

**ALCOHOL, DRUG AND SUBSTANCE MISUSE POLICY**

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| Version: | 3 |
| Date ratified: | 27 August 2019 |
| Policy Number  | HR002/08/2022 |
| Name of originator/author: | Human Resources Manager |
| Name of Sponsor: | Accountable Officer |
| Name of responsible committee | Governance Sub Committee |
| Date issued: | September 2019 |
| Review date: | August 2022 |
| Target audience: | All staff working within or on behalf of NHS Sheffield CCG |

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[**http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm**](http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm)

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**POLICY AUDIT TOOL**

**Please give status of Policy: Revised**

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| **1.** | **Details of Policy** |  |
| 1.1 | Policy Number  | HR002/08/2022 |
| 1.2 | Title of Policy: | Alcohol, Drug and Substance Misuse Policy |
| 1.3 | Sponsor  | Accountable Officer |
| 1.4 | Author: | HR Manager |
| 1.5 | Lead Committee | Governance Sub Committee |
| 1.5 | Reason for policy: | Legislative and best employment practice |
| 1.6 | Who does the policy affect? | All employees and workers at Sheffield CCG |
| 1.7 | Are the National Guidelines/Codes of Practices etc issued? | Misuse of Drugs Act 1971, Health and Safety at Work Act 1974, Data Protection Act 1998, Management of Health and Safety at Work Regulations 1999, Corporate Manslaughter and Corporate Homicide Act 2007, Employment Rights Act 1996, Equality Act 2010, Road Traffic Act 1988, Transport and Work Act 1992, Human Rights Act 1998 |
| 1.8 | Has an Equality Impact Assessment been carried out? | Yes |
| **2.** | **Information Collation** |  |
| 2.1 | Where was Policy information obtained from? | See 1.7 |
| **3.** | **Policy Management** |  |
| 3.1 | Is there a requirement for a new or revised management structure for the implementation of the Policy? | No |
| 3.2 | If YES attach a copy to this form. | n/a |
| 3.3 | If NO explain why. | Current management structure satisfactory |
| **4.** | **Consultation Process** |  |
| 4.1 | Was there external/internal consultation? | Yes |
| 4.2 | List groups/persons involved | Joint Staff Consultative Forum |
| 4.3 | Have external/internal comments been included? | Yes |
| 4.4 | If external/internal comments have not been included, state why. | n/a |
| **5.** | **Implementation** |  |
| 5.1 | How and to whom will the policy be distributed? | All staff via the intranet  |
| 5.2 | If there are implementation requirements such as training please detail. | Ongoing via local and line management training |
| 5.3 | What is the cost of implementation and how will this be funded | No funding required |
| **6.** | **Monitoring** |  |
| 6.2 | How will this be monitored | Workforce Reports |
| 6.3 | Frequency of Monitoring | Quarterly |

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**DEFINITIONS**

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| **Term** | **Definition** |
| **Intoxicating Substance** | A substance that changes the way the user feels mentally or physically. It includes but is not limited to alcohol, illegal drugs, legal drugs, prescription medicines, solvents, glue and lighter fuel.  |
| **Controlled Drugs** | These are drugs covered by the Misuse of Drugs Act 1971. They include both drugs with no current medical uses as well as medicinal drugs that are prone to misuse. All are considered likely to result in substantial harm to individuals and society. |
| **Harmful/ problematic use or misuse** | Use of an intoxicating substance or substances that harm health, physical, psychological, social or work performance but without dependency being present. |
| **Dependency** | A compulsion to keep taking an intoxicating substance either to avoid the effects of withdrawal (physical dependence) or to meet a need for stimulation or tranquilising effects or pleasure (psychological dependence). |
| **Addiction** | A state of periodic or chronic intoxication produced by the repeated intake of an intoxicating substance. This creates a dependency which can have serious detrimental effects on the individual who will have great difficulty discontinuing their use. |
| **‘For Cause’ Testing** | Testing for alcohol or substance misuse where someone is suspected of being unfit because of possible intoxication or following return to work after detoxification treatment or as part of an agreed abstinence programme. |
| **Misuse in the workplace is either**  | Continually or repeatedly interferes with work performance, conduct and/or attendance orconsumption or overindulgence of a substance resulting in unacceptable conduct or dangerous and unreasonable behaviour. This could be classed as gross misconduct and treated as a disciplinary matter. |
| **Chain of Custody** | The stringent process for collecting, handling, transporting, storing and testing biological samples for alcohol or drug misuse to prevent any possible contamination or interference. The purpose is to ensure that the results of any biological testing can indisputably be connected with the individual who produced the test sample. |

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|  | **SECTION A – POLICY** |
| **1.** | **Policy Statement, Aims and Objectives** |
| **1.1** | NHS Sheffield Clinical Commissioning Group (CCG) is committed to supporting and protecting the health, safety and welfare of its staff. It is recognised that alcohol and drug/substance misuse are health issues and as such, the organisation will aim to provide the help and support that may be necessary for an individual to overcome problems with any of these issues. |
| **1.2** | This policy aims to reinforce an empathetic, confidential and consistent management approach, promoting support and rehabilitation for staff dealing with alcohol and drug/substance misuse. |
| **1.3** | The development of this policy:* Promotes a healthy and safe working environment and maintains a healthy workforce;
* Provides a procedure for managers to deal effectively with issues related to alcohol and drug/substance misuse in order to maintain acceptable standards of work and performance;
* Protects the reputation of the organisation;
* Encourages individuals with problems related to alcohol or drugs/substances to seek help and accept treatment at the earliest opportunity;
* Ensures that the use of alcohol or drug/substance misuse does not impair the safe and efficient running of the organisation, or result in health and safety risks to the individual or others.
 |
| **1.4** | This policy covers the misuse of alcohol, illegal drugs, prescription drugs, and any other intoxicating substances.. |
| **2.** | **Legislation and Guidance** |
| **2.1** | The following legislation and guidance has been taken into consideration in the development of this policy.* Misuse of Drugs Act 1971
* Health and Safety at Work Act 1974
* Data Protection Act 1998
* Management of Health and Safety at Work Regulations 1992
* Corporate Manslaughter and Corporate Homicide Act 2007
* Employment Rights Act 1996
* Equality Act 2010
* Road Traffic Act 1988
* Transport and Work Act 1992
* Human Rights Act 1998
 |
| **3.** | **Scope** |
| **3.1** | This policy applies to those members of staff that are directly employed by NHS Sheffield CCG and for whom NHS Sheffield CCG has legal responsibility, including those working for the organisation on a secondment basis.  For those staff covered by a letter of authority / honorary contract or work experience, this policy is also applicable whilst undertaking duties on behalf of NHS Sheffield CCG or working on NHS Sheffield CCG premises and forms part of their arrangements with the organisation.  As part of good employment practice, agency workers are also required to abide by NHS Sheffield CCG policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking this work. |
| **4.** | **Accountabilities and Responsibilities** |
| **4.1** | Overall accountability for ensuring that there are systems and processes to effectively ensure compliance with this Policy lies with the Accountable Officer. Responsibility is delegated to the following:

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| ***Accountable Officer***  | * Maintaining an overview of the corporate ratification and governance process associated with the policy.
* Ensuring that the policy is applied fairly, consistently and in a non-discriminatory manner.
 |
| ***Human Resources*** | * Leading the development, implementation and review of the policy.
* Providing advice and guidance to managers and staff in relation to this policy.
* Assisting in the monitoring of effectiveness of measures to address alcohol or drug/substance misuse through the analysis of reasons for sickness absence.
* Encouraging referral to the Occupational Health Service and/or Staff Counselling Service where appropriate.
* Advising managers when it is more appropriate to deal with an issue via the Disciplinary Policy
 |
| ***Appointing Officers/ Line Managers*** | * Ensuring they understand and adhere to their obligations in relation to this policy.
* Ensuring the policy is applied fairly and consistently to all staff.
* Ensuring that where a staff member on secondment is being managed under this policy, appropriate communication takes place with the substantive employer and consideration given to any of their policies that may also apply.
* Creating an open and honest environment to support individuals who may come forward with concerns for themselves or others.
* Ensuring the policy is communicated to staff and to encourage those who believe they may have issues to seek support.
* Identifying and responding effectively to individuals with problems.
* Recognising and acting appropriately where someone has symptoms which may indicate there is a problem.
* With the agreement of Human Resources, requesting alcohol or drug/substance testing where this course of action is justified.
* Requesting appropriate referrals to Occupational Health and ensuring consent is obtained.
* Respecting the right to confidentiality as they would if there was any other medical or psychological problem (except where there is a duty to inform a professional body, eg. NMC/GMC or where there is an issue of health and safety/safeguarding).
* Arranging suitable transport and/or alternative duties if someone is unfit to drive/carry out usual duties due to prescribed medication.
* Ensuring staff are aware of this policy including referring new staff to the policy as part of their induction process.
 |
| ***All Staff*** | * Ensuring they understand their responsibilities in relation to this policy.
* Taking personal responsibility for their own health, safety, wellbeing and performance at work.
* Seeking help should they have problems relating to alcohol or drug/ substance misuse.
* Seeking advice if they have concerns about a colleague in relation to alcohol or drug/substance misuse.
* Complying with their professional codes of conduct.
* Informing their line manager if they have been prescribed medication that may significantly affect their behaviour or performance.
 |
| ***Staff Side*** | * Ensuring they are familiar with the policy and procedure.
* Advising and representing staff who are members of a recognised Trade Union.
* Providing support for members who are experiencing problems with alcohol or drug/ substance misuse.
* Liaising with the individual, the line manager and Human Resources regarding the best way forward.
 |
| ***Occupational Health*** | * Providing clinical advice and support for managers and staff who identify potential problems in themselves or colleagues.
* Providing the appropriate level of confidential support to staff who self-refer or who are referred by their manager because of concerns about their wellbeing.
* Promoting awareness of alcohol or substance misuse problems and encouraging early identification of individuals in need of help.
* Advocating the use of abstinence programmes, where appropriate.
 |
| ***Staff Counselling Service*** | * Providing a confidential counselling service for staff experiencing concerns with alcohol or drug/substance misuse.
* Referral and/ or signposting to specialist agencies, as required and in accordance with professional/clinical guidelines.
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| **5.** | **Dissemination, Training and Review** |
| **5.1** | **Dissemination** |
|  | The effective implementation of this policy will support openness and transparency. NHS Sheffield CCG will:* Ensure all staff and stakeholders have access to a copy of this policy via the organisation’s website;
* Ensure staff are notified of new or updated procedural documents;
* Ensure that relevant training programmes raise and sustain awareness of health and wellbeing.
 |
| **5.2** | **Training** |
|  | All staff will be offered relevant training commensurate with their duties and responsibilities. Individuals requiring support should speak to their line manager in the first instance. Support may also be obtained through Human Resources. The Policy should be read in conjunction with the:* Disciplinary Policy
* Management of Stress Policy
* Health and Safety Policy
* Management of Performance Policy
* Management of Sickness Absence Policy
* Dignity at Work (Prevention of Bullying and Harassment) Policy
* Grievance Policy
 |
| **5.3** | **Review**  |
| **5.3.1** | As part of its development, this policy and its impact on staff, patients and the public has been reviewed in line with NHS Sheffield CCG’s Equality Duties. The purpose of the assessment is to identify and if possible remove any disproportionate adverse impact on staff, patients and the public on the grounds of the protected characteristics under the Equality Act (2010).  |
| **5.3.2** | The policy will be reviewed every three years, and in accordance with the following on an as and when required basis:* Legislatives changes
* Good practice guidelines
* Case law
* Significant incidents reported
* New vulnerabilities identified
* Changes to organisational infrastructure
* Changes in practice
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| **5.3.3** | Policy management will be performance monitored to ensure that policies are up-to-date and relevant to the core business of the organisation. The results will be published in the regular Governance Sub Committee Reports. |

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|  | **SECTION B – PROCEDURE** |
| **1.** | **Principles** |
| **1.1** | In order to provide a safe and supportive environment, in the event of concerns about a staff member’s misuse of alcohol, drugs or other intoxicating substance, , the matter will be dealt with using this procedure where an individual accepts responsibility for their behaviour and agrees to seek help. In other cases or where breaches of conduct have occurred such as a serious breach of health and safety standards, for example where the individual has behaved in a violent or threatening manner or placed someone at risk of harm, then the matter may be dealt with in accordance with the Disciplinary Policy. |
| **1.2** | Staff who attempt to ‘cover up’ in a work situation for a colleague who puts themselves, others or the reputation of the CCG at significant risk may be subject to disciplinary proceedings. |
| **1.3** | Staff must not use any performance altering substance or consume alcohol at any time whilst on duty, during breaks (including lunch breaks), or any period of time before commencing work which may affect their performance. The exception to this would be where an individual is receiving treatment for a health condition and has informed their line manager accordingly and it is taken account of in their duties. |
| **1.4** | It is unacceptable for staff to drive whilst under the influence of any intoxicating substance. This includes driving to and from work and during work time. It should be noted that some prescribed medication will also affect an individual’s ability to drive safely. |
| **1.5** | Staff must not bring alcohol, illegal drugs or substances at any time onto CCG premises for consumption during working hours or whilst on work premises, including when attending meetings and events off site. Possession of and selling any illegal substances are criminal offences and would be dealt with in line with the Disciplinary Policy. |
| **1.6** | Individuals must inform their line manager if they are unable to carry out any work related task safely due to alcohol, drug/ substance misuse or prescribed medication use. |
| **1.7****1.8** | It is unacceptable for staff to attend for work smelling of alcohol or if they have recently consumed alcohol, including during unpaid breaks, in the working day as this can seriously undermine their capability and credibility. Should a staff member present for work smelling of alcohol they will be considered unfit for work and will be sent home. This will be paid leave for the remainder of the working day. Standards of safety, conduct and performance will be taken into account when making this decision.Staff attending external or CCG events that take place outside of normal working hours are expected to act responsibly and give consideration to the reputation of the CCG in their activities at all times. |
| **2.** | **Employees Requesting Assistance**  |
| **2.1** | When an individual believes they have an alcohol, substance or drug problem, or feels they may be developing one, they should seek specialist advice as soon as possible by speaking to their GP, line manager, Human Resources or Occupational Health. |
| **2.2** | If a line manager is approached by a member of staff for help they should ensure they have taken a file note of the discussion and seek advice from Human Resources and ensure that appropriate referrals are made as required by this policy. |
| **2.3** | Misuse is not a disciplinary offence and will be dealt with as a health issue. The aim is to rehabilitate and support an individual whilst at work or in returning to work if they are absent due to alcohol or drug/ substance misuse. |
| **2.4** | With the individual’s consent, contact will be made with Occupational Health to agree the best course of action. Where it is confirmed that the individual has an alcohol or drug/ substance misuse problem, they may be referred to an appropriate agency, for example a GP, Drugs and Alcohol Team, counselling service, residential or in-patient programme. A recovery programme may then be devised in partnership with the appropriate agency. |
| **2.5** | Once a course of action has been determined, it is important to come to a decision about reasonable timescales for supportive treatment/counselling. This will be based on the advice from Occupational Health and following discussion with Human Resources, the individual and the line manager. If appropriate and with their consent, members of the individual’s family may be involved as well as their trade union representative. |
| **2.6** | The outcome of the discussion could be to ask the staff member to agree to sign an abstinence agreement which could include agreeing to be subject to regular testing if required. |
| **2.7** | Following recovery, the situation should be monitored for an agreed period. If after returning to work, during or following the rehabilitation programme, there is a recurrence of the drug or alcohol problem, then the situation will be assessed on a case-by-case basis. A further opportunity may be given to commence an additional rehabilitation programme if appropriate. |
| **2.8** | If individuals decline a referral for diagnosis and/or specialist help, or discontinue an agreed course of action before its satisfactory completion and continue to produce an unsatisfactory level of work performance or conduct, they could be subject to action under the Disciplinary Policy. |
| **3.** | **Dealing with Suspected Alcohol/ Drug Intoxication** |
| **3.1** | Where a line manager suspects, or is advised that, someone is under the influence of alcohol or other substances whilst in the workplace and considers their condition likely to affect their performance or to be a health and safety risk, then the manager should take Human Resources advice and agree a plan of action. Refer to Appendix 1. |
| **3.2** | In some circumstances it may be useful to obtain the opinion of another person who is aware of the ‘normal’ behaviours of the individual concerned, taking into account the sensitive nature of the problem and the individual’s right to confidentiality. HR advice should be sought where possible before any action is taken.  |
| **3.3** | Where it is agreed that there is an issue, the line manager should arrange to speak to the individual, accompanied by Human Resources, in a private area and if practicable with their Trade Union/ professional organisation representative. |
| **3.4** | The line manager should explain their concerns to the staff member. If the employee admits they have taken alcohol/drugs/substances and/or are under the influence and the manager has concerns regarding the effect on performance/health and safety, the individual should be suspended from work on medical grounds on full pay and escorted off the premises. (Reference must be also be made to Section 6 of this Policy). |
| **3.5** | If the line manager believes that the individual is unfit to drive or travel home safely by themselves then arrangements should be made to ensure they can get home safely (See Section 6). |
| **3.6** | A date should be given to review the suspension and it may be that the staff member is only excluded until the following working day in order to determine an appropriate course of action. |
| **3.7** | If the individual denies being under the influence of alcohol/drugs/substances and the line manager is not satisfied with their explanation as it is evident from the their actions and/or appearance, they should be asked again if they are under the influence and advised that if this is denied for a second time they will be asked to take a test. |
| **3.8** | The line manager should explain the nature of the test and the possible consequences for their employment if the test is positive e.g. disciplinary action. The staff member will be asked to sign a consent form for testing. The testing procedure is outlined in Appendix 2. |
| **3.9** | If the individual refuses to take a test then they should be advised that a decision will have to be based on the evidence available. They will usually be suspended on full pay and escorted off the premises and an investigation should be undertaken. |
| **3.10** | Subsequent action will depend on the result of the test and whether this is the first instance or a repeated occurrence and will need to take into account the seriousness of the behaviour and whether or not alcohol or drugs have been consumed. Particular attention should be paid as to whether alcohol or drugs have been consumed whilst at work and/ or in the workplace. If necessary the Disciplinary Policy will be invoked in consultation with Human Resources. |
| **3.11****3.12** | If the test is positive, the staff member should be sent home, suspended on full pay and asked to report to work on their next working day. If necessary, arrangements will be made to ensure they can get home safely. A disciplinary investigation will commence and a referral to Occupational Health will be made.If the safety or security of any individual or property is at risk at any time, the police may be informed. For example, if an individual is, or is thought to be, under the influence of alcohol or another substance and subsequently takes control of a vehicle. If an individual appears or becomes unwell, they will be supported in obtaining medical assistance. |
| **4.** | **Concerns Regarding Work Performance** |
| **4.1** | Where a line manager suspects that a staff member has an alcohol, drug or substance problem which is affecting their work performance, the line manager should contact Human Resources in the first instance. |
| **4.2** | Normally an informal discussion will then take place between the line manager and the member of staff, with Human Resources present if appropriate. The individual should be offered the opportunity to be accompanied by a work colleague or Trade Union representative. The meeting should focus on the behavioural or work performance issues. It is important that the approach taken at this initial meeting is supportive and not confrontational, to give the individual the opportunity to request assistance. The performance issue(s) that have been occurring should be defined and possible reasons or causes discussed, not assumed. |
| **4.3** | If the individual admits to an alcohol/ drugs/ substance problem, a decision should be made as to whether or not to invoke the Management of Performance Policy. |
| **4.4** | If the individual states that the performance issues are due to causes other than alcohol/ drugs/ substances then the line manager will need to refer to the Management of Performance Policy and all meetings should be documented in accordance with that Policy. |
| **5.** | **Managing Alcohol/ Prescribed Drug /Drug/ Substance Misuse as a Health Related Matter** |
| **5.1****6.****6.1****6.2** | Alcohol/ prescribed drug/ drug/ substance misuse can lead to a number of health problems including addiction and/or health/behavioural disorders which may be amenable to treatment. Employees must notify their line manager if they have been prescribed drugs which may significantly affect their behaviour/ performance and this will be dealt with as a health matter in accordance with Section 2 of this Policy**.** **Ensuring Safety and Welfare**If at any stage whilst following this policy a staff member leaves the workplace – either voluntarily or as a result of being asked to go home or suspended from duty – the line manager should take all reasonable steps to ensure that the individual is able to travel safely (without driving if thought to be under the influence of alcohol or drugs/intoxicating substances) and that they have arrived at their intended destination.Where there is concern for an individual’s welfare or a perceived risk of harm to the individual or others consideration must be given to calling for medical assistance or police intervention as required, and/or contacting the staff member’s Emergency Contact/Next of Kin as appropriate, details for whom should be on their personal file or Electronic Staff Record. Where necessary, consideration should be given as to whether a safeguarding alert may need to be made, via the appropriate procedures and reference should be made, where necessary, to the Safeguarding Policy. |

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| **Appendix 1**  |
| **SIGNS OF ALCOHOL/DRUGS/SUBSTANCE MISUSE** |
| Signs of alcohol/drug/substance misuse are not always obvious and may be confused with other conditions or problems. It is sensible to bear in mind the possibility of alcohol/ drug/ substance misuse when any of the following behaviours are observed. Not all people with alcohol/ drug/ substance misuse problems display all these behaviours. Some of these behaviours may also indicate other problems which are not associated with alcohol/ drug/ substance misuse. Where there is any doubt, advice should be sought from Occupational Health and/ or Human Resources.* Abnormal fluctuations in mood and energy, irritability, impaired concentration, lethargy.
* Tendency to become confused.
* Poor timekeeping.
* Repeated absences for trivial or inadequate reasons.
* Increase in short term sickness absence.
* Impairment of job performance.
* Accident proneness, increased incidence of mistakes or errors of judgement.
* Deterioration of relationships with other people.
* Hand tremors, slurred speech, facial flushing, bleary eyes, poor personal care and hygiene.
* Smelling of alcohol or other substances.
* Related driving offences or convictions
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|  | **Appendix 2** |
|  | **TESTING FOR ALCOHOL AND DRUG/SUBSTANCE MISUSE** |
| **1.** | **‘For Cause’ Testing** |
| **1.1** | If a line manager has concerns regarding a staff member, as described within this policy, they can request testing for either drugs or alcohol use. This should only be done where absolutely necessary and after consultation with Human Resources and an appropriate senior manager, where possible. |
| **1.2****1.3** | Alcohol and drug testing will only be undertaken at a manager’s request if an individual is suspected of being unfit for work because of intoxication, , including following a return to work after detoxification treatment, or as part of an agreed abstinence programme.Alcohol and drug testing will be undertaken by an external provider under contract with the organisation. Contact with the provider must be made through the Human Resources Team unless there are exceptional circumstances. |
| **2.** | **Testing for the use of Alcohol and Drugs/Intoxicating Substances** |
| **2.1** | Where an individual is to undergo testing they will be instructed to wait in a suitable private area. The manager will explain the nature of the test to be undertaken and the possible consequences if the test is positive. The testing service provider’s guidance documents must be provided to all parties. |
| **2.2** | The individual will be asked to provide their consent for testing. If they refuse to consent then the manager should make a note of this fact and advise that a view will have to be taken on the visual and sensory evidence available. |
| **2.3****2.4****2.5****2.6** | When consent is obtained, a member of the Human Resources Team will arrange a request for a test to be carried out. A collecting officer from the service provider will carry out the test as soon as is practicable, usually within two hours, following the required protocol. The manager must ensure that the individual is supervised by an impartial third party (e.g. a member of the HR team) and that access to toilets is controlled whilst in the waiting area until the collecting officer arrives, to ensure there is no interference with the testing process, in line with the service provider’s guidance. The individual’s confidentiality must be maintained appropriately. The manager/impartial third party should consider – and continue to monitor – whether medical help is required and make arrangements for this to be provided as necessary.Tests for alcohol will usually be done using a breathalyser. Tests for drug/substance misuse will usually be done using a urine sample. In most cases, results will be provided within a few minutes, but in some cases, specimens may need to be sent to a laboratory, in which case results may take up to five working days. Where this is the case, the staff member should be suspended from duty pending the test results being made available and signposted to support services, including trade union representatives and the Employee Assistance Programme. |
| **2.7** | If an alcohol test is positive (a breath alcohol concentration of over 35mcg/ 100ml is the driving threshold and this will be considered a positive result) the staff member will be suspended (with pay) and sent home, pending disciplinary proceedings which could lead to dismissal. The manager must ensure that the individual is able to get home safely without driving. |
| **2.8****2.9****2.10** | If a test result shows a breath alcohol content below 35 mcg/100ml but above zero, the individual will not be permitted to resume any work that is deemed to be safety critical or otherwise likely to be affected by their consumption of alcohol, but will either be deployed back to work or sent home. This decision will be made by the individual’s line manager in consultation with Human Resources. The staff member will be paid their normal basic rate for that day, excluding any enhancements. Depending on the circumstances, action may be instigated under the Disciplinary Policy.If an alcohol test shows a breath alcohol content of zero, or if a test for the use of illicit drugs or intoxicating substances is negative, the individual will be deployed back to work or can request to go home if they would prefer to do so. The staff member will be paid their normal basic rate for that day.If a test for the use of illicit drugs or intoxicating substances is positive, advice should be taken from the collecting officer and Human Resources as required before deciding whether to take instigate a disciplinary investigation, in which case the Disciplinary Policy must be followed. |
| **4.** | **Limitations of Drug Testing** |
| **4.1** | A positive test does not in itself imply impairment, but it is a marker for behaviour involving misuse of drugs that may affect safety at work. In general, the tests cannot determine when the drugs were taken as many drugs may be detected a considerable time after use. The tests may also not be able to indicate whether the user is a habitual user. |
| **5.** | **Refusal to Undergo Testing** |
| **5.1** | If an individual refuses to give their consent or fails to supply a sample for alcohol or drugs testing, the line manager should remind them of the possible sanctions and give them a further chance to comply. If the staff member still refuses the line manager should undertake a thorough investigation into the reason why. If no good reason is provided, the line manager should seek advice from Human Resources and disciplinary proceedings may be followed. |

**NHS Sheffield CCG Equality Impact Assessment 2014**

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| **Title of policy or service**  | Alcohol, Drug and Substance Misuse Policy |
| **Name and role of officers completing the assessment** | HR Manager |
| **Date assessment started/completed** | July 2014 – reviewed June 2019 |  |

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| **1. Outline** |
| **Give a brief summary of your policy or service*** Aims
* Objectives
* Links to other policies, including partners, national or regional
 | This policy aims to reinforce an empathetic, confidential and consistent management approach, promoting support and rehabilitation for staff dealing with alcohol or drug/substance misuse. |

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| **2. Gathering of Information** This is the core of the analysis; what information do you have that indicates the policy or service might *impact on protected groups, with consideration of the General Equality Duty*.  |
|  | **What key impact have you identified?** | **What action do you need to take to address these issues?** | **What difference will this make?** |
| **Positive****Impact**  | **Neutral****impact** | **Negative****impact** |
| **Human rights** |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| **Carers** |  |  |  |  |  |
| **Disability** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| **Race** |  |  |  |  |  |
| **Religion or belief** |  |  |  |  |  |
| **Sexual orientation** |  |  |  |  |  |
| **Gender reassignment** |  |  |  |  |  |
| **Pregnancy and maternity** |  |  |  |  |  |
| **Marriage and civil partnership** (only eliminating discrimination) |  |  |  |  |  |
| **Other relevant group** |  |  |  |  |  |

Please provide details on the actions you need to take below.

|  |
| --- |
| **3. Action plan** |
| **Issues identified** | **Actions required** | **How will you measure impact/progress** | **Timescale** | **Officer responsible** |
| None |  |  |  |  |
|  |  |  |  |  |
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| **4. Monitoring, Review and Publication** |
| **When will the proposal be reviewed and by whom?** | **Every three years on review** |
| **Lead Officer**  | **HR Manager** | **Review date:** | **August 2022** |