



ALCOHOL, DRUGS AND WORK POLICY

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TABLE OF CONTENTS

1.	INTRODUCTION.....	4
2.	SCOPE	4
3.	EQUALITY STATEMENT.....	4
4.	AIM.....	4
5.	ROLES AND RESPONSIBILITIES	5
6.	DEFINITIONS.....	7
7.	DRUGS.....	7
8.	ALCOHOL	7
9.	COMMITTEES AND OTHER AGENCIES	8
10.	POLICY GUIDELINES.....	9
11.	HELP.....	9
12.	SICK PAY ARRANGEMENTS.....	9
13.	LEGAL CONSIDERATIONS	10
14.	DISCIPLINARY CONSIDERATIONS.....	10
15.	TRAINING.....	11
16.	EQUALITY AND DIVERSITY	11
17.	MONITORING	11
18.	CONSULTATION AND REVIEW	11
19.	IMPLEMENTATION (INCLUDING RAISING AWARENESS).....	11
20.	ASSOCIATED DOCUMENTATION	11
21.	EQUALITY IMPACT	12

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1. INTRODUCTION

- 1.1 This policy sets out the Trust's arrangements with regard to any employee whose proper performance of their duties is impaired or may be impaired as a result of drinking alcohol or taking drugs. This policy applies to employees and those who work for or on behalf of the Trust.
- 1.2 Staff employed or who may be employed on driving duties, including students undertaking training courses, must report for duty with zero or near zero blood alcohol level (see guidelines - Section 5). Any member of staff including those staff in nondriving roles, who report for duty after heavy consumption of alcohol, will in the interests of safety be suspended from duty for that day.

2. SCOPE

- 2.1 This policy is designed to ensure that all employees are made aware of their responsibilities regarding alcohol, drugs and work and to encourage employees with alcohol or drug related problems to seek help.

3. EQUALITY STATEMENT

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.
- 3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.

4. AIM

- 4.1 The aim of this policy is to emphasise that the consumption of alcohol and drugs, even in small amounts, may adversely affect the safety, performance, conduct or efficiency of an employee as well as the safety and well-being of other employees and patients.

- 4.2. The prohibition on drinking before duty, possession of, or consumption of, alcohol on duty applies equally to volunteers and contractor staff.
- 4.3 To encourage an employee with a drug or alcohol related problem to come forward and to seek help.
- 4.4 To identify employees whose performance is impaired by alcohol and/or drugs and any problems that may arise.
- 4.5 To make employees aware that work performance and safety can be impaired by the taking of drugs, including those medically prescribed or available without prescription.
- 4.6 To make employees aware that to use, possess, consume, store or sell illicit drugs on Trust premises or to report for work having taken such drugs will result in disciplinary action which may lead to summary dismissal.
- 4.7 To promote the health and well-being of employees and to minimise problems at work arising from drug and alcohol abuse.
- 4.8 **In order to ensure the Health and Safety of its employees the Trust reserves the right to undertake random breath testing.**

5. ROLES AND RESPONSIBILITIES

5.1 Trust Board

- 5.1.1 The Trust Board are to ensure that there suitable and sufficient arrangements and adequate resources for the management of risks or concerns highlighted as a result of drug and alcohol incidents and issues.

5.2 Chief Executive

- 5.2.1 The Chief Executive has overall responsibility for having an effective alcohol and drugs policy in place within the Trust and for meeting all statutory requirements and adherence to guidelines.

5.3 Executive Directors

- 5.3.1 Executive Directors are responsible for the effective implementation of this policy within their directorates and for ensuring there are adequate resources available to fulfil the requirements of this policy.

5.4 Director of Patient Care and Service Transformation

- 5.4.1 The Director of Patient Care and Service Transformation is directly accountable to the Chief Executive and will advise and assist the Trust Board in fulfilling its duties under the relevant statutory legislation. In particular, the Director of Patient Care and Service Transformation is responsible for:

- Coordinating and ensuring the implementation and continued development of the policy throughout the Trust.

- Communicating the Trust's commitment to the management of drugs and alcohol throughout the organisation.
- Identifying & interpreting new legislation and Government guidance in relation to drugs and alcohol.
- Advising the Chief Executive, Directors and Board on issues relating to drugs and alcohol.

5.5 Managers and Supervisors

5.5.1 Managers and Supervisors Responsibilities include:

- To be familiar with and to enforce the policy and guidelines
- To effectively and appropriately intervene where an employee's performance appears to be affected by alcohol or drugs
- To be aware of and to monitor changes in work performance, attendance, sickness and accident patterns and to take appropriate action where necessary.
- To seek expert/professional advice where there are identifiable symptoms of alcohol or drug related problems. This should include seeking the advice of the Human Resources Department and the referral of the employee to Occupational Health.
- To respect the requirement of staff confidentiality
- To take a non-judgmental approach when counselling or interviewing employees
- To review the list of safety critical posts periodically in their area of responsibility and to recommend any changes to their Director/Manager
- To ensure that both staff and contractors and volunteers working in their area of responsibility comply with the policy
- To consider carefully, if called on in an emergency while off duty and having been drinking, if it is appropriate to take charge, or give guidance, while being impaired by alcohol (this may also be limited by registration).
- To be aware of the legal considerations surrounding drugs and work including the obligation to notify the Police of incidents involving illegal drugs in the workplace.

5.6 Head of Risk & Security

5.6.1 Head of Risk & Security will be responsible to the Director of Patient Care and Service Transformation for the development and implementation of effective Trust wide health and safety policies and procedures.

5.7 The Risk Department

5.7.1 The Risk Department will support the Head of Risk & Security in managing risks throughout the Trust. They will provide specialist advice and support to line managers and undertake investigations, safety audits and inspections.

5.8 Staff Responsibilities

5.8.1 All Staff will:

- Understand and accept their responsibilities not to report for duty if they are under the influence of alcohol or drugs
- To be familiar with all aspects of the policy and the disciplinary implications resulting from

a breach of the policy

- To seek help if they have an alcohol or drug problem
- To avoid covering up or colluding with colleagues whose behaviour and performance is affected by alcohol or drugs
- To urge colleagues to seek help if they have problems arising from the use of alcohol or drugs
- To approach their manager if they believe that they have or are developing a drinking or drug problem
- To ascertain whether there will be any side effects which may affect work performance as a result of taking medication
- To notify Occupational Health if they are taking any drug that may affect their driving ability
- To inform their manager if the taking of medication is likely to affect their work performance.

6. DEFINITIONS

6.1 The term “**Drugs**” as used in this policy, is defined in two ways:

- Drugs which are used as medication for a medical problem. These drugs are usually prescribed by doctors; some can be purchased directly from a chemist.
- Drugs which are taken for all reasons other than for medical purposes, which include the use of illegal drugs.

6.2 The Term “**Alcohol**” as used in this policy is defined as the following:

- A drink containing ethanol, commonly known as alcohol, although in chemistry the definition of alcohol includes many other compounds.
- A centrally acting drug with a depressant effect which can be addictive when consumed repeatedly or in high doses and the state of addiction to ethanol is known as alcoholism.

7. DRUGS

7.1 As with alcohol, drugs can severely affect work performance and therefore staff and managers must comply with the following:

- They should not attend work having consumed or being in the possession of an illegal drug. Any such incidents identified will be reported to the Police.
- They should seek advice from their General Practitioner as to whether prescribed drugs might affect an individual’s performance to drive or operate in a safety critical position. If in doubt, advice must be sought from the Trust’s Occupational Health Advisors.
- They should seek advice from Pharmacists with regards to any non-prescription medicines purchased.

8. ALCOHOL

8.1 The Trust expects all employees to take a responsible approach to drinking alcohol and all employees must take care that their level of alcohol consumption does not interfere with their duties at work. Alcohol consumed in any quantity adversely affects work

performance.

8.2. Employees in safety critical posts have a particular responsibility to ensure that their performance is in no way impaired as a result of alcohol consumption.

They should be aware that there is no safe level of alcohol consumption. Managers in safety critical posts should also take account of the demands likely to be placed on them by a 24-hour service.

Safety Critical Posts are:

- All Clinical Co-ordination Centre Staff and Managers
- All Operational Managers and Ambulance Personnel including Paramedics, Student Paramedics, Ambulance Technicians, Associate Ambulance Practitioners,
- Trainee Associate Ambulance Practitioners, Emergency Care Assistants, Specialist Practitioners, Ambulance Care Assistants and High Dependency Staff
- All Training Officers
- All On-Call Staff e.g., Duty Officers, Medical Incident Officers, Tactical Advisors, On Call Directors and IT Support
- All Specialist Nurses/Specialist Practitioners
- Volunteer Car Drivers and Community Responders
- British Association for Immediate Care (BASIC) Doctors.

8.3. With this in mind, the standards expected of all managers and staff include:

- Not consuming or possessing alcohol whilst on Trust operational premises, whilst on duty or about to report for duty
- Not purchasing alcohol whilst on duty
- Not consuming alcohol prior to duty or during breaks in the working day, including meal breaks spent outside of Trust premises
- Not reporting for duty if they are under the influence of alcohol
- Not consuming alcohol if they are on call and may be required to report for duty
- Not consuming alcohol or purchasing alcohol whilst wearing the Trust's uniform, unless this is an authorised social event.

9. COMMITTEES AND OTHER AGENCIES

9.1 **Quality and Safety Committee:** This Committee monitors and reviews on behalf of the Board the Trust's clinical and non-clinical risk management issues which may include drugs and alcohol issues.

9.2 **Health Safety & Risk Group:** The Health Safety & Risk Group is a statutory 'Committee' under current Health and Safety legislation. It provides a forum for Safety Representatives, Staff Representatives and specialist Managers to debate and monitor issues associated with Health and Safety, Welfare and Risk management, including infection control and to recommend changes or improvements to the Executive Team and Quality and Safety Committee. This Working Group reports to the Board through the Quality and Safety Committee.

9.3 **Occupational Health:** The Trust will commission Occupation Health Services to provide

for the health and well-being of all SCAS staff. Such services will include pre and post-employment medical screening, vaccination programmes, confidential health assessment and advice, including risk assessment and advice following exposure to infection.

10. POLICY GUIDELINES

The following guidelines are provided to assist staff in meeting the Trust's objectives.

10.1 Drugs

10.1.1 No one should attend work having consumed or in possession of an illegal drug. Any such incidents will be reported to the police. Advice should be sought from General Practitioners as to whether prescribed drugs might affect an individual's performance to drive or operate a safety critical position, if in doubt advice must be sought from the Trust's Occupational Health Advisors. Similar advice must also be sought with regard to non-prescription medicines purchased from pharmacists.

10.2 Alcohol

10.2.1 The consumption of any alcoholic beverage is prohibited on any of the Trust's premises except during an arranged function held on Trust premises with the authorisation of the appropriate Director

10.2.2 To guarantee starting work with a zero, or near zero, alcohol level not more than 7 units should be taken in the 24 hours before booking on duty and none in the 8 hours immediately before reporting for duty.

10.2.3 The list below shows the number of units of alcohol in common drinks:

- A pint of ordinary strength lager (Carling Black Label, Fosters) - 2 units
- A pint of strong lager (Stella Artois, Kronenbourg 1664) - 3 units
- A pint of ordinary bitter (John Smith's, Boddingtons) - 2 units
- A pint of best bitter (Fuller's ESB, Young's Special) - 3 units
- A pint of ordinary strength cider (Woodpecker) - 2 units
- A pint of strong cider (Dry Blackthorn, Strongbow) - 3 units
- A 175ml glass of red or white wine - around 2 units
- A pub measure of spirits - 1 unit
- An alcopop (Smirnoff Ice, Bacardi Breezer, WKD, Reef) - around 1.5 units

*The above information is taken from the Department of Health Guidance June 2007.

11. HELP

11.1 Anyone who feels that they have, or are developing, an alcohol or drug problem should approach their Manager. It is the Trust's policy to ensure that any approach of this nature is treated sensitively, and individuals may be referred to Occupational Health for advice and assistance where necessary. Employees may, however, also contact the Occupational Health Service directly themselves.

12. SICK PAY ARRANGEMENTS

12.1 Employees who are not able to carry out their normal duties due to the nature of their medication will be required to undertake alternative duties as may be recommended by

the Trust's nominated Occupational Health Physician and in accordance with the Trust's Management of Sickness Absence Policy.

12.2 Employees who are not able to work at all as a result of medication will be covered by normal sick leave and pay arrangements, in accordance with the Trust's Management of Sickness Absence policy.

12.3 Employees who are unfit for work as a result of an alcohol or drug problem and are having treatment to overcome their problem will normally be managed in accordance with the Trust's Capability Policy and/or Management of Sickness Absence Policy, whichever is most appropriate given the individual's circumstances.

13. LEGAL CONSIDERATIONS

13.1 If an employee possesses, supplies or produces illegal drugs (e.g. heroin, cocaine and cannabis) on Trust premises, the organisation is required, by law, to notify the Police. This is also the case in respect of the supply of tranquillisers and sleeping tablets, except when medically prescribed.

13.1.1 It is an offence for the Trust to knowingly allow a person to continue to consume or be in the possession of illegal drugs on its premises and Managers should be aware of their responsibility in this respect.

13.1.2 Guidance notes, issued by the Driver and Vehicle Licensing Agency, on Medical Standards of Fitness to Drive recommend that where:

- Alcohol Misuse/Abuse and Alcohol Dependency, "causes disturbance behaviour, related disease or other consequences, likely to cause the patient, his family or society harm...." this should result in a "refusal or revocation (of the driving licence) for 3 years, during which no evidence of dependency or continued misuse must have occurred.
- Individuals must be aware of their obligations in respect of fitness to drive. The loss of their licence under this provision, where driving is an essential part of the job, is likely to result in dismissal.

14. DISCIPLINARY CONSIDERATIONS

14.1 In the event of any breach of this policy as a result of alcohol or drug consumption the Trust's Capability or Disciplinary procedure will apply, whichever is most appropriate given the individual's circumstances.

14.2 The Trust will endeavour, where possible, to assist employees with alcohol and drug related problems, in accordance with the Trust's Capability Policy. However, if an employee is unable to make sufficient progress despite the assistance available, the Trust cannot guarantee to retain such employees in employment.

14.3 Employees who persistently refuse to undertake or continue with treatment will forfeit sick pay. Depending on the circumstances of each case, disciplinary action and/or termination of employment may also result. Claims of ignorance about the possible effects of the medication taken will not normally be regarded as an acceptable reason if there are any associated problems arising at work.

14.4 Reporting to work in the possession of illicit drugs, consuming, storing or selling illicit drugs on Trust premises is considered **gross misconduct** and will be dealt with as such in

accordance with the Trusts Disciplinary Policy.

15. TRAINING

15.1 No training need has currently been identified.

16. EQUALITY AND DIVERSITY

16.1 An equality and diversity impact assessment has been carried out on this policy and can be found at appendix 3.

17. MONITORING

17.1 'The effectiveness of this policy will be monitored regularly by the risk team who will provide data on the use of the policy as and when required.

18. CONSULTATION AND REVIEW

18.1 A consultation exercise on this policy will be carried with the stakeholders listed below.

18.2 This policy will be reviewed every three years or sooner if there are any changes to legislation or best practice.

19. IMPLEMENTATION (INCLUDING RAISING AWARENESS)

19.1 This policy will be and communicated to managers and staff within the Trust via Staff Matters.

19.2 Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

20. ASSOCIATED DOCUMENTATION

- Health and Safety Policy and Procedures
- Management of Sickness Absence
- Capability Policy
- Disciplinary Policy.

21. EQUALITY IMPACT

21.1 This policy will be applied fairly to all employees regardless of race, ethnic or national origin, colour or nationality; gender (including marital status); age; disability; sexual orientation; religion or belief; length of service, whether full or part-time or employed under a permanent or a fixed-term contract or any other relevant factor. The Trust will therefore take every possible step to ensure that this policy is applied fairly to all employees regardless of these protected characteristics or whether full or part-time or employed under a permanent or a fixed-term contract or any other irrelevant factor.

By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

Where there are barriers to understanding, e.g., an employee has difficulty in reading or writing or where English is not their first language additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the Human Resources Department.

Employees exercising their rights and entitlements under the regulations will suffer no detriment as a result.

A full 'Equality Impact Assessment' is available on request.