Trust Board is accountable for ensuring that the Trust meets its statutory obligations under Health & Safety legislation including the provision of a safe place of work for all employees.

5.3 Managers

Managers are responsible for the implementation of this Policy within their areas of responsibility.

Managers, in particular, need to be aware of the early signs of alcohol/drug misuse and appropriate training will be given regarding this early detection and the next steps to take, including counselling skills. Appendix 2 of the Policy identifies indicators of a potential problem.

Managers must maintain the highest levels of confidentiality, as would be given when dealing with any other medical condition. Information will only be shared with those people where it is deemed necessary for the benefit of the individual and the Department/Trust.

Managers and other supervisors should keep accurate records of instances of poor performance or other problems that might be related to drugs or alcohol problems.

Managers who are aware of any employee who is not free from alcohol and or drugs and must under no circumstances permit them to continue working to ensure the Health and Safety of all employees and service users.

Should a manager become aware of an employee who is not free from alcohol or drugs the flowchart as given in appendix 3 must be followed and a datix completed.

Managers must identify any aspects of the work situation which could be contributing to the alcohol/drug misuse and change them where appropriate.

5.4 Employees

All employees or contractors are strictly prohibited from attending work if they are not free from alcohol and or drugs. This includes consumption prior to starting work where traces of alcohol or drugs remain in the system (See Appendix 6 for guidance on the time it takes for alcohol to leave the body), and during work including break times and on call.

Every member of staff has a statutory duty of care and responsibility to ensure they do not put themselves or others at risk in the workplace (Section 7 of the Health and Safety at Work Act 1974). In addition, doctors, nurses, midwives and other professionals have duties under the Professional Codes of Conduct as issued by the GMC, NMC and other regulatory bodies.

No employees or contractors should be in the possession of or supply illegal substances in the workplace and any such case will be reported to the police. Individuals are responsible for declaring any convictions received outside of work of the above nature or related driving convictions to their Line Manager. The suitability of the individual to continue their role will be dealt with in accordance with the Trust Disciplinary Policy.

All staff have a duty to inform their line manager if they suspect a colleague has a problem with alcohol, drug or substance misuse to ensure the appropriate support can be offered. Any act of covering up for a colleague could breach individual responsibilities towards Health and Safety at Work and may result in disciplinary action being taken.

Staff are encouraged to disclose any newly diagnosed medication to their manager in order for a risk assessment to take place. Staff taking prescribed medication should contact the Health, Work & Wellbeing Department for advice if they think that it may have an adverse effect on their ability to carry out duties.

Staff may request a drug/alcohol test to disprove an allegation being made.

5.5 Human Resources

The Human Resources Department will provide guidance and, where appropriate, assistance to managers and staff regarding the implications of the Policy.

Human Resources managers will provide advice and assistance on the implementation of this policy and on the appropriate use of the Disciplinary Procedure in relation to alcohol/drug misuse to both staff and managers.

5.6 Health, Work & Wellbeing

The Health, Work & Wellbeing Department in conjunction with the Human Resources Department and Organisational Development Department will determine and carry out the training requirements for the implementation of the Policy.

The Health, Work & Wellbeing Department will be responsible for liaising with an employees' GP and any other relevant clinicians regarding appropriate treatment, detoxification and management of an employee's health in relation to work.

The Health, Work & Wellbeing Department will participate in training programmes to educate Trust employees on alcohol related issues, and will promote sensible drinking habits by highlighting 'safe' levels of alcohol consumption.

Health, Work & Wellbeing staff will monitor progress, on behalf of the organisation and the individual, with respect to the work implications of the individual's condition and treatment.

Information and advice on any alcohol/drug related problems is freely available from Health, Work & Wellbeing Department.

Health, Work & Wellbeing staff will advise management and individuals to any modification of duties, hours, workload and responsibilities which may assist with continuation of work or rehabilitation in support of managing the health problem.

6.PROCESS

6.1 Overview

Any employee who seeks the assistance of the Trust in finding treatment for an alcohol or drug problem has the Trust's complete assurance of confidentiality.

Early identification and treatment is essential if problems for the employee and Trust are to be avoided. Employees who feel they have a problem are encouraged to come forward and seek assistance. Employees who wish to seek help and advice should approach their immediate line manager, the occupational health department, or human resources department to seek support and assistance for treatment and rehabilitation.

If the employee accepts treatment, any absence from work will be treated as sick leave providing the employee submits a medical certificate. The period of absence will be reviewed according to procedures laid down in this Trust's Attendance Management Policy. To assist any attendance management process the Equality Act 2010 outlines that 'it is not necessary to consider how impairment is caused, even if the cause is a consequence of a condition which is excluded'. For example, liver disease as a result of alcohol dependency would count as impairment, although an addiction to alcohol itself is expressly excluded from the scope of the definition in the Act.

In the event of an employee not cooperating or achieving a successful agreed or recommended course of treatment, lapses in the employee's performance, conduct or attendance will be dealt with in accordance with the Trust's normal Disciplinary, Capability or Attendance Management procedures, as appropriate. This includes any matter arising before suspension or disciplinary procedures.

Any employee may only return to work when declared fit to do so by the Trusts HWWB Department who must be fully informed of the nature of the employee's duties – by way of reference to the Job Description and/or discussion with the manager. Consideration may be given to suitable alternative employment where appropriate.

If staff remain at work during recovery, consideration may be given to adjusting work practices in the best interest of the member of staff, patients and the Trust.

The Trust's disciplinary policy/procedure will be invoked in instances where staff are found to be over the 'acceptable limit' for alcohol or who fail a drugs test or refuse to take an alcohol or drugs test, **or** where staff refuse treatment where this would cause a potential risk to others, or in instances of dealing (giving away or selling) drugs in the workplace. (Where drugs are prescribed in the course of a staff member's treatment and given to the staff member, this is not included in the above definition).

The Trust's disciplinary procedure can be suspended for a reasonable period at the discretion of management, pending investigation of whether the employee has a medical problem amenable to treatment and, if so, for that treatment to be undertaken.

Whether the disciplinary procedure is suspended or not will depend on the following factors:

- The nature and seriousness of the employees alleged offence
- The evidence that the employee has a health related problem
- The employees willingness to be treated

Any employee whose work performance is not free from alcohol or drugs runs the risk of committing an offence under the Health and Safety at Work Act if, as a result, they act in a way which jeopardises their own safety and the safety of others. This would also be regarded by the Trust as Gross Misconduct and dealt with accordingly.

6.2 If you have a problem

Employees who believe they are developing or have a drug, substance or alcohol problem should seek help and advice as soon as possible through approaching their immediate line manager, the HWWB department, or human resources department to seek support and assistance for treatment and rehabilitation.

Any employee may refer themselves to the HWWB Department without the obligation to inform their managers. The employee should also utilise specialist support networks available to them such as their GP or treatment services (Appendix 7 lists support services available). It would be advisable, however, for such employees to inform their manager as any treatment may necessitate time off work and require managerial support. Strict confidentiality will be preserved in all cases.

6.3 If you have a concern about a colleague

Employees who are concerned that a colleague is exhibiting symptoms of an alcohol, substance or drug related problem they should notify their manager or supervisor. Their comments will be handled in a confidential manner. They may also consider approaching, in strict confidence, the Human Resources Department, Trade Union/Professional Body representative or a member of the HWWB Team.

Staff should note that collusion, protection, denial or concealment may all conspire to worsen matters for patients, other staff and the misuser themselves. Furthermore, this may result in disciplinary action.

Employees making false accusations in bad faith will be subject to appropriate disciplinary action that could include dismissal.

6.4 If an employee requests assistance with a problem

If an employee approaches the Line Manager to raise a concern regarding a drug, substance or alcohol problem a file note should be made and stored in the personal file, an urgent referral done to the Health, Work and Wellbeing Department and the next steps agreed with them in conjunction with HR.

If a problem is confirmed by the Trust Health, Work and Wellbeing Department the employee should be referred to the relevant support services as listed in Appendix 7. Once the employee and support service agree a support plan the Health, Work and Wellbeing Department may request a copy in order to assess what support they can provide from an employment perspective. This should be used to decide on reasonable timescales and necessary adjustments which should be agreed between the employee, Line Manager and HR. The employee has the right to be accompanied at this meeting.

The return to work plan should encompass the following:

- The employee may be asked to sign an abstinence agreement which will define the duration of monitoring on return to work.
- Regular and random drug or alcohol testing may be arranged
- If deemed necessary a risk assessment should be completed to consider whether the employee should resume to the same role
- An agreed period of time for monitoring following treatment

Action following the recurrence of a drug or alcohol related incident will be assessed according to each individual case. It is recognised that drug and alcohol addiction is a condition which can result in relapse. As above, the support that the Trust is able to offer on repetition of an incident will be evaluated on each individual basis with consideration of the service delivery and potential disciplinary actions.

Following the implementation of a support plan, if an employee deviates or fails to comply with the agreement set out to aid recovery and return to work action may be taken in accordance with the Trust Disciplinary policy, which could result in dismissal.

6.5 If a Manager has a concern about a member of staff – (Appendix 5)

If a Manager has reason to believe a member of staff has an alcohol/drug/substance misuse problem, the first step will be to meet with the individual to discuss the issue, outlining what is causing the concern.

Concerns may arise through:

- a perceived change in personality/behaviour
- increased sickness absence
- deterioration in work performance
- accidents/incidents
- physical signs/evidence
- (please see Appendix 2 for further signs etc)

The Manager will approach the meeting with sensitivity and assure the individual that the purpose is to help and support if required. The individual will be given the opportunity to reconvene the meeting at a later date to allow time to obtain colleague or union representation if such a person is freely available and this does not cause

any unreasonable delay. Please refer to Appendix 4 for appropriate questions that should be asked.

If the manager has any doubt or concern about the information provided or about the individual's behaviour or a potential health and safety risk then the staff member will be required to undertake an alcohol and drugs test.

The test will be administered by a Technician from Synergy Health as per the testing process detailed in Appendix 5 and Appendix 8.

For all tests, wherever possible, there should be a Trust management witness with the Synergy Technician to observe and confirm that the appropriate procedure has been followed. The staff member is able to be accompanied by a staff representative or workplace colleague to act as their witness – if freely available on site at the time of the test and so will not result in any delay in the test being undertaken. The unavailability of a witness will not preclude the tests being undertaken.

If the test is undertaken at a significant time after the individual commenced their duties a request will be made to Synergy to estimate the level of alcohol present at the time of arrival in work. This extra information will also be taken into account in any decision on action taken.

Following the tests the below will be considered before taking further action:

- Whether the test results were positive or negative.
- If a positive alcohol test, the level at the time of the test and the level on commencing work as extrapolated back
if positive whether this is a decreasing or rising result (the latter would indicate the individual could have been drinking alcohol in work/shortly before commencing work)
- The number of occurrences
- The severity of the behaviour
- The potential Health & Safety risks as a result of the episode

If the employee admits they have consumed alcohol, substances or drugs, is very open about the amount they have consumed, is very open about any dependency they may have and accepts the support offered, then consideration will be given to whether the procedure detailed in 6.4 should be undertaken. The severity of the incident and the potential Health and Safety risk will determine whether disciplinary action is also taken. Once the manager has consulted with HR, the disciplinary procedure will be commenced in situations where this is deemed necessary.

If the employee refuses to consent to a test without a reasonable explanation which is satisfactory to the Trust, this will be regarded as a failed ie positive test. They should be advised that the available evidence will be used in further investigation into this incident and any subsequent decisions that are made. The employee should be suspended pending further investigation concerning potential disciplinary action and if necessary referred to the Health, Work and Wellbeing Department.

Transport arrangements should be offered by the manager for the employee to travel home if the test results indicate it is advisable that they do not drive.

Whilst undergoing treatment or receiving help, if an employee is unable to attend work this will be managed under the Attendance Management policy. If an employee is undergoing treatment or receiving help and is still attending work this will be managed under the Attendance Management policy.

After receiving treatment/help, the employee will return to their post, unless there is a medical opinion to the contrary, in which case, every effort will be made to redeploy.

On return to work following treatment for alcohol/drug misuse, the Health, Work & Wellbeing Department will continue to support the employee as necessary.

6.6 Potential Gross Misconduct

Instances of drinking or misusing drugs/substances whilst on duty or attending work while under the influence of alcohol or having traces (metabolytes) of drugs in their system (as found in a urine sample) such that health and safety may be jeopardised, will be regarded as gross misconduct and dealt with under the Trust's Disciplinary Policy. If the matter is regarded as being short of gross misconduct and a dependency problem is identified the individual - depending on the attitude of the individual and the health and safety considerations regarding patients and colleagues may be dealt with in accordance with this policy (subject to the exception below).

If the decision is not to regards the matter as gross misconduct then the Trust's aim is to support any member of staff who has a genuine alcohol/drug/substance misuse problem. In this regard however, the single most important factor involved in resolving this type of problem is the motivation of the individual concerned. Staff who do not admit that they have a problem or refuse to undertake testing, decline to accept assistance or who discontinue or fail to regularly attend for treatment/counselling and subsequently continue to display unsatisfactory conduct or work performance will give the Trust no alternative but to take action under the Disciplinary Policy and Procedure f

If, during the course of the investigation, the employee admits to an alcohol/substance misuse problem and agrees to seek treatment/help, proceedings will normally be 'suspended' if the act of misconduct is not regarded as serious and the matter dealt with in accordance with Appendix 3 below.

In certain cases, where the act of misconduct is serious, regardless of the admission of a problem and a willingness to seek treatment/help, the Trust may determine that the matter continues to be dealt with as a Gross Misconduct issue in accordance with the Trust Disciplinary Policy.

6.7 Suspecting alleged illegal behaviour

If a manager is aware or suspects that an employee is/has been involved in a possible illegal act for example; theft of drugs or having an illegal prescription then in addition to ensuring the employees is tested for the drugs in question (as above process) the involvement of the police will be considered. The matter must be

referred to the Director on Duty or Executive Director on call who will consider whether to notify the police.

If the police do not instigate proceedings then it is the duty of the managers themselves to consider what further internal investigations and actions are required, seeking help as appropriate.

If the police do decide to conduct their own enquiries, HR and the relevant manager investigating the incident are to make every effort to conduct their investigation in co-operation with the police. If there is a danger that management investigations may prejudice police enquiries or court proceedings then the manager must consult the police and the Trusts own legal advisors before proceeding. The police do not have a veto on investigations that management properly believes should be conducted at the same time as police enquiries.

7. TRAINING

Where training is a mandatory training requirement, refer to the Mandatory Training Policy and Training Needs Analysis. Complete the training requirements section in the document control section of the policy.

If any additional specialist training is required (outside the Trust's mandated programme), this training must be specified in the body of the document along with the staff groups to whom it applies (e.g. consent competency procedure specific training, equipment competency training).

8. MONITORING COMPLIANCE WITH THIS DOCUMENT

8.1 Key performance Indicators of the Policy

Describe Key Performance Indicators (KPIs) Must reflect	Frequency of Review	Lead
Monitor number of cases by Area and Staff grade.	Annual	Head of HR

8.2 Performance Management of the Policy

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Monitor number of cases by Area and Staff grade.	From investigation information	Head of HR	Annual	Workforce Council	Workforce Council

9. REFERENCES/ BIBLIOGRAPHY

ACAS Guidance

Alcohol Concern 'Drink, Drugs & Work don't mix & Impact of alcohol problems on the workplace'

CIPD 'Alcohol and Drug Policies in UK Organisations'

Health & Safety Executive 'Don't Mix it'

Health & Safety Executive 'Drug Misuse at Work'

Health & Safety Executive 'Substance Misuse in the Workplace'

Health & Safety at Work Act 1974

Management of Health & Safety at work regulations 1999

Misuse of Drugs Act 1971

Workplace (Health, Safety & Welfare) Regulations 1992

10. RELATED TRUST POLICY/PROCEDURES

Attendance Management Policy & Procedure

Capability Policy

APPENDIX 1

Equality Analysis

"St Helens and Knowsley Teaching Hospitals NHS Trust is committed to creating a culture that promotes equality and embraces diversity in all its functions as both an employer and a service provider. Our aim is to provide a safe environment, free from discrimination, and a place where all individuals are valued and are treated fairly. The Trust adheres to legal requirements and seeks to mainstream the principles of equality and diversity through all its policies, procedures and processes.

The Trust takes a zero tolerance approach to all forms of discrimination, harassment and victimisation and will make every effort to ensure that no patient or employee is disadvantaged, either directly or indirectly, on the basis that they possess any of the "protected characteristics" as defined by the [Equality Act 2010](#). The protected characteristics are as follows: - race; disability; sex; religion or belief; sexual orientation; gender reassignment; marriage and civil partnership; pregnancy and maternity; and age.

This policy will be implemented with due regard to these commitments.

All authors of policy documents must include a completed equality analysis Stage 1 screening. Policy authors must refer to the Trust [Equality and Diversity Policy 2011](#) and the equality analysis toolkit and associated guidance documents (Stage 1 and Stage 2) available on the intranet.

Equality Analysis for this policy

<u>Equality Analysis Stage 1 Screening</u>		
1	Title of Policy:	Alcohol and Drug Misuse Policy
2	Policy Author(s):	HR Business Partner
3	Lead Executive:	Director of Human Resources
4	Policy Sponsor	Deputy Director of Human Resources
5	Target Audience	All Trust Staff.

6	Document Purpose:	To provide a supportive framework for all employees whom may be encountering problems related to Alcohol/Drugs.	
7	Please state how the policy is relevant to the Trusts general equality duties to: <ul style="list-style-type: none"> eliminate discrimination advance equality of opportunity foster good relations 	This policy is designed to ensure that staff are treated fairly, consistently and in a reasonable manner	
8	List key groups involved or to be involved in policy development (e.g. staff side reps, service users, partner agencies) and how these groups will be engaged	HR professionals, managers and staff side representatives	
<p><i>NB Having read the guidance notes provided when assessing the questions below you must consider;</i></p> <ul style="list-style-type: none"> Be very conscious of any indirect or unintentional outcomes of a potentially discriminatory nature Will the policy create any problems or barriers to any protected group? Will any protected group be excluded because of the policy? Will the policy have a negative impact on community relations? <p>If in any doubt please consult with the Patient and Workforce Equality Lead</p>			
9	Does the policy significantly affect one group less or more favourably than another on the basis of: answer 'Yes/No' (please add any qualification or explanation to your answer particularly if you answer yes)		
		Yes/No	Comments/ Rationale
	<ul style="list-style-type: none"> Race/ethnicity 	No	
	<ul style="list-style-type: none"> Disability (includes Learning Disability, physical or mental disability and sensory impairment) 	No	
	<ul style="list-style-type: none"> Gender 	No	
	<ul style="list-style-type: none"> Religion/belief (including non-belief) 	No	
	<ul style="list-style-type: none"> Sexual orientation 	No	
	<ul style="list-style-type: none"> Age 	No	
	<ul style="list-style-type: none"> Gender reassignment 	No	
	<ul style="list-style-type: none"> Pregnancy and Maternity 	No	
	<ul style="list-style-type: none"> Marriage and Civil partnership 	No	
	<ul style="list-style-type: none"> Carer status 	No	
10	Will the policy affect the Human Rights of any of the above protected groups?	N/A	
11	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N/A	
12	If you have identified a negative impact on any of the above-protected groups, can the impact be avoided or reduced by taking different action?	N/A	

13	How will the effect of the policy be reviewed after implementation?	Annually by HR Management or sooner if concerns are highlighted by managers or TU representatives.
If you have entered yes in any of the above boxes you must contact the Patient and Workforce Equality Lead (0151 430 1042 Annette.craghill@sthk.nhs.uk) to discuss the outcome and ascertain whether a Stage 2 Equality Analysis Assessment must be completed.		
Name of manager completing assessment: (must one of the authors)		Diana Lewis
Job Title of Manager completing assessment		HR Business Partner
Date of Completion:		18 th December 2015

The Trust has a duty as a public body to publish all completed Equality Analysis Screening and Assessments. Please forward a copy of your completed proforma to Annette.craghill@sthk.nhs.uk

The Patient and Workforce Equality Lead will conduct an audit on all completed Screening and Assessments every six months

Indicators of a potential problem

Absenteeism - frequent and unexplained absences

- poor time-keeping
- sickness, certified and uncertified

Poor Performance - mistakes and errors of judgement

- telling lies about performance
- fatigue
- lack of concentration
- memory slips
- tendency to get confused

Changes in Personality - altered relationships with colleagues

- moodiness
- irritability/aggressive behaviour
- lethargy
- diminishing responsibility
- tendency to blame others for short-comings
- avoiding company or a tendency to become isolated
- Agitated behaviour when in a group
- Lack of interest in work

Accident Proneness - frequent injuries and accidents on and off the job

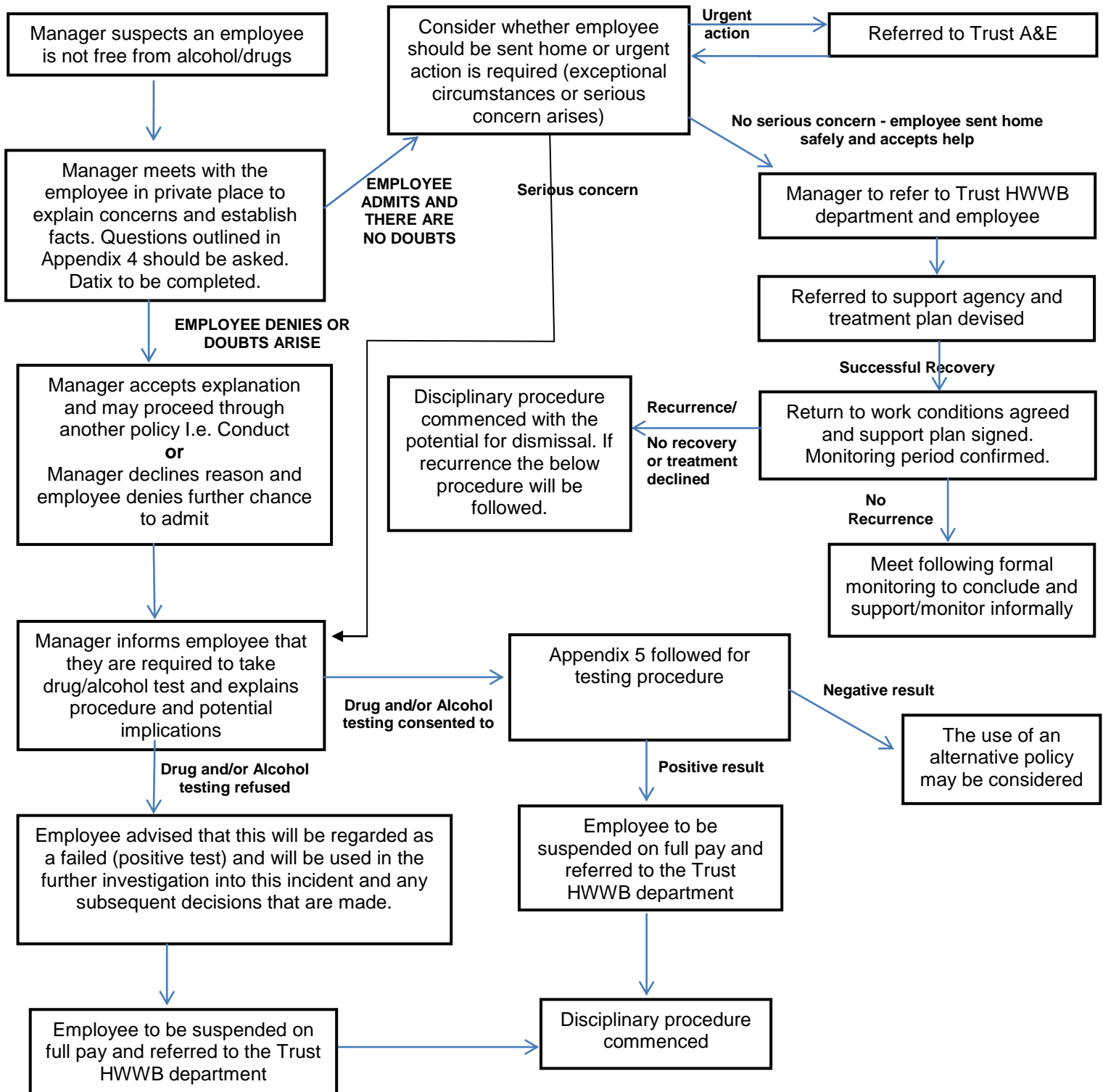
- careless handling and maintenance of equipment
- reduced 'safety sense'

Other Signs - smell of alcohol on breath

- hand tremor
- facial flushing and bleary eyes
- lowering of personal standards i.e. cleanliness, dress
- borrowing money
- drinking at work
- weight loss
- excessive use of perfume
- dishonesty and theft (arising from a need to maintain an expensive habit)
- found with drugs in their possession
- Leaving work early

N.B. Some of these signs may be symptoms of other illness

Flow chart of actions if manager suspects alcohol/drug misuse



Please note advice from HR should be sought throughout the process

Questions which should be asked by managers when handling case of known/suspected alcohol or substance misuse

These Questions are a guide for managers, to be used as a sensitive way to approach a suspected intoxicated employee in the initial meeting. Notes of responses from the employees and observations should be made.

- Are you feeling okay today/tonight?

- I am concerned about your behaviour/ appearance OR a colleague has raised a concern about your behaviour/appearance

- Do you feel yourself? – Probe for further details

- Are you taking any prescribed medication? Does it give you any side effects?

- Have you consumed any alcohol, substances or taken any drugs recently? If yes ask for details of amounts and when – if there is a disparity between the explanation and the other evidence question further

- Outline to employee what has been observed (in a sensitive manner) and ask for an explanation of this

Testing for Alcohol and Drug Misuse

Under what circumstances should testing occur?

- If an employee is suspected of not being free from alcohol or drugs by their Manager (this includes being found with drugs in contravention of the local management of medicines policy)
- is/has been involved in a possible illegal act for example; theft of drugs or having an illegal prescription
- If requested by a staff member to disprove an allegation being made
- As part of a return to work plan
- Return to work agreement after detoxification

Procedure if Manager suspects employee is not free from alcohol or drugs following asking questions outlined in Appendix 4

Drug and Alcohol tests can be arranged during normal office hours (Monday to Friday 8am to 5pm excluding bank holidays) and can be booked by calling the Trust's HR Department (Extension numbers 1008, 1456 or 2131) or the Lead Employer HR (phone numbers 0151 478 7671 or 0151 290 4245 or 0151 430 1400) as appropriate. The HR department will contact Synergy Health to make the arrangements for the tests and confirm the details back to the manager.

Outside normal office hours, tests must be arranged by contacting the Operational Site Manager at St Helens and Knowsley Hospital Trust (telephone number 0151 478 7670 or 0151 478 7592 or by ringing the Hospital Switchboard on 0151 426 1600 and asking for bleep numbers 7263 or 7264) who will liaise with the Trust's On Call General Manager to ensure the test is arranged immediately. The manager requesting the test must supply the following information:

- ✓ Location where the test is required including address and post code
- ✓ Name of the contact person in authority at that location and their contact details including most importantly telephone number
- ✓ Name of the individual to be tested
- ✓ Nature of the test required and why the test is required
- ✓ Any restrictions on time when the test can or should be carried out plus explanation
- ✓ Any other special instructions

Once satisfied that there is a legitimate reason for the test the relevant HR manager or the On Call General Manager will contact the Synergy Health Duty Manager at the Synergy Testing Service. If unable to get through to the Synergy Duty Manager, there is an emergency backup phone which can be contacted 24/7. When calling the Synergy Duty Manager, the HR Manager or the On Call General Manager must have:

- Their PIN number to quote
- Location
- Site contact for testing
- Any special instructions.

Once the arrangements have been made with Synergy Health the HR Manager or the On Call General Manager will telephone the contact person at the location (Requesting Manager) to confirm this and provide an estimated time of arrival. For tests arranged out of hours the On Call General Manager will send an email with the details above to the Trust's HR Department and the Lead Employer HR to confirm this.

After a Synergy collection technician is assigned the call, the Requesting Manager at the location will be telephoned with the technician's name and estimated arrival time of the Synergy collection technician. If there is any significant delay, this will be communicated to the site contact. Once a collection technician has been despatched, cancellation of the call will incur the full charge of the call.

For all tests there should where possible be a Trust management witness with the Synergy Technician to observe and confirm that the appropriate procedure has been followed. The staff member is able to be accompanied by a staff representative or workplace colleague to act as their witness – if freely available on site at the time of the test and so will not result in any delay in the test being undertaken. The unavailability of a witness will not preclude the tests undertaken.

If an individual refuses to take the test the management witness will advise them that this will be regarded as a positive test.

Urine testing and onsite facilities

Requirements for onsite facilities are as follows:

- For urine collections lockable storage is required for the donor to store valuables/pockets contents whilst the collection takes place
- Visible and aural privacy
- Toilet and wash basin for the exclusive use of the donor
- Quiet area to complete documentation and information about any medication taken (i.e. small office)

The collector will advise the manager on fine detail and best practice. I.e. he/she will add a coloured dye to the toilet cistern and bowl, and tape up any taps so that the urine sample cannot be diluted. They will also remove any potential adulterants such as bleach and cleaning fluids. Access to the site will be secured using signs.

It usually takes about 20 minutes to collect one sample from one donor; therefore a combination of tests (e.g. urine and breath test) will take about 30 minutes to complete so the manager should arrange for donors to arrive for testing at these intervals. A suitable waiting area should be provided. Sometimes, a donor will have a 'shy bladder' i.e. they will be unable to provide a sufficient sample. In this case, the donor will be asked to go to the waiting area and drink sufficient fluid to enable them to provide enough urine, i.e. up to 250mls of water every 20 minutes with a maximum consumption of one litre. During the waiting period a member of staff should remain with the donor.

Breath Testing

The collector will take one breath sample from the donor. If the reading on the monitor is zero, there will be no further testing. However, if the reading is other than zero, a second sample will be collected approximately 15-20 minutes later. This will determine whether the donor's blood alcohol level is rising or falling and your on-site representative will be able to make an informed decision about the donor's suitability to return to work, and the nature of the duties that the donor can safely undertake. Some policies allow for a third sample to be taken a further 15-20 minutes later if the second reading is higher than the first. A new mouthpiece will be used for each breath sample, even for the same donor. The breath test will measure the amount of alcohol in the donor's breath. For reporting purposes, this will be converted to an equivalent blood alcohol level, there being a direct relationship between alcohol in breath and in blood. The result on the Dräger instrument used will be expressed in 'per mil' units (grams per litre). NB The employee should refrain from drinking anything eg. water, tea, coffee etc for at least thirty minutes before the test is due to take place if possible. However, water can be taken if needed and a record kept of the amount/time this is consumed.

The **alcohol test** is based on the drink - drive limit of 35 mcg of alcohol to 100ml of breath (80 milligrammes of alcohol per 100 millilitres of blood) or for staff involved in patient care or in other safety critical occupations there is a limit of 22mcg of alcohol to 100ml of breath (50 milligrammes of alcohol per 100 millilitres of blood). If the employee is over this a repeat test will be done. If the repeat test also displays a result over the limit or if a considerable period has elapsed since the employee first commenced work that day and both tests indicate that the employee was on the balance of probability significantly over the relevant limit on arrival in work the employee will be suspended pending Disciplinary Investigation; the outcome of which could lead to dismissal.

If the second repeat result is a rising result this could suggest that drinking has taken place in the workplace/just prior arrival in work dependent on the time the test was taken.

If the test is undertaken at a significant time after the individual commenced their duties a request will be made to Synergy to estimate the level of alcohol present at the time of arrival in work. This extra information will also be taken into account in any decision on action taken.

If the result is under the limit but is not zero and both tests do not strongly indicate that the employee was over the relevant limit on arrival in work a decision will be made as to whether the employee will resume duties, be redeployed to another role or suspended from duty and sent home taking into account the period that has elapsed from when the employee first attended work and when the test was undertaken. NB the latter will always apply where the member of staff is involved in patient care or is in another safety critical occupation and is found to be in excess of the limit and subsequently disciplinary action may be invoked. This decision should be made based on the nature of their role and any further action that may need to be taken assessed. The use of another policy may be necessary at this point.

The **drug test** will require a hair, urine or blood sample which will be conducted via the Chain of Custody process. The employee will be suspended on full pay whilst awaiting the results. If the test is positive it will be repeated. If the further test shows as positive disciplinary proceedings may be commenced which could potentially result in dismissal

Results

The results of alcohol breath tests will always be confirmed to both the contact person in authority on site and to the member of site. All tests for alcohol and drugs whether positive or negative will be confirmed in writing to by Synergy Health to the Trust's HR department and the Lead Employer HR.

On the first normal working day following the test completion the manager of the member of staff must make contact with the Trust's HR department or the Lead Employer HR as appropriate irrespective of the outcome.

The government's unit guidelines state that there's no safe level of alcohol consumption. Unit guidelines are the same for men and women and both are advised not to regularly drink more than 14 units per week.

A unit of alcohol equates to 10ml of pure alcohol and each unit takes around one hour to leave an average adults bloodstream. This will vary between adults depending on factors such as weight, age, metabolism and food consumption.

Your ability to drive or operate machinery or equipment can be affected by even the smallest amount of alcohol so alcohol should be avoided completely if driving or operating machinery or safety critical equipment.

Government Alcohol Guidelines

Drinkaware explains

Unit guidelines are now the **SAME** for men & women. **BOTH** are advised **not to regularly drink** more than **14 units a week**

This is what 14 units looks like:

- 6 pints of 4% beer
- 6 glasses of 13% wine (175ml glasses)
- 14 glasses of 40% spirits (25ml glasses)

BUT don't 'save up' your 14 units, it's best to **spread evenly** across the **week**.

If you want to cut down the amount you're drinking, a good way is to have several **drink-free days** each week.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Note: 175ml 13% ABV wine and 4% ABV beer

Keep the short-term health risks low by:

- **limiting** the total amount of **alcohol** in **one session**
- **drinking** more **slowly**, alternating with **food** and/or **water**

The **new guidelines** have been set at a level to keep the **risk of cancers** or other diseases **low**.

drinkaware

PLACES PROVIDING FREE AND CONFIDENTIAL ADVICE

Adfam

020 7928 8898

www.adfam.org.uk

Provides support to people working with family members who are affected by drugs and alcohol

Alcoholics Anonymous – Merseyside

0151 709 2900

Confidential phone line manned from 8am to midnight

Alcohol Concern

020 7928 7377

www.alcoholconcern.org.uk

Doctors Support Network

07071 223 372

Drinkline Helpline

0800 917 8282

Provides free and confidential help on any aspect of drinking

DrugScope

020 7928 1211

www.drugscope.org.uk

Specialist advice on local drug services and best practice information on drug treatment and care, prevention and education, and policy development

FRANK (National Drugs Helpline)

0800 77 66 00

www.talktofrank.com

Confidential 24 hour service

Merseyside Drugs Council

0151 489 3005

Confidential phone line manned from 9am to 5pm Monday, Tuesday, Thursday and Friday and 10.30 am to 5pm Wednesday

Narcotics Anonymous (National Helpline)

020 7730 0009

National Counselling Service for Sick Doctors

0870 241 0535

Health, Work & Wellbeing Department, Whiston Hospital

0151 430 1985

Release

020 7729 9904

www.release.org.uk

Drugs helpline, including specialist heroin helpline

Sick Doctors Trust

0870 444 5163

Windsor Clinic (Alcohol Treatment Unit) 0151 529 2450

FOR CAUSE GUIDANCE : If there is any reasonable suspicion

Then Action to Take:

1. Remove the person from the work place and relieve from duty.
2. Ensure the person is supervised at all times by a responsible person
3. Only allow prescribed medication while awaiting the drugs and alcohol test. Any medication that is taken must be recorded along with dose and time.
4. If a person's hours of duty have elapsed they should remain available until all tests are completed. Failure to do so should result in disciplinary action.
5. Requests for access to a toilet before the drugs and alcohol tests are completed should be declined. This course of action may not always be feasible in which case the visit should be supervised. Pocket contents should be displayed, listed and secured for safekeeping before any visit is allowed
6. Individuals may be allowed bottled water (sealed only) – 250ml per 20 minutes up to a maximum of 1 litre over an hour – do not exceed these limits as it may dilute the sample.
7. If there is Police involvement, the Police will almost certainly assume control of the incident and any screening process

For Cause Guidance

In the event of a Manager becoming concerned as to the behaviour of an employee the following course of action must be taken:

1. Make arrangements to undertake an alcohol and drug test on the employee concerned.
2. Once the Collection Officer confirms arrives for the testing, the employee must be notified.
3. When test results are available and indicate negative, the employee will be notified accordingly.
4. When test results indicate positive, the employee should be immediately suspended and investigatory proceedings instigated.
5. Refusal to undertake the test should be considered in the same manner as a confirmed positive test

When the Collection Officer Arrives on Site

- The Collection Officer will introduce him/herself to the 'on-site contact', who should check their ID.
- The Collection Officer will require (wherever possible) access to a room with two chairs and a desk. This room should be lockable in the event that the Collection Officer has to leave the room and it should remain private once the sample collection procedure has started.
- The Customer's on-site representative is responsible for the identification of those people to be tested.
- Donors' ID will be checked by the Collection Officer (Company ID/ passport/ New style driving licence In the event that photographic ID is not available, the on-site representative will be required to confirm the donor is known to them.
- Donors will be required to give their consent to the testing. If they refuse to give

consent or provide a sample, the Customer's on-site representative will be asked to sign a form as a witness to this.

- There should be a toilet close by (this will be sealed off temporarily whilst the Donor is producing a sample) with access to hand washing facilities. There should only be the Donor present at this point, the collector will stand outside the door.
- Donors may have a 'shy bladder' i.e. they are unable to provide sufficient sample. In such cases, the donor will be asked to remain in the waiting area and drink fluid