

POLICY FOR ALCOHOL, DRUG AND OTHER SUBSTANCE MISUSE IN EMPLOYMENT

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CONTENTS

Section		Page
1	Introduction and Overview	3
2	Policy Scope – Who the Policy applies to and any specific exemptions	3
3	Definitions and Abbreviations	3
4	Roles- Who Does What	3-5
5	Policy Implementation and Associated Documents-What needs to be done	5-7
6	Education and Training	7
7	Process for Monitoring Compliance	7
8	Equality Impact Assessment	7
9	Supporting References, Evidence Base and Related Policies	7
10	Process for Version Control, Document Archiving and Review	8

Appendices		Page
1	Flow Charts for the Management of Substance Misuse in Employment	9-10
2	Process for the Management of Disclosed or Suspected Substance Misuse in Employment	11-14
3	Signs of Possible Substance Misuse	15-16
4	Behavioural Agreement	17-18
5	Helpline Information and Related Policies	19

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

The review of policy includes the introduction of two Flow Charts for the Management of alcohol and substance misuse, appendix 1

KEY WORDS

Substance misuse
Drugs
Alcohol

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trust's Policy and Procedures for alcohol, drug and other substance misuse. For ease of reading the shortened term "substance misuse" is used throughout.

1.2 Substance misuse difficulties can affect all types of employees irrespective of profession or grade.

1.3 Substance misuse may cause harm to or put at unacceptable risk other employees, patients and clients and bring services into disrepute.

1.4 The aim of this policy is to provide clear guidance and process for both the management of employees and the employees themselves, who disclose a substance misuse issue or are suspected of a substance misuse issue.

2 POLICY SCOPE

2.1 This policy applies to employees of the Trust who disclose or are suspected of substance misuse. This will include medical and dental employees.

2.2 This policy may also apply in situations where an employee reports for duty and it is suspected that they are under the influence of alcohol, drugs or other substance which could impair their ability to carry out their duties. In these instances the UHL Disciplinary Procedure (Trust Ref A6/2004) and/or Maintaining High Professional Standards in the Modern NHS framework for Medical Staff and/or Conduct, Capability, Ill Health and Appeals Policies and Procedures for Medical Practitioners (Trust Ref A2/2005) should also be referred to.

3 DEFINITIONS AND ABBREVIATIONS

Work performance interviews: 1:1 review meetings between a member of staff and their line manager.

Alcohol and Substance misuse: The term 'alcohol and substance misuse' means the use of alcohol, legal and illegal drugs, solvents or other substances in an excessive, habitual or harmful way that results in or is likely to result in an impairment to the user's health, safety, work performance, conduct at work or social functioning.

4 ROLES

4.1 Director of People and Organisational Development: Executive Lead for the Policy

4.1.1 To provide through education a general climate of awareness of the nature and dangers of misuse of alcohol, drugs and other substances for occupational health and safety.

4.1.2 To help, through education, support and guidance the workforce as a whole to understand the rationale and procedures of the policy.

4.1.3 To provide guidance and support to those responsible for operating the policy.

4.1.4 To consult with and enlist the support of trade unions involved with regard to the information and implementation of the policy.

4.1.5 To evaluate periodically the effectiveness of the policy.

4.2 UHL Employees

4.2.1 Employees are responsible for their own conduct and performance whilst employed by the Trust.

4.2.2 Employees are responsible for recognising when their performance is falling below the required standard through substance misuse and for seeking appropriate help where this is a problem.

4.2.3 Employees who are subject to professional codes of practice e.g. NMC, GMC, HCPC are reminded of their requirement to work within their capability / limitations.

4.2.4 Employees have a responsibility to ensure they have received adequate training and development to conduct procedures and perform their role, highlighting any difficulties arising through substance misuse to their line manager in a timely manner.

4.2.5 Attention of employees is drawn to their own responsibilities in respect of their own personal safety and that of their colleagues, under Section 7 of the Health and Safety at Work Act 1974, as per their job description. Employees are responsible for ensuring their fitness to work and to access the range of services that the Trust offers to help them manage where this is not the case. These services are listed below and contact details can be found on Insite (also, see appendix 5):

- Occupational Health Service
- AMICA Counselling and Psychological Support Services
- Human Resources Department
- Trade Union or Employees Representative
- Training and Education Advisors
- Employees should raise the issue with the Human Resources Team if they feel they are being treated unreasonably.

4.2.6 It is not acceptable for any employee to attend for work smelling of alcohol as this presents a reputational risk for the Trust.

4.3 Trade Unions

4.3.1 To assist in formulating, implementing and operating the policy

4.3.2 To help/inform the workforce of the policy and to encourage employees who may have substance misuse problems to seek help voluntarily.

4.3.3 To advise members of their rights, freedoms and responsibilities under the policy and to be available to attend interviews.

4.3.4 To help the employee at work and to assist with rehabilitation.

4.4 Line Managers

4.4.1 To be familiar with the policy and procedure.

4.4.2 To ensure that employees understand what is expected of them with regard to attendance, work performance, behaviour and safety.

4.4.3 To be alert to and monitor changes in work, attendance and behaviour patterns.

4.4.4 To undertake work performance interviews as necessary.

4.4.5 To ensure that employees understand their position under the policy, to refer employees for assistance and support them as appropriate.

4.4.6 To continue to monitor work performance, behaviour and attendance patterns thereafter.

4.5.7 To liaise with Professional/Statutory bodies as appropriate.

4.4.8 To liaise with Human Resources, senior management and other professionals in terms of mechanisms of support.

4.5 Human Resources Department

4.5.1 In partnership with the Occupational Health Department and where appropriate to agree with the employee the behaviour agreement (ref appendix 4)

4.5.2 To assist in formulating, implementing and operating the policy.

4.5.3 To provide advice to all employees as required regarding the provisions of the policy and to support managers.

4.5.4 To ensure and monitor the proper use of the policy and procedure by arranging training opportunities for managers, supervisors and employees representatives.

4.5.5 Providing and disseminating information regarding this policy and procedure to all employees as appropriate in a readily understandable form.

4.5.6 Assist Managers to promptly investigate any complaints with regard to the alleged improper use or questionable interpretation of the policy and/or procedure.

4.5.7 Liaising with Occupational Health specialists as required.

4.5.8 Liaising with voluntary and statutory bodies as required or requested.

4.6 Occupational Health Service

4.6.1 To promote awareness of substance misuse problems and encourage early identification of individuals in need of help.

4.6.2 To provide advice and guidance on how best to help individuals with behavioural or work performance problems which might be related to substance misuse.

4.6.3 To provide appropriate medical assessment for individuals who are referred to the department.

4.6.4 To offer and initiate a recovery programme where appropriate, which may incur a charge to the referring CMG/Directorate, but which will not be seen as a reason not to pursue this course.

4.6.5 In partnership with the Human Resources Department and where appropriate to agree with the employee the behaviour agreement (ref appendix 4)

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 This policy is supported by the procedure identified in appendix 2 and the flow charts at appendix 1 which details the process to follow in cases of disclosed or suspected substance misuse by employees. This includes the identification of substance misuse problems and meeting with the employee. Appendix 3 lists possible signs of substance misuse for example slurred, rambling, stumbling or incoherent speech or limited attention span.

5.2 Employees who suspect or know that they have a substance misuse problem should be encouraged to seek help and treatment voluntarily, either through the Trust's procedures or through resources of the employee's own choosing. (Please also see appendix 5)

5.3 Encouragement to seek and accept help or treatment from a specialist agency is on the understanding that:

- Every reasonable effort, where appropriate, will be made by the Trust's Occupational Health Physician to persuade the employee's General Practitioner that certified sick leave may be of mutual advantage to employee and employer, in which case normal sick leave procedures will apply as outlined in the UHL Management of Sickness Absence Policy and Procedure.
- Every effort will be made to enable an employee undertaking (or who has undertaken) a recovery programme to return to the same job, unless that would jeopardise the work performance and/or the welfare and safety of patients, clients and staff, or any other person with whom the employee may from time to time come into contact in the course of his/her duties.
- In circumstances where return to the same job is not appropriate, every consideration will be given to finding comparable alternative employment.
- There will be no demotion unless it is
 - by mutual agreement or
 - a consequence of the individual's health status and in accordance with Occupational Health advice as per the UHL Management of Sickness Absence Policy and Procedure or
 - where disciplinary action is to be taken, in accordance with the Trust's Disciplinary Policy (A6/2004)
- Having accepted help and/or other action as appropriate and resolved the problem to the satisfaction of the Occupational Health Physician, the employee's normal promotional prospects will not be impaired.

5.4 Employees will not be subject to disciplinary action where they have disclosed information regarding a substance misuse problem purely on the grounds that they have subsequently declined to accept referral for "specialist" help or advice or have discontinued an agreed recovery programme. However, where subsequent performance or conduct issues arise, the employee's failure to co-operate in this respect will reduce the scope for mitigation.

5.5 Where a performance or conduct issue arises and the employee has not previously disclosed a substance misuse problem, a disciplinary investigation will be carried out and disciplinary action potentially taken. A substance misuse problem, where the individual can evidence that they have attempted to seek support/address the problem will be considered as mitigation.

5.6 If, following a return to work, after or during a recovery programme, conduct and performance is again affected by a substance misuse problem, each case will be

considered on its merits. If appropriate, a further opportunity to accept and co-operate with help or treatment will be offered following advice from the Trust's Occupational Health Physician. However, disciplinary action may be appropriate, depending on the circumstances e.g. where conduct is adversely affected.

5.7 Communication from the Occupational Health Service (OHS) to the manager is usually restricted to commenting on the problem affecting work and whether or not a recovery programme is appropriate and has been accepted and whether the employee is complying with advice given by Occupational Health and/or their treating unit.

5.8 All information recorded in personal health records, or arising out of a consultation between an employee and Occupational Health, is strictly private and confidential. Permission is usually required from the employee for such information to be divulged to any other person as per usual codes of ethical confidential practice.

5.9 Employees will have the right to be represented if they wish, by their trade union or staff representative (as defined in the Trust's Disciplinary Policy and Procedure, and/or the UHL Management of Sickness Absence Policy and Procedure at any stage in this procedure.

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 There are no formal education and training requirements for the implementation of this policy.

6.2 This policy is available on Insite, Trust Reference: B/2004

7 PROCESS FOR MONITORING COMPLIANCE

7.1 The Human Resources Department will monitor compliance with this policy through supporting managers in the management of individual cases of substance misuse. Non-compliance with the policy will be escalated within the Human Resources Department, the relevant Clinical Management Group or Corporate Directorates to ensure compliance.

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

- Improving Performance (Capability) Policy and Procedure – Non Medical Staff, (Trust Ref B12/2014)
- UHL Management of Sickness Absence Policy and Procedure, (Trust ref B29/2006)
- Disciplinary Policy and Procedure (Trust ref A6/2004)
- Maintaining High Professional Standards.

- Conduct. Capability, Ill Health and Appeals Policies and Procedures for Medical Practitioners (Trust Ref A2/2005)
- Stress Management Policy and Procedure (Trust ref B20/2005)

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1 This document will be stored on the Trust's Insite documents and archived through its document management system.

10.2 The operation of this policy and its supporting procedure will be subject to joint review at regular intervals, no more than three years apart.

POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Review of cases identified and supported by HR and Occupational Health	Director of People & OD	Review of case data	Annually	HR via team meetings

APPENDIX 1

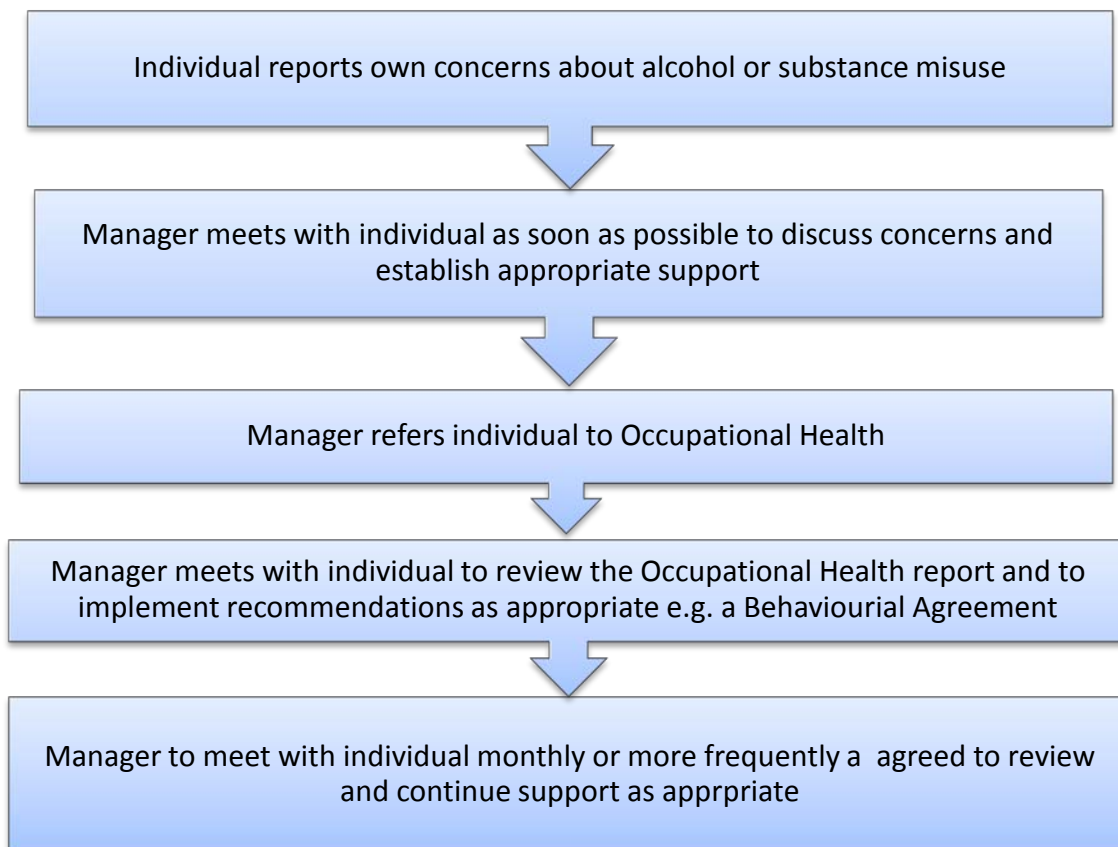
Flow Charts Supporting the Management of Substance misuse Concerns at work

1.1 The following flow charts support the operation of the Trust's Policy for Alcohol, Drug and Other substance Misuse in Employment. Refer to Appendix 2.

1.2 **Flow Chart 1** relates to circumstances of self-identification i.e. where an employee knows of or suspects the existence of a problem and discloses it to their manager.

1.3 **Flow Chart 2** relates to a referral made to a manager by another party, this could include a colleague of the employee, other managers, patients or their relatives

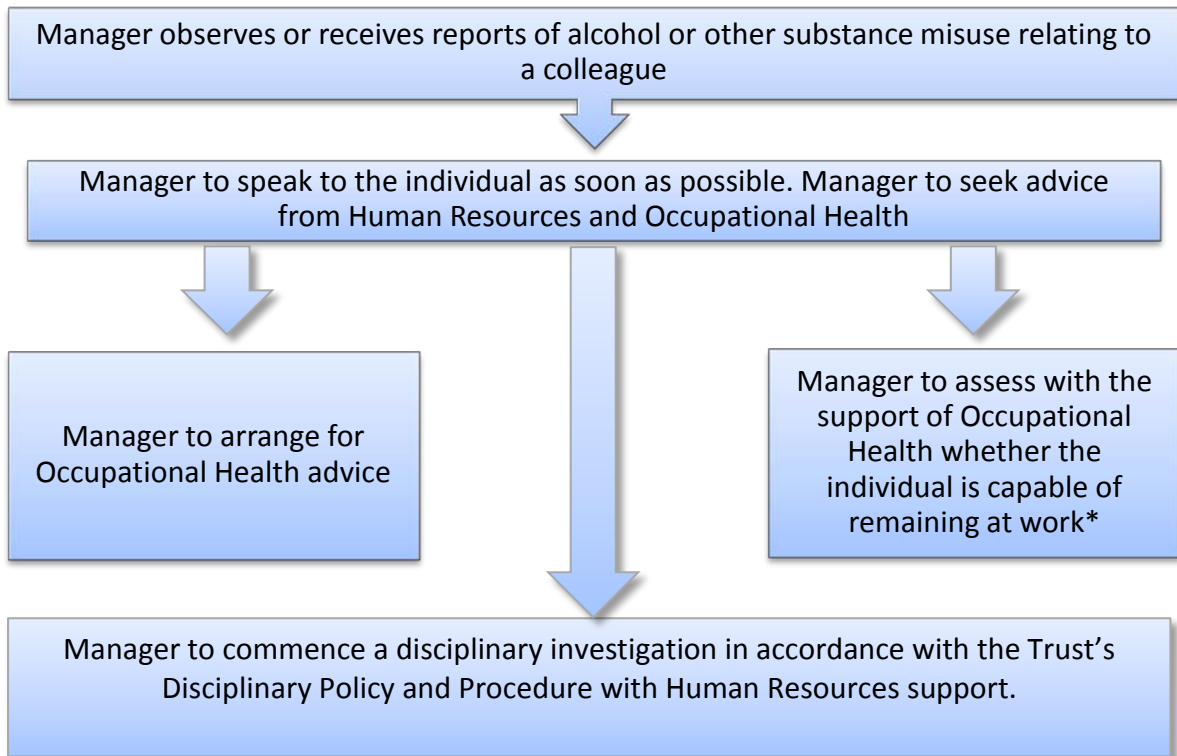
Flow Chart 1



Notes

- **Manager to seek advice from the Human Resources Department as required**

Flow Chart 2



Notes

*** Where an individual is deemed to be unable to remain at work, short term authorised leave will be agreed in accordance with the circumstances.**

APPENDIX 2

Process for the Management of Disclosed or Suspected Substance Misuse in Employment

This procedure supports the operation of the Trust's policy on Alcohol, Drug and Substance Misuse.

1. Identification of Substance Misuse problem

Substance misuse problems may become apparent in one of the following ways:

1.1 Self-Identification/Referral

When the employee knows of or suspects the existence of a problem he/she is encouraged to disclose the extent of his/her problem to their manager and/or Occupational Health Physician in accordance with this policy.

1.2 Colleague Referral

An employee's colleagues, managers, patients/clients or their relatives may suspect an employee is affected by substance misuse (Appendix 3 may be referred to). Examples of reasons for this include:

- A strong or persistent smell of alcohol or solvents from the individual
- Deteriorating work performance/behaviour
- Lack of self-esteem
- Behaviour unusual in that individual or inappropriate in particular areas
- Cases where staff have seen substance misuse by a colleague

1.3 Raising a Concern

Staff should feel empowered to raise concerns about any substance misuse problems concerning their colleagues in a confidential and sensitive way. This may include a colleague reporting for duty potentially impaired through substance misuse. In such cases employees must seek immediate advice:

- From their own line manager (where appropriate) or the next in line manager
- From the Human Resources Department.

It is acknowledged that staff may have reservations about raising substance misuse concerns in relation to more senior members of staff. In such cases staff may raise their concerns in the following ways:

- Through their own line manager (where appropriate) or the next in line manager
- Seek advice from the Human Resources Department.

1.4 Once a manager becomes aware of any cause for concern, or concerns are reported to an individual's manager, that manager will immediately escalate the concerns to the Matron or General Manager or the equivalent and the manager will interview the employee, which will be an informal initial meeting/discussion. This interview must take place as soon as practicable and will be conducted with full regard to confidentiality and the need to protect the employee's standing.

2. The Interview

2.1 An appropriate manager must discuss the concerns with the staff member immediately. This is to be an open, constructive face to face meeting. The employee's manager will interview the employee as though in the normal course of implementing an investigation under the Trust's Disciplinary Procedure and the following will apply:

2.2 Where the matter is known or suspected as being substance misuse related, the employee may be accompanied by a trade union or employees organisation representative if he / she so wishes.

2.3 The employee is confronted with the perceived facts and advised of the possibility of disciplinary action in line with the Trust's Disciplinary Procedure and also of the consequences of continued substance misuse.

2.4 The employee's manager will, if the alleged facts (those established on the balance of probability) are found, offer immediate referral to the Occupational Health Service who will offer as early an appointment as is practical. The management referral to Occupational Health must be discussed fully with the employee and include all relevant details of behaviour, performance or other problems thought to be attributable to substance misuse.

2.5 If this offer of referral is accepted, disciplinary action will not be taken until the Occupational Health assessment is known and a report of has been received by the manager following the Occupational Health assessment.

2.6 If the offer is rejected then the employee is advised that the disciplinary procedure will be applied as appropriate, in accordance with this policy. The interview will then proceed to its conclusion without reference to substance misuse, unless there is very clear and credible evidence of it, or the employee raises it him/herself with a view to seeking help within the work situation, or chooses to follow a path of self-referral.

2.7 Should the offer of referral be accepted, the employee will be seen within the OHS and further appointments made as appropriate and in conjunction with specialist services and the employee's GP. A decision regarding the management of the issue including action under the Disciplinary Procedure will only be taken when the full circumstances are known including the Occupational Health feedback.

2.8 If the member of staff admits to the suspicions and is deemed to be unable to remain at work they should be sent home (ensure they are able to get home safely) and short term authorised leave will be agreed in accordance with the circumstances.

2.9 If the member of staff denies the suspicions the manager will seek consent to testing via Occupational Health and for the results to be shared with the manager:

- In Hours: contact Occupational Health to arrange testing as soon as possible
- Out of Hours: Ensure full supervision or restriction of duties where this is considered appropriate in the interests of patient and organisational safety. Alternatively the member of staff should be sent home and Occupational Health should be contacted for an urgent referral for the next working day.
- Occupational health will determine an individual's fitness to return to work following absence related to substance misuse.
- The manager will determine in consultation as appropriate if on-going testing is required.

3. Post Interview

3.1 The Occupational Health Service will advise the employee's manager in writing if a substance misuse problem is confirmed or suspected.

3.2 If a substance misuse problem is confirmed or suspected, a programme of help, counselling or treatment will be offered to the employee in conjunction with advice and support from GPs and/or specialist services as appropriate in the circumstances. Disciplinary action may still be appropriate, but a decision will be taken only after an assessment of the facts and circumstances.

3.3 Where the employee is not considered to be suffering from a substance misuse problem and the Occupational Health Physician is unable to find any other contributory medical reason for the alleged deterioration of work performance or behaviour etc. then the matter will be dealt with in accordance with the appropriate Trust policy which could be the Disciplinary Policy, Improving Performance (Capability) Policy and Procedure, Maintaining Professional Standards (medical employee's) or the Management of Sickness Absence Policy and Procedure.

3.4 The Occupational Health Physician will also indicate whether or not it is advisable or safe for the employee to continue to undertake his/her normal duties.

3.5 Following acceptance of a rehabilitation programme, the employee will be interviewed as and when appropriate by his/her manager who will state clearly their expectations as to the employee's work performance and/or behaviour. The employee will be advised by his/her manager that these will be subject to frequent monitoring and review. Employee to sign behavioural contract with copies for employee, personal file, Treatment Facility and Occupational Health.

3.6 The Occupational Health Physician will assist the line manager with regular appraisal of working practices, work place environment and culture with a view to minimising any identified risks to the employee's health status in general and in

particular with reference to situations that have potential to encourage alcohol and drug misuse.

3.7 If the employee is not fit to undertake his/her normal duties, consideration will be given by the employee's manager with the advice of the OHS and appropriate Human Resources representative to:

- Modifying the duties of the present post
- or
- Applying the normal sick leave arrangements.

4. Time Off from Work Arrangements

4.1 Where the employee wishes to pursue a treatment/rehabilitation programme, in the first instance all such related appointments should be made wherever possible outside of the employee's work hours. Where such is not practicable, time off with pay, subject to the needs of the service, will not be unreasonably withheld, (refer to the Trust's Special Leave Policy (A18/2002)). In such circumstances the employee will be required to:

- Show his /her manager an appointment card or letter.
- Give his / her manager a minimum of five clear working days' notice of a request for time off with pay from work.
- Give his / her manager some indication of how long he / she will require to be away from work.
- Report to his / her manager upon leaving for the appointment and upon return.

One or more of these signs may be an indicator of possible substance misuse (they can also be indicators of other medical conditions)

- Slurred or rambling, stumbling, incoherent speech
- Drowsiness or inability to stay awake
- Poor co-ordination, staggering, disorientation
- Unsure standing, turning, moving
- Irrational or inappropriate behaviour (belligerence, violence, etc)
- Nausea
- Inflamed, glassy or droopy eyes, dilated/constricted pupils
- Hallucinations
- Mood swings, unpredictability (hyperactivity, depression, euphoria)
- Frequent sniffing or touching of the nose
- Personality changes
- Heightened reflexes
- Exaggerated confidence or glibness
- Forgetfulness
- Lack of attention
- Agitation, restlessness, anxiety and paranoia
- Runny or bleeding nose
- Aroma of alcohol or drugs
- Limited attention span, difficulty concentration
- Hand tremors
- Violent tendencies, loss of temper or irritability
- Time distortion
- Mental confusion, out of character thoughts, ideas or statements
- Poor personal hygiene

Job Performance Patterns Indication Possible Substance Misuse

- Extended absences
- High accident rate
- Inability to work with others, friction in relationships
- Chronic, excessive absenteeism pattern
- Failure to complete tasks in a timely manner
- Difficulty concentrating
- Confusion, inability to handle tasks of increasing complexity
- Spasmodic work patterns
- Suspicious absence pattern such as:
 - Immediately preceding or following days off

- Coincident with weekends
- Always the same shift

- Swings in activity level – hyperactivity to sluggishness
- Inability to perform two tasks at the same time (divided attention), such as handling a discussion while physically performing a task
- Sporadic or poor job performance
- Change in attitude – Moody, resentful of criticism, always casting blame on others
- Sudden inability to work with others
- Chronic forgetfulness or broken promises

Contributing Evidence

- Physical evidence (drug paraphernalia, alcohol beverage bottles, etc)
- Smell of drugs, alcohol
- Attempts to hide or destroy evidence
- Observance of use
- Suspicious employee reaction

Behavioural Agreement	University Hospitals of Leicester  NHS Trust
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**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
OCCUPATIONAL HEALTH DEPARTMENT IN LIAISON WITH HUMAN
RESOURCES**

I am undergoing / about to undergo treatment for a drugs/alcohol misuse problem. As a condition of my continuing employment, I agree to the following:

1. I agree to follow the prescribed treatment/rehabilitation programme outlined by the treatment facility selected.
2. I agree to follow the rehabilitation programme outlined by the Occupational Health Department including, with informed consent: clinical investigations, evidence of attendance for support etc. and if needed as part of a quality assurance programme.
3. I agree to comply with the UHL's referral and attending the Occupational Health Department for on-going assessment of the problem
4. I agree with the treatment agency liaising with the Occupational Health Department with regard to level of attendance, co-operation with treatment and results of screening as evidence of progress. This information will continue to be otherwise confidential and will be used by the UHL Trust only in assessing my progress, in conjunction with Human Resources and Management.
5. I understand that the UHL Trust's Policy for Alcohol, Drug and Other Substance Misuse in Employment Policy and my signing of this agreement does not constitute a waiver of management responsibilities to maintain discipline and good conduct. I understand that any unacceptable form of behaviour or poor performance may lead to disciplinary action up to and including my dismissal.
6. I understand that I need to improve my work performance / behaviour to an acceptable level within the agreed time scale.

Signed _____ Date _____

Witness _____ Job Title _____

Witness Name (Printed) _____

Copies: Personal file
 Occupational Health
 Treatment Facility
 Employee

APPENDIX 5

Helpline Information and Related Policies

University Hospitals of Leicester 
NHS Trust

Any Substance Misuse

General Practitioner

The Trust's Occupational Health Service: LRI ext: 5307
 LGH ext: 4930
 GGH ext: 2393

Alcohol and Drug Misuse

Turning Point

Tel: 020 7481 7600

www.turning-point.co.uk

Alcoholics Anonymous

National Helpline: 0800 9177 650

www.alcoholics-anonymous.org.uk

AMICA (UHL Employee Assistance Programme): Tel: 0116 254 4388

UHL Disciplinary Procedures (Trust Ref: A6/2004)

UHL Improving Performance and Capability Policy (B12/2014)

UHL Stress Management Policy and Procedure (B20/2005)