



## **Alcohol and Substance Policy Guidance Document**

**MAY 2010**

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# **This document supports the implementation of the NHS Greater Glasgow and Clyde Alcohol and Substance Policy May 2010. (available on StaffNet)**

## **1.0 General Principles**

- NHS Greater Glasgow and Clyde recognises that alcohol and substance misuse problems are areas of health and social concern, and will provide access to help for employees who have an alcohol or substance related problem.
- Individuals who suspect or know that they have an alcohol or substance misuse problem are encouraged to seek help and treatment voluntarily, either through resources of the employees own choosing e.g. GP or Alcoholics Anonymous, Councils on Alcohol, or through the organisation's Occupational Health Service (OHS). Self-referral is a key part of the policy. Appendix 1 details the alcohol and substances covered by the policy and guidance document.
- The opportunity for assessment and counselling can be given where a manager identifies a possible problem or where an employee brings a problem to the manager's attention, and if the employee agrees to take up this support. The possibility of an employee having an alcohol or drug problem may be brought to light because of problems with their health, their work performance, their behaviour or through other issues which are managed under NHSGGC Disciplinary Policy and Procedure – Management of Employee Conduct.
- NHSGGC wishes to support a culture in which employees care about their own health and safety and that of patients and their colleagues. Where they believe colleagues may have a problem with alcohol or substance misuse, it is hoped that employees will see it as their role to encourage them to refer themselves for help. If this does not happen, and concerns persist which are based on reasonable justification and evidence, and these could have health and safety implications, employees should report these to the appropriate manager.
- The policy recognises that managers, trade unions and professional organisation representatives are not qualified to assess whether an alcohol or substance misuse problem exists. The individual must be able to decide whether or not they have a problem. It is the role of the OHS to assist the employee in coming to such a decision and to identify what help is appropriate.
- In all instances within the above points, the encouragement, or offer of an opportunity, to seek and accept help and treatment is made on the clear understanding that:
  - formal action in relation to the NHSGGC Disciplinary Policy and Procedure – Management of Employee Conduct may be suspended if the employee identifies an alcohol and substance misuse problem and agrees to accept support; such suspension will be for a defined timescale, or until such time as the employee defaults on an agreed course of action/treatment;

- the employee will be granted time off to undergo treatment if necessary, and such leave will be treated as sick leave within the terms of the occupational sick pay scheme.
- on return to work following a period of treatment, or on resumption of duties, the employee will be able to return to the same job unless the effects of the alcohol or substance misuse problem make him / her unfit or unsuitable to resume the same job, or where resuming the same job would be inconsistent with the long-term resolution of the employees alcohol or substance misuse problem. A phased return may be advised by Occupational Health.
- only if the employee cannot be reintroduced into their own department will consideration will be given to finding suitable alternative employment. The employee will have a right to representation through a trade union or professional organisation or the right to be accompanied by a friend or colleague
- the employee's normal promotional prospects will not be impaired if they have accepted help or treatment and resolved their alcohol or substance misuse problem
- the confidential nature of any occupational health records of employees with alcohol or substance related problems will be strictly observed as with all other health related issues
- it is recognised that there may be occasions when colleagues or workmates will be placed under stress during the course of the treatment and rehabilitation of a fellow employee with an alcohol or substance misuse problem. This may be due to absence, to a limitation on the duties the employee can undertake, or to inconsistent conduct. NHSGGC will be sensitive to this and is prepared to take appropriate measures to safeguard the interest and welfare of team members
- an employee who refuses the offer of referral for diagnosis and/or help and treatment when their problems are related to alcohol or substance misuse, or who does not comply with the policy by discontinuing a course of treatment before its satisfactory completion, and who continues to show unsatisfactory standards of work performance, may be subject to action under the NHSGGC Disciplinary Policy and Procedure – Management of Employee Conduct
- each case will be considered individually if work performance suffers as a result of alcohol or substance misuse problems following return to employment. Further opportunity to accept and co-operate with help and treatment may be offered, if appropriate. In making the assessment whether or not to offer further opportunity, the advice of OHS, the legislation, the employees professional accountabilities and the organisational demands will be taken into account
- action in relation to NHSGGC Disciplinary Policy and Procedure – Management of Employee Conduct will not be suspended in circumstances in which there is evidence beyond doubt that the employee has broken civil or criminal law in relation to alcohol

or substance misuse e.g. possession of illegal drugs on site, supplying illegal drugs to others on site

## 2.0 General Guidance

### 2.1 Identification of Alcohol or Substance Misuse Problems

The signs and symptoms described below relate primarily to a situation of dependency rather than the occasional or recreational use. However, occasional use can also affect an employee's performance at work, in which case some of the signs and symptoms are relevant.

- Physical effects

There are several physical symptoms which may be indicative of a problem. They can include:

- Frequent bouts of tiredness and exhaustion
- Blackouts
- Dehydration
- Poor concentration
- Frequent headaches
- Smelling of alcohol
- Bloodshot or bleary eyes occurring frequently
- Loss of weight
- Shaking hands and tremors
- Sweating
- A general deterioration in physical appearance
- Noticeable and frequent mood swings

**Note:** Those employees who have had a dependence problem may display more dramatic physical effects if they are receiving treatment and/or withdrawing from their substance use. It should also be recognised that many of these physical effects may be indicative of other types of illness

- Absenteeism
  - Unauthorised leave.
  - Friday and /or Monday absences
  - High levels of sickness absence
  - High levels of self-certified sickness absence
  - Improbable excuses for absence
- Lateness
  - Poor time-keeping
  - Arriving late/leaving early
- High accident level
  - At work and/or elsewhere.

- Mondays or Fridays
- Repeated violation of safety practices.
- After break/rest periods
- Work performance

An important factor, which might indicate that a person is using substances regularly, is that of changes in work performance. As with all the other characteristics this is not always indicative of a substance related problem. Appendix 2 details guidance related to alcohol consumption prior to coming on duty.

- Periods of high and low productivity.
- Lower quantity/quality of work.
- Missed deadlines and appointments.
- Increased mistakes.
- Difficulty in concentrating and remembering instructions.
- Increased complaints.
- Avoidance of authority.
- Procrastination-frequently putting off tasks to another time.
- Personality changes
 

A manager needs to be aware that a common sign of alcohol or drug misuse is a change in personality. For example, a reserved employee might become more aggressive. Other signs include:

  - Mood changes
  - Irritability
  - Bad temper
  - Overreaction and criticism
  - Depression
  - General confusion
  - Paranoia
  - Intolerance/suspicion
- Deterioration in relationships
  - Friction with colleagues.
  - Poor relations with management.
  - Isolation.
- Sickness certification arousing suspicion
 

Frequent bouts of sickness (both certificated and non-certificated) are another common symptom of excessive alcohol or drug misuse. An employee might use a variety of illnesses to hide from his/her employer the underlying cause of the sickness absence. These include:

  - Stress
  - Depression
  - Nervous debility

- Gastro-enteritis
- Vomiting and diarrhoea
- Peptic ulcer
- Anxiety/psychoneuroses
- Lower back pain
  
- Misconduct
  - Increased disciplinary incidents.
  - Patterns of misconduct.
  - Not following instructions.
  - Practical jokes.
  - Failure to observe safety procedures.
  - Verbal insubordination.
  
- Personal relationships

Employees who normally are friendly, good team workers and have close working relationships can show changes in personality. These manifest themselves in the workplace in a number of different ways, such as:

- Strained relationships
- A reputation as an alcohol or drug user
- A borrower of money
- Makes frequent transfer requests
- Has an unstable career
- Relies on colleagues to help out
- Can be disruptive
- Show resentment toward others

## 2.2 Early Intervention

- Problems with alcohol are experienced by people in varying degrees, ranging from occasional excess consumption to an addiction or dependence which may affect the person and their whole lifestyle. Individuals often progress from mild misuse of alcohol to more extreme stages. Drug misuse can range from occasional use of recreational drugs to dependent, chaotic, polydrug use. It is important to try and address any problem at an early stage, seeking medical assistance when necessary. It is also important to note that recreational drug use can affect performance even on an occasional basis.
  
- General points to consider in the early stages of addressing issues with an employee are:
  - Continuity of personnel providing support is essential as establishing trust is very important.
  - Speed of referral is important as once the decision to seek help has been made it needs to be followed through quickly.
  - Information should be given regarding AA, Employee Counselling Service or other appropriate agencies. See Appendix 3 for further information on agencies.

## 2.3 Managing Alcohol and Drug Problems Which Affect the Workplace

- Self Referral

Employees may approach OHS at any time if they are concerned about their consumption of alcohol or drug misuse. All consultations with OHS are treated in the strictest medical confidence.

Any employee may seek help by:

- voluntarily seeking help directly from OHS or another agency;
- contacting their manager or HR adviser, who will see the employee as soon as possible

Colleagues, managers and trade union/professional organisation representatives who are supporting or managing an employee with alcohol or drug problems may seek advice informally from the OHS. These discussions will be treated in the strictest professional confidence.

- Indications of Alcohol or Drug Problems Affecting the Workplace

Problems arising from alcohol or drug misuse which have escalated to the extent of affecting the workplace may come to light in a number of ways. The most common are:

- a clinical incident
- a conduct problem
- either a sharp or a gradual deterioration in the performance of duties

- Summary of the Management Process

The process for managing workplace problems arising from alcohol or substance misuse is the same, whichever route the problems arise through, although the management of the work issues surrounding the problem will differ.

The outline steps required of managers are as follows:

- assess the clinical and welfare risk to patients, the employee and other employees;
- bring concerns to the individual's notice and encourage them to seek trade union support;
- manage any immediate risk and take any action required to ameliorate the effect on others;
- mobilise any immediate support required for the individual;
- establish any other relevant policies which apply to the individual's circumstances;
- discuss and agree the approach to managing the individual's problems;
- seek OHS advice/make management referral where advised.
- explain the consequences for the individual of not managing the issues;
- agree with the individual the best ways of letting them know if they are continuing to affect colleagues or if they do so again;
- implement the plan or support the individual in implementing their self help;
- manage issues under any other policies in parallel with the plan;



- monitor the health and welfare of the individual and any others in the workplace affected by the problems;
- seek further advice if the problems in the workplace are not resolving or recur;
- follow up until the individual clearly has secure workplace relationships and performance again or until they are signed off by OHS as fit.

The effective use of this process depends upon communication and co-operation between the individual, the manager, the trade union/professional organisation representative (if wanted) and OHS. The importance of all parties sharing information and being kept fully informed is emphasised.

Appendix 4 summarises the overall management process, and Appendix 5 contains a flow chart summarising OHS referral and the process thereafter.

- Implementation of Advice from OHS

Managers should ensure that they:

- make all reasonable adjustments to the individual's working arrangements;
- facilitate access to treatment, rehabilitation and support appointments;
- understand what is required of the wider team to support the individual and ensure that support is given;
- meet with the individual regularly to share progress and to check that they are able to follow the programme;
- re-refer to OHS if the individual is not following the programme, or if they are but progress is not as anticipated.

Managers are encouraged to phone OHS for advice if they need guidance on supporting their employee, or if they have any concerns regarding the advice given by OHS.

- Testing

Testing may be appropriate where an employee has a recognised alcohol or substance related problem and is subject to the NHSGGC Alcohol and Substance Misuse Policy and Procedure.

If the employee is participating in an alcohol or substance misuse rehabilitation programme as part of their treatment, or as part of a condition of a disciplinary outcome, the employee may be randomly tested at any time throughout their participation in this programme. Although random testing is part of the procedure, the use of such random testing is a serious issue and should be directed by Occupational Health and HR before any action is taken, and must have the consent of the employee to this course of action. To ensure that chain of custody regulations are met, testing should be carried out by an external organisation that specialises in this type of work.

Refusal to participate in testing will not in itself result in disciplinary action. However, in these circumstances it must be explained to the employee that decisions will be made concerning the appropriate course of action, based on the information available and in the absence of any testing information. Any action undertaken will be in line with the appropriate NHSGGC policy and may include suspension, restriction of duties or temporary redeployment. The implications of such decisions should be fully discussed with the employee.

- Action under other policies

An individual's problems with alcohol or other substance may be disclosed or come to light during the course of investigation / action under the auspices of other NHSGGC policies.

Examples of this are:

- investigation into a clinical incident or episode of unacceptable conduct under the auspices of the Disciplinary Policy Procedure – Management of Employee Conduct;
- formal action in relation to poor work performance under the auspices of the Management of Employee Capability Policy;
- investigation of unacceptable behaviour under the auspices of the discrimination policies e.g. Race Equality Policy.

In this event the manager will have to decide how to manage the investigation / actions under the auspices of the other policies. Decisions should be taken in conjunction with Human Resources and the individual's trade union representative (if relevant).

#### 2.4 Managing Recurrence of an Alcohol or Substance Misuse Problem

- Relapse

Relapse in the course of treatment is common, even in the well motivated, and unless associated with a serious disciplinary issue should not necessarily lead to a change from management under the terms of this policy. However, any lapses must be fully discussed with all parties to determine the likelihood of a sustainable recovery. In most cases, therefore, OHS should be asked to advise of their clinical judgement before the decision is made whether or not to continue to manage the employee under the terms of the policy.

- Failure to Attend

Failure to attend either for treatment with the agency selected or for consultation with OHS are grounds for considering whether the employees can continue to be managed under the terms of the policy.

Before any action is taken, however, OHS should be asked to confirm that:

- the employee had been informed of the date and time of his /her appointment;
- the appointment has not been missed because of other current illness;
- there were no other circumstances at work or at home which would have made it impossible or unreasonable for the employee to attend.

Where failure to attend is repeated in the absence of any such explanation the employee will be managed under the terms of the appropriate alternative policy e.g. NHSGGC Disciplinary Policy and Procedure – Management of Employee Conduct.

- Failure to Comply with Treatment

Failure to comply with treatment usually means that the employee has not followed the professional advice given to them. It is important to confirm that the treatment recommended is appropriate and that no unreasonable demands are being made of them. If this is confirmed the employee will be managed under the terms of the appropriate alternative policy e.g. NHSGGC Disciplinary Policy and Procedure – Management of Employee Conduct

- Failure to Benefit from Treatment

Where there is clear evidence of failure to benefit from treatment, particularly evidence of lack of motivation, the employee will not be managed under the terms of the policy and the appropriate alternative policy will be identified and applied to the individual's circumstances.

- Role of OHS in Managing Recurrence of an Alcohol or Substance Misuse Problem

In any of these cases above, the manager will discuss the situation with the employee and his / her representative and will seek the advice of the OHS on the appropriate course of action.

When the terms of this policy cease to apply to an employee because of the above reasons OHS will send a memo to the manager to indicate that the individual no longer requires to be managed under the terms of this policy and the employee will be subsequently advised in writing as to which policy now applies.

- Process as a Consequence of Recurrence of an Alcohol or Substance Misuse Problem

Failure to attend appointments or to comply with treatment more than once without substantial reason will result in the employee ceasing to be managed under the terms of this policy. In conjunction with advice from HR, the manager will apply relevant alternative NHS Greater Glasgow and Clyde policies to the employee e.g. Disciplinary Policy and Procedure – Management of Employee Conduct

Relapse or failure to benefit from treatment will be managed on an individual basis and will take account of OHS advice, the requirements of the service, and the circumstances of the individual.

The options to be considered range from seeking alternative employment for the employee, to termination of employment on the grounds of capability or conduct. The manager in conjunction with HR and the employee's representative will take forward the alternative actions.

### **2.3 Education and Awareness Training**

A programme of awareness sessions for employees will be developed to provide information about alcohol and substance misuse and to encourage employees to look after their health.

A training programme for awareness and appropriate skills development will be established, to provide managers, HR and employees representatives with the relevant knowledge and understanding to meet their obligations within this policy; see Appendix 6.

The programme will be reviewed and repeated at regular intervals to maximise effectiveness.

## **APPENDIX 1**

### **Alcohol and Substances Covered by the Policy and Guidance Document**

The policy and guidance document covers the following alcohol and substances:

#### Alcohol

- All alcoholic drinks

#### Drugs Controlled Under the Misuse of Drugs Act 1971

The following list some of the drugs controlled under the misuse of drugs legislation. Please note this list is not exhaustive please refer directly to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 for further information.

- Club drugs including - Ecstasy / MDMA, GHB, Rohypnol, Ketamine, Methamphetamine, and Acid (LSD)
- Cocaine
- Heroin
- Methadone
- Cannabis
- Magic Mushrooms
- PCP / Phencyclidine
- Steroids (Anabolic)

#### Prescription Drugs

- Prescription drugs including – opioids, depressants, stimulants

#### Over the Counter Medication

‘over the counter’ medication is available from pharmacies and supermarkets and does not require a prescription and you may not receive any advice regarding side effects or usage. Examples are: cough and cold medicines, diet pills, sleep aids and motion sickness medication

#### Volatile Substances

Volatile substances include all substances which contain Butane or Propane gas, trichloroethylene and tetrachloroethylene. These substances are found in the following:

- gas refills
- lighters
- aerosols
- air fresheners
- adhesives
- paint thinners

#### Tobacco

Tobacco will not be addressed by this policy please refer to the NHSGGC Tobacco Policy.

## **APPENDIX 2**

### **Guidance Relating to Consumption of Alcohol Prior to Coming on Duty**

The Government sensible drinking guidelines recommend that:

- Men should drink no more than 3-4 units of alcohol per day
- Women should drink no more than 2-3 units of alcohol per day
- Pregnant women or women trying to conceive should avoid drinking alcohol

Both men and women should have two alcohol free days a week.

Employees should observe the need to allow the effects of alcohol to wear off prior to duty. The notes for guidance below give general information relating to this, but individuals should also make themselves aware of the alcohol content of the drinks they are consuming.

Each unit of alcohol requires approximately one hour to be removed from the bloodstream, eg eight units of alcohol takes eight hours to wear off. Employees are therefore reminded of the potential effect of alcohol remaining in the bloodstream from the previous night.

Examples of alcohol content:

- One pint (568ml) of standard strength beer (4% volume) equals 2.3 units
- One pint (568ml) of beer/lager/cider (5% volume) equals 2.8 units
- One 330 ml bottle of lager/beer/cider (5% volume) equals 1.7units
- One 175ml standard glass of wine (12% volume) equals 2.1 units
- One 35ml standard pub measure of spirits (40% volume) equals 1.4 units

Strength of alcohol content also needs to be taken into account. A formula for calculating this is:  
Volume of liquid X % alcohol, divided by 1000

So for example a 250ml glass of wine at 13% would give:  
 $250 \times 13$  divided by 1000 = 3.25 units

Note: Strong lagers and home measures tend to contain more units of alcohol.

## APPENDIX 3

### Contacts for Information and Assistance

#### National

**Alcohol Focus Scotland** Tel 0141 572 6700 [www.alcohol-focus-scotland.org.uk](http://www.alcohol-focus-scotland.org.uk) Alcohol information including sources of help and downloadable leaflets and publications

**Down your Drink** [www.downyourdrink.org.uk](http://www.downyourdrink.org.uk).

Provides an online tool to assess whether your drinking is putting you at risk of harm, and a programme of information and support for people who want to reduce their drinking.

#### **Drinkline**

Tel No: 0800 7 314 314 available 24 hours a day, 7 days a week. Trained operators can offer advice and support on any alcohol concerns, and put you in touch with local services

**DrinkAware** [www.drinkaware.co.uk](http://www.drinkaware.co.uk)

Information and advice on alcohol and drinking.

**Know the Score** [www.knowthescore.info](http://www.knowthescore.info)

Tel: 0800 587 587 9 Free confidential drugs information and advice

#### **Release**

Tel: 0845 4500 215 [www.release.org.uk](http://www.release.org.uk)

Information on health, welfare and legal needs of drugs users / those who live and work with them

**Scottish Government Alcohol Information** [www.infoscotland.com/alcohol](http://www.infoscotland.com/alcohol)

Information on alcohol and how it could be affecting you.

#### Local

##### **Employee Counselling Service**

Tel No 0800 389 7851

[www.empcs.org.uk](http://www.empcs.org.uk)

Free, confidential counselling service independent from NHS GG&C

##### **Alcoholics Anonymous**

24 hour helpline Tel 0845 769 7555

Tel 0141 226 2214

[www.aa-uk.org.uk](http://www.aa-uk.org.uk).

##### **A1-anon/Alateen** (for families of problem drinkers)

Tel 0141 339 8884

[www.al-anonuk.org.uk](http://www.al-anonuk.org.uk).

**Dumbarton Area Council on Alcohol**

82Dumbarton Road, Clydebank

Tel . 0141 952 0881

and:

West Bridgend, Dumbarton

Tel No. 01389 731456

[www.daca.org.uk](http://www.daca.org.uk)

**Glasgow Council on Alcohol**

Tel No 0141 353 1800

**RCA Trust**

Mirren House, Back Sneddon Street, Paisley

Tel: 0141 887 0880

**Inverclyde Counselling Service**

2a Newton Street, Greenock

Tel: 01475 785695

Through the Community Addiction Teams you will be able to access Alcohol and Drug support and treatment.

**West Community Addiction Team**

7-19 Hecla Square

Glasgow G15 8NH

Phone 0141 276 4330

**North West Community Addiction Team**

The Quadrangle

57 Ruchill Street

Glasgow G20 9PX

Phone 0141 276 6220

**North Community Addiction Team**

7 Closeburn Street

Glasgow G22 5JZ

Phone 0141 276 4580

**East Community Addiction Team**

The Newlands Centre

871 Springfield Road

Glasgow G31 4HZ

Phone 0141 565 0200

**North East Community Addiction Team**

Westwood House

1250 Westerhouse Road

Glasgow G34 9EA  
Phone 0141 276 3420

**South East Community Addiction Team**

10 Arden Craig Place  
Castlemilk  
Glasgow G45 9US  
Phone 0141 287 6168

**South Community Addiction Team**

Twomax Building  
187 Old Rutherglen Road  
Glasgow G5 0RE  
Phone 0141 420 8100

**Greater Pollok Community Addiction Team**

130 Langton Road  
Glasgow G53 5DP  
Phone 0141 276 3010

**South West Addiction Service**

Pavilion One  
Rowan Business Park  
5 Ardlaw Street  
Glasgow G51 3RR  
Phone 0141 276 8740

**East Dunbartonshire Community Addiction Team**

Unit 20, Fraser House  
Whitegates  
Kirkintilloch G66 3BQ  
Phone 0141 588 5143

**East Renfrewshire Community Addiction Team**

St Andrews House  
113 Cross Arthurlie Street  
Barrhead G77 1EE  
Phone 0141 577 3368

**West Dunbartonshire Community Addiction Team**

6 Miller Street  
Clydebank G81 1UQ

Phone 0141 562 2311



## APPENDIX 4

### Process and Procedures for Managing Employees Under the Terms of this Policy

The procedures which should be followed in managing any of these circumstances are as follows:

#### A. Assessing and managing risk

- Assess the risk to patients, the individual and the team.
- Take any immediate action necessary to secure patient safety and the welfare of the individual and others.
- Seek HR advice and support.
- Take appropriate action to reduce the effects on colleagues where possible e.g. backfilling absence.

#### B. Informing the individual

If the issues are affecting patients, the individual's performance and / or others in the workplace:

- Bring the issues to the individual's attention in a meeting with them and their trade union representative (if wished) or in a private 1:1 meeting and then adjourn to reconvene with their trade union representative present if wished.
- Share the risk assessment with the individual and their representative.
- Identify and notify them of actions which are required under NHSGGC Clinical Governance, Health and Safety and Human Resources policies and which are mandatory.
- Agree any further actions required to secure patient safety – including suspending the employee if necessary.
- Identify whether any work performance issues are the subject of action under other policies/ procedures e.g. Employee Conduct, and establish the status of these i.e. whether they are completed, ongoing, suspended or due to be implemented.
- Communicate and document the application of other procedures as appropriate. If the issues are not affecting anyone other than the individual:
  - Bring your concerns for their health and welfare to their attention.
  - Explain clearly that there are no work issues and your wish is to help care for them.
  - Engage them in discussion and have to hand information about sources of assistance for them.
  - Agree with the individual if they wish to manage their problems privately and independently or if they wish work support.
  - Agree a schedule for ongoing support and have to hand information about sources of assistance for them.
  - Document that a meeting has been held.

#### C. Referring to OHS

- Discuss a management referral to OHS and agree with the individual the terms of reference. If appropriate review a draft with the individual.
- Refer them to OHS
- Agree any support and assistance which can be offered in the workplace and at home to help the individual pending OHS advice
- Schedule another meeting to discuss the advice from OHS

#### D. Managing the individual

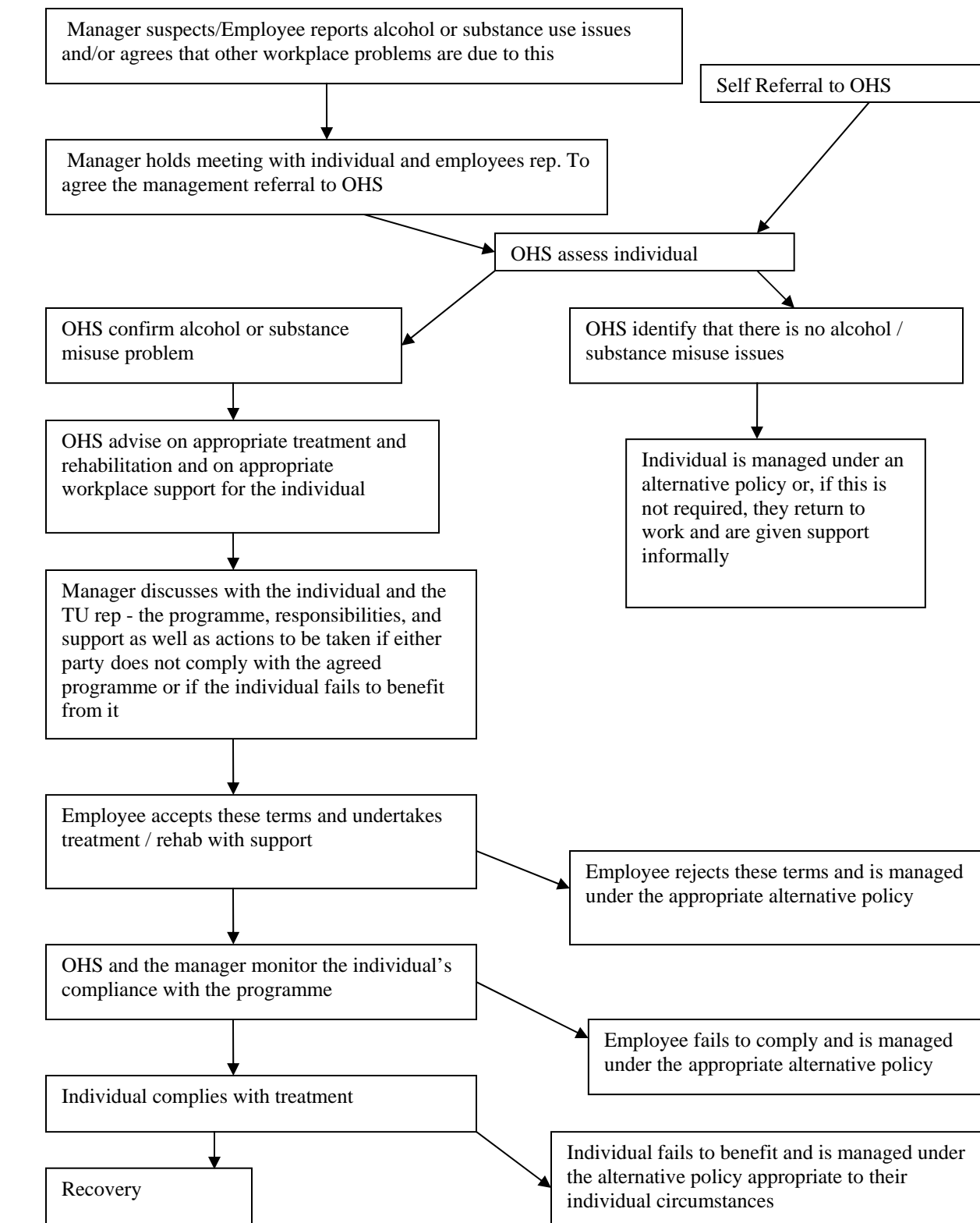
- Discuss the programme of support, treatment or rehabilitation advised by OHS
- Make any adjustments to the individual's workplace to support their attendance at work e.g. sick leave, limitation of duties, specific shift pattern.
- Agree the responsibilities of the individual and the manager, agree the support and assistance to be provided and agree the timescales, i.e. the individual must follow the programme advised and the manager must fully support the individual as agreed.
- Discuss the potential consequences if either party does not fulfil their agreed responsibilities and agree the actions to be taken in these circumstances.
- Agree what would be the best way for the manager to communicate with the individual if work problems continue or arise as a result of their alcohol or drug misuse.
- Monitor progress jointly against the plan and take decisions together if remedial action is necessary.
- Re-refer to OHS if circumstances change or if progress is failing.

#### E. Completing the procedure

- Complete the process when the individual clearly has secure workplace relationships and performance again.
- Seek sign off from OHS that the individual is fully fit and able to undertake their duties.

## APPENDIX 5

### Referral to Occupational Health Services and Management Thereafter



## **APPENDIX 6**

### **EDUCATION AND AWARENESS TRAINING**

Outline for Programme of Education and Training

All new managers will receive:

- Basic awareness raising which will encompass:
  - drawing attention to the policy
  - awareness of substances, their names, effects and risks
  - outlining how the policy applies to employees
  - identifying the roles of the manager, employees representative, HR and OHS
  - outlining the legal obligations
  - reviewing scenarios
  - referring to available resources

All managers will receive:

- Training on how to recognise the signs and symptoms of alcohol/substance misuse
- Training on how to raise the issue of alcohol/substance misuse and how to address the issues appropriately
- Role specific education
- Learning by reviewing the cases which have arisen in their areas
- Policy and legislation as relevant to practice
- E-learning package (to be developed)
- Intermittent seminars / workshops on alcohol and substance misuse

All employees will receive:

- Information that this policy is in place and guidance on how to access it
- Regular information through the employee newsletter, notice boards, and Health at Work events to remind them of safe drinking limits and sources of assistance and to encourage staff to take care of their health.