



London Ambulance Service **NHS**
NHS Trust

Alcohol, Drugs and Solvent Misuse Policy

DOCUMENT PROFILE and CONTROL.

Purpose of the document: To provide information for managers and staff in regards to addressing alcohol, drugs or solvent abuse issues in the workplace.

Sponsor Department: People and Organisation Development

Author/Reviewer: Senior HR Manager. To be reviewed by April 2019.

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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
OP001	Uniform work wear and office wear policy	
HR021	Disciplinary Policy	
HR031	Performance Capability Policy	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1. Introduction

1.1 Alcohol, drugs or solvent misuse

1.2 Alcohol, drugs or solvent misuse by a member of staff can threaten his or her health and safety as well as that of colleagues, patients and the wider public.

1.3 The Trust will seek to help and support members of staff who have a substance misuse problem and will treat it, as far as reasonably possible, in a similar manner to other health issues and as such will request Occupational Health advice as appropriate.

1.4 The member of staff must inform their manager promptly if he or she believes that they have such a problem and, with the support of the Trust, actively work to address the issue.

1.5 If alcohol, drugs or solvent misuse leads to behaviour contrary to the standards of safety, performance or conduct required by the LAS then this will be dealt with in accordance with the appropriate policy e.g. the Disciplinary or Performance Capability Policy.

1.6 Staff who are registered with any of the UK Regulatory Bodies for healthcare professionals such as the Health and Care Professions Council, the Nursing and Midwifery Council and the General Medical Council; should note that they have a duty to self-report any health problems that might affect their ability to perform their duties. This duty is separate to that detailed in 1.4 above.

1.7 Social drinking and the workplace

1.8 No member of staff should attend for, or return to duty, having consumed alcohol shortly before doing so. Employees must not otherwise be under the effects of alcohol when at work.

1.9 Nobody is permitted to consume alcohol at any time during their period of duty/time at work, including break periods, and to do so will lead to disciplinary action up-to-and-including dismissal.

1.10 Alcohol will not be permitted to be consumed at any time on LAS premises including social functions, whether held within or outside work time. Any such functions that involve alcohol should be held away from the workplace and in employees' own time.

2. Scope

2.1 This Policy applies to all employees.

3. Objectives

- 3.1 This Policy provides guidance on addressing alcohol, drug and solvent misuse problems experienced by any member of staff; it also sets out the Trust's expectations concerning social drinking.

4. Responsibilities

- 4.1 Everyone has a responsibility to ensure that they do not attend work when under the influence of alcohol, drugs or solvents or consume alcohol during work time including breaks.
- 4.2 If anyone is prescribed medication that may affect their ability to perform in their job effectively then they have a responsibility depending upon the circumstances, to report unfit for work and/or to bring this to their manager's attention.
- 4.3 Everyone has have a responsibility to report to their manager if they believe that they themselves have an alcohol, drug or solvent misuse problem or alternatively if they have reasonable belief that a colleague, at whatever level within the Trust, is experiencing such a problem.
- 4.4 Managers have a responsibility to assist and support the member of staff in line with this policy. The manager, in doing so, will have to consider both the health and safety of the member of staff concerned but also the health and safety of others with whom he or she may come into contact with during the course of their work.
- 4.5 Occupational Health will be asked to provide advice as necessary to help address any issues relating to an individual's substance misuse problem.

5. Substance Misuse

- 5.1 This Policy uses the term 'substance misuse'.
- 5.2 Substance misuse is formally defined as the continued misuse of any mind-altering substance that significantly affects a person's physical and mental health, social situation and responsibilities.
- 5.3 Alcohol dependence is the most common form of substance misuse, but any drug, including heroin, cocaine, crack and cannabis, comes into this category. It also includes the misuse of prescribed drugs, glue and aerosols as well as drugs intended for patient care e.g. Entonox.

6. Legal

6.1 Health and Safety at Work Act (1974) / Management of Health and Safety Regulations (1999)

- 6.2 All employers have a general duty to ensure the health, safety and welfare of their employees. If an employer knowingly allowed an employee under the influence of alcohol or drugs to continue working and this placed the employee or others at risk, the employer could be prosecuted.

Employees are also required to take reasonable care of themselves and others who could be affected by what they do. They too, could be liable to charge if their alcohol consumption or drug-taking put safety at risk.

6.3 Misuse of Drugs Act 1971

- 6.4 Makes it an offence to possess, supply, offer to supply or produce controlled drugs without authorisation. Anybody found to be possessing illegal drugs whilst at work will be reported to the Police and will face action under the Trust's Disciplinary Policy.

7. Confidentiality

- 7.1 Confidentiality in dealing with staff with substance misuse problems should be maintained at all times as it would with other health issues.

8. Procedure

8.1 Addressing substance misuse

- 8.2 Whilst the Trust is committed to assist staff in such circumstances, the employee must demonstrate an openness and willingness to address their problems. At no time should others - including staff, the public and patients - be put at risk because of the employee's substance misuse problem.

- 8.3 The following sets out the how to address substance misuse issues with a member of staff. It is recognised that in following this procedure no two cases will be identical and as such the approach will have to be adapted. Nevertheless it is expected that the key principles set out in this policy and procedure will be applied.

- 8.4 Signs of substance misuse are not always obvious and may be confused with other conditions or problems. Indications of misuse will also vary e.g. between alcohol and drugs as well as between

different types of drugs. Nevertheless the following are possible signs of substance misuse:

- Sudden change in mood;
- Tendency to become confused;
- Unusual irritability or aggression;
- Abnormal fluctuations in mood and energy;
- Impairment of job performance;
- Poor time-keeping;
- Increase in short-term sickness absence;
- Deterioration in relationships with others.

8.5 Any action to address substance misuse should be taken as soon as possible. The longer a substance misuse problem is allowed to continue then the greater the chances are of it adversely affecting work performance and the more difficult it is to treat.

8.6 Staff with a substance misuse problem must seek help voluntarily before their work performance is adversely affected. Whilst this help may be sought externally e.g. via the employee's GP, it is the responsibility of the member of staff to inform their manager of the problem.

8.7 Colleagues and staff-side representatives can play an important role in encouraging employees who they suspect may have such a problem, to seek help. It is in no-one's interest to cover up or ignore such problems.

8.8 Whether or not a member of staff informs their manager of the substance misuse problem, it is the responsibility of all managers to monitor employees' work performance and behaviour and to intervene when necessary.

8.9 Meeting with the member of staff

8.10 In all cases of declared or suspected substance misuse then the manager should meet with the member of staff to discuss the matter. This meeting should take place in a private and confidential setting. The nature of the discussion will depend on a number of factors including: whether the employee has previously declared that they have a substance misuse problem and what the employee tells the manager in the course of the meeting. This may-or-may-not form part of a pre-arranged meeting – for example it may form part of a sickness absence review.

- 8.11 Managers in such discussions should be careful not to pre-suppose that an employee has a substance misuse problem. The manager should also recognise that it can be difficult for individuals to acknowledge to themselves, and to openly declare that they have any such problems. Depending on the nature of the discussion the employee may be advised of the help that is available including: the Employee Assistance Programme, LINC workers, Counselling and Human Resources. Employees may also self-refer to the Occupational Health Department (OHD).
- 8.12 Whilst individual circumstances will differ, it is recommended in general that the meeting initially focuses upon the issues causing concern e.g. poor performance. The manager should ask the reasons for the matters and whether it is related to a health problem without directly referencing alcohol or drugs. If it has not been addressed in the discussion, and there remain concerns about possible substance misuse, then this question must be directly raised with the member of staff.
- 8.13 Referral to Driver & Vehicle Licensing Agency (DVLA)
- 8.14 In circumstances where substance misuse is identified then the member of staff should be reminded of his or her legal responsibility to notify the DVLA of any medical condition – including alcohol misuse - that may affect safe driving. Managers of any staff who are required to drive as part of their job must ensure that he or she reviews any documentation sent to the member of staff from the DVLA (including the removal of driving licence/category of licence) and ensure that this is acted upon as necessary.
- 8.15 In cases where substance misuse is identified or alternatively is suspected but not acknowledged by the individual, then consideration should be given to removal of the member of staff from their current role pending OH/other specialist advice. All staff involved in direct patient care and/or driving duties including EOC staff must be removed from duty pending that advice. Every reasonable effort should be made to identify alternative employment for any period during which advice is being sought.
- 8.16 If a member of staff does not declare that they have a substance misuse problem and it is subsequently demonstrated that they have consciously misled in this regard then it may be regarded as a disciplinary matter.
- 8.17 Next stages
- 8.18 Occupational Health Referral
- 8.19 A referral to Occupational Health (OH) must be made in circumstances when the employee accepts that she or he has a

substance misuse problem or if the manager remains concerned that this may be the case.

- 8.20 The details of the referral to OHD will vary depending on an individual's circumstances and how open the employee has been regarding any possible substance misuse problem. The referral may include a request for OHD's views on:
- whether the employee has a substance misuse problem;
 - the severity of the problem;
 - possible risks – particularly relating to his or her job;
 - support for the member of staff;
 - guidance on treatment.

8.21 Post OH referral

- 8.22 It is the manager's decision as to how to progress the matter, the advice of the OHD should be carefully considered in making this decision.

8.23 Treatment

- 8.24 Where appropriate, the employee should be encouraged to undertake treatment. In circumstances when the employee does so then the manager will work with him or her together to facilitate attendance around the employee's work pattern. Paid time-off may be given, if necessary, in the case of an appointment. Circumstances of longer-term treatment or rehabilitation during which an employee may not be able to attend work would usually be recorded as sick leave and paid accordingly.

- 8.25 It is the employee's choice and responsibility whether or not to undertake treatment. If the employee fails to address their substance misuse problem and it continues to have a negative impact upon his or her work then the likely consequence will be their dismissal from the Service.

- 8.26 Evidence of attendance at any treatment must be requested and checked. Depending on whether information has been provided direct to the line manager OH may be asked to request regular progress reports from those carrying out the treatment and for OH to keep the manager updated as appropriate.

- 8.27 All reasonable efforts should be made to help the employee with their substance misuse problem. In the event of an employee undertaking treatment and then relapsing, a further opportunity may be considered. Advice will be sought as necessary, including from OHD.

- 8.28 Whether or not the employee has undergone treatment, an on-going failure to meet the required standards of performance and behaviour

will mean that disciplinary/capability procedures may be initiated. Similarly if an employee's absence becomes unsustainable then appropriate action will be taken under the Trust's Managing Attendance Policy.

8.29 Considerations regarding future employment

8.30 Future employment with the Trust and the nature of any future employment will vary on a case-to-case basis. Whilst continued employment in the member of staff's substantive role may be possible, it is recognised that, depending upon the circumstances, the member of staff may be redeployed either temporarily or permanently to another role within the Trust e.g. in the case of a loss of driving licence/category of licence. N.B. This will not apply in circumstances of an individual who has been charged with driving under the influence of alcohol/drugs – see paragraph 9.10.

8.31 Key to the decision to allow the employee to continue/return to their duties will be the potential risks posed by the employee. The advice of the OHD should always be sought and considered in these circumstances but the decision will rest with the senior line manager.

8.32 It is the Trust's aim that pending a member of staff doing everything reasonable to help him or herself, that it will seek to maintain the individual's employment however this cannot be guaranteed.

8.33 Testing

8.34 Employees with an identified substance misuse problem, and in particular on return to work following periods of treatment, will be required to undertake ongoing health surveillance. Health surveillance for these identified staff may include periodic checks for alcohol, solvents or drugs including random testing.

8.35 Any such testing should be carried out with the agreement of the employee. If an employee refuses such testing at any point then a risk assessment will be carried out which will take into account the fact that the employee has refused such a test and a decision will be made accordingly on how to progress the matter.

8.36 Some testing may be carried out in the workplace e.g. with the use of a breathalyser, other testing may be carried out via OHD. OHD advice may be sought on all testing.

9. Other matters

9.1 Uniform and Work Wear Policy

9.2 Uniformed staff are subject to the requirements of the Trust's Uniform and Work Wear Policy (OP/001) which states that staff are not permitted to consume alcohol whilst wearing any items of uniform.

9.3 Medication

9.4 Staff who are required to take medication that is liable to make them drowsy or otherwise impair their judgement, are required to inform their line manager and if necessary, report unfit for work. OHD advice may be sought in such circumstances.

9.5 Drug misuse

9.6 The Trust will not tolerate the possession, supply or use of illegal drugs or solvents whether at work or off-duty. This includes usage of drugs for patient care such as Entonox and Morphine. Any such use renders the employee liable to both disciplinary and/or criminal proceedings.

9.7 Before any reference to the Police, managers should first consult with their Assistant Director or a Senior HR manager.

9.8 Operating machinery under the influence of alcohol or drugs

9.9 Any employee whose role requires them to operate machinery or equipment (e.g. in a Workshop environment) and is suspected of being under the influence of alcohol, drugs or solvents whilst at work will be subject to a disciplinary investigation and potential hearing. This will be considered a matter of gross misconduct and therefore potential dismissal.

9.10 Driving under the influence of alcohol or drugs

9.11 Any employee who is charged with driving (either a Trust or private vehicle) with excess alcohol in their blood or under the influence of drugs will be subject to a disciplinary investigation and potential hearing. For those for whom this is a contractual issue i.e. he or she drives as a key part of their job then it will be considered as matter of gross misconduct and therefore potential dismissal.

9.12 For those who are not required to drive as part of their job then consideration, subject to due investigation, will be given to dismissal. This consideration will take into account factors such as the individual's role and seniority within the Trust.

9.13 It is the employee's duty to inform his or her manager of any criminal charges and/or convictions whether or not these are related to alcohol, drug and solvent abuse.

9.14 **Sources of help and support**

9.15 LINC

9.16 The Listening, Informal, Non-judgemental, Confidential service is a peer support network aimed at promoting the physical, psychological and emotional well-being of staff. Additionally many LINC workers are trained in TRiM (Trauma Risk Management), a method used to assess potential early stages of Post-traumatic Stress Disorder.

9.17 Employee Assistance Programme

9.18 This is an externally run service that provides a 24 hour telephone advice service to staff and their families.

9.19 Counselling

9.20 A counselling service is available via OHD. Staff may self-refer if they wish.

9.21 Details of the above and other staff support services are available on the 'my support' section of the Pulse.

9.22 Human Resources

9.23 The advice of Human Resources may be sought at any stage by managers or staff. Managers may wish to have an HR advisor present at meetings with the member of staff.

9.24 Trade Unions

9.25 Members may seek advice or support via their trade union.

9.26 Specialist advice

9.27 There are a number of services that may be accessed for advice and support. Individuals are encouraged to speak to their GP in the first instance who can refer you to local services. National services include:

- Alcohol concern - www.alcoholconcern.org.uk
- Drinkline - Free helpline: 0300 123 1110 (weekdays 9am–8pm, weekends 11am–4pm)

- Alcoholics anonymous - www.alcoholics-anonymous.org.uk
- independent government funded drug advice–
www.talktofrank.com
- Addaction – drug and alcohol treatment charity:
<http://www.addaction.org.uk/>
- A useful summary of services is included at:
<https://www.drinkaware.co.uk/alcohol-support-services/>

9.28 Staff are also able to self-refer or request to be referred to the Occupational Health Service.

IMPLEMENTATION PLAN				
Intended Audience	For all LAS staff			
Dissemination	Available to all staff on the Pulse			
Communications	Revised Procedure to be announced in the RIB and a link provided to the document			
Training	Briefing provided to relevant HR staff			
Monitoring:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
Nature of the issue means that monitoring is impractical.	n/a	n/a	n/a	n/a