

Alcohol and Drug Misuse Policy

Version No: 7

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 procedure followed.

Document status	Approved	
Document type	Policy	Trust wide
Document number	STHK0002	
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Date implemented	16/11/2022	
Review date	30/11/2025	
Accountable Director	Director of Human Resources	
Policy Author	HR Business Partner	
Target audience	All staff	

The intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as “uncontrolled”, as they may not contain the latest updates and amendments.

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Document Control

Section 1 – Document Information

Title	Alcohol and Drug Misuse Policy		
Directorate		Workforce	
Brief Description of amendments			
<ul style="list-style-type: none"> • Update of support contact details • Review of wording inline with Just Culture • Addition of Lead Employer process <p><i>Please state if a document has been superseded.</i></p>			
Does the document follow the Trust agreed format?			Yes
Are all mandatory headings complete?			Yes
Does the document outline clearly the monitoring compliance and performance management?			Yes
Equality Analysis completed?			Yes

Section 2 – Consultation Information

Consultation Completed		<input checked="" type="checkbox"/> Trust wide <input type="checkbox"/> Local <input type="checkbox"/> Specific staff group	
Consultation start date	Click here to enter a date.	Consultation end date	Click here to enter a date.

Section 3 – Version Control

Version	Date Approved	Brief Summary of Changes
5	31/05/2022	Policy transferred into new format Addition to Flow chart to state the possibility of using the fast track process where the circumstances are such that this may be appropriate action.
6	31/05/2022	Update of support contact details Review of wording inline with Just Culture Addition of Lead Employer process Minor formatting changes Appendix 1 & 2 are new to this policy
7	16/11/2022	Review of whole policy
	Click here to enter a date.	
	Click here to enter a date.	

Section 4 – Approval – *To be completed by Document Control*

Document Approved		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with minor amendments	
Assurance provided by Author & Chair		<input checked="" type="checkbox"/> Minutes of Meeting <input type="checkbox"/> Email with Chairs approval	
Date approved	16/11/2022	Review date	30/11/2025

Section 5 – Withdrawal – *To be completed by Document Control*

Reason for withdrawal	<input type="checkbox"/> No longer required <input type="checkbox"/> Superseded
Assurance provided by Author & Chair	<input type="checkbox"/> Minutes of Meeting <input type="checkbox"/> Email with Chairs approval
Date Withdrawn:	Click here to enter a date.

Quick Reference Guide

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 procedure followed.

Flow Chart in Appendix 2

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1. Scope

This policy applies to all Mersey and West Lancashire Hospitals Trust employees/bank and agency staff, including all medical and dental trainees employed by MWL Lead Employer, including those training in Public Health, employed under Agenda for Change Terms and Conditions 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, increased risk to patients or misconduct. Consequently, an active policy of supporting staff with an intoxicating substance addiction is aimed to have a positive impact on service delivery and will enable timely support to be provided to employees when needed.

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

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 intoxicating substance addiction
- 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 colleagues, patients, or others with whom they come into contact in the course of their work
- 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 possible symptoms and effects of alcohol, drugs, and substance misuse, for managers, highlighting how to recognise the addiction and thus lead to early intervention
- To promote confidential and sensitive management of staff with intoxicating substance addictions, adopting an approach that is appropriate and sensitive to the circumstances
- To promote an environment in which individual employees experiencing an intoxicating substance addiction feel confident to request help and assistance. Thereby removing the need to conceal and/or deny the addiction
- To assist in identifying employees with intoxicating substance addiction at an early stage, so that timely support can be provided, and encourage them to seek appropriate help and support

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4. Definitions

Definition	Meaning
Alcohol/Drug Substance Misuse	A drug used inappropriately and/or illegally. Usually an illegal substance, such as cannabis, cocaine, and heroin. This could include a prescription drug used inappropriately.
Addiction	The repeated use of an intoxicating substance which the individual has no control over to the point where it could be harmful to the individual.
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 where an employee is suspected of being intoxicated and/or has signed an abstinence agreement consenting to random drug/alcohol testing.
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 need to be aware of the early signs of substance misuse and appropriate guidance and coaching can be given regarding this early detection and the next steps to take, Appendix 2 of the Policy identifies indicators of a potential addiction.

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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 in the interests of the individual and the Department/Trust.

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

Managers who suspect that an employee is under the influence of an intoxicating substance, must under no circumstances permit them to continue working to ensure the Health and Safety of all employees and service users. Should a manager suspect that an employee is under the influence of an intoxicating substance 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 addiction and implement reasonable adjustments where appropriate.

For Lead Employer trainees, managers within the Host Organisation must ensure that the Lead Employer is notified at the earliest opportunity regarding any concerns of potential alcohol or drug misuse. Please see appendix 8 for further guidance for Lead Employer Hot Organisations.

5.4 Employees

All employees or contractors are strictly prohibited from attending work under the influence of drugs and/or alcohol. 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, GDC, 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/ Trust Handling Medical Concerns Policy alongside the Trust's Remediation Policy (Medical staff only) or the Lead Employer Handling Concerns Policy for Lead Employer trainees.

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

Staff are encouraged to disclose any newly prescribed medication to their manager in order for a risk assessment to take place. Staff taking prescribed medication should contact the Health, Work

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& Wellbeing Department for advice if they think that it may have an adverse effect on their ability to carry out duties.

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, ensuring that the individual has access to the relevant support 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. Lead Employer Host Organisation's will be provided with guidance in relation to this policy by the Lead Employer Human Resources Department.

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 and will subsequently provide advice in relation to the employee's fitness to work and any recommended reasonable adjustments.

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 addiction is freely available from Health, Work & Wellbeing Department which can be accessed via the trust intranet.

Health, Work & Wellbeing staff will advise management and individuals on any recommended reasonable adjustments including 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 addiction has the Trust's complete assurance of confidentiality.

Early identification and treatment are essential to enable the Trust to support employees with substance addiction to remain in work. Employees who feel they have an addiction are encouraged

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to seek support and 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.

If the employee accesses treatment for their addiction, any absence from work will be treated as sick leave providing the employee submits a Fit Note. 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. For Medical and Dental staff, reference will also be made to the Trust's 'Handling Medical Concerns' Policy as well as the 'Remediation' policy.

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 and available.

If staff remain at work during recovery, consideration may be given to implementing reasonable adjustments in the interests of the member of staff, patients and the Trust.

The Trust's disciplinary policy/procedure or the Lead Employer Handling Concerns Policy will be invoked in instances where staff are found to be;

- under the influence of alcohol and/or drugs
- or refuse to take an alcohol and/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 during 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 upon the advice of Human Resources, pending investigation of whether the employee has a medical condition 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
- Any available evidence that supports that the employee has a health-related condition
- The employee's willingness to engage in treatment

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Any employee who attends work under the influence of drugs and/or alcohol 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 may also be regarded by the Trust as Gross Misconduct and dealt with accordingly.

For Medical staff members, reference will also be made to the Trust's 'Handling Medical Concerns' policy and the Trust's 'Remediation' policy with any actions being managed in accordance with these policies.

6.2 If you have an addiction

Employees who believe they are developing or have a drug, substance or alcohol addiction 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.

Any employee is able to self-refer to the HWWB Department but is encouraged to discuss any concerns that they may have with their immediate line manager to ensure that appropriate support can be provided in a timely manner. The employee should also utilise specialist support networks available to them such as their GP or treatment services (Appendix 6 lists support services available). 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 addiction should notify their manager or supervisor immediately. Their comments will be handled in a confidential manner. There may be times when employees do not feel comfortable approaching their line manager or supervisor and may 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 of concerns related to drug/alcohol addiction may all conspire to worsen matters for patients, other staff and the misuser themselves and are therefore required to share any concerns that they may have at the earliest opportunity. Employees who knowingly make false allegations may be subject to disciplinary action.

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 addiction a file note should be made and stored in the personal file, an urgent referral made to the Health, Work and Wellbeing Department and the next steps agreed with them in conjunction with HR.

If an addiction is confirmed by the Trusts Health, Work and Wellbeing Department the employee should be signposted to the relevant support services as listed in Appendix 6. Once the employee and support service agree a support plan, the Health, Work and Wellbeing Department may request a copy to assess what further support can be provided by the Trust. This information will be used by Health, Work and Wellbeing to help inform recommendations regarding reasonable timescales and adjustments. The employee has the right to be accompanied at any formal meeting held in relation to this policy.

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The return-to-work plan should be agreed between the employee, line manager and HR and encompass the following:

- The employee may be required 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
- An agreed period of time for monitoring following treatment will be made in conjunction with health work and wellbeing and Human Resources.

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 an individual basis to determine what support can be offered to the employee. 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/Lead Employer Handling Concerns Policy.

For Medical staff members, reference will also be made to the Trust's 'Handling Medical Concerns' policy and the Trust's 'Remediation' policy with any actions being managed in accordance with these policies.

6.5 If a manager has a concern about a member of staff

If a manager has reason to believe a member of staff has an alcohol/drug/substance misuse condition, the first step will be to meet with the individual to discuss the concerns

Concerns may arise through:

- a perceived change in personality/behaviour
- increased sickness absence
- deterioration in work performance
- accidents/incidents
- physical signs/evidence

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 3 for appropriate questions that should be asked.

If the manager is concerned that the employee is in work under the influence of alcohol and/or drugs, the staff member will be required to undertake an alcohol and/or drugs test.

The test will be administered by a technician from our testing provider as per the testing process detailed in Appendix 4 and Appendix 8.

For all tests, wherever possible, there should be a Trust management witness with the testing provider Technician to observe and confirm that the appropriate procedure has been followed. If the staff member requests to be accompanied this will be permitted providing that the witness is 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.

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If the test is undertaken at a significant time after the individual commenced their duties a request will be made to the testing provider 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 making on action taken.

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

- Whether the test results were positive or negative.
- 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 or taken drugs, is open about the amount they have consumed, is open about any dependency they may have and accepts the support offered, then consideration will be given as to how the concerns will be managed. 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 this will be regarded as a failed i.e. positive test. They should be advised that the available evidence will be used in further investigation into the concerns and any subsequent decisions that are made. The employee should be placed on a period of special leave whilst the 72 hour pause process as detailed in the Disciplinary Policy / Lead Employer Handling Concerns in respect of medical and dental staff in training Policy, is completed. Transport arrangements should be offered by the manager for the employee to travel home if they refuse to undertake a test or the test results indicate it is advisable that they do not drive.

During the 72 hour pause, staff are advised to refrain returning to the workplace except for appointments and/or emergencies.

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, the employee will return to their post, unless there is a medical opinion to the contrary, in which case, redeployment will be considered.

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

For Medical staff members, reference will also be made to the Trust's 'Handling Medical Concerns' policy and the Trust's 'Remediation' policy with any actions being managed in accordance with these policies.

6.6 Potential Gross Misconduct

Instances of attending work while under the influence of drugs and/or alcohol such that health and safety may be jeopardised, may be regarded as gross misconduct and dealt with under the Trust's Disciplinary Policy or the Lead Employer Handling Concerns Policy.

The Trust's aim is to support any member of staff who has a genuine intoxicating substance addiction. In this regard however, the single most important factor involved in resolving this type of

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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.

If, during the course of the investigation, the employee admits to having an intoxicating substance addiction and agrees to seek treatment/support, the Trust will consider whether it would be appropriate for any ongoing Disciplinary proceedings to be 'suspended' and the case instead be managed as a health concern.

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 employee is tested for the substance 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 Trust's own legal advisors before proceeding. This is to ensure that any contractual obligations and legal risks are taken into consideration.

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

8.1 Key Performance Indicators (KPIs) of the Policy

No	Key Performance Indicators (KPIs) Expected Outcomes
1	Procedural documents on the intranet are in date

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2	Procedural documents on the intranet are in the correct style and format (according to approval date)
3	Procedural documents contain all the appropriate sections
4	All procedural documents are subject to analysis of the effects on equality
5	Consultation process is appropriate
6	Approval process is appropriate
7	Archive process is appropriate

8.2 Performance Management of the Policy

Minimum Requirement to be Monitored	Lead(s)	Tool	Frequency	Reporting Arrangements	Lead(s) for acting on Recommendations
Audit of at least 3 procedural documents	Assistant Director of Governance / Policy Governance Group	Random review of procedural documents to be agreed by the Policy Governance Group	Monthly review of sample of 3 procedural documents	Policy Governance Group and Quality Committee	Author(s) Policy Governance Group Members
95% of procedural documents on the intranet are within review date	Quality & Risk Office Manager / Assistant Director of Governance	Monthly report to be submitted to Policy Governance Group showing compliance	Monthly	Policy Governance Group and Quality Committee (annually)	Author(s) Policy Governance Group Members Lead Executive Director(s)

9. References

No	Reference
1	ACAS: Disciplinary and Grievance Procedures Alcohol Concern 'Drink, Drugs & Work don't mix & Impact of alcohol problems on the workplace'
2	CIPD: 'Alcohol and Drug Policies in UK Organisations'
3	HSE: Health & Safety Executive 'Don't Mix it'

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	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
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10. Related Trust Documents

No	Related Document
1	Attendance Management Policy & Procedure
2	Capability Policy
3	Handling Medical Concerns Policy
4	Remediation Policy
5	Disciplinary Policy

11. Equality Analysis Form

The screening assessment must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the earliest stage in the planning process to ascertain whether a full equality analysis is required. This assessment must be attached to all procedural documents prior to their submission to the appropriate approving body. A separate copy of the assessment must be forwarded to the Patient Inclusion and Experience Lead for monitoring purposes. Cheryl.farmer@sthk.nhs.uk. If this screening assessment indicates that discrimination could potentially be introduced, then seek advice from the Patient Inclusion and Experience Lead. A full equality analysis must be considered on any cost improvement schemes, organisational changes or service changes which could have an impact on patients or staff.

Equality Analysis			
Title of Document/proposal /service/cost improvement plan etc:		Alcohol and Drug Misuse Policy	
Date of Assessment	09/08/2022	Name of Person completing assessment /job title:	Claire Lyon
Lead Executive Director	Director of Human Resources		HR Business Partner
Does the proposal, service or document affect one group more or less favourably than other group(s) on the basis of their:		Yes / No	Justification/evidence and data source
1	Age	No	Click here to enter text.
2	Disability (including learning disability, physical, sensory or mental impairment)	No	Click here to enter text.
3	Gender reassignment	No	Click here to enter text.
4	Marriage or civil partnership	No	Click here to enter text.
5	Pregnancy or maternity	No	Click here to enter text.
6	Race	No	Click here to enter text.
7	Religion or belief	No	Click here to enter text.
8	Sex	No	Click here to enter text.
9	Sexual Orientation	No	Click here to enter text.
Human Rights – are there any issues which might affect a person's human rights?		Yes / No	Justification/evidence and data source
1	Right to life	No	Click here to enter text.
2	Right to freedom from degrading or humiliating treatment	No	Click here to enter text.
3	Right to privacy or family life	No	Click here to enter text.
4	Any other of the human rights?	No	Click here to enter text.
Lead of Service Review & Approval			
Service Manager completing review & approval		Ngozi Anya	
Job Title:		Head of HR Operations	

Appendix 1 – Indicators of a potential problem

Absenteeism

- frequent and unexplained absences
- poor timekeeping
- 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'

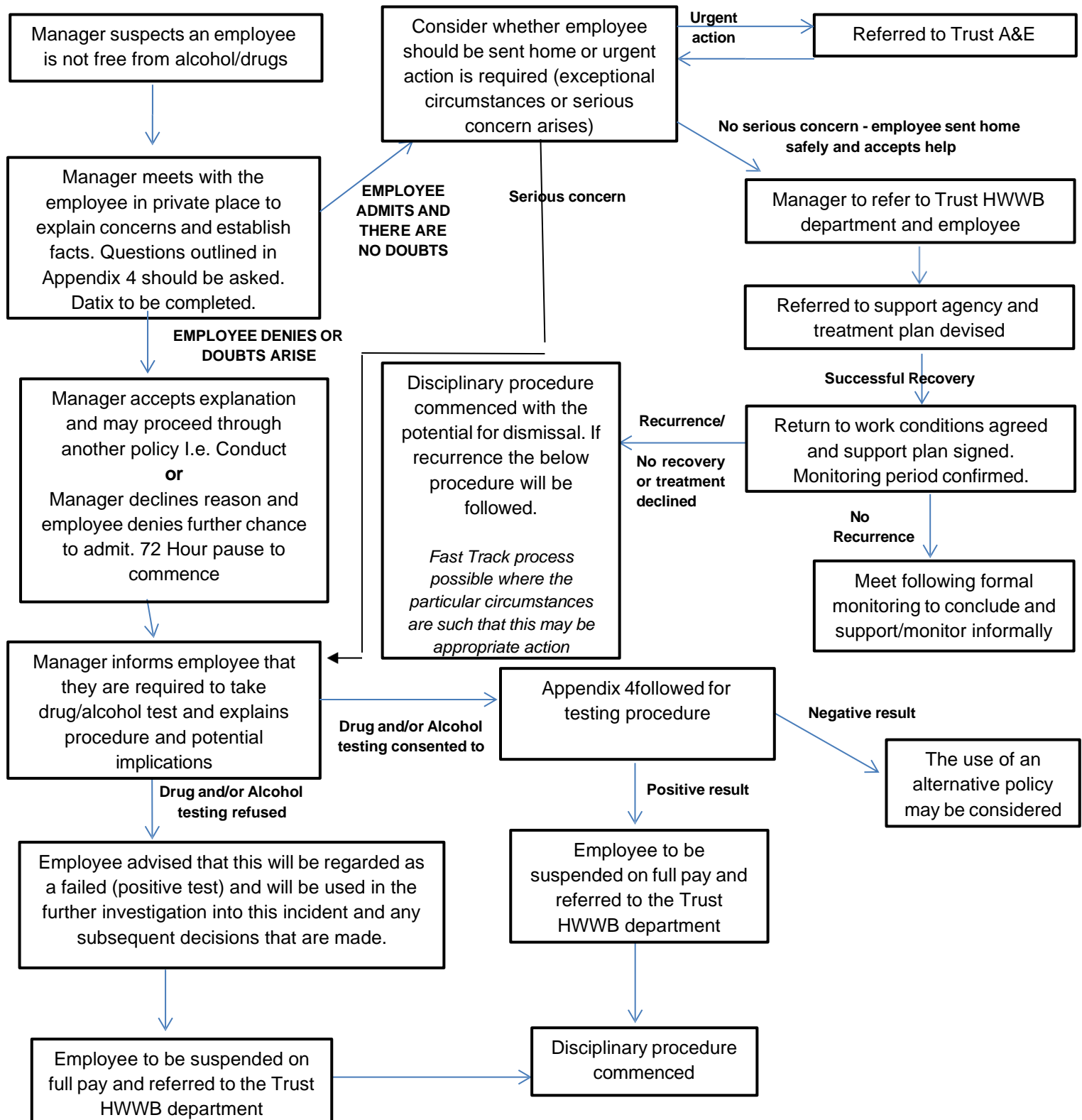
Other Signs

- 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

Appendix 2 – Flow Chart of actions if manager suspects alcohol/drug misuse

Flow chart of actions if manager suspects alcohol/drug misuse



Please note advice from HR should be sought throughout the process

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Appendix 3 - Questions which should be asked by managers when handling cases 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

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Appendix 4 - Testing for Alcohol & Drug Misuse

Under what circumstances should testing occur?

1. If an employee is suspected of being under the influence of alcohol or drugs by their Manager (this includes being found with drugs in contravention of the local management of medicines policy)
2. Is/has been involved in a possible illegal act for example, theft of drugs or having an illegal prescription
3. If requested by a staff member to disprove an allegation being made
4. As part of a return-to-work plan
5. 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 number 0151 478 7777) as appropriate. The HR department will contact our current testing provider 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 Mersey and West Lancashire 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:

1. Location where the test is required including address and post code
2. Name of the contact person in authority at that location and their contact details including most importantly telephone number
3. Name of the individual to be tested
4. Nature of the test required and why the test is required
5. Any restrictions on time when the test can or should be carried out plus explanation
6. 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 testing provider. When calling the testing provider, the Duty Manager, the HR Manager or the On Call General Manager must have:

1. Their PIN number to quote
2. Location
3. Site contact for testing
4. Any special instructions

Once the arrangements have been made with the testing provider 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 technician from the testing provider is assigned the call, the Requesting Manager at the location will be telephoned with the technician's name and estimated arrival time of the technician.

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If there is any significant delay, this will be communicated to the site contact. Once a collection technician has been dispatched, 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 testing provider 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. The Trust management witness must ensure that there is a confidential area for the procedure to take place.

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 e.g., 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.

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The **alcohol test** is based on the drink - drive limit of 35 mcg of alcohol to 100ml of breath (80 milligrams of alcohol per 100 milliliters 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 milligrams of alcohol per 100 milliliters 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 made to the testing provider 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 by the testing provider 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.

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Appendix 5 - Information: Units of Alcohol Guidance

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

Appendix 6 - Places providing free and confidential Advice

1. **Adfam 020 7928 8898** www.adfam.org.uk
Provides support to people working with family members who are affected by drugs and alcohol
2. **Alcoholics Anonymous – Merseyside 0151 709 2900**
Confidential phone line manned from 8am to midnight
3. **Alcohol ~~C~~hange~~o~~ncern -**
www.alcoholchange.org.uk
4. **Doctors Support Network – www.dsn.org.uk**
5. **Drinkline Helpline - 0800 917 8282**
Provides free and confidential help on any aspect of drinking
6. **FRANK (National Drugs Helpline) – 0300 123 6600**
www.talktofrank.com
Confidential 24 hour service
7. **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
8. **Narcotics Anonymous (National Helpline) – 0300 999 1212**
9. **National Counselling Service for Sick Doctors - 0870 241 0535**
10. **Health, Work & Wellbeing Department, Whiston Hospital - 0151 430 1985**
11. **Release – 0207 324 2989**
www.release.org.uk
Drugs helpline, including specialist heroin helpline
12. **Sick Doctors Trust – 0370 444 5163**
13. **Windsor Clinic (Alcohol Treatment Unit) - 0151 529 2450**
14. **_Change, Grow, Live (CGL) - www.changegrowlive.org**

Appendix 7- For Cause Guidance: If there is any reasonable suspicion

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Then Action to Take:

1. Remove the person from the workplace 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.
- Ensure the test is undertaken in a confidential space, ensuring visual and audible privacy
- 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

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Appendix 8 - Alcohol & Drug Testing Guidance Notes for Host Organisations

There are a number of circumstances that may require a trainee to undergo a drug and/or alcohol test. The aim of this document is to provide guidance to Host Organisations should this situation arise whilst a trainee is on placement at their organisation.

Possible circumstances that may require a trainee to undergo a drug and/or alcohol test include:

- If a trainee is suspected of not being free from alcohol or drugs in the workplace (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 trainee to disprove an allegation being made
- As part of a return-to-work plan
- Return to work agreement after detoxification

N.B this list is not exhaustive

Arranging a drug and/or alcohol test:

- If the Host organisation believes that there may be reasonable cause for a drug and/or alcohol test to be undertaken, they should contact the Lead Employer Case Management team as a matter of urgency to discuss this. Please contact: Lead Employer Help Desk on Tel 0151 478 7777 or Email Lead.employer@sthk.nhs.uk
- **NB** Should a test be required outside of normal office hours; tests must be arranged by contacting the Operational Site Manager at Mersey and West Lancashire 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.
- Once it has been identified that a drugs and/or alcohol test is required, a member of the Lead Employer HR Department will liaise with the Host Organisation to agree on a suitable date/time for the test to be undertaken.
- The Lead Employer HR department will contact the testing provider to make the arrangements for the test to be undertaken and will confirm the details, including the estimated time of arrival, back to the Host Organisation.
- Prior to the test being completed (this should be prior to the day of testing for pre-arranged tests), a member of the Lead Employer HR team and a member of the Host Organisation should arrange a telephone/video call to discuss arrangements for the test. The Host organisation will be required to confirm to the Lead Employer that there is a suitable private area for the test to be undertaken so that privacy can be ensured.
- A member of the Lead Employer team will inform the trainee of the date, time and location of the test.
- N.B Trainees who have signed an abstinence agreement, consenting to random alcohol and/or drug testing may not be informed until the day of testing, this will normally be by a member of the Host Organisation, including the Clinical/Educational Supervisor, Practice Manager or Medical Staffing Manager. This may also be the case when identified that on the day 'for cause' drug and/or alcohol testing is required.
- All test results for alcohol and drugs whether positive or negative will be confirmed in writing by the testing provider to the Lead Employer HR department.

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Guidance for Host Organisation on the day of testing:

- The Host organisation should identify an appropriate designated point of contact to oversee / facilitate the testing, e.g., Clinical/Educational Supervisor, Medical Staffing Manager or Practice Manager.
- Once identified this individual should;
 - Liaise with the Lead Employer prior to the test being undertaken to discuss the process/arrangements.
 - Greet the testing technician on the day of testing.
 - Identify the most suitable private room/bathroom for the test to be undertaken, for example in the Occupational Health Department should the Host have one.
 - Ensure that the designated room/bathroom remains out of use for others until the testing is complete.
 - Make necessary arrangements for the test to be undertaken discreetly, ensuring complete privacy, i.e., that the trainee cannot be seen or overheard by patients or colleagues.
 - Identify a private room where any required documentation can be completed.
 - Ensure that the trainee is given the opportunity to raise any concerns before and after the test.
 - Highlight any potential concerns to the Lead Employer promptly.

****Should the Host Organisation have any concerns with regards to their ability to accommodate the above requirements, they should raise these with the Lead Employer as a matter of urgency prior to the test being arranged.****

Should you wish to discuss the process further then please do not hesitate to contact the Lead Employer Case Management team at Lead.employer@sthk.nhs.uk .

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