



Joint Policy for Cumbria Partnership NHS Foundation Trust & North Cumbria University Hospitals NHS Trust

Alcohol & Substance Misuse Policy

Reference	POL/WOR/007
Version	1.0
Date Ratified	9 September 2018
Next Review Date	October 2021
Accountable Director	Executive Director of Workforce & OD
Policy Author	Head of Occupational Health/HR Business Partner

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Cumbria Partnership NHS Foundation Trust | North Cumbria University Hospitals NHS Trust

Data Protection Legislation

The Trust(s) are committed fully to compliance with the requirements of the General Data Protection Regulations (GDPR) 2016 and the Data Protection Act (DPA) 2018. The GDPR and DPA legislation aims to balance the requirements of organisations to collect, store and manage various types of personal data in order to provide their services, with the privacy rights of the individual about whom the data is held.

The GDPR and DPA legislation covers both manual and computerised records in any format, where the record contains details that can identify, directly or indirectly data on a natural person or persons. The DPA sets out principles which must be followed by those who process data; it gives rights to those whose data is being processed.

Policy On A Page

SUMMARY & AIM

The policy sets out the Trust's approach for the management of alcohol and substance misuse and provides advice to managers and employees.

The policy provides a supportive framework for dealing sensitively and confidentially with employees who develop a dependency and allows staff the opportunity to access advice and support for their alcohol or substance problems in a confidential manner.

KEY REQUIREMENTS

1. All staff are made aware of the policy and the implications of a positive screening for drugs or alcohol
2. Staff are under a contractual obligation to seek interventions to help them with their alcohol / drug misuse problem.
3. Appropriated care, support and advice will be put into place
4. Incapacity on duty, including being unfit for duty due to the effects of alcohol or drugs, is classed as gross misconduct under the Trust's Disciplinary Procedure
5. As the possession and distribution of illicit substances is illegal, where the Trust becomes aware of this, the matter will be reported to the police.

TARGET AUDIENCE:

- All Staff
- All Managers/ Supervisors

TRAINING:

- Key staff will be trained in the drug testing process (when applicable)
- This policy will be conveyed to all staff as part of induction process and through health promotion events.

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1. INTRODUCTION

The Trust considers alcohol and substance misuse to be an important health and safety issue, and recognises its responsibility both as an employer towards the health, safety and welfare of employees and also as a role model to the population it serves.

The policy will provide a supportive framework for dealing sensitively and confidentially with those employees, who develop a dependency which is affecting their work performance and potentially threatens their employment prospects. The Trust will consider what reasonable assistance and support it might be appropriate to provide to staff experiencing alcohol and substance misuse problems. However, the Trust is clear that under certain situations it may be necessary to consider taking appropriate disciplinary action as well as referring to the appropriate regulatory/professional body.

Referral will be made to Occupational Health, and support services will be signposted.

Consuming alcohol or intoxicating drugs whilst on duty (this includes paid/unpaid breaks) is classed as gross misconduct under the Trust's Disciplinary and Dismissal Policy & Procedure. Being intoxicated for duty through the use of alcohol or the misuse of drugs or solvents is also classed as gross misconduct under the Trust Disciplinary and Dismissal Policy & Procedure

The nature of Trust work is such that employees are expressly forbidden to consume alcohol when at work or whilst on call, bring it on to Trust premises, in Trust vehicles or on the premises of Trust service users, for the purposes of consumption, under any circumstances.

Where employees have to drive as a part of their job and lose their licence due to driving whilst under the influence of drugs or alcohol or are diagnosed as having problems including a dependence relating to the use of drugs and/or alcohol then it will be the Trusts policy to follow the advice of the Driving License and Vehicle Agency (DVLA).

Where employees are unable to provide alternative transport, the employee may be dismissed though the possibility of alternative work should be discussed. Alcohol and Substance misuse can be treatable and the success rate is likely to be greater when the individual acknowledges the problem sooner rather than later.

The policy is applicable to all employees of the North Cumbria University Hospitals NHS Trust & Cumbria Partnership Foundation Trust irrespective of staff group, status or nature of employment; clinical staff should also be aware of their own regulatory body's guidance relating to maintenance of high professional standards.

2. PURPOSE

The policy sets out the Trust's approach for the management of alcohol and substance misuse and provides advice to managers and employees. It supports the Trust to meet its general duty under the Health and Safety at Work Act (1974) to ensure, as far as is reasonably practicable:

- The health, safety and welfare of all employees.
- promote awareness of the problems associated with alcohol and substance misuse.
- Encourage a responsible attitude to alcohol and intoxicating substances.
- provide a working environment which ensures the health and safety of all Employees, avoiding unnecessary illness, absence and job loss which could result from such abuse.
- provide a consistent, supportive and non-judgmental response to staff with Alcohol/substance misuse related problems.
- Where possible, assist employees to attain a state of good health and wellbeing.

3. POLICY

It is important to remember that all employees have a duty of care to patients and each other and are able to seek advice from an Occupational Health professional, an appropriate manager or Human Resources Manager.

Alcohol and Substance misuse will be treated as a health issue, unless there are any behavioral or performance issues that affect patient care and safety or other issues when the employee:

- Without due cause refuses to acknowledge the existence of an alcohol or substance misuse problem.
- Refuses the advice given by the Occupational Health professional.
- Fails to comply with the advice or treatment recommended.
- Fails to attend appointments without good reason acceptable to the Occupational Health professional.
- Fails to respond to or benefit from advice or treatment.
- fails to inform the Trust of any alcohol / substance misuse incident with police involvement that are later brought to the Trusts attention
-

3.1 EARLY STEPS FOR SUPPORT

Early detection is a key element in developing a positive approach in encouraging staff to seek successful treatment. (Appendix1) An employee who knows or suspects that they have an alcohol or substance misuse problem can voluntarily seek advice by making a direct, confidential appointment with the Occupational Health Department or discussing the matter with their manager or Human Resources Advisor.

If the employee wishes to seek help outside the Trust, they can go to their General Practitioner or a specialist agency; Occupational Health can provide confidential advice on appropriate agencies.

Where a manager suspects that an employee may have an alcohol or substance misuse problem, they should seek an informal discussion with the employee to alert the employee to the problems identified in relation to work performance, absenteeism, etc.

During this discussion, a manager should

- Explain inappropriate behaviour in the workplace.
- Provide the opportunity for an open discussion about the perceived problems.
- Advise the employee that there is a Policy and give the employee a copy.
- A direct referral will be made to Occupational Health.

If following any discussion with an individual you believe to be under the influence of any substance or alcohol that may affect an individual's ability to drive please ensure that they do not drive and get home safely.

3.2 ACTION ONCE A CONCERN HAS BEEN RAISED:

The line manager and HR will meet with the employee to discuss the concerns. The purpose of this meeting is to provide support and to allow the employee to indicate whether there are any other issues that might account for impaired performance.

3.3 MANAGEMENT REFERRAL

The manager can liaise with the Occupational Health Adviser or Physician to ascertain if a referral is appropriate. If referral is appropriate, the manager must write to Occupational Health and include a brief account of the reasons for the referral and whether any disciplinary action is pending.

In cases of emergency, the referral can be made by telephone but a follow up referral letter must be sent.

3.4 EMPLOYEE SELF- REFERRAL

Normal rules of confidentiality will apply for self- referral. A report will only be made to a manager at the employee's request in the event of impending disciplinary action, where the individual is already receiving treatment or if it is deemed that there is a health and safety risk to the employee, colleagues or patients.

Where the employee declares a problem, a referral to Occupational Health will take place. A further meeting involving the relevant parties will take place following contact with Occupational Health.

Where an employee does not acknowledge a problem, or fails to engage with support, this may result in disciplinary proceedings.

At any point during any of the above referral options if it becomes clear that an individual does have an alcohol or substance misuse problem and they have caring responsibilities at home Occupational Health will risk assess and discuss with the individual the potential need to raise this as a potential referral through Safeguarding.

3.5 TESTING

The Trusts reserves the right to require employees to submit to a sample test at any time under the circumstances set out below Details of type of test to be confirmed;

Cause for concern Testing
Post-Accident Testing
Follow-Up Testing

The Trusts reserves the right to request that employees comply with cause for concern testing. This is where a senior or trained manager believes that an employee may be intoxicated as per the definition above. The Trusts believe that such a request is a reasonable managerial instruction. The Trusts may request that employees submit to reasonable suspicion testing when a manager feels an employee are is intoxicated and are present at Trust sites, the sites of Trust service users or engaged in activities in any other location for the purposes of Trust employment.

Under the terms of employment the Trust may request that employees comply with post-accident testing where an accident occurs that falls within the definition of RIDDOR and where the Trust has a duty to notify the HSE, and there is cause for concern

Follow-up testing will be used in instances where the employee approaches in confidence and explains that they have a drug or alcohol problem or where an employee has a positive test and in the circumstances is not dismissed. Employees may be requested to undertake regular or ad hoc, frequent or infrequent testing. Employees may also be requested to participate in counselling, whether provided by the Trust or not. These requests are considered a reasonable management instruction. Further positive tests or a willful refusal to engage with the testing or counselling will be handled in accordance with the Trusts Disciplinary Policy that may result in disciplinary action up to and including dismissal for gross misconduct.

Testing Process

The collection of samples and initial on-site screening testing will be carried out professionally by a specialist independent provider, Alere Toxicology Plc managed by the Occupational Health Department.

The procedure undertaken by Alere will be compliant with local legislation, industry regulations and the guidelines laid down by the European Workplace Drug Testing Society.

Alere - Types of Tests

Alcohol Testing – breathalyser
Substance Testing – Urine test

There are two separate types of analysis: a screening test (on-site) and a confirmatory test (off site)

Screening test: on site/instant tests (alternatively name: point of care tests). Advantages of these tests they are quick – instant test;

- negative no further action is required under this policy
- non-negative result which requires further lab analysis

If a test was required out of hours then the line manager or individual shift lead would need to contact the on call manager to initiate the process with Alere Toxicology Plc details which can be found at the back of the policy. If further testing needs to be done in a laboratory the results from these will be sent through to the Occupational Health department. If this process is initiated out of hours Occupational Health need to be informed at the earliest opportunity and also the HR Team.

3.6 ASSESSMENT AND INVESTIGATION

The Occupational Health professional will undertake appropriate assessments to ascertain sufficient evidence of a recurring alcohol/substance misuse problem and support will be offered.

If there is insufficient evidence, the individual will be referred back to the manager who will monitor the situation. Where there are any further concerns during the monitoring stage, the manager can refer back to Occupational Health for further advice.

3.7 ALCOHOL AND SUBSTANCE MISUSE AGREEMENT

This agreement is between the individual employee and the Trusts (appendix 2). It is designed to both encourage the employee who is misusing alcohol, drugs or other substances to voluntarily seek help and to provide a fair system under which managers can refer an individual for help.

In cases of voluntary self-referral, the agreement will be confidential to the employee and Occupational Health except when it is deemed by the Occupational Health Physician or Senior Nurse Practitioner that there are safety implications and the employee is not compliant with medical recommendations.

When the referral is made via the manager to Occupational Health, a review letter will be sent to the manager who will be informed of failure to attend appointments or termination of the agreement.

3.8 AIMS AND CONDITIONS OF THE AGREEMENT

To encourage and assist employees, who know or suspect their alcohol consumption or substance misuse is affecting their behaviour and or work performance, to seek help at an early stage.

To ensure a caring and consistent approach by managers to assist their staff who have recurring alcohol related or substance misuse problems. Employees with a confirmed recurring alcohol or substance misuse problem accepted for assistance are entitled to:

- Treatment arranged by the Occupational Health Department.

- Authorised absences where necessary for treatment with all normal Trust sickness benefits.
- Security of employment following authorised absences for treatment.
- An employee will, where possible, return to their former job.
- Alternative employment will be made available where possible and where it is agreed mutually by the employee, employee's manager and Human Resources as advised by the Occupational Health Department.

Alcohol and substance misuse will be treated as a health issue, unless there are any behavioural or performance issues that affect patient care and safety or other issues when the employee:

- Without due cause refuses to acknowledge the existence of an alcohol or substance misuse problem.
- Refuses the advice given by the Occupational Health professional.
- Fails to comply with the advice or treatment recommended.
- Fails to attend appointments without good reason acceptable to the Occupational Health professional.
- Fails to respond to or benefit from advice or treatment.
- Fails to inform the Trust of any alcohol / substance misuse incident with police involvement that are later brought to the Trusts attention.
- Tests confirm that the individual was on site or undertaking services on behalf of the trust whilst "intoxicated" as per the definitions described in section 35.
- For the avoidance of doubts the Trusts cut off levels are;
 - 9 µ (micrograms) of alcohol per 100 milliliters of breath
 - Cut off levels set to international cut off levels (i.e. European Workplace Drug Testing Society- EWDTS)
- Where the person drives a Trust vehicle then we shall follow the advice of the DVLA which states;

Alcohol misuse normally requires a revocation of a Group 1 license for 6 months after controlled drinking or abstinence has been achieved, whereas Group 2 drivers require 12 months to elapse. Alcohol dependence requires a year's abstinence for Group 1 and 3 years for Group 2 drivers.

Assessing fitness to drive: a guide for medical professionals

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/596959/assessing-fitness-to-drive-a-guide-for-medical-professionals.pdf

- a) All medical advice and treatment is confidential between the employee and the Occupational Health professional. Employees will be encouraged to give consent for managers to be provided with a review report on the employee's progress and compliance with the agreement. No other details will be disclosed to the Trust without the employee's consent unless it is deemed that there is a health and safety issue.
- b) The individual will be advised that Occupational Health will liaise with their General Practitioner/other healthcare professionals with regard to any treatment and progress or deterioration or removal from the agreement (appendix 4) to ensure that ongoing medical care will be instigated.
- c) In cases of relapse, following successful treatment and consequent removal from the agreement protection, employees referred by their manager may be readmitted to the agreement protection following a consultation with the Occupational Health Physician or Head of Service. The individual also has the right of self-removal from the alcohol & substance misuse agreement. (Appendix 5)
- d) As part of the terms of the agreement the individual will be subject to regular unannounced testing at their place of work for a period of time defined within the individual agreement but not less than 6 months.

Loss of Driving Licence

Any employee who is required to drive as part of their terms and conditions of employment is required to report any offences to their line manager as soon as they are known. Human Resources will review the details and decide how the matter should proceed, which may involve disciplinary action.

Any employee who has their licence suspended or revoked, and has a hospital car parking permit, must surrender that permit, at which time the permit will be surrendered and Payroll instructed to cease deductions relating to the permit. No retrospective refunds will be made. Once the licence has been reinstated the employee will need to apply for a car parking permit as per normal procedure for doing so.

3.9 RE-ADMISSION TO THE AGREEMENT:

All employees referred may be readmitted at the discretion of the Occupational Health Physician or Head of Occupational Health Service. In cases of relapse, following successful treatment and consequent removal from the agreement protection, employees referred by their manager may be readmitted to the agreement protection following a consultation with the Occupational Health Physician or Head of Service

4. TRAINING AND SUPPORT

This policy will be conveyed to new employees as part of the induction process and through health promotion events.

Occupational Health will provide sessions for managers to raise awareness of possible alcohol and substance misuse amongst staff.

5. PROCESS FOR MONITORING COMPLIANCE

The process for monitoring compliance with the effectiveness of this policy is as follows:

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
Cases of misconduct relating to alcohol or drug consumption are dealt with as per policy	Identify and report on number of disciplinary incidents/OH referrals related to alcohol or drug consumption	Occupational Health/HR	HR Work Force & OD	Annually
OH Cases	Audit - Number of cases and use of agreements	Occupational Health Lead	Workforce Group/H&S Committee	Annually

Wherever the above monitoring has identified deficiencies, the following must be in place:

- Action plan
- Progress of action plan monitored by the *name of relevant committee* minutes
- Risks will be considered for inclusion in the appropriate risk registers

6. REFERENCES:

HSE Guide for Employers on Alcohol at Work (2007)
 HSE Guide Drugs Misuse at Work
 Health and Safety at Work Act 1974, Section 2
 Management of Health and Safety at Work Regulations 1999
 Assessing fitness to drive: a guide for medical professionals - DVLA
 Road Traffic Act 1988
 Transport and Works Act 1992

7. ASSOCIATED DOCUMENTATION:

Attendance Management policy

8. DUTIES (ROLES & RESPONSIBILITIES):

8.1 CHIEF EXECUTIVE / TRUST BOARD RESPONSIBILITIES:

The Chief Executive and Trust Board jointly have overall responsibility for the strategic and operational management of the Trust, including ensuring that Trust policies comply with all legal, statutory and good practice requirements.

8.2 EXECUTIVE DIRECTOR RESPONSIBILITIES:

All policies have a designated Executive Director and it is their responsibility to be involved in the development and sign off of the policies, this should ensure that Trust policies meet statutory legislation and guidance where appropriate. They must ensure the policies are kept up to date by the relevant author and approved at the appropriate committee.

8.3 MANAGERS RESPONSIBILITIES:

- Ensure such matters are treated sensitively and confidentially as far as legally possible and to be aware of safeguarding responsibilities
- Promote awareness of policy to staff
- To be able to recognise signs of alcohol and substance misuse and effects on health, performance and attendance of employees
- Ensure health, safety and welfare of employees and service users with whom they may come into contact
- Ensure staff are aware of the support that can be accessed
- To act promptly where drug or alcohol misuse is suspected
- To provide support and assistance, to a reasonable extent to staff recovering from misuse issues and to monitor performance, attendance and behaviour of those employees.
- To accommodate, as far as reasonably possible, authorised absence from work to allow employees to attend for treatment/therapy/support
- To be aware of the circumstances where action under the Trust's Disciplinary policy might be necessary

8.4 STAFF RESPONSIBILITIES:

- To ensure they do not report for duty whilst under the influence of alcohol or other misused substances; this also applies to being on-call or on standby
- Not to bring alcohol or substances for misuse onto Trust premises, for consumption or use whilst at work
- Not to bring alcohol or substances for misuse onto Trust property for use by other employees
- To inform management of any concern that a colleague may be misusing alcohol or other substances
- To inform management or Occupational Health of any drug or alcohol problems they may be experiencing
- To comply with support measures to address drug or alcohol misuse problems

8.5 HR RESPONSIBILITIES:

- Providing advice and assistance to staff and managers on the policy
- Provide advice where disciplinary matters may need to be considered

8.6 TRADE UNION RESPONSIBILITIES:

- Encourage members to seek help voluntarily and early
- Advise members of their rights, and responsibilities, under this policy

8.7 OCCUPATIONAL HEALTH RESPONSIBILITIES:

Provide managers with information regarding any alcohol or substance misuse to ensure that any adjustments to their duties are put into place to ensure a safe environment for the individual, colleagues and patients. Employees will be informed about this requirement.

Where required, provide confidential advice on appropriate external agencies who can provide support. Staff should be made aware that whilst there is a duty of confidence, if concerns about the safety of children or vulnerable adults are raised, this information may need to be shared with the Safeguarding Team.

8.8 APPROVING COMMITTEE RESPONSIBILITIES:

The Chair of the approving committee will ensure the policy approval is documented in the final section of the Checklist for Policy Changes. The committee will agree the approval of the final draft of the policy.

9. ABBREVIATIONS / DEFINITION OF TERMS USED

ABBREVIATION	DEFINITION
DVLA	Driving License and Vehicle Agency
EWDTs	European Workplace Drug Testing Society
HR	Human Resources
HSE	Health & Safety Executive
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences
UKAS	United Kingdom Accreditation Service

TERM USED	DEFINITION
What is Drug Misuse?	To misuse a drug is to use a drug for purposes it is not intended for. Alcohol and substance misuse is defined as the abuse of alcohol or other drugs where it has a detrimental effect on the physical and mental wellbeing, family life or work performance. Alcohol and substance misuse affects concentration, co-ordination and work performance which may be detrimental to

TERM USED	DEFINITION
	patients, colleagues and the quality of service provided to the general public.
Alcohol and Substance Misuse agreement	Is the formal process to support the employee (see appendix 3 for main terms of the agreement)
What is Drug Abuse?	People who abuse drugs typically do not have a prescription for what they are taking. Not only do they use it in a way other than it is prescribed, but they also use it to experience the feelings associated with the drug.
Intoxicate	<p>By “intoxicate” we mean that any drug is found in your urine or saliva sample that is reported as above recognised cut off levels for workplace testing, or that you have alcohol in your breath above 9 micrograms, that you have alcohol in your blood above 20 milligrams or that you have levels reported as positive from any UKAS accredited laboratory in any sample test.</p> <p>For absolute clarity, by “intoxicate” we mean the levels in your sample and in no way does this relate to your mental state or the influence alcohol or drugs are having on you</p>
Impulsive use	Is unpredictable and can lead to unexpected accidents and harm. However there is not continual use or dependency
Habitual use	The use of alcohol or drugs have become a significant and important part of the person's life-style. Stopping would not be easy.
Dependent	There is a high degree of physical and psychological addiction. Alcohol and drug use disrupts or rules the person's life. Stopping is not possible without considerable support

APPENDIX 1 – INDICATIONS OF POSSIBLE ALCOHOL & SUBSTANCE MISUSE

This list of possible signs is by no means prescriptive and is only a guide to assist managers and others in recognising possible early indicators in order to assist individuals to seek help. These indicators may of course have causes other than substance misuse. If there is good cause and doubt as to the cause of untoward

behaviour, a manager should seek the advice from occupational health or offer confidential occupational health advice to the individual.

1. Workplace indicators:

- Gradual or sudden onset, of untoward or unpredictable behaviour.
- Mood changes, irritability, memory and concentration impaired.
- Repeated short term sickness absence.
- Frequent lateness, unreliability.
- Frequent minor accidents.
- Deterioration in working relationships.
- Olfactory indicators (smelling of alcohol).
- Drinking at work.
- Reduction of quality or quantity of work done.
- Quarrelsome.
- Disruptive behaviour
- Horseplay.
- Adverse effects on company image and customer relations.

2. Drunkenness and hangover are too well known to require description

3. Social domestic indicators:

- Debt
- Borrowing
- Marital disharmony
- Not wanting to go home
- Litigation
- Driving offences
- Criminal prosecution

4. There are other medical indicators recognised from recurring diagnosis on sickness absence certificates such as:

- Gastro-enteritis
- Dyspepsia/indigestion
- Nervous disability
- Nervous exhaustion
- Anxiety state/depression

APPENDIX 2 - ALCOHOL & SUBSTANCE MISUSE AGREEMENT

Confidential

Alcohol & substance misuse agreement

Part 1:

You have been given a copy of the main points of the agreement

You are now being offered assistance in confidence under the terms of the alcohol and substance misuse policy.

You may accept or reject this offer but you are strongly urged to accept. Please complete the section below.

I have read and have had the opportunity to discuss the main points of the agreement and;

ACCEPT REJECT

Treatment in compliance with the terms of the alcohol and substance misuse policy.

Self-referral manager referral

NAME OF EMPLOYEE	
DATE OF BIRTH	
SIGNATURE	
DATE	

OH PROFESSIONAL (BLOCK CAPITALS)	
SIGNATURE	
DATE	

APPENDIX 3 – MAIN TERMS OF THE ALCOHOL & SUBSTANCE MISUSE AGREEMENT

(To be given to all employees entering into the agreement)

Main terms of the agreement

In the case of self-referral, the agreement is between the individual employee and Occupational Health Service.

Following management referral, the agreement is between the employee and Occupational Health, but Occupational Health will provide a progress report to the referring manager and reserves the right to inform the manager if the employee fails to comply with main terms of the contract.

Employees with a confirmed alcohol or substance misuse problem are entitled to:

1. Treatment provided or arranged by the Occupational Health Department.
2. Authorised absences where necessary for the purpose of treatment.
3. Security of employment – following authorised absences for treatment.
4. Alternative employment or temporary adjustment of the job tasks during the period of treatment. Alternative employment will be made where it is mutually agreed by the employee, Occupational Health and the Manager/Human Resources.
5. Alcohol and Drug misuse will be treated as a health issue, unless there are any conduct or performance issues that affect patient care and safety.
6. The agreement may be terminated when the employee:
 - Without due cause refuses to acknowledge the existence of a substance misuse problem.
 - Refuses advice or treatment given or arranged by the Occupational Health Department.
 - Fails to comply with the advice or treatment.
 - Fails to attend appointments.
 - Fails to respond to or benefit from the agreement.
 - Fails to inform the Trust of any alcohol / substance misuse incidents with police involvement that are later brought to the Trust attention.
7. In the event of a disciplinary issue, alcohol or substance misuse may be considered as mitigation if the employee has already sought help either through Occupational Health or via an external agency. Confirmation would be required that assistance has been sought from an external agency.
8. Relevant information will be exchanged for review purposes with the employee's manager with the employee's consent.
9. In cases of relapse following successful treatment and consequent removal from the agreement protection, employees referred by management may be readmitted to the agreement protection, following a consultation with the Occupational Health Physician or Head of Occupational Health Service (see Policy Section 6.4.2).
10. Self-referred employees in similar circumstances may be re-admitted at the discretion of the Occupational Health physician or Head of Occupational Health.

APPENDIX 4 - REMOVAL FROM THE ALCOHOL & SUBSTANCE MISUSE AGREEMENT

Removal from the Alcohol & Substance Misuse Agreement

- a) I understand that I am being removed from the agreement under the terms outlined at the outset.
- b) I am no longer under the provision of the agreement from the date stated below.

Name Of Employee	
Date of Birth	
Signature	
Date	

OH Professional (BLOCK CAPITALS)	
Signature	
Date	

APPENDIX 5 - SELF REMOVAL FROM THE ALCOHOL & SUBSTANCE MISUSE AGREEMENT

Self-Removal from the Agreement

I have made an informed choice to remove myself from the agreement with effect from and the terms outlined at the outset no longer apply.

Name Of Employee	
Date of Birth	
Signature	
Date	

OH Professional (BLOCK CAPITALS)	
Signature	
Date	

APPENDIX 6 – ALERE TOXICOLOGY



UK Emergency Response Service - A User Guide

Alere Toxicology operates a 24 hour UK Mainland Emergency Response Service to collect samples for drug and alcohol testing. We are on call around the clock, every day of the year to help you comply with international, local and commercial requirements for controlling the use of alcohol and drugs.

24 hour emergency hotline:

+44 (0)20 7538 1133

Before you call the hotline, you must have your unique PIN. Your PIN is a mandatory requirement during this phone call as it is used to confirm that you are authorised to activate a call out. Your PIN can be located in the welcome email to our Emergency Response Service or on your call out card.

Activating a call out

Upon dialling our emergency hotline, you will need to provide the following information:

- Your company name and PIN
- Your name and contact information
- We may need to contact you within the 2 hours following activation. Therefore, a direct mobile number is preferred.
- Address and directions to the location
- This reporting point must be a safe and clearly identifiable venue (e.g. Gatehouse, Reception). The collecting officer must be escorted from this point onwards. We are not able to attend uncontrolled environments (e.g. donors' homes).
- Site contact name
- The collecting officer will ask for this person upon arrival.
- The category of incident (i.e. impairment, suspicion or post incident).
- The number of people to be tested

Once this information has been confirmed the call out is activated, the clock is started and a collecting officer will be dispatched. The collecting officer will telephone you to confirm that they are on the way and we will keep you informed of any developments.

Controlling donors

After the call out has been activated we recommend that you take the individual(s) to be tested to a suitable waiting area.

They should be placed under continuous supervision by an impartial third party until the collecting officer arrives to prevent interference with the drug testing process.

During the waiting period, we advise:

- Medical attention should be provided if required but keep a note of any medications taken.
- Food and drinks can be consumed but drinks must be non-alcoholic and ideally from an identifiable source (e.g. canteen or vending machine). Keep a note of anything consumed.
- Control access to toilets to prevent urine substitution (if urine samples are to be collected). If a donor needs the toilet, first check that there is nobody in the toilet area and that all toilets have been flushed. Prevent anybody else from entering the toilet until the donor has left.

Site contact

The site contact will need to be available for the entire duration that our collecting officer is onsite. They are required to:

- Meet the collecting officer and check their identity pass
- Accompany the collecting officer to meet the donor(s) and provide safe conduct
- Prepare the facilities required
- Formally identify the individual(s) to be tested
- Witness the breath alcohol calibration check
- Witness the second breath test for any positive breath samples
- Answer any queries and resolve any external issues
- Sign the call-out form once the specimens have been collected

Site facilities

When our collecting officer arrives on site, the following facilities will be required to complete the sample collection/s:

- A private room
- A room with a table and chairs is required so that the collecting officer can have a private conversation with the donor and complete the Chain of Custody form.
- Specimen collection area, e.g. a toilet cubicle for urine collections.

Specimen collection

Unless a donor has requested a witness, nobody should be present during the testing and collection process unless the collecting officer requests it. The name and contact information of all witnesses should be recorded to assist with any post-incident investigations, should they be required.

If an individual refuses to give a specimen, the collecting officer will ask them to sign a refusal declaration form, a copy of which will be given to the site contact.

AWP0066

DOCUMENT CONTROL

Equality Impact Assessment Date	17/09/2018
Sub-Committee & Approval Date	Joint Partnership Forum 8/9/18

History of previous published versions of this document:

NCUH statement of changes made from previous version

Statement of changes made from previous version	Date	Section & Description of change
2.0 HR 09	22/9/17	<ul style="list-style-type: none">• Format changed in line with Joint Policy Template (i.e. as per Table of Contents)
		<ul style="list-style-type: none">• Section 6 GDPR guidance (new) included
		<ul style="list-style-type: none">• Summary flow chart removed
		<ul style="list-style-type: none">• Appendix 6 added ALERE TOXICOLOGY
		<ul style="list-style-type: none">• Duties and Responsibilities moved to section 8

CPFT statement of changes made from previous version

Statement of changes made from previous version	Date	Section & Description of change
POL/004/011	01/05/16	<ul style="list-style-type: none"> • Format changed in line with Joint Policy Template (i.e. as per Table of Contents
		<ul style="list-style-type: none"> • Section 6 GDPR guidance (new) included
		<ul style="list-style-type: none"> • Introduction extended
		<ul style="list-style-type: none"> • Section 3.1 Early Steps for Support looks at an individual who knows or suspects they have an alcohol or substance misuse problem and can self-refer. Attached with this is appendix 1 Indications of possible alcohol and substance misuse. Reference to an individual driving.
		<ul style="list-style-type: none"> • Section 3.2 Action once concern has been raised – line manager and HR meet with the individual to discuss support and any other issues.
		<ul style="list-style-type: none"> • Section 3.3 Management referral to Occupational Health and option to discuss if appropriate to do.
		<ul style="list-style-type: none"> • Section 3.4 Employee Self-Referral. Safeguarding if individual has caring responsibility at home
		<ul style="list-style-type: none"> • Section 3.5 Testing 3 types of testing, Cause for concern, Post Accident and Follow up Testing. Testing will be carried out by Alere Toxicology however this will be managed by Occupational Health. Out of hours and accessing drug or alcohol testing.
		<ul style="list-style-type: none"> • Section 3.6 Assessment and Investigation Occupational Health will undertake assessments in alcohol and substance misuse case.
		<ul style="list-style-type: none"> • Section 3.7 Alcohol and Substance Misuse Agreement refers to appendix 2 which is a drawn up agreement between the trust and the individual.
		<ul style="list-style-type: none"> • Section 3.8 Aims and conditions of agreement
		<ul style="list-style-type: none"> • Section 3.9 Readmission to Agreement – Anyone referred can be readmitted under guidance from occupational health
		<ul style="list-style-type: none"> • Section 4 highlighted to new employees as part of induction process and through health promotions. Occupational Health will provide training sessions for managers.
		<ul style="list-style-type: none"> • Appendix 3 Terms of the Alcohol and Substance Misuse Agreement
		<ul style="list-style-type: none"> • Appendix 4 Removal from the Alcohol and Substance Misuse Agreement - consent form to be removed from the agreement

		<ul style="list-style-type: none">• Appendix 5 Self Removal from the Alcohol and Substance Misuse Agreement
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List of Stakeholders who have reviewed the document

Name	Job Title	Date
CPFT Children and Families Care Group	Governance and Network Management Teams	Via email during September 2018
CPFT Mental Health Care Group	Senior Management Team	Via email during September 2018
CPFT Corporate Care Group	To all Heads of Services	Via email during September 2018
CPFT Community North Care Group	Senior Management Team	Via email during September 2018
CPFT Specialist Care Group	Senior Management Team	Via email during September 2018
NCUH	Senior Management Teams across Care Groups and Corporate functions	Via email during September 2018