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Alcohol and Drugs in the Workplace Policy.

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Version Control

Version 1 24/08/18 Policy Created

Version 2 14/03/19 Contact addresses in Appendix 2, checked and updated

Introduction

Southern Ultrasound believes it has a responsibility to work for a healthy and safe working environment. This includes doing everything reasonably possible to resolve alcohol and drug related problems known within the work place.

We believe that it is essential that all employees, workers and those who render services for the Company, or at the Company's premises, are in full command of themselves and of all of their faculties throughout the working day.

Clinical staff have a duty of care to patients and clients as well as to colleagues and this duty cannot be fully discharged if alcohol and drugs problems exist.

All staff are reminded that the use of and the supplying to others of illegal substances are criminal offences and may result in the involvement of the Police.

This policy is primarily focused on an approach of employee health based on 'fitness for work'. In certain circumstances, however, drug and or alcohol misuse can be considered a matter of 'conduct' dependant on the exact circumstances.

Scope

This policy applies to staff directly employed by the Company and includes professional and non-professional staff and staff on temporary contracts or on sub-contract from another employer. Eg locum staff

Policy Purpose

To state clearly the standard adopted by the Company regarding alcohol consumption and drug misuse and their implications within the workplace.

To prevent accidents and impaired performance at work which may be alcohol or drug related.

To actively promote awareness and understanding of the effects of alcohol and drug related problems within the workplace, and to emphasise the potential dangers of such misuse for both the individuals' health and work performance.

To provide a framework for dealing with alcohol and drug related problems. By so doing to clarify the Line Manager's role in managing problems associated with staff abuse of alcohol or drugs and to ensure all those involved have access to support.

To promote an environment where staff with alcohol or drug problems are encouraged to go to their Line Managers/supervisors and receive a positive and sensitive response to their needs, balanced by the needs of the service / Company, and the need to provide a safe, appropriate and high-quality service.

Roles and Responsibilities

Director(s)

The Director(s) have overall responsibility to have processes in place to ensure that staff are aware of this policy and adhere to its requirements.

Managers

Line managers' responsibilities include the following:

- Ensuring this policy is disseminated effectively to their teams and that teams understand and adhere to this.
- Ensure protection of harm to service-users is the primary concern.
- Monitoring changes in staff work performance and attendance
- Where staff have an alcohol or drug problem:
 - o encouraging staff to seek help voluntarily; and
 - o referring them to the occupational health service

- o helping the staff member at work and assisting with rehabilitation
- o applying normal sickness absence procedures to employees receiving medical treatment.
- To use capability/disciplinary measures appropriately, i.e. with the clear focus being a return to satisfactory work performance within a reasonable period

Staff

Staff responsibilities include the following:

- Familiarising and complying with the policy
- Understanding the effect of alcohol and drugs on work and health.
- Recognising that covering-up or colluding with colleagues with alcohol or drugs problems is counter-productive and can perpetuate the problem.
- Encouraging work colleagues to seek help if they have a problem in the knowledge that a positive and supportive approach will be offered.
- If worried about their own drinking or drug taking, to seek help from:-
 - Line Manager
 - External drugs and alcohol specialist advisory agencies (listed in Appendix 2)
 - o Their GP for the provision of confidential advice and assistance

Drug Misuse

Drug misuse refers to the use of illegal drugs and the misuse whether deliberate or unintentional, of prescribed drugs, non-prescribed drugs and substances such as solvents.

Drugs can alter the way a person thinks, perceives and feels and this can lead to impaired judgement or concentration. Drug misuse can also bring about the neglect of general health and well-being. This may adversely influence the performance of the member of staff.

It is recognised that the misuse of legally prescribed and non-prescribed drugs or substances may also impair performance. Prescribed or over-the-counter medicines might cause impairment to an individual's performance at work. Individuals should seek advice from their GP or pharmacist on any medicines they are taking. If appropriate, they should be encouraged to discuss any problems with an occupational health service and/or they should inform their line manager of any possible side effects of their medication.

Signs of drug misuse are listed in Appendix 1.

It is not permitted for staff to be in possession, under the influence, deal in or take drugs within classes A, B or C in the workplace unless prescribed by a Doctor. A list of these drugs can be obtained from the Home Office Website at https://www.gov.uk/government/publications/controlled-drugs-list--2.

All staff must advise their Line Manager if they are charged with and/or convicted of a drugs offence.

Convictions of staff for drug or alcohol offences can damage public confidence in the Company's services, irrespective of the role performed by that member of staff and whether the offence was committed at work or not. Consequently, the continued employment of any member of staff is at risk if convicted of such an offence. If the Company is made aware of any alcohol or drug-related convictions against an individual this will be dealt in accordance with the Company's Disciplinary Policy and Procedure.

Professionally Registered staff should also be aware that such convictions will be reported to their regulatory body.

Any recognised drug problem will be treated in strict confidence, subject to the provisions of the law.

The nature of the working with the NHS means that some staff will have access to prescribed drugs through their work – in some cases, this will include controlled drugs such as morphine. Misuse of such drugs is likely to be both a disciplinary matter for the Company, the Client and an issue for their regulatory body – and potentially the police.

Alcohol Consumption in the Workplace

It is not permitted for staff to drink or be under the influence of alcohol whilst on duty or on Company or Client premises. This includes at celebratory occasions (e.g. Christmas or farewell events) and on client/service user holidays.

Exceptions are staff who are off duty and who live in Clients residential accommodation or have completed their shift and are attending Post-graduate Medical Centre functions where alcohol may be brought in or sold (if the premises are licensed).

It is not permitted for staff to drink alcohol in a public place whilst wearing a Client or Company identification badge or uniform.

All members of staff should note that drinking alcohol before work and during meal breaks can impair performance. Staff are asked to note that there is a perceived link between the smell of alcohol on the breath of staff and incompetence. Such perceptions can damage public confidence in Company's and Client's services. It is therefore advisable that staff should not consume alcohol before going on duty.

If a member of staff consumes alcohol and acts contrary to this policy in the workplace, this will be dealt in accordance the Company's Disciplinary Policy and Procedure.

Occupational Health advice may be sought to assess the individuals' fitness for duty. Non-compliance with the referral may lead to disciplinary action.

If a member of staff is intoxicated, under the influence of drugs, or showing behaviour that indicates they will be placing themselves and others at risk at work they will be sent home immediately. The manager should ensure that the member of staff will be able to reach home safely and where required should arrange a lift.

Staff are also reminded that alcohol consumption outside of work leading to hangovers can also be detrimental to performance at work.

Staff who are required to drive as part of their duties or required to drive clients/service users as part of their duties should not consume alcohol before coming on duty or while on duty. Staff are reminded that the Road Traffic Act 1988 makes it illegal for any person to drive or attempt to drive a motor vehicle while unfit to drive through the use of a substance (this includes prescribed and over-the-counter medication, as well as illegal drugs and alcohol); and this is likely to result in the involvement of the police.

Furthermore, if a staff member is subject to a driving ban and has their driving licence revoked due to drink driving offence, even if this occurred outside of work, then they could be subject to the Company's Disciplinary Procedure and are not guaranteed continued employment.

Occupational Health will see staff who have been referred by their Line Manager, and will normally liaise with their GP who should arrange treatments as necessary, involving specialists in the management of alcohol or drug misuse. Occupational Health will monitor the individual's progress whilst they are off sick and liaise with the Line Manager to facilitate their return to work.

Alcohol Consumption for On-Call Staff

The Company recognises that it would be unreasonable to require staff not to consume alcohol during periods when they are not at work but are on-call. The standard for staff in this position is that alcohol consumption should be restricted to levels which meet the legal requirements for safe driving.

Criminal activity

The possession of illegal drugs with the intention to deal is illegal and shall be reported to the police. If, as a result of internal or police inquiries, a manager or supervisor has reason to believe that illicit drugs are on Company or Client premises or in the possession of Company staff while they are on Company business, or that drug misuse is threatening the safety of NHS patients, they have a right to take further action. This may include the searching of premises and, where the police become involved, the potential use of drug screening by an accredited laboratory.

Random testing of staff as a tool for managing substance misuse is not supported.

Operation of the Policy

All Staff are subject to the policy in various ways, such as:

- The individual voluntarily decides to seek help from a manager the Company or outside agency.
- A member of staff may show signs of an alcohol or drug related problem which may manifest itself in a variety of ways (see Appendix 1).

The Company accepts that if a member of staff has an alcohol or drug related problem affecting work performance, confidential guidance and assistance to overcome the problem should be offered. Such guidance and assistance may be from the Line Manager/supervisor or any of the departments/agencies listed below. Exclusion from duty with sick pay may be appropriate.

When discussing such problems with staff, the aim of the Company to assist the individual concerned will need to be uppermost in the minds of managers (see Drugs and Alcohol at Work Toolkit – Guidelines 1). If time off for treatment is recommended, a Company Director will need to be advised and, together with the Line Manager, will assure the staff member that all benefits and rights granted by the Contract of Employment are safeguarded during the duration of the treatment. Any help, advice or treatment may be recorded as sick leave.

The confidentiality of staff's records will be preserved. The exceptions to this would be where individual cases are necessarily reported to a particular professional governing body (e.g. HCPC) regarding 'fitness to practice'.

It is accepted that where support and encouragement have been given over a reasonable period and poor performance continues, recourse to the Company's Disciplinary Policies and Procedures may be appropriate.

In all cases where a member of staff is being investigated under circumstances relating to drugs or alcohol, they are entitled to be supported by a Trade Union representative or work colleague.

The person in charge of a shift is responsible for being supportive to the member of staff and for following appropriate reporting procedures.

Please note, the operation of this policy has been established for assisting a member of staff with alcohol or drug related problems and is quite distinct from the Company's Disciplinary Policies and Procedures. However, these procedures may need to be used in the following circumstances and advice should be sought from a Company Director

- If a member of staff denies there is a problem and an individual's conduct or performance is unacceptable.
- If a member of staff acknowledges that they have an alcohol or drug problem that could affect conduct at work or which prevents the achievement of a satisfactory level of work performance, but refuses the opportunity to receive help.
- If an individual discontinues treatment and then reverts to unsatisfactory levels of conduct or poor performance.
- Where staff member accepts the opportunity to receive help but the conduct/work performance afterward reverts to previous problem level.
- Where a staff member has been found to have breached the Company Disciplinary rules whilst
 under the influence of alcohol or drugs. (If during the investigation it is determined that the
 individual has an alcohol or drug problem this may be taken into account when deciding on the
 appropriate disciplinary action).

Monitoring Compliance

Company Management will monitor and analyse data on an annual basis. They will use the data to monitor the implementation of the policy and management of cases. In addition, the data will be collated and analysed for information to ensure the policy is being adhered to, to identify trends and any interventions required to address any issues.

Subsequently, the data will be used to inform and improve policies, as well as provide recommendations for improving working practices.

Associated Documents

- Disciplinary Policy and Procedure
- · Exclusion Policy and Procedure
- Managing Performance (Capability) Policy
- Managing Sickness Absence Policy and Procedure
- Workforce Investigation Policy and Procedure
- Advice and Information for Employers of Nurses and Midwives (NMC, 2011)
- Good Medical Practice (GMC, 2006)
- Policy for Nurses and Midwives who Receive a Caution or Conviction for an Alcohol or Drug Related Offence (NMC, 2010)
- Taking Alcohol and Other Drugs out of the NHS Workplace (Department of Health, 2001)
- The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives (NMC, 2008)
- The Meaning of Fitness to Practice (GMC, 2001)
- Your Health Matters (GMC, 2012)
- Road Traffic Act 1988

Supporting References

http://www.hcpc-uk.co.uk

The Health & Care Professions Council regulates a range of health professionals.

http://www.hcpc-uk.org/aboutregistration/standards/ -

Download HCPC standards including the Standards of Conduct, Performance and ethics

POLICY STANDARDS

Monitoring processes

The Board of Directors monitor Clinical Governance issues, via reports from the Clinical Governance Leads, presented at least annually to the Board Meeting.

Monitoring of this policy, together with its implementation, shall be performed by the CG Lead.

Training Requirements

Our Clinical Governance Lead has received training suitable for role.

Clinical Governance forms part of induction and annual training for all clinical staff

Distribution and Awareness Plan

All staff are made aware of the policy as part of their induction training. If there are any significant changes to the policies that affect the way in which staff initiate or respond, these are communicated to them via team briefs and staff meetings.

A copy of the policy is available to all staff via the Policy sub-folder of the Company's on-line Governance Framework folder, and can be accessed 24/7 from any location with Web Access. A hard copy version is retained at all sites of operation.

Approval & Review

This policy has been approved by the undersigned and will be reviewed annually and any time there is a change in the Law, Guidance or Best Practice Recommendations.

Policy Created: 24/08/18. Policy Reviewed (annually): v2 14/03/19.

Kevin Rendell. Director

APPENDIX 1 - Indications of Alcohol and Drug related problems

There is no single characteristic which identifies a person with an alcohol or drug problem, and indeed alcohol or drugs are only two of many possible reasons for deteriorating job efficiency.

However, if the following characteristics occur in combination or as a pattern over a period of time alcohol or drug related problems may be indicated.

1. Absenteeism

- Multiple instances of unauthorised leave
- Excessive sick leave (including frequent self-certified or uncertificated sick leave)
- Frequent Monday and/or Friday absences
- Excessive lateness, e.g. returning late from meal breaks
- Leaving work early
- Increasingly improbable excuses for absence.
- High accident rate at home or at work
- Difficulty in concentrating on tasks
- Irregular work patterns
- Alternative periods of high and low productivity
- Increasing general unreliability and unpredictability.

2. Reporting to work under the influence of alcohol or drugs

Please note, this would be considered grounds for dismissal under the Company's Disciplinary Policy and Procedure

- Attending work in an obviously inebriated condition
- Smelling of alcohol
- Hand tremors
- Increasingly unkempt appearance
- Lack of personal hygiene.

3. Deteriorating job efficiency

- Missed deadlines
- Mistakes
- Making poor decision

4. Deterioration of relationships at work

- Over-reaction to imagined or real criticism
- Irritability
- Complaints from colleagues
- Borrowing money from colleagues
- Avoidance of Line Manager and/or associates.

5. Dishonesty and theft

Please note, this would be considered grounds for dismissal under the Company's Disciplinary Policy and Procedure.

APPENDIX 2 – External Agencies for staff dealing with Alcohol & Drug related problems

Action on Addiction

Registered charity with treatment centres for all addictions, throughout England. They also provide support for families and children

• Tel: 0300 330 0659 Email: admin@actiononaddiction.org.uk Website: www.actiononaddiction.org.uk

Options Alcohol & Drug Counselling & Information Service

Free counselling, information and advice services for people over age 55 with substance misuse problems in the Southwest.

Address: 147 Shirley Road, Southampton SO15 3FH

Phone: 023 8063 0219 Email: southampton@optionscounselling.co.uk

Drinkline

Helpline offering support to those worried about their own or others alcohol consumption

Tel: 0800 7 314 314

Drinksmarter

Web resource provided by the Scottish Government, offering advice and handy tools on sensible drinking

Website: https://www.gov.scot/policies/alcohol-and-drugs/

AddAction

Nation-wide drug and alcohol treatment agency which provides links to local groups.

Email: info@addaction.org.uk Website: www.addaction.org.uk

Alcoholics Anonymous

A fellowship who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism

Confidential Helpline - 0845 769 7555 Email: help@alcoholics-anonymous.org.uk

Website: www.alcoholics-anonymous.org.uk

National Drugs Helpline

A free and confidential service available 24 hours, 7 days a week.

Tel: 0800 77 66 00

Narcotics Anonymous

A confidential service, run by volunteers who are recovering addicts, available 24 hours, 7 days a week

Tel: 0300 999 1212 Website: www.ukna.org

Sick Doctors Trust

24-hour confidential helpline for doctors and medical students with drug and alcohol problems.

Tel: 0370 444 5163 Website: www.sick-doctors-trust.co.uk

APPENDIX 3 - Equality Impact Assessment

An Equality Impact Assessment has been performed on this policy and procedure. The EIA demonstrates the policy is robust; there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	Ethnic origins (inc. gypsies and travellers)	No	
	Nationality	No	
	• Gender	No	
	Culture	No	
	Religion or belief	No	
	- Sexual orientation including lesbian, gay and bisexual people	No	
	- Age	No	
	- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NA	
4.	Is the impact of the policy/guidance likely to be negative?	NA	
5.	If so can the impact be avoided?	NA	
6.	What alternatives are there to achieving the policy/guidance without the impact?	NA	
7.	Can we reduce the impact by taking different action?	NA	