

## Alcohol and Substance Misuse Policy

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<b>Target audience:</b>	All employees, Associate GPs, locums and any other person working on behalf of Primary Care 24
<b>Impact Assessment Date:</b>	29/05/2019
<b>Summary</b>	This policy sets out the expectations for all staff members involved in alcohol and / or substance misuse situations, providing mechanisms for dealing with such situations

<b>Version</b>	<b>Date</b>	<b>Control Reason</b>	<b>Title of Accountable Person for this Version</b>
V7	17/07/2019	Policy reviewed in accordance with changes to PC24 Policy Management Policy and introduction of new legislation	Human Resources Department
V6	05/08/2013	Policy Reviewed in accordance with organisational procedure and legislative changes	Human Resources Department
Reference Documents		Electronic Locations (Controlled Copy)	Location for Hard Copies
Consultation:		Date	
Committees / Groups / Individual			
Quality and Workforce Committee		17.07.2019	

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## **1.0 PURPOSE**

Primary Care 24 is committed to providing a safe and healthy environment for all staff members and visitors. This policy sets out the main principles underpinning the management of alcohol and / or substance misuse, providing guidance for managers in dealing with individual staff members who are affected by alcohol and / or substance misuse.

This policy sets out the responsibilities and expectations of its staff members with regard to the use of alcohol and substances.

## **2.0 SCOPE OF THE POLICY**

The policy applies to all employees, associate GPs, agency staff and any other person working on behalf of Primary Care 24. They will hereafter be referred to as workers.

## **3.0 RESPONSIBILITIES**

### **3.1 Individual staff members**

All staff members must familiarise themselves with and abide by this policy. All workers have a duty of care, both to themselves and others.

### **3.2 Line Management**

Managers are responsible for ensuring the correct procedure described within the policy is carried out. Management may be able to offer advice and support under this policy and may make referral arrangements to Occupational Health. Managers must balance the needs of the affected staff members with the needs of the wider staff team and the organisation to ensure a safe, healthy working environment is maintained at all times.

### **3.3 Human Resources Department**

The Human Resources department are available to provide advice and support to managers and workers to encourage positive outcomes whilst maintaining safety. The Human Resources department is responsible for reviewing this document, updating as required.

### **3.4 Occupational Health**

Occupational Health can provide information and advice to all parties regarding work-related alcohol and/or substance misuse. This may include advice regarding referral and rehabilitation back into work. Occupational Health will provide advice and information in confidence. All information about a member of staff is confidential and can only be disclosed to the employer with explicit consent of the staff member.

Occupational Health will provide names of outside agencies and others who can provide expert professional assistance. Staff should note that their own GP can also provide such assistance, if preferred.

## **4.0 DEFINITIONS**

### **4.1 Substances**

Includes prescription medicines where the prescription medicines have not been prescribed for the person possessing or using them and/or such prescription medicines which are not taken in accordance with a physician's direction. This includes any substance (other than alcohol) that produces physical, mental, emotional or behavioural changes in the user.

### **4.2 Substance Misuse**

Drinking alcohol, taking drugs or a substance, either intermittently or continuously, such that it adversely interferes with an individual's health, work performance or conduct or affects the work performance and/or safety of themselves and/or others.

### **4.3 Dependency**

Where a person has developed a physical or psychological addiction to a substance. It is recognised that employees may develop dependency on alcohol or substances and in these cases they are encouraged to seek help to deal with the problem. Dependency is not a disciplinary offence and should be dealt with as any other health problem as detailed in the Attendance Management policy.

Dependency may come to the organisation's attention in several ways, for example from the employee directly, through information supplied by a concerned colleague, through conduct or capability issues or through absence from work. Any information received should be treated with the utmost confidence and no action taken without a full explanation being given to the member of staff involved.

## **5.0 POLICY PROCEDURES**

### **5.1 Required Standard of Conduct**

Primary Care 24 expects all workers to adopt the highest standards of performance and behaviour. The organisation will not tolerate any person who renders themselves incapable of working due to alcohol or substance misuse, thereby placing patients, colleagues and / or themselves at risk.

Similarly the organisation will not tolerate unacceptable levels of work performance where it is caused by alcohol and / or substance misuse.

In addition, and in order to give the best care to patients, it is important that workers are not perceived to be under the influence of alcohol or drugs.

It is therefore not appropriate for workers to consume alcohol and / or misuse substances as follows;

- In any Primary Care 24 premises at any time whether on or off duty.
- Prior to commencing work, at lunchtime or during any other break if they are returning to work afterwards and if their work will bring them into contact with patients or outside agencies.

- Whenever it will result in unacceptable performance or place patients or anyone else at risk.

## **5.2 The Procedure**

If it is felt that anyone is, or appears to be, under the adverse influence of alcohol and/or substances while at work the usual course of action would be for the manager in charge to immediately suspend the individual on full pay pending an investigation ensuring that they are able to get home safely. In the case of Associate GPs, locums and workers not employed directly by Primary Care 24 but working on behalf of Primary Care 24, they should be immediately sent home and the appropriate agency contacted.

The Manager in charge should have regard to both the potential consequences of substandard performance / inappropriate behaviour towards the patients and other workers and to the undesirable effects that even small quantities of alcohol and / or substances could have to some people.

In all cases of workers being sent home due to alcohol and or substance misuse the Human Resources department must be consulted.

An investigation will determine the most appropriate course of action. This could either be disciplinary action or the ending of the contract / relationship for other workers, referral to counselling or a combination of the two depending upon individual circumstances. The suspension and investigation procedure and documentation to be used is available in the Disciplinary Procedure. Advice should be sought from the Human Resources department.

In some circumstances, the manager in charge may determine that the worker who is suspected of consuming alcohol and / or substances displays no obvious impairment to carry out their role. In this instance, the manager may opt not to send the worker home although they should be informed that formal proceedings may still be initiated. The Manager will ensure the worker is closely supervised and may opt to modify their duties for the remainder of the shift.

It is recognised that some workers may attend work whilst taking a course of prescribed medication. It is imperative that anyone in this position declares this fact to their line Manager if such medication / drugs is likely to affect their performance in any way. The Line Manager should then seek guidance from the Human Resources department.

If their Line Manager is not available this should be declared to the Supervisor on duty who can then seek advice from the On Call Manager.

### **5.3 Disciplinary Action**

If a disclosure of alcohol or drug dependency is made as a mitigating factor during any disciplinary or other formal action, the action may be suspended for an appropriate period to allow the individual to seek treatment and support, such as attendance at a rehabilitation programme, counselling, or other intervention.

If, because of alcohol or drug dependency, an employee behaves or undertakes their work in such a way as to endanger the health and safety of themselves or of others, prompt corrective action will be taken to prevent damage being done. In such situations, although the drug or alcohol dependency will be taken into account, the individual may still be sanctioned in relation to any consequential behaviour where there are health and safety risks.

Where help is refused or treatment unreasonably discontinued by the individual or where there is no improvement in behaviour or work performance, disciplinary procedures may be resumed or initiated and in some cases dismissal may be unavoidable.

Where evidence warrants, the police will be informed of illegal drug use or any activity or behaviour over which there are concerns as to its legality, such as having a drink-driving accident in a work vehicle.

#### **5.4 Supporting Staff**

Managers should seek guidance from Human Resources if they suspect a member of staff is under the influence of alcohol or a substance. It is the responsibility of the manager to discuss with members of staff as soon as possible if their behaviour, performance or absence may indicate a possible problem with substance misuse.

Any employee who is concerned that they may have a dependence on drugs or alcohol is encouraged to seek help from their GP. They should also approach their line manager and / or Human Resources so that appropriate workplace support can be considered to assist rehabilitation and aid recovery.

Any employee who believes that a colleague is dependent on drugs or alcohol should initially encourage them to seek help. Where this is not possible or where the individual refuses to accept that there is an issue, the employee may wish to share their concerns in confidence with their own line manager or a member of the Human Resources team.

If the Organisation believes that an employee is dependent on drugs or alcohol, Human Resources may refer the individual to the Occupational Health Service for assessment. Advice may also be sought from the individual's GP or counsellor as appropriate (with the consent of the member of staff concerned). The Employee Assistance Programme can also be offered.

Reasonable periods of absence for advice and treatment for dependence on alcohol or drugs will be treated in accordance with usual policies on sickness absence and time off for medical and/or counselling appointments.

In some cases an employee who has successfully recovered from a dependency on alcohol or drugs may become unable to continue working in a particular environment due to possible relapse. In such cases and wherever possible a suitable alternative post may be sought.



## **5.5 Exceptions**

When away from Primary Care 24 premises but still “on duty” or representing Primary Care 24 (e.g. during the evening or on a residential training course) drinking should be sensible and moderate.

## **6.0 GETTING HELP**

In assisting employees in relation to alcohol and substance misuse, the organisation can signpost workers to a number of different support networks including;

- Occupational Health
- Employee Assistance Programme
- Local support agencies

If an employee has a concern about a colleague they are encouraged to raise this with their own line manager or a Human Resources representative in the first instance. Alternatively they are able to raise this concern under the organisation’s Whistleblowing policy.

## **7.0 RELATED POLICIES**

Disciplinary Policy - PC24POL14

Capability Policy - PC24POL37

Attendance Management Policy - PC24POL38

Health and Safety Policy - PC24POL9

Raising a Concern (Whistleblowing) - PC24POL102

Vehicle Use Policy - PC24POL97

On-Call Policy – PC24POL126

## **8.0 MONITORING COMPLIANCE**

Issues arising from the specifics documented within this policy will be reported in accordance with existing reporting streams for the notification disciplinary, conduct and attendance management.

## 9.0 EQUALITY AND HEALTH INEQUALITIES

PC24 is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy has been implemented with due regard to this commitment. To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary. PC24 will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

## 10.0 MAIN REFERENCES

Below is a list of the relevant statutory provisions which influence Primary Care 24's operation in relation to the policy/procedure:

**Health and Safety at Work Act 1974 - section 2** places a duty on an employer to ensure, as far as is reasonably practicable, the health, safety and welfare at work of their employees.

**Management of Health and Safety at Work Regulations 1999** places a duty on an employer to assess the risks to the health and safety of employees. This means an employer can be prosecuted if they knowingly allow an employee to continue working while under the influence of alcohol or drugs and their behaviour places the employee themselves or others at risk.

**Misuse of Drugs Act 1971** makes it an offence for someone to knowingly permit the production, supply or use of controlled drugs on their premises except in specified circumstances (for example drugs prescribed by a doctor).

**Psychoactive Substances Act 2016** came into force on 26<sup>th</sup> May making 'legal highs' which mimic the effects of traditional drugs that are controlled under the Misuse of

Drugs Act 1971 illegal. There is now a blanket ban on the production, distribution, sale and supply of legal highs which are intended for human consumption.

**Employment Rights Act 1996** states that drug or alcohol misuse may provide basis for conduct or capability dismissal.

**Equality Act 2010** states that addiction to, or dependency on, alcohol or other illicit drugs does not constitute a disability. However, if disability is due to the cause or effect of addiction, it is covered.

**Data Protection Act 2018** categorises information about employees' health – including addiction to drugs or alcohol – as 'sensitive personal data'.

**Human Rights Act 1998** Article 8 provides the right to respect for private and family life.

**Road Traffic Act 1988**- states that any person who, when driving or attempting to drive a motor vehicle on a road or other public place, is unfit to drive through drink or drugs shall be guilty of an offence.



# Equalities and Health Inequalities – Screening Tool

Version number: V1

First published: November 2016

To be read in conjunction with Equalities and Health Inequalities Analysis Guidance,  
Quality & Patient Safety Team, Primary Care 24, 2016.

Prepared by: Quality & Patient Safety Team.

## Introduction

The purpose of this Screening Tool is to help you decide whether or not you need to undertake an Equality and Health Inequalities Analysis (EHIA) for your project, policy or piece of work. It is your responsibility to take this decision once you have worked through the Screening Tool. Once completed, the Head of your SDU or the Quality & Patient Safety Team will need to sign off the Screening Tool and approve your decision i.e. to either undertake an EHIA or not to undertake an EHIA.

The Quality and Patient Safety Team can offer support where needed. It is advisable to contact us as early as possible so that we are aware of your project.

When completing the Screening Tool, consider the nine protected characteristics and how your work would benefit one or more of these groups. The nine protected characteristics are as follows:

Age

Disability

Gender reassignment

Marriage and civil partnership

Pregnancy and maternity

Race

Religion and belief

Sex

Sexual orientation

A number of groups of people who are not usually provided for by healthcare services and includes people who are homeless, rough sleepers, vulnerable migrants, sex workers, Gypsies and Travellers, Female Genital Mutilation (FGM), human trafficking and people in recovery. Primary Care 24 will also consider these groups when completing the Screening Tool:

The **guidance** which accompanies this tool will support you to ensure you are completing this document properly. It can be found at:  
<http://extranet.urgentcare24.co.uk/>

#### Equality and Health Inequalities: Screening Tool

<b>A</b>	<b>General information</b>			
<b>A1</b>	Title: What is the title of the activity, project or programme? Alcohol And Substance Misuse Policy			
<b>A2.</b>	What are the intended outcomes of this work? Please outline why this work is being undertaken and the objectives. To provide a mechanism for all staff to deal with issues surrounding incidences of alcohol and / or substance misuse in the workplace			
<b>A3.</b>	Who will be affected by this project, programme or work? Please identify whether the project will affect staff, patients, service users, partner organisations or others.  All staff			
<b>B</b>	<b>The Public Sector Equality Duty</b>			
<b>B1</b>	<p>Could the initiative help to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics (see above)?</p> <table border="1"> <tr> <td>Yes</td><td></td><td></td></tr> </table> <p>Summary response and your reasons: The policy could positively affect those with a disability that is determined as a mitigating factor for alcohol / substance misuse</p>	Yes		
Yes				
<b>B2</b>	<p>Could the initiative undermine steps to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics? If yes, for which of the nine protected characteristics?</p> <table border="1"> <tr> <td></td><td>No</td><td></td></tr> </table> <p>Summary response and your reasons: See above. All staff members will be treated fairly, regardless of characteristics</p>		No	
	No			
<b>B3</b>	<p>Could the initiative help to advance equality of opportunity? If yes, for which of the nine protected characteristics?</p> <table border="1"> <tr> <td></td><td>No</td><td></td></tr> </table> <p>Summary response and your reasons: Not applicable</p>		No	
	No			

<b>B4</b>	Could the initiative undermine the advancement of equality of opportunity? If yes, for which of the nine protected characteristics?		
		No	
	Summary response and your reasons: Not applicable		
<b>B5</b>	Could the initiative help to foster good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?		
		No	
	Summary reasons: Not applicable		
<b>B6</b>	Could the initiative undermine the fostering of good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?		
		No	
	Summary response and your reasons: Not applicable		
<b>C</b>	<b>The duty to have regard to reduce health inequalities</b>		
<b>C1</b>	Will the initiative contribute to the duties to reduce health inequalities?		
	Could the initiative reduce inequalities in access to health care for any groups which face health inequalities? If yes for which groups?		
	Yes		
	Summary response and your reasons: The policy could help to reduce the stigma around these issues and encourage those to get help and support appropriate to their situation		
<b>C2</b>	Could the initiative reduce inequalities in health outcomes for any groups which face health inequalities? If yes, for which groups?		
		No	
	Summary response and your reasons: See above		
<b>D</b>	Will a full Equality and Health Inequalities Analysis (EHIA) be completed?		
<b>D1</b>	Will a full EHIA be completed? Bearing in mind your previous responses, have you decided that an EHIA should be completed? Please see notes. <sup>1</sup> Please place an X below in the correct box below. Please then complete part E of this form.		
			No

<sup>1</sup> Yes: If the answers to the previous questions show the PSED or the duties to reduce health inequalities are engaged/in play a full EHIA will normally be produced. No: If the PSED and/or the duties to reduce health inequalities are not engaged/in play then you normally will not need to produce a full EHIA.



<b>E</b>	<b>Action required and next steps</b>
<b>E1</b>	<p>If a full EHIA is planned: Please state when the EHIA will be completed and by whom. Name: Date:</p>
<b>E2</b>	<p>If no decision is possible at this stage: If it is not possible to state whether an EHIA will be completed, please summarise your reasons below and clearly state what additional information or work is required, when that work will be undertaken and when a decision about whether an EHIA will be completed will be made.</p> <p>Summary reasons:</p> <p>Additional information required:</p> <p>When will it be possible to make a decision about an EHIA?</p>
<b>E3</b>	<p>If no EHIA is recommended: If your recommendation or decision is that an EHIA is not required then please summarise the rationale for this decision below. Summary reasons:</p>

<b>F</b>	<b>Record Keeping</b>		
<b>Lead originator:</b>	Phillip Mullen	<b>Date:</b>	29/05/2019
<b>Director signing off screening:</b>		<b>Date:</b>	
<b>Directorate:</b>		<b>Date:</b>	
<b>Screening published:</b>		<b>Date:</b>	