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HSE National Policy and Procedure for the Management of Intoxicant Misuse 2025

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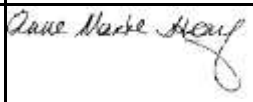
Document Owner name:	
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Short summary:
It is the Policy of the Health Service Executive (HSE) to ensure as far as is reasonably practicable the protection of employees from the potential risks related to the misuse of intoxicants in work.
Description:
This policy provides a framework for the fair management of employees experiencing the effects of intoxicant misuse at work, while at the same time ensuring all reasonable steps are taken to support employees to overcome health related issues. Employees disclosing a problem with intoxicant use will be regarded as having a health problem which will be treated with sensitivity and discretion.

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1.0 Policy Statement

The Health Service Executive (HSE) recognises its employees as its most valuable resource and is committed to providing a working environment that is healthy and safe for the entire workforce. It also recognises the importance of staff safety, health and wellbeing in the delivery of safe and effective healthcare. The HSE places patient safety and quality of care at the heart of service provision and delivery. It is a key objective of the HSE to provide high quality, evidence based, safe, effective and person centered care.

The HSE recognises its obligations to ensure a safe working environment in accordance with the Safety, Health and Welfare at Work (SHWW) Act 2005. Section 8 of the Act states that "(1) Every employer shall ensure, so far as is reasonably practicable, the safety, health and welfare at work of his or her employees." [including] "(b) managing and conducting work activities in such a way as to prevent, so far as is reasonably practicable, any improper conduct or behaviour likely to put the safety, health or welfare at work of his or her employees at risk ".

The HSE recognises the contribution to be made to workplace health and safety by its employees in accordance with Section 13 of the Safety, Health and Welfare at Work (SHWW) Act 2005 which states that "(1) An employee shall, while at work—(a) comply with the relevant statutory provisions, as appropriate, and take reasonable care to protect his or her safety, health and welfare and the safety, health and welfare of any other person who may be affected by the employee's acts or omissions at work, and (b)ensure that he or she is not under the influence of an intoxicant1 to the extent that he or she is in such a state as to endanger his or her own safety, health or welfare at work or that of any other person".

This policy provides a framework for the fair management of employees experiencing the effects of intoxicant misuse at work, while at the same time ensuring all reasonable steps are taken to support employees to overcome health related issues. Employees disclosing a problem with intoxicant use will be regarded as having a health problem which will be treated with sensitivity and discretion.

Management reserves the right to address underperformance and/or take disciplinary measures where necessary in accordance with the principles of natural justice and the provisions of HR procedures notwithstanding any interpretation of text in this policy.

"Incapacity to perform duties due to being under the influence of alcohol, non-prescribed drugs or misuse of prescribed medication" is treated as serious misconduct under the HSE Disciplinary Procedure. However, this policy aims to take a supportive approach in the first instance and provides an alternative rehabilitative route where appropriate.

The HSE encourages employees who are concerned about their own intoxicant use to seek assistance and counseling (See Section 9 for information on available supports). Intoxicant

[1] The definition provided in Section 2 of the Safety, Health and Welfare At Work Act (2005) defines intoxicant as including: *"alcohol and drugs or any combination of drugs or of drugs and alcohol".* It includes prescribed and non-prescribed drugs.

dependency is of a special nature, which requires a significant effort on the employee's part (once a problem is identified) if recovery is to be achieved and sustained. The HSE therefore expects employees to engage with appropriate intervention and/or treatment.

Alcoholism is a disability within the meaning of the Employment Equality Act 19982. Employers are required to make reasonable accommodation for the needs of a person with a disability to allow that person to undertake his/her duties.

The HSE may treat as serious misconduct the possession or use of illicit drugs in the workplace. In the case of distribution of illicit drugs in the workplace the matter shall be treated as serious misconduct and shall be reported to An Garda Síochána.

The policy should be read in conjunction with relevant rules, codes and standards of professional conduct.

2.0 Purpose

To promote the safety, health and welfare of all HSE employees.

To protect patients, clients, service users, employees and visitors to the HSE from harm related to the misuse of intoxicants by employees and help ensure the provision of safe, high-quality and effective care.

To increase awareness and understanding among all employees of intoxicant misuse as well as to provide a framework for early identification, prevention, and management of these problems.

To encourage those who may have a problem with the misuse of intoxicants to seek help before it impacts negatively on their health and welfare.

To guard against reduced performance by the HSE in terms of work execution arising through oversights, errors of judgment, or other effects of intoxicant use within the workforce.

To state clearly the responsibilities of managers, employees, and support services when dealing with employees' intoxicant misuse as they affect work activities. Appendix 3 outlines in detail the possible indicators of intoxicant misuse to look out for, particularly in the areas of:

- Leave and attendance
- Performance problems
- Relationships at work
- Behaviour at work.

[2] As decided in Equality Tribunal Case DEC-52003-24. The Equality Officer held that alcoholism was a disability for the purposes of the Equal Status Act, 2000. The definition of disability included in that Act and the Employment Equality Act, 1998 is the same. In Equality Tribunal Case DEC-E2005/034 the Equality officer stated the Equality Officer's conclusion in DEC-52003-24 i.e. alcoholism is a disability for the purposes of the Equal Status Act, 2000 and found that it is also a disability for the purposes of the Employment Equality, Act, 1998.

To ensure the provision of consistent advice and support for any employees that may have an issue with intoxicant misuse.

To complement other policies in the area of employee wellbeing and attendance management. For instance an employee's behaviour may be the result of a number of factors and the manager should adhere carefully to the Managing Attendance Policy, the Rehabilitation of Employees Back to Work Policy, the Prevention and Management of Stress Policies, fitness to practice guidelines and any other relevant policies in broaching any situation.

To enable the HSE to meet its statutory responsibilities and comply with relevant legislation as outlined in this and other relevant policy documents.

To reduce as far as possible, the social and economic cost of time lost from work due to intoxicant misuse related illness, productivity losses and medical disability.

3.0 Scope

In compliance with the Safety, Health and Welfare at Work Act 2005 the scope of this policy covers all those at work for the HSE in a place of work3, whether on a contract of employment, employed through an agency, work experience programme or other facility. However only those directly-employed4 will be entitled to avail of objective testing and the HSE's Occupational Health Department facilities including review and continuing support. Part A and Part B of the procedure at Sections 7 and 8 describe the steps to be taken in each respective case i.e. for those directly employed and non-direct workers.

This policy refers to intoxicant use that is having an impact on an individual's attendance, performance and behaviour/attitude in the workplace, as well as on workplace health and safety.

As the effects of intoxicant use may extend from an employee's private life into the workplace, this policy relates not only to consumption on HSE premises and during working hours, but also workplace impairment and risk that results from intoxicant use away from the workplace and out of working hours.

For non-direct workers,5 the HSE reserves the right to terminate placement or source alternative agency staff or seek alternative contract staff where there is a risk to the health and safety of patients, staff and service users. For these categories of workers, any issues with regard to intoxicant misuse should be reported to the relevant person responsible for their placement at the agency/contractor/external provider. Actions by these supervisors are to be carried out in accordance with the latter organisation's policy and procedures. More detail on this is included at Section 8.0.

[3] As defined in the Safety Health and Welfare at Work Act 2005 see 5.11
[4] See definition at 5.1
[5] See definition at 5.10

This policy concerns the management of intoxicant misuse. Other specific matters in relation to employer duties and/or employee rights and entitlements are not covered under this policy and are dealt with in other policy documents.

4.0 Other Related Policies

- Managing Attendance Policy
- Performance Management in the HSE - Guidance Document (HSE 2012) hseland.ie
- Rehabilitation of Employees Back to Work after Illness or Injury Policy and Procedure
- Policy for Prevention and Management of Stress in the Workplace
- Policy for Preventing & Managing Critical Incident Stress
- Dignity at Work Policy for the Health Services
- Sick Leave Regulations
- Code of Standards and Behaviour
- Disciplinary Procedure
- Guidelines on Provision of Healthy Food and Drink at HSE Events
- Corporate Safety Statement
- Framework for Improved Health and Wellbeing 2013 – 2025
- Safe Driving for Work Policy
- Policy on the Prevention and Management of Work Related Aggression and Violence
- Policy on the Management of Health and Safety in Contract Work
- Policy on Statutory Occupational Safety and Health Training
- HSE People Strategy 2019-2024

5.0 Glossary of Definitions

5.1 Direct Employee (as pertains to this policy)

An employee who has a contract of employment with the HSE.

5.2 Emergent Event

An emergent event is a situation where, in the case of an employee presenting at work:

a) there are tangible concerns in relation to the employee's fitness to perform his or her duties safely[6],

and

b) there are reasonable grounds for belief that this may be due to intoxicant misuse. Such grounds may include the presence of the following[7] in the employee's appearance/behaviour:

- Staggering, or an unsteady gait
- Bloodshot eyes
- "Explosive" arguments and disagreements over small matters
- Erratic behaviour, forgetfulness, indecision
- Hyper-activity, constant toe or heel-tapping and/or "drumming" of fingers
- Easy excitability
- Smell of alcohol on the breath
- Mood and behaviour changes
- Excessive use of mouthwash or breath mints
- Avoidance of supervisory contact
- Tremors, and/or
- Sleeping on duty.

Note: This list is not exhaustive. The presence of any one of the above does not conclusively or objectively prove intoxicant misuse and there may be reasons for these observations other than intoxicant misuse (e.g. allergies, Stroke, Diabetes/Ketoacidosis and other disorders such as Parkinson's disease[8]). This is simply a list of factors, which should be taken into account by the manager when determining whether there are reasonable grounds for belief that the concerns identified in a) may be due to intoxicant misuse

5.3 Employee Assistance Programmes

Employee Assistance Programmes (EAP) provide a confidential support, counselling, and referral service to all HSE employees who are experiencing personal or work related difficulties, including those related to intoxicant misuse.

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[6] i.e. in a manner which is consistent with the requirements of health and safety law and HSE policy

[7] See Appendix 3 for further information and examples

[8] https://www.wikihow.com/Recognize-the-Signs-of-Intoxication

5.4 Endanger

Endanger, where used in this policy, shall be taken as referring to the health, safety and wellbeing of staff, service-users and others.

5.5 Fitness to Work

Fitness to work means that an individual can complete a task safely and without unacceptable risk to themselves, their employing company or a third party. *Adapted: (OGP/IPIECA 2011 Fitness to Work Guidance for company and contractor health, HSE and HR Professionals)*

5.6 Frequent Illness Absence

Frequent illness absence is defined as three individual episodes (of any length and at any time) over a rolling three month period. (Source *Managing Attendance Policy And Procedures)*

5.7 Incident

An event or circumstance which could have, or did lead to unintended and/or unnecessary harm. Incidents include adverse events which result in harm; near-misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention; and staff or service user complaints which are associated with harm. Incidents can be clinical or non-clinical and include incidents associated with harm to:

- patients, service users, staff and visitors
- the attainment of HSE objectives
- ICT systems
- data security e.g. data protection breaches
- the environment.

(HSE Safety Incident Management Policy 2014 QPSD-D-060-1.1 or any updated version of this document or definition.)

5.8 Intoxicant

Section 2 of the Safety, Health and Welfare at Work Act (2005) defines intoxicant as including: *"alcohol and drugs or any combination of drugs or of drugs and alcohol."* It includes prescribed and non-prescribed drugs.

5.9 Intoxicant Misuse (as it pertains to this policy)

Any use of an intoxicant which causes a risk:

- To those covered under the scope of this document
- To the work activities of the HSE
- To service users and/or
- To the public at a HSE place of work (as defined at 5. 12).

5.10 Long-term illness absence

Four continuous weeks and over. *(Source Managing Attendance Policy and Procedures)*

5.11 Non-Direct Worker (as pertains to this policy)

A worker who does not have a contract of employment with the HSE and/or is on the premises as a contractor, agency worker, work experience person, volunteer or through another undertaking.

5.12 Place of Work

""Place of work" includes any, or any part of any, place (whether or not within or forming part of a building or structure), land or other location at, in, upon or near which, work is carried on whether occasionally or otherwise and in particular includes—...
...(b) a tent, trailer, temporary structure or movable structure, and
(c) a vehicle, vessel or aircraft;"

(Safety, Health and Welfare at Work Act 2005).

5.13 Rapid Referral

A rapid referral by the line manager comprises a comprehensive phone conversation with the external specialist testing service with details of the emergent event and a copy of the Risk Assessment Form referred to at 7.3 and Appendix 11. The referral should be captured on the Risk Assessment Form, as a "control measure".

5.14 Risk

Risk is the effect of uncertainty on objectives. It is measured in terms of consequences and likelihood. In the context of the HSE and its services, it is any condition or circumstance which may impact on the achievement of objectives and/or have a significant impact on the day-to-day operations. This includes failing to maximise any opportunity that would help the HSE or service meet its objectives *(HSE Integrated Risk Management Policy – Incorporating an overview of the Risk Management Process)*

5.15 With Cause Testing[9]

With Cause Testing is testing which is carried out *only* where: an employee does not appear fit[10] to carry out his or her duties in a manner which is consistent with the requirements of health and safety legislation and HSE policy, **and** there are reasonable grounds for belief that this may be due to intoxicant misuse.

The HSE adopts a policy of With Cause intoxicant testing based on the above. This shall not be construed as a policy of random or blanket testing.

Testing is an objective means of discounting intoxicant misuse as a factor in the observed behaviour. The purposes of the test include:

- Objectively confirming impairment so as to afford timely protection to the affected employee and others who may be affected by the identified risk.

[9] Also described as For Cause testing in international literature
[10] See 5.5

- Ensuring that the employee is subsequently referred to *appropriate* specialists (e.g. employee's medical practitioner, Occupational Health and Employee Assistance professionals, etc.) so that the matter can be discussed and appropriate advice and support given in a confidential setting[11]. Referral to OH supports the employee in identifying other potential causes of the observed behaviours, if applicable.
- The longer-term rehabilitation of the employee where necessary and appropriate.

Intoxicant testing services are to be undertaken by an external specialist testing service in accordance with the European Guidelines for "Legally Defensible Workplace Drug Testing"[12].

At the time of writing, tests for the following[13] are considered by the HSE to be appropriate, reasonable and proportionate as part of a "With Cause" testing regime:

Intoxicant	Method	Basis
Alcohol	• Breathalyzer/Alcometer - Evidential Breath Test	• Breath test according to Road Traffic Act 2006
Amphetamines group	• Urine Sample	• EWDTS, current Edition. European Guidelines for Workplace Drug Testing in Urine.
Barbiturates		
Benzodiazepines group		
Buprenorphine		
Cannabis metabolites		
Cocaine metabolites		
EDDP (or Methadone)		
LSD or metabolites		
Opiates (Total)		
Phencylidine		
Propoxyphene or metabolites		
Other drugs		

[11] It should be confirmed with the employee that disciplinary action for underperformance, misconduct, or unsatisfactory behaviour may be deferred provided that she or he cooperates with relevant procedures, engages with treatment and his/her work performance improves

[12] European Workplace Drug Testing Society (EWDTS), 2015. European Guidelines for Workplace Drug Testing in Urine, Version 2.0. EWDTS.

[13] Non-exhaustive list. For all intoxicants other than alcohol (as indicated in Table), the relevant cut-off levels are as per 1) the *Recommended Substances and Maximum Cut-Off Concentrations for **Screening Tests** in Urine* **and** 2) the *Recommended Substances and Maximum Cut-Off Concentrations for **Confirmation Tests** in Urine* given in the current edition of the EWDTS European Guidelines for Workplace Drug Testing in Urine.

As set out in the above table alcohol is to be tested by evidential breath test (alchometer).

Testing for all other intoxicants shall be via Urine sample. Under the EWDTS guidelines urine testing takes a two-stage approach. By way of a brief outline of the process[14], after a sample is obtained under controlled circumstances an "initial screening test" is undertaken to establish the presence of an intoxicant. If the screening results are negative (below the applicable cut-off level) no further analysis is carried out. If the initial screening test indicates the possible presence of a drug (i.e. the level of a particular intoxicant is above the applicable cut-off level) a further "confirmation test" is undertaken on *another* portion of the specimen to prove or disprove the presence of the drug or drug metabolite indicated by the screening test. In summary:

- The Initial screening test:
  - Eliminates negative specimens from further consideration and identifies presumptive positive specimens that require confirmation testing

- Where applicable, the Confirmation test:
  - Identifies and quantifies the presence of a specific intoxicant or metabolite. The confirmation test is independent of the initial screening test and uses a different aliquot (part of the sample), technique and chemical principle from the initial screening test in order to ensure reliability and accuracy

- A Negative result:
  - Indicates that either no intoxicant or metabolite is present in the specimen, or that any intoxicant or metabolite present is below the relevant cut-off

- A Positive result provides:
  - Conclusive evidence that an intoxicant or metabolite is present in the specimen tested at a level greater than or equal to the confirmation cut-off concentration

- A Cut-off is the:
  - Concentration level set by the EWDTS to determine whether the sample is positive or negative for the presence of an intoxicant

The above testing approach has been adopted on the basis of the following desirable qualities:

- Best-practice based
- Incorporates safeguards to protect the dignity of specimen donors and the validity of the specimen
- Adheres to quality assurance and control criteria
- Non-invasive
- Rapid

[14] Summarised from EWDTS, 2015 guidelines

- Identifies recent consumption
- Measures the levels of the intoxicant in the body, and gives accurate and reliable information about donor drug use
- Constitutes a Europe-wide application/ standard

With Cause Testing for other intoxicants may be introduced as and when valid measurement techniques emerge and as may be provided for in legislation.

6.0 Roles and Responsibilities

6.1 The Chief Executive Officer has overall responsibility to ensure, so far as is reasonably `practicable, the safety, health and welfare at work of all employees and others affected by HSE activities.

6.2 National Directors, Assistant National Directors, Hospital Group CEOs and Chief Officers are responsible for:

i. Ensuring that appropriate systems, processes and resources are in place for the day-to-day operational management of this policy.

ii. All HSE Directors who authorise or direct any work activities must understand their legal responsibilities and their role in governing safety and health, upholding core safety and health values and setting good safety and health standards for their respective areas of responsibility.

6.3 Local Senior Managers e.g. Hospital GM/CEO, Area Manager/Head of Service, Operations/Business Manager or Support Services GM/Directors of Nursing are responsible for:

i. Managing the risk of misuse of intoxicants in the same way that they manage all other risks to the safety, health and welfare of employees in the workplace.

ii. Endorsing and supporting this policy.

iii. Leading by example.

iv. Ensuring that this policy is brought to the attention of all employees.

v. Ensuring that appropriate resources are available to support the implementation of this policy in their area of responsibility.

vi. Providing support to line managers to enable them to act decisively and with confidence in minimising risks to persons and property, whilst supporting employees.

vii. Reporting distribution of illicit drugs in the workplace to An Garda Síochána.

6.4 Line Managers e.g. Clinical Directors, Ward Managers, Department Managers, Service Managers, (Responsible Persons) are responsible for:

i. Implementing this policy effectively in their area of responsibility and attending any related training.

ii. Ensuring that employees have read this policy and signed the acknowledgement sheet to demonstrate his/her understanding of this policy.

iii. Talking to an employee promptly[15] if s\he is having problems with attendance, performance or conduct with reference to the Managing Attendance Policy and Public Service Sick Leave Regulations and Performance Management in the HSE Guidance document and including encouraging employees to contact the Employee Assistance Programme/Occupational Health Department and/or his/her doctor.

iv. Recognising the early signs of intoxicant misuse affecting work performance, in order to enable employees to be offered support and advice before the consequences become more serious and their employment and/or welfare of clients is jeopardised. (See Appendix 3).

v. Respecting the right of every individual to be treated with dignity and respect, regardless of their immediate symptoms or any observations by their colleagues. Managers should note that any malicious or vexatious complaints will be treated very seriously and may lead to disciplinary action.

vi. Referring employees to the Employee Assistance Programme/Occupational Health Department and/or encouraging the employee to contact his/her doctor, where s/he acknowledges that intoxicant misuse is a contributory factor affecting their work performance.

vii. Endeavouring to secure commitment that the intoxicant misuse and any underperformance or attendance issues will be addressed by the employee and setting a review date to establish progress**.** Keeping factual and accurate written records of any incidents and interactions with the employee and storing these records in a sealed envelope on the confidential personnel file. See Appendix 6 and 9.

viii. Taking immediate action, where an employee presents at work and there is a risk that s/he may be under the *"influence of an intoxicant to the extent that he or she is in such a state as to endanger his or her own safety, health or welfare at work or*

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[15] See Appendix 6 excerpts from Managing Attendance Policy & Procedures. Advice can also be obtained from the HR and/or Occupational Health Department in relation to consultation.

that of any other person."[16] A detailed procedure is outlined in Section 7. See also Section 8, for advice following Emergent Event.

ix. Reporting incidents in accordance with the HSE Safety Incident Management Policy.

x. Reporting to the Senior Manager any incident relating to the distribution of illicit drugs.

xi. Advising the employee that their confidentiality will be respected within the support framework of referral (e.g. EAP/Occupational Health/external specialist testing service) and their absence from the workplace for treatment/rehabilitation can be treated as sickness absence.

xii. Advising the employee that disciplinary action for underperformance, misconduct, or unsatisfactory behaviour may be deferred provided that s/he co-operates with relevant procedures, engages with treatment and his/her work performance improves.

xiii. Initiating the Disciplinary Procedure if appropriate.

6.5 Employees

Employees shall:

i. Present themselves fit for work[17]. With specific regard to intoxicants, the employee shall: *"ensure that he or she is not under the influence of an intoxicant to the extent that he or she is in such a state as to endanger his or her own safety, health or welfare at work or that of any other person*".[18] The same conditions apply to employees during periods of on-call.

ii. Not consume intoxicants at the employee's place of work[19].

iii. Inform the line manager, Occupational Health Professional or the HR Department if they have any illness or are on any medication or treatment that may lead to the performance of work in a manner which may endanger the safety, health or welfare at work of the staff member or that of any other person.

iv. Exercise appropriate sensitivity to colleagues who may have intoxicant misuse issues.

v. In line with the Safety, Health and Welfare at Work Act 2005 and the HSE Corporate Safety Statement, report to their line manager or to another appropriate person, as soon as is practicable:

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[16] Safety, Health and Welfare at Work Act 2005, Section 13(1)(b)

[17] Defined at 5.5

[18] Safety, Health and Welfare at Work Act 2005, Section 13(1)(b)

[19] Defined at 5.12

- any work being carried out, or likely to be carried out, in a manner that may endanger the safety, health or welfare at work of the employee or that of any other person.

- any defect in the place of work, systems of work, any article or substance that might endanger the safety, health or welfare at work of the employee or that of any other person.

- any contravention of the relevant statutory provisions that may endanger the safety, health and welfare at work of the employee or that of any other person, of which s/he is aware.

vi. Follow procedure as outlined in this policy.

6.6 Occupational Health Department, Workplace Health and Wellbeing Unit and HR Supports

Occupational Health Departments provide an independent, confidential advisory service to both the employer and employee on all matters relating to the affect of health on work and work on health. (See 9.1).

i. In the case of employees referred to them under this policy, Occupational Health Professionals are responsible for:

- Providing appropriate advice to line managers regarding employees.

- Assessing the employee's fitness to work.

- Establishing that a "With Cause" test has been requested, where appropriate, by the relevant Line Manager and carried out by the appointed external specialist testing service.

- Where the Occupational Health Department is of the opinion that an employee is unfit to perform work activities they should also inform the employee accordingly, giving the reasons for that opinion.

- Providing appropriate advice to the employee.

ii. The Workplace Health and Wellbeing Unit (WHWU) will ensure that a national contract is in place for external specialist testing services and that this contract provides for testing in accordance with the EWDTS (2015) European Guidelines for Workplace Drug Testing in Urine (2015).

iii. The WHWU will also agree an assessment and testing operating procedure which accords with the aforesaid EWDTS Guidelines with the specialist external testing service.

iv. The WHWU will ensure that both the specialist testing contract and the agreed assessment and testing operating procedure are subject to periodic audit and review.

v. For information on other HR supports available visit:

https://www.hse.ie/eng/about/who/hr/departments.html

7. PART A – DIRECT EMPLOYEES: Procedure to be followed by Line Managers e.g. Clinical Directors, Ward Managers, Department Managers, Service Managers.

7.1 General Issues of Attendance or Underperformance

If there are issues of attendance and/or underperformance these should be addressed in the first instance through the Managing Attendance Policy and other policies as appropriate[20]. In line with those policies, the manager should show concern for the individual's health, offer support and try to identify and explore any underlying work-related problems at an early stage so that remedial action may be taken.[21]

An employee can be referred to the Occupational Health Department under the Managing Attendance Policy and Procedures, where there is frequent illness absence[22], notwithstanding any identification of intoxicants as a factor.

It should be clearly explained to the employee that referral to the Occupational Health Department is an employee supportive measure as well as a safety management process and that refusal to attend Occupational Health Department may result in the matter being treated as a work attendance/performance issue under the HSE Disciplinary Procedure.

7.2 Attendance or Underperformance related to Misuse of Intoxicants – Non-Emergent

Should the misuse of intoxicants be identified by the employee as a factor in the above, but there is no emergent event as described in 7.3. (i.e. the employee is not intoxicated and does not present an immediate significant risk), referral to the Occupational Health Department and/or Employee Assistance Programme should be made. In such cases normal referral procedures should be followed. However, the manager should not request a 'With Cause Test' (defined at 5.15) to be carried out at this time. Similarly, where intoxicant misuse may be a concern to an employee, but s/he is not intoxicated at the time (i.e. there is no emergent event) s/he may self-refer. Again, in these circumstances, a With Cause Test should not be requested to be carried out at this time.

Where there are issues relating to the misuse of intoxicants, a referral should be made to Occupational Health Department and/or Employee Assistance Programme so that the matter can be discussed and appropriate advice and support[23] given in a confidential setting. Refer the employee using the appropriate referral method[24].

Managers may also avail of support and advice from the Occupational Health

[20] See Section 4
[21] See Appendix 9
[22] See Section 5.6 for definition
[23] See Appendix 9
[24] See Appendix 8

Department and the Employee Assistance Programme, Human Resources Department and National Health and Safety Function.

7.3 Misuse of Intoxicants - Emergent Event

In line with the aforementioned responsibilities (para. 6.4.8), the line manager must take immediate action, following the step-by-step process below, in the case of an employee presenting at work:

a) where there are tangible concerns in relation to the employee's fitness to perform his or her duties safely,

and

b) there are reasonable grounds for belief that this may be due to intoxicant misuse. Such grounds may include the presence of the following[25] in the employee's appearance/behaviour:

- Staggering, or an unsteady gait
- Bloodshot eyes
- "Explosive" arguments and disagreements over small matters
- Erratic behaviour, forgetfulness, indecision
- Hyper-activity, constant toe or heel-tapping and/or "drumming" of fingers
- Easy excitability
- Smell of alcohol on the breath
- Mood and behaviour changes
- Excessive use of mouthwash or breath mints
- Avoidance of supervisory contact
- Tremors, **and/or**
- Sleeping on duty.

Note: This list is not exhaustive. The presence of any one of the above does not conclusively or objectively prove intoxicant misuse and there may be reasons for these observations other than intoxicant misuse (e.g. allergies, Stroke, Diabetes/Ketoacidosis and other disorders such as Parkinson's disease[26]). This is simply a list of factors, which should be taken into account by the manager when determining whether there are reasonable grounds for belief that the concerns identified in a) may be due to intoxicant misuse.

[25] See Appendix 3 for further information and examples

[26] https://www.wikihow.com/Recognize-the-Signs-of-Intoxication

i. Safety Risk Assessment

a. Talk with the employee in a comfortable space which provides sufficient dignity for the staff member[27]. Fully explain the concerns around the behaviours and indicators that have been observed. Note any information provided by the employee at this time and include relevant items on the risk assessment form. It may be useful to review absence/sickness records for the employee.[28]

b. Conduct a risk assessment.[29] Ask:

- Is it possible that the observed behaviour of the employee and/or the apparent state of his/her health could result in an incident[30]?
- If yes, what and how significant could the impact of such an incident be?

This assessment should be carried out in consultation with the employee, taking such steps as are necessary to safeguard the employee's dignity at work. This assessment shall be in written form, following the standard risk assessment process[31].

ii. Identification of Significant Risk - Next Steps

If, following the risk assessment the manager is satisfied that there is a significant risk, i.e. that there are reasonable grounds for belief that the employee may be:

"...under the influence of an intoxicant to the extent that he or she is in such a state as to endanger his or her own safety, health or welfare at work or that of any other person..."[32]

- Fully explain to the employee any concerns and the outcome of the risk assessment and set-out the next steps to be taken.
- Instruct the employee not to return to the workplace, pending the administration of a valid With Cause Test for intoxicant consumption[33]. Subject to consent - a With Cause test must be undertaken in all cases where intoxicant misuse is suspected.

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[27] This should not be an isolated/secluded room or a closed-door environment. As this may be considered a form of lone-working the manager must conduct a dynamic risk assessment to ensure the necessary safety precautions are put in place. It is recommended that managers identify a potential location for such a conversation before any incident occurs. Training is an important safety measure and must cover how to hold such a conversation with sensitivity and compassion and how to recognise when to withdraw from a conversation should a situation start to escalate/ the employee's condition deteriorate

[28] All aspects of this conversation to be conducted "so far as is reasonably practicable" with respect the employee's condition

[29] See Appendix 11

[30] See definitions at Section 5.8

[31] The standard risk assessment process is outlined in the HSE Integrated Risk Management Policy and Associated Guidance Documents (2017). For further information see: **https://www.hse.ie/eng/about/QAVD/riskmanagement/risk-management-documentation/**. See also sample Risk Assessment Forms at Appendix 11

[32] Safety, Health and Welfare at Work Act, Chapter 2, 13(1)(b).

[33] Where an appropriate, reasonable and proportionate test is available. See Definitions at Section 5.15.

- The Line Manager will contact the external specialist testing company to make immediate arrangements for the test. (See 5.15)
- It may be necessary to accompany the person to the location of With Cause Test – the Line Manager should decide on the most appropriate person to accompany the employee[34].
- A referral should also be made to Occupational Health at the time of the event. In this regard a fully completed Employee Referral Form, the Risk Assessment form outlined at 7.3.1.2 and any objective test report should be forwarded to the Occupational Health Department without delay.
- The Test referral and Occupational Health Department referral should be captured on the Risk Assessment Form, as existing control measures.
- Risk Assessment Forms for this purpose will be held on the personnel file of the individual as well as being forwarded to the Occupational Health Department (as above). In these circumstances Risk Assessment Forms should not be forwarded to the risk manager and personal details should not be placed on a risk register.

iii. Referral for With Cause Test in case of Emergent Event - Travel

Though the national contract for external specialist testing services will provide for local testing at any HSE site it may be necessary in very limited circumstances for an employee to travel for the With Cause/Objective Test e.g. if no suitable facilities are available at the location of work. As mentioned in at 7.3.2 it may be necessary to accompany the person to the location of the test – the line manager should decide the most appropriate person to accompany the employee. A detailed record of events should be documented at the time of occurrence, giving a brief description of the facts and the immediate management including issues around arranging transport.

7.4 Specialist External Testing Service – Assessment and Testing

Assessment and testing will be carried out in accordance with an agreed operating procedure (see 6.6.3-6.6.5) and EWDTS (2015) European Guidelines for Workplace Drug Testing in Urine.

i. Obtaining Consent

Before administering a test, consent shall be obtained from the employee by the service provider and medical confidentiality shall be maintained (see Section 10 of this Policy):

- A suitable test for an intoxicant may be administered with the employee's consent.
- In the absence of consent, testing will not be performed.
- The failure to give consent shall have the same result as a positive test, i.e. for safety reasons the employee will be asked to leave the workplace by the line

[34] Again, this may be considered a form of lone-working and the manager must conduct a dynamic risk assessment to ensure the necessary safety precautions are put in place.

manager, (see sections7.5.3 and 7.5.4). However as a consequence of non-compliance with procedures/testing, any pending disciplinary action may not be deferred (See 6.4.12).

7.5 Steps Following With Cause Testing

i. Result of External Testing

The external specialist testing service will contact the line manager without delay to provide the result of the testing (including details of any refusal to consent to testing) – i.e. whether the Employee was below or above the applicable reference level.

ii. Negative Test Result OR Result within the Appropriate Limit

In the event of a negative test result or a result which is below the relevant cut-off the line manager may be advised by the external specialist testing service that:

- The employee has not tested positive to any intoxicant within the battery of With Cause tests (negative/passed test).

IMPORTANT: Even if a Negative Result is obtained, it will still be appropriate based on the risk assessment to request the employee to leave the workplace (as per 7.4.2.1) and seek medical attention (i.e. to identify other potential health causes of the observed behaviour) through the individual's medical practitioner, with immediate follow-up by the Occupational Health Department at the earliest opportunity[35].

iii. Positive (Failed) Test Result

The line manager must request the employee to finish work and leave the workplace if:

- The employee confirms that they are under the influence of an intoxicant;

AND/OR

- It is confirmed, through a positive With Cause test result[36], that the employee is unfit to perform his or her duties in a manner which is consistent with the requirements of health and safety law and HSE policy.
- NOTE: The failure to give consent shall have the same result as a positive test result (as outlined in Section 7.4.1)

[35] Note: the employee will not be permitted to return to the workplace until they have seen their own medical practitioner and, as applicable, Occupational Health

[36] Note: Subject to consent - a with cause test must be undertaken in all cases where intoxicant misuse is suspected

A detailed record of events should be documented at the time of occurrence and held on the employee's confidential personnel file.

iv. Requesting the Employee to Leave the Workplace – Line Manager

If possible the conversation should take place in person, however it may be necessary for the line manager to either have the conversation by phone, or for his/her deputy to handle the matter. In any case the conversation with the employee should take place in a private place and should be handled sensitively and in a supportive manner. The employee should be advised of the results of the objective testing and the necessity for him/her to leave the workplace. S/he should be advised:

- that the matter will be subject to written record.
- that their confidentiality will be respected within the support framework of referral and their absence from the workplace for that day will be recorded as sickness absence.
- that a follow–up meeting will take place on his/her return to work.
- that disciplinary action for underperformance, misconduct, or unsatisfactory behaviour may be deferred provided that s/he co-operates with relevant procedures. (Barring note above under 7.4.1)

No detailed discussion on work matters should take place during this conversation.

- Exiting the place of work

  In the event of an employee being requested to leave the premises the line manager should ensure, in so far as is reasonably practicable, the safety of the person concerned in exiting the building. It may be appropriate in certain circumstances to arrange transport to assist the person concerned in arriving at their destination safely.

v. Documentation

A detailed record of events should be documented at the time of occurrence, giving a brief description of the facts and the immediate management including issues around arranging transport. The line manager should keep factual and accurate written records of any incidents and interactions with the employee and store these records in a sealed envelope on the employee's confidential personnel file in accordance with GDPR.

7.6 Follow up Procedure

- Follow-up – Line Manager Referral to Occupational Health

  Observed behavioural factors substantiated by risk assessment in the absence of a positive test result, or where consent to test is denied, point towards underlying health or wellbeing concerns. Immediate (at the earliest opportunity)

referral of the employee to Occupational Health by the Line Manager allows these potential concerns to be investigated in a supportive and confidential environment and will give rise to recommendations which support both the employee and the manager. The Occupational Health Department may subsequently advise that:

- The employee appears fit for the work, or
- That the employee appears fit for work subject to certain conditions being fulfilled by the employee or the manager as appropriate, or
- That, due to a condition which does not appear to be related to intoxicant misuse, the employee is not fit for work. In this case, the line manager should follow Occupational Health Department advice on the next steps, as well as adhering to the Managing Attendance Policy and Procedures.

In the case of a referral to the Occupational Health Department, any recommendations (if applicable) should be forwarded to the Line Manager (and Employee as appropriate) in accordance with the Managing Attendance Policy and Procedures.

- Follow-up - Line Manager one-to-one meeting with employee

  Whether absence has occurred or not the line manager should meet with the employee in order to offer support, set clear targets and establish appropriate measures to be undertaken in order to assist the employee.

  - Where the Occupational Health Department has assessed an employee, discuss with the employee how to implement any recommendations and/or reasonable accommodation measures from the Occupational Health Department/Employee Assistance Programme and any other relevant decision makers.
  - Set clear targets agreed in line with the Managing Attendance Policy and the Rehabilitation of Employees Back to Work Policy. Return to work (where relevant) needs to be carefully managed to ensure that the re-establishment of working practices and the recovery process (where relevant) are properly balanced.
  - Improvements required and the time frame in which these improvements must occur should be detailed.
  - A review period should be identified (not more than 2 months) and a meeting set to assess progress on the improvements.
  - All meetings should be documented. The agreed improvements etc should be recorded in writing and a copy provided to the employee.
  - Excerpts from Managing Attendance Policy and Performance Management Guidance document are included at Appendix 6 and 7 respectively.

- Compliance with Procedures

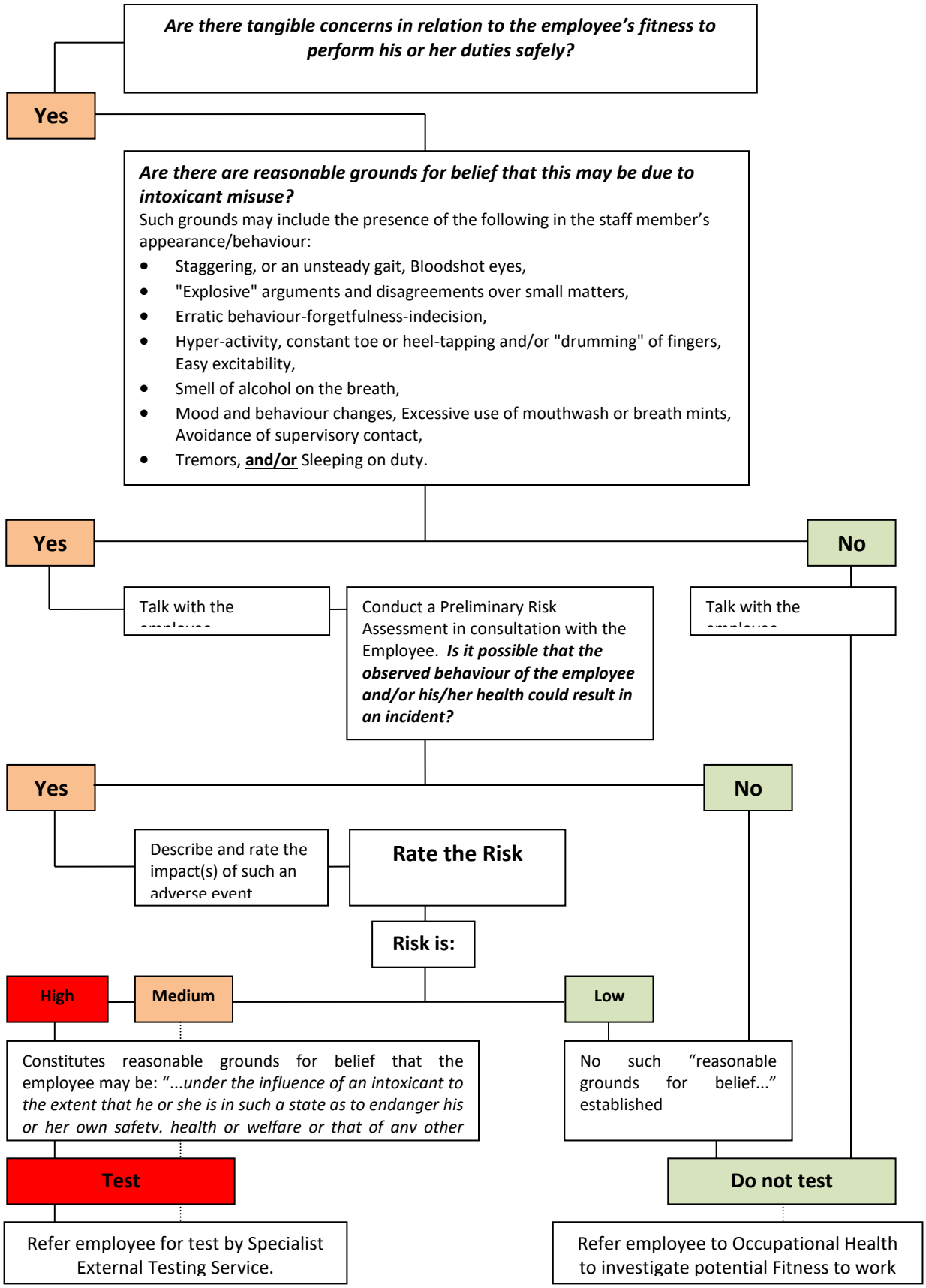
- The HSE will provide Occupational Health services to assist the employee in working towards a successful rehabilitation. If appropriate, disciplinary procedures may be deferred for the duration of a treatment programme provided that the employee cooperates with relevant procedures, engages with treatment and his/her work performance improves.
- In the case of the misuse of intoxicants, should the employee refuse or discontinue any programme of assistance, any ongoing issues with regard to work performance/attendance may be dealt with through the HSE's Disciplinary Procedure.
- Where an emergent event (see definition 5.2) occurs involving the employee, the review date for improvements identified at 7.6.2 may be brought forward by the line manager.
- Where an employee engages in (is engaged in) a programme(s) of rehabilitation/support but fails to improve and/or agreed targets are not met (as identified at follow up meeting(s)) on more than two occasions, there will be a review in a timely manner, by the line manager. These case-by-case reviews should include input from the Occupational Health Department and any other relevant decision makers, to determine the appropriate course of action.

- Advice for Employees

  - The employee's Medical Practitioner, Occupational Health and EAP will provide advice on the supports available[37][38]
  - Employees undergoing treatment, rehabilitation and counselling for intoxicant misuse, and who are absent from work will be treated in accordance with the Managing Attendance Policy and Procedure and the Public Service Sick Leave Regulations, where relevant.
  - Medical certificates and notes of attendance for treatment and/or counselling will be required and provided to the Line Manager.
  - The continued payment of sick pay is conditional on employees complying with the Managing Attendance Policy and Procedure, Sick Leave Regulations and co-operating with any reasonable measures that facilitate their rehabilitation.
  - Where any element of a treatment programme incurs a cost, this will be the responsibility of the employee.

[37] Information on national and local support services can be accessed at: www.drugs.ie
[38] See Also Appendix 9

7.7 Emergent Event - Testing Flow Chart



7. PART B – NON-DIRECT WORKERS[39]: Procedure to be followed by Line Managers e.g. Clinical Directors, Ward Managers, Department Managers, Service Managers.

8.1 General Issues of Attendance or Underperformance

If there are issues of attendance and/or underperformance these should be addressed in a timely manner and referred to the relevant external supervisor/person responsible for the placement of the non-direct worker.

8.2 Attendance or Underperformance related to Misuse of Intoxicants – Non Emergent

Should the misuse of intoxicants be identified by the non-direct worker as a factor in their attendance or underperformance, but there is no emergent event as described in 5.2 and 8.4 (i.e. the person is not intoxicated and does not present an immediate significant risk) this should be reported to his/her relevant external supervisor/person responsible for the placement, immediately. Actions by the relevant external supervisor/persons responsible for placement should be carried out in accordance with their organisation's policy and procedures. HSE Line Managers should note that the HSE reserves the right to terminate placement or source alternative agency/contract staff where there is a risk to the health and safety of patients, staff and service users.

HSE Line Managers may also avail of support and advice from the Occupational Health Department, Employee Assistance Programme, Human Resources Department and National Health and Safety Function.

8.3 Misuse of Intoxicants - Emergent Event

In line with the aforementioned responsibilities, the following step-by-step process applies where, in the case of a non-direct worker presenting at work:

a) there are tangible concerns in relation to the employee's fitness to perform his or her duties safely,

and

b) there are reasonable grounds for belief that this may be due to intoxicant misuse. Such grounds may include the presence of the following[40] in the worker's appearance/behaviour:

- Staggering, or an unsteady gait
- Bloodshot eyes

[39] See definition at 5.10

[40] See Appendix 3 for further information and examples

- "Explosive" arguments and disagreements over small matters
- Erratic behaviour, forgetfulness, indecision
- Hyper-activity, constant toe or heel-tapping and/or "drumming" of fingers
- Easy excitability
- Smell of alcohol on the breath
- Mood and behaviour changes
- Excessive use of mouthwash or breath mints
- Avoidance of supervisory contact
- Tremors, **and/or**
- Sleeping on duty.

This list is not exhaustive.

i. Safety Risk Assessment

- Talk with the person in a private space. Fully explain the concerns around the behaviours and indicators that have been observed. Note any information provided by the non-direct worker at this time[41].

- Conduct a risk assessment. Ask:
  - Is it possible that the observed behaviour of the person and/or the apparent state of his/her health could result in an incident[42]?
  - If yes, what and how significant could the impact of such an adverse event be?

This assessment should be carried out in consultation with the non-direct worker, taking such steps as are necessary to safeguard the person's dignity at work. This assessment shall be in written form, following the standard risk assessment process[43].

ii. Identification of Significant Risk

- If, following the risk assessment the manager is satisfied that there is a significant risk, i.e. that there are reasonable grounds for belief that the person may be:

  "...under the influence of an intoxicant to the extent that he or she is in such a state as to endanger his or her own safety, health or welfare at work or that of any other person..."[44]

The non-direct worker must be asked to leave the workplace. The HSE reserves the right to terminate placement or source alternative agency/ contract staff where there is a risk to the health and safety of patients, staff and service users.

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[41] See notes on 7.3.1.1
[42] See definitions at Section 5.0
[43] The standard risk assessment process is outlined in the HSE Integrated Risk Management Policy and Associated Guidance Documents (2017). For further information see: **https://www.hse.ie/eng/about/QAVD/riskmanagement/risk-management-documentation/**. See also sample Risk Assessment Forms at Appendix 11
[44] Safety, Health and Welfare at Work Act, Chapter 2, 13(1)(b).

iii. Requesting the Non-Direct Worker to Leave the Workplace – Line Manager

The discussion with the non-direct worker should take place in a private place and should be handled sensitively. The non-direct worker should be advised of the results of the risk assessment and the necessity for him/her to leave the workplace based on the risk presented. A copy of the risk assessment should be provided to the person.

S/he should be advised that:

- the matter will be recorded.
- a copy of the risk assessment will be sent to the person responsible for his/her placement.
- future placement with HSE will depend on provision of an assurance provided by the person responsible for the placement, that steps have been taken as a result of the risk identified and that the person is fit for work.

No detailed discussion on work matters should take place during this conversation.

iv. A completed Risk Assessment Form should be provided to the individual and to the relevant external employer, voluntary agency supervisor, or other person responsible for the placement of the individual. This form should also be held on file by the line manager.

v. Exiting the place of work

In the event of a non-direct worker being requested to leave the premises the HSE line manager should ensure, so far as is reasonably practicable, the safety of the person concerned in exiting the building. It may be appropriate in certain circumstances to arrange transport for assisting the person concerned in arriving at their destination safely.

8.4 Follow Up Procedure

i. The completed Risk Assessment Form should be forwarded to the relevant external supervisor/person responsible for the placement and s/he should be advised that a response on the matter is expected within 2 days. A non-direct worker will be rejected for placement by the HSE until verification of their fitness to work (equivalent to the assurance provided by an HSE Occupational Health Department) can be provided by external supervisor/person responsible for the placement.

ii. As a longer term response, the external supervisor/person responsible for the placement must provide an assurance (equivalent to the assurance provided by an HSE Occupational Health Department) that steps have been and are being taken as a result of the risk identified and that the person is fit for work prior to being placed again within the HSE, and remains so following placement.

iii. This provision of the policy should be flagged with agencies, employment agencies, voluntary agencies and any work experience placement supervisors in relevant Service Level Agreements/contracts.

8. Employee Support Services

9.1 **Occupational Health Departments** provide an independent, confidential advisory service to both the employer and employee on all matters relating to the effect of health on work, and work on health.

i. Employees are encouraged to refer themselves for advice and support where intoxicant use may be adversely affecting their work or health. All health and personal problems are treated in the strictest confidence subject to the safety of the individual and his or her colleagues and clients.

ii. Employees should attend Occupational Health appointments whilst off-duty, unless other arrangements are made with their line manager.

iii. Line Managers may refer employees where there are signs that their work performance is being affected by intoxicant misuse in accordance with Section 7.0.

iv. Occupational Health Department communication to Line Managers is confined to advice on fitness to work and/or any restrictions to work that may be required. Further information can be given with the written consent of the individual employee.

v. Monitoring of progress can include liaison with any other appropriate clinicians or advisors with the consent of the individual.

vi. Where appropriate, Occupational Health professionals will advise on fitness to work, measures to improve health, provide support and/or general counselling. Employees are encouraged also to self-refer to other specialist agencies as appropriate.

9.2 **The Employee Assistance Programme** (EAP) provides a confidential support, counseling, and referral service to all employees who are experiencing personal or work related difficulties. For contact details see HSE intranet.

i. Employees are encouraged to refer themselves for advice and support where intoxicant use may be adversely affecting their work or health. All health and personal problems are treated in the strictest confidence subject to the safety of the individual, colleagues and clients as detailed in current legislation.

ii. Line Managers may refer employees where there are signs that their work performance is being affected by an intoxicant misuse problem in accordance with Section 7.

iii. Employees should attend appointments whilst off duty, unless other arrangements are made with their Line Manager.

iv. In certain circumstances EAP may refer employees to other services with the employee's consent.

9. Confidentiality

10.1 The confidential nature of matters arising from the implementation of this policy will be fully respected so as to protect the dignity of the individual concerned to the greatest possible extent within the limits of what is practicable, safe and within the law (See also 9.1.4). In the event of a breach of confidentiality within these limits, this will be regarded with the utmost gravity and will be managed through appropriate and proportionate procedures up-to and including disciplinary.

10.2 Confidentiality in relation to reports made under 6.5.5 of this policy:

i. Where a report is made in good faith by an employee about another employee, confidentiality will be maintained in relation to the reporting individual in-so-far as is reasonably practicable. However, it is important to note that it may be necessary to disclose the identity of the employee who has made the report in order to ensure that any investigation is carried out in accordance with the rules of natural justice.

ii. Any report must be made in good faith and relate to a matter that the individual has reasonable grounds to be concerned about. It must not be intended to undermine the reputation of any colleague or be otherwise vexatious or malicious. Employees who engage in vexatious or malicious reports may be subject to Disciplinary Procedure.

11 Communication and Implementation Plan

11.1 The HSE's Corporate Safety Statement provides that relevant Local Senior Managers are responsible for the integration of safety, health and welfare into all activities undertaken within the HSE. Therefore these Local Senior Managers must take steps to ensure that this policy is communicated to all employees and agency staff.

11.2 This policy will be introduced at induction.

11.3 All new and prospective employees should be given a copy of the policy on recruitment/induction.

11.4 The policy should be promoted as part of other work-based health promotion programmes.

11.5 Specific training programmes will be developed to support the implementation of this policy.

11.6 Existing relevant training programmes shall be adapted to include information on this policy.

11.7 Training for managers should enable them to confidently develop the skills to identify and intervene with intoxicant misuse issues as they relate to an employee's performance, attendance and health and safety, should such problems arise in the workplace.

11.8 Safety Representatives will have a role in informing employees of this policy.

11.9 Health promotion literature, poster and pamphlets should be clearly displayed together with contact numbers for those offering support to employees with intoxicant misuse issues, including Employee Assistance Programmes and Occupational Health services.

12 Revision and Audit

12.1 The HSA (Health & Safety Authority) Audit Tool and Management System for the Health Service 2006, and the HSE Quality and Risk Management Standard 2008, may be utilised to assist in the evaluation and compliance with this policy.

12.2 This policy will be reviewed on a three–yearly basis, or when legislation or best practice dictates.

12.3 Revision History:

Date	**Review Number**	**Section Number**	**Change/s**

13 References and Bibliography

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Other

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Appendix 1 Overview of Alcohol Consumption in Ireland

Alcohol has major public health implications in Ireland due to our high levels of consumption and the fact that binge drinking is commonplace. The harmful use of alcohol is a causal factor in more than 200 disease and injury conditions, according to the World Health Organisation (WHO).

The WHO states that: "Drinking alcohol is associated with a risk of developing health problems such as mental and behavioural disorders, including alcohol dependence, major noncommunicable diseases such as liver cirrhosis, some cancers and cardiovascular diseases, as well as injuries resulting from violence and road clashes and collisions. A significant proportion of the disease burden attributable to alcohol consumption arises from unintentional and intentional injuries, including those due to road traffic crashes, violence, and suicides, and fatal alcohol-related injuries tend to occur in relatively younger age groups."

The harmful use of alcohol is especially fatal for younger age groups and alcohol is the world's leading risk factor for death among males aged 15 to 59, according to the WHO. In 2012, about 3.3 million deaths, or 5.9% of all global deaths, were attributable to alcohol consumption. Harmful alcohol use is the fifth leading cause of death and disability worldwide, up from 8th in 1990, and every 10 seconds somebody dies from a problem related to alcohol and many more develop an alcohol-related disease.

The health impact of alcohol consumption in Ireland:

- 88 deaths every month in Ireland are directly attributable to alcohol.
- One in four deaths of young men aged 15-39 in Ireland is due to alcohol.
- There are almost twice as many deaths due to alcohol in Ireland as due to all other drugs combined.
- Alcohol was implicated in 1 in 3 (137) of all poisoning deaths in 2013, more than any other single drug, and alcohol poisoning alone claimed one life each week.
- 900 people in Ireland are diagnosed with alcohol-related cancers and around 500 people die from these diseases every year.
- Alcohol is a factor in half of all suicides in Ireland. Alcohol is also involved in over a third of cases of deliberate self-harm, peaking around weekends and public holidays.
- Drink-driving is a factor in one third of all deaths on Irish roads.
- Alcohol is a factor in one third of all drownings in Ireland.
- More than one in four of those attending accident and emergency departments have alcohol-related injuries, almost half of which occurred to people aged under 30.
- Alcohol is a factor in one in four traumatic brain injuries.
- Alcohol is a factor in 80% of cases of patients admitted to neurosurgery units following an assault.
- Chronic alcohol-related conditions are becoming increasingly common among young age groups. Alcoholic liver disease (ALD) rates are increasing rapidly in Ireland and the greatest level of increase is among 15-to-34-year-olds, who historically had the lowest rates of liver disease.

- Analysis of data from Ireland's Hospital In-Patient Enquiry (HIPE) scheme showed that the rate of ALD discharges increased by 247% for 15 to 34-year-olds and by 224% for 35 to 49-year-olds between 1995 and 2007.
- Alcohol-related admissions to acute hospitals doubled between 1995 and 2008.
- Alcohol-related deaths also increased during the same period, from 3.8 deaths per 100,000 to 7.1 deaths per 100,000.
- St Vincent's Hospital in Dublin saw a 335pc increase in admissions with alcoholic liver disease between 1995 and 2010.
- Over 14,000 people were admitted to the liver unit in St Vincent's Hospital for the treatment of alcohol dependence in 2011.
- Every day, 1,500 beds in our hospitals are occupied by people with alcohol-related problems.
- Alcohol-related illness costs the healthcare system €800 million in 2013.

Source: alcoholireland.ie/facts/health-and-alcohol/

Appendix 2 Advice & Information on Alcohol Consumption

What is a standard drink?

In Ireland a standard drink has about 10 grams of pure alcohol in it. In the UK a standard drink, also called a unit of alcohol, has about 8 grams of pure alcohol.
Here are some examples of a standard drink.

- A pub measure of spirits (35.5ml)
- A small glass of wine (12.5% volume)
- A half pint of normal beer
- An alcopop (275ml bottle)

A bottle of wine at 12.5% alcohol contains about seven standard drinks.

24/04/2017 Source http://www.yourdrinking.ie/about-alcohol/what-is-a-standard-drink/

What are the low-risk drinking guidelines?

Low risk weekly guidelines for adults are:

- up to 11 standard drinks in a week for women, and
- up to 17 standard drinks in a week for men.

Drinks should be spaced out over the week, not consumed in one sitting. Drinking more than the safe levels may cause harm.
Remember, drinks measures are not always the same. What you get in a pub and what you pour for yourself could be very different.
These weekly limits do not apply to teenagers or to people who are pregnant, ill, run-down or on medication.

What is a binge?

Binge drinking is a term used to describe an occasion when we drink too much. It is when we have 6 or more standard drinks. Binge drinking is a form of harmful drinking that is likely to increase our risk of accidents, injuries, violence and poisoning.

Having more than 5 standard drinks at a time can seriously increase the harmful effects of drinking.

How long do the effects of drinking last?

In general you start to feel the effects of alcohol within 5 or 10 minutes of drinking. It then takes one hour for every standard drink you take to work through your system.

Source: www.HSE.ie

Appendix 3 Signs and Effects of Misuse of Intoxicants

Although an employer must not try to diagnose the problem, there are many signs that may indicate misuse of intoxicants, and should trigger a referral.

Signs and Effects of Misuse of Alcohol and Drugs

Any one of these signs does not mean that an employee is dependent on alcohol/drugs. However, when there are performance and conduct problems coupled with any number of these signs, it is time to make a referral for an assessment so that the employee can get help if it is needed.

Alcohol/substance use alters how an individual may think, perceive, judge and feel. The effects can last for an hour, days or long-term. Possible indicators of misuse are displayed below:

Mental	Physical	Behavioural
Mood changes Irritability Aggression Confusion Lack of concentration	Poor health Medical conditions Accidents	Financial difficulties Poor attendance Poor work performance Driving under the influence of intoxicants Relationship difficulties

Leave and Attendance

- Unexplained or unauthorized absences from work
- Frequent lateness
- Excessive use of sick leave
- Patterns of absence such as the day after payday or frequent Monday or Friday absences
- Frequent unplanned absences due to "emergencies" (e.g., household repairs, car trouble, family emergencies, legal problems)

The employee may also be absent from his or her work area without explanation or permission for significant periods of time.

Performance Problems

- Missed deadlines
- Poor concentration and performance of tasks
- Production quotas not met
- Many excuses for incomplete assignments or missed deadlines
- Faulty analysis

In jobs requiring long-term projects or detailed analysis, an employee may be able to hide a performance problem for quite some time.

Relationships at Work

- Relationships with co-workers may become strained
- The employee may be belligerent, argumentative, or short-tempered, especially in the mornings or after weekends or holidays
- The employee may become a "loner"

The appearance of being intoxicated or under the influence of alcohol might include:

- Staggering, or an unsteady gait
- Bloodshot eyes
- "Explosive" arguments and disagreements over small matters
- Erratic behaviour-forgetfulness-indecision
- Hyper-activity, constant toe or heel-tapping and/or "drumming" of fingers
- Easy excitability
- Sudden change in attitude, work, or behaviour - a new, “I don’t care” attitude
- Smell of alcohol on the breath
- Mood and behaviour changes
- Excessive use of mouthwash or breath mints
- Avoidance of supervisory contact
- Tremors
- Sleeping on duty

The effects of both alcohol and drugs vary depending on individual tolerance. Alcohol is absorbed into the blood stream and carried throughout the body within a few minutes of drinking. It starts to affect the brain within ten minutes. Similarly drugs enter the blood stream quickly and take effect almost immediately.

Getting rid of or eliminating alcohol and drugs from the body can be a slow process. A healthy liver takes about 1 hour to break down and remove 1 unit (10 milliliters) of pure alcohol. Black coffee, cold showers, fresh air etc. will not lower blood alcohol or drug levels. In relation to drugs, their effects can last from minutes to long term.

Reference: US Dept of Health +Human Services, National Clearinghouse on Alcohol and Drug information

Appendix 4 Effects of Substance Use

Some of the commonly misused substances, their effects and length of time they remain in the system are:

Name	Effects	Length in system
Barbiturates	Dependence, respiratory problems, seizures/delirium on withdrawal, overdose.	3 – 6 hours
Benzodiazapines (e.g. Valium)	Risk of seizures on withdrawal, affect memory & concentration.	Up to 24 hours
Cannabis	Dependence and possible respiratory problems. Possible link with mental illness.	Light 3 days Moderate 5 days Heavy 10 days
Cocaine	Extreme mood swings, risk of heart attack, stroke and psychosis.	Up to 4 days
Codeine	Causes drowsiness, light headedness, confusion and vomiting. Often combined with Paracetamol (e.g. Solpadeine/Solpadol), which can cause liver failure. Also combined with Aspirin type drugs (e.g. Nurofen Plus).	24 hours
Ecstacy	Lack of sleep, poor health, liver/kidney/heart failure.	Up to 3 days
Heroin	Associated with fatal overdose as well as risk of HIV and Hepatitis B, C.	Up to 4 days
LSD	Can cause psychotic and flashback episodes.	3 – 4 hours
Magic Mushrooms	Psychosis	Up to 4 hours

Source: Department of Finance Circular 2009/08 Civil Service Alcohol and Drugs Misuse Policy

Appendix 5 Self-Identification of Alcohol Problem

Professional help should always be sought if an individual suspects that work, relationship, health, legal, etc. problems are alcohol related.

Repeated use of alcohol can lead to dependence which can be indicated by:

- Craving and a strong need or compulsion to drink.
- Loss of control or ability to limit drinking on any given occasion.
- Withdrawal symptoms e.g. nausea, sweating, shaking and anxiety when alcohol is stopped after a period of heavy drinking.
- Increased tolerance i.e. when a greater amount of alcohol is required to become intoxicated**.**

For more information:

www.drinkhelp.ie/alcohol-and-you/how-does-alcohol-affect-me/

www.drugs.ie

www.drugs.ie/alcohol_info/

Appendix 6 Managing Attendance

Excerpt from Managing Attendance Policy & Procedures

Appendix 3 – Managing Attendance Policy

Return to work discussion

- Show concern for the individual's health, offer any support and identify and explore any underlying problems at an early stage so that remedial action may be taken.
- Advise the employee of Staff Support/Employee Assistance Programmes and/or Occupational Health Department services.
- Bring the employee up to date on relevant workplace matters.
- Facilitate the employee to identify any possible underlying causes of absence that may be important for the employee.
- Identify if there are any health and safety or environmental issues in the workplace causing absenteeism.

Appendix 4 – Managing Attendance Policy

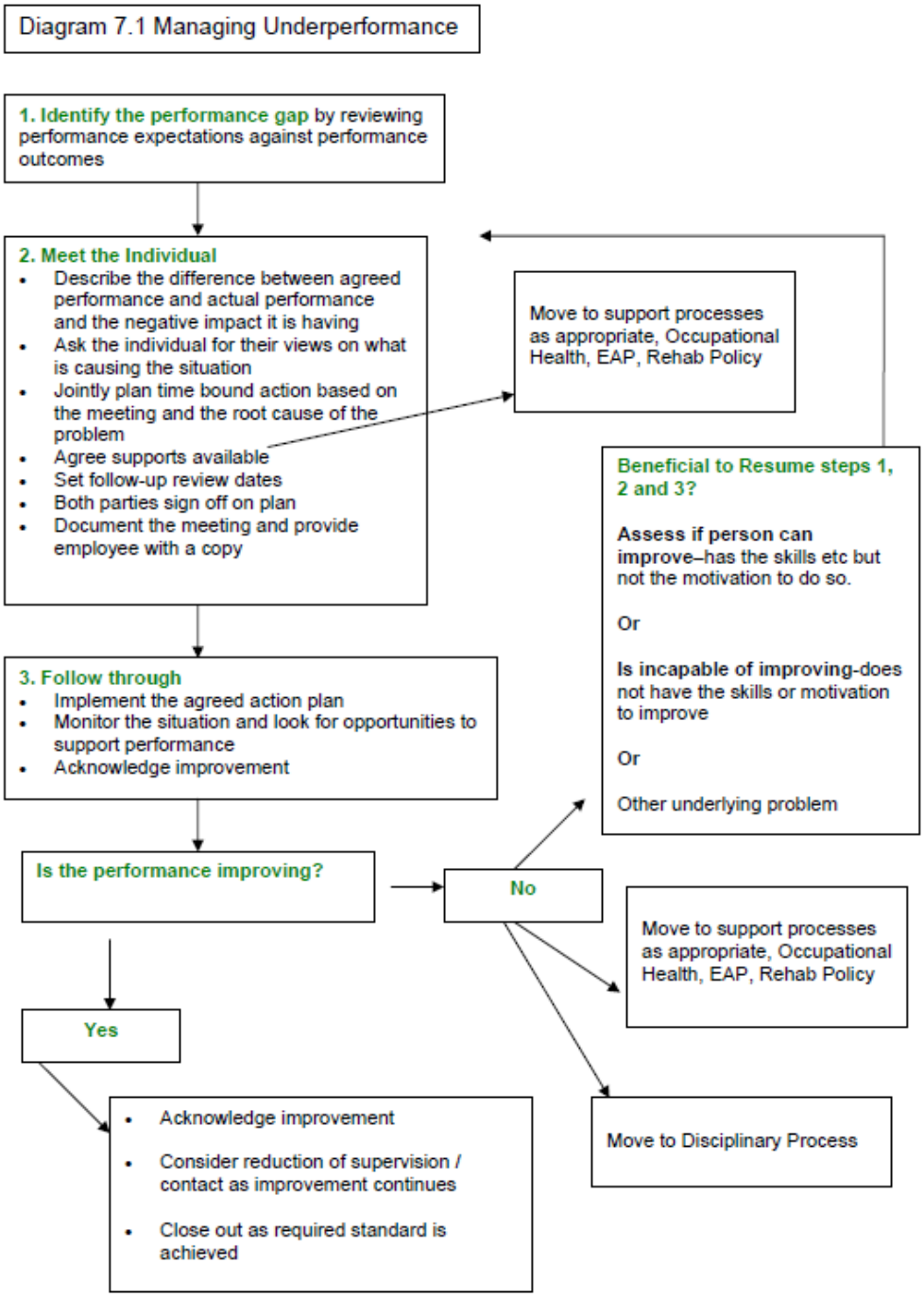
Discussion with employee to review attendance

- Review and agree dates of illness absence to ensure that records are accurate.
- Listen to any explanation offered by the employee.
- Explore whether there are any aspects of the job or working environment that may be causing the absences.
- Review any assistance provided to the employee and make further proposals if necessary, including the opportunity to avail of the Occupational Health Department, Staff Support/Employee Assistance Programmes.
- Decide whether or not there is continued cause for concern and action. If there is not, the meeting is closed and the manager will write to the employee within 5 days confirming the discussion.
- If there are issues there will be a need to identify the concerns and outline the improvement to be achieved (within a monitoring period of three months) and identify additional reasonable supports.
- Advise the employee that they will be referred to the Occupational Health Department for review.
- Advise the employee that at the end of the specified monitoring period a review meeting to assess the employee's progress against agreed targets will be arranged. The employee will also be advised of the consequences of not meeting required improvements.

Appendix 7 Managing Performance

Excerpt from Performance Management in the HSE - Guidance Document

The diagram below is excerpted from Chapter 7 of the above document. It is important to note that this forms part of an overall process/document and should ideally be read in that context. The flowchart usefully outlines the process for line managers to follow in cases of underperformance.



Appendix 8 Occupational Health Employee Referral Form

CONFIDENTIAL TO OCCUPATIONAL HEALTH
To be completed by referring Manager

Section 1: Notes for the referring manager	
1. The Occupational Health Department (OHD) provides an independent, confidential advisory service to both employees and the employer on all matters relating to the effect of health on work and work on health. 2. The reason for referral must be discussed with the employee in advance of the referral. The manager should sign section 8 and indicate that s/he has discussed this referral with the employee being referred. 3. To ensure the occupational health consultation is beneficial for all parties it is essential that all relevant background information is provided at the time of referral. 4. Managers must complete the sickness absence grid at Appendix A. 5. Once completed, the manager should send the form to the OHD. The OHD will contact the employee to arrange an appointment. Appointments will only be made on receipt of a fully completed referral form. Incomplete forms will be returned to the manager. 6. Managers can normally expect a written report following assessment within five working days of the appointment. 7. The OHD will discuss their findings with the employee which will then form the basis of a report to be submitted on a confidential basis to the referring manager, the employee and other designated key people for successful case management (eg HR).	
Section 2: Employee details (use block capitals)	
Family Name:	Forename(s):
Date of birth:	Gender:
Employee/personal number:	Email address:
Home address:	Contact telephone numbers: Home: Mobile: Work:
Section 3: Post details (use block capitals)	
Post/Grade:	Department:
Location:	Usual hours of work:
Work pattern: ☐ Full time ☐ Part time ☐ Job share	Night work: ☐ None ☐ Occasional ☐ Regular
Section 4: Job demands (give details of physical demands, work hazards, location issues, other demands)	

Section 5: Current medical issues

Is the employee currently on sick leave? Yes ☐ No ☐

Is the employee currently under the care of a Consultant? Yes ☐ No ☐

When does the current medical certificate expire?

_____

What is the certified reason given for this absence?

_____

_____

Complete the sickness absence grid at Appendix A.

Section 6: Reason for referral (tick all relevant boxes)

- ☐ Assess fitness to return to duty following sickness absence
- ☐ Frequent short-term sickness absence
- ☐ Long-term sickness absence
- ☐ Medical review of disclosed health issue
- ☐ Health-related performance issue
- ☐ Possible work-related health problem
- ☐ Accident/injury at work
- ☐ Infectious disease
- ☐ Suspected substance abuse
- ☐ Other, describe below

_____

Describe the main issues, chronologically, that have initiated this request and any other relevant facts:

_____

_____

_____

Section 7: Specific advice requested (tick the options that are most appropriate for the information that you require))

- ☐ Is there an underlying medical condition affecting this individuals performance or attendance at work?
- ☐ Is s/he currently fit to carry out the duties outlined in the job description?
- ☐ Are there any short-term adjustments to the work tasks or environment that would help to facilitate rehabilitation or an early return to work?
- ☐ Are any permanent adjustments to the work tasks or environment recommended?
- ☐ What is the likely time-scale for recovery and/or when do you anticipate a return to work?
- ☐ Is there further requirement for medical support or intervention?
- ☐ Is the health problem likely to recur or affect future attendance?
- ☐ In your opinion, does the health problem meet the criteria for disability as defined by the Employment Equality Act?
- ☐ Will s/he be able to offer a regular and efficient service in the future, or is this health problem likely to recur or affect future attendance?
- ☐ Other information (please specify e.g. opportunities for job adjustment/redeployment, any outstanding disciplinary/grievance procedures):

  _____

  _____

  _____

Section 8: Referring manager's details and checklist	
Manager's name:	Address:
Job title:	Department:
Contact number:	Email:
HR Manager:	HR Manager's contact details:

- ☐ I confirm that I have discussed the reasons for this referral with the employee
- ☐ The employee has received a copy of this referral and associated information sheets
- ☐ I am aware that the employee will receive a copy of the resulting report
- ☐ I enclose a copy of the employee's job description/job function analysis as appropriate
- ☐ I attach a copy of the employee's sickness absence chart
- ☐ I attach other relevant documents (please specify, eg details of return to work meetings, incident/accident forms_____

  _____

  Signed: _____ *Date:* _____

Note: Appointments will only be made on receipt of a fully completed referral form

Section 9: Employee's consent

- ☐ I confirm that my manager has discussed the reasons for this referral with me
- ☐ I confirm that I consent to this referral and any subsequent appointment with the Occupational Health Department
- ☐ I confirm that I consent to Occupational Health providing a report to my manager

Signed: _____*Date:* _____

Section 10: Occupational Health use only

Referral reviewed by:	Date:
Further information required from: ☐ Line manager ☐ Employee ☐ Medical Adviser/GP/Consultant ☐ Other _____	Appointment to be offered in: ☐ 1-2 weeks ☐ 2-4 weeks ☐ 4-6 weeks ☐ Other _____ Appointment with OHP OHA

To be completed by Administrator:

Appointment date: _____To be seen by: _____

SICKNESS ABSENCE RECORD

Shade in boxes corresponding to dates when employee was absent due to sickness

Day/ Year___	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan																															
Feb																															
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Day/ Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Appendix 9 HSE Interventions and Treatment

HSE Interventions for Problem Alcohol Use
http://www.hse.ie/eng/services/Publications/topics/alcohol

13.1 Treatment for alcohol problems has traditionally focused on individuals with moderate to severe alcohol dependence. It is now recognised that this focus needs to be broadened to include groups where problems are less severe. Irish policy and strategy documents[45] have recommended the use of screening and brief intervention among other interventions as a response to alcohol and substance misuse.

13.2 These interventions aim to inform people that they are drinking at levels that increase their likelihood of developing a dependence disorder, and to encourage and support them to decrease consumption to low-risk levels.

13.3 In the Guiding Framework for Education and Training in Screening and Brief Intervention for Problem Alcohol Use, the HSE outlines its evidence-based screening and brief intervention model in the SAOR Model for Screening and Brief Intervention for Alcohol. (SAOR Support, Ask & Assess, Offer Advice, Refer).

13.4 Screening facilitates identification of people with hazardous and/or harmful alcohol use who require brief, time-limited interventions, and identifies those people with moderate to severe alcohol dependency who require referral to a more intensive, alcohol-focused treatment in specialist alcohol/addiction services.

Reference should be made to an evidence based self assessment tool for alcohol:
http://www.drugs.ie/NDRICdocs/protocol1/templates/AUDIT.pdf

and for drugs

http://www.drugs.ie/NDRICdocs/protocol1/templates/DUDIT.pdf

Should also include reference to National Protocols and Common Assessment Guidelines for alcohol and other drug use:

http://www.hse.ie/eng/services/publications/SocialInclusion/ndric/protocolsassessment.pdf

Further resources on alcohol/drug treatment on
http://www.drugs.ie/resources/ndric1/online_resource_library/

Appendix 10 Signature Sheets

[45] See HSE Guiding Framework for Education and Training in Screening and Brief Intervention for Problem Alcohol Use

I have read, understand and agree to adhere to the attached Policy, Procedure, Protocol or Guideline.

Print Name	Signature	Area of Work	Date

Appendix 11 Sample Risk Assessment Forms

Risk Assessment Form – Sample 1 – Private and Confidential	
Division: Social Care	**Source of Risk:** Report from Employee
HG/CHO/NAS/Function: CHO(#)	**Primary Impact Category:** Human Resources (Employee Safety, Health & Welfare)
Hospital Site/Service:	**Risk Type:** Operational
Dept/Service Site: Maintenance Department	**Name of Risk Owner (BLOCKS):** Responsible Person (E.g. Director of Nursing)
Date of Assessment: 01/01/2020	**Signature of Risk Owner:**
Unique ID No: Per local numbering system	**Risk Co-Ordinator:** As above with advice from HR
	***Risk Assessor (s):** Responsible Person (Staff member's Line Manager)

**HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE
Member of staff undertaking grounds maintenance works – using potentially hazardous equipment and site vehicles There are tangible concerns in relation to the employee's fitness to perform his or her duties safely, and: There are reasonable grounds for belief that this may be due to intoxicant misuse Potential either directly, or due to possible underlying impairment, to lead to adverse event May result in harm (possible fatal injuries) to staff member or others	Risk assessments and systems of work for routine grounds maintenance tasks and equipment Supervision, training, instruction, etc. Policy on intoxicant misuse Availability of Occupational Health and EAP services	Remove employee from task, safeguarding the dignity of the employee SFRP In consultation with employee review this preliminary assessment Explain next steps to employee Request objective "with cause" test Send employee home Refer the employee to OH Department for review Implement recommendations issued by OH Department	Responsible Person (Line Manager) and affected employee	Immediate Action

INITIAL RISK			Risk Status		
Likelihood	**Impact**	**Initial Risk Rating**	**Open**	**Monitor**	**Closed**
5	3	15 (High)	✓		

***Risk Assessor to be recorded for OSH risks only.**
****Where the risk being assessed relates to an OSH risk please ensure that the HAZARD and associated risk are recorded on the form. All other risk assessments require a risk description only.**

Risk Assessment Form – Sample 2 – Private and Confidential	
Division: Acute Hospitals	**Source of Risk:** Observation
HG/CHO/NAS/Function: HG(#)	**Primary Impact Category:** Patient Care and Safety (Provision of Care)(Delivery of Care)
Hospital Site/Service: ABC University Hospital	**Risk Type:** Operational
Dept/Service Site: Surgical/Theatres	**Name of Risk Owner:** Responsible Person (E.g. Directorate Lead): E.g. DON or Clinical Director
Date of Assessment: 01/01/2020	**Signature of Risk Owner:**
Unique ID No: Per local numbering system	**Risk Co-Ordinator:** As above with advice from HR
	***Risk Assessor (s):** Responsible Person (Staff member's Line Manager)

**HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE
Member of staff with direct patient contact and role in surgical procedure There are tangible concerns in relation to the employee's fitness to perform his or her duties safely, and: There are reasonable grounds for belief that this may be due to intoxicant misuse Potential either directly, or due to possible underlying impairment, to lead to adverse event May result in harm (possible fatal injuries) to staff member or others	Risk assessments and systems of work Clinical processes and procedures, supervision, training, instruction, etc. Policy on intoxicant misuse Availability of Occupational Health and EAP services	Remove employee from task, safeguarding the dignity of the employee SFRP In consultation with employee review this preliminary assessment Explain next steps to employee Request objective "with cause" test Send employee home Refer the employee to OH Department for review Implement recommendations issued by OH Department	Responsible Person (Line Manager) and affected employee	Immediate Action

INITIAL RISK			Risk Status		
Likelihood	**Impact**	**Initial Risk Rating**	**Open**	**Monitor**	**Closed**
5	3	15 (High)	✓		

***Risk Assessor to be recorded for OSH risks only.**
****Where the risk being assessed relates to an OSH risk please ensure that the HAZARD and associated risk are recorded on the form. All other risk assessments require a risk description only.**

Appendix 12 Membership of the PPPG Development Working Group

Such was the complex nature of this issue, this policy has been developed in two phases as follows (please note that there was significant engagement with an extensive group of key stakeholders, both internal and external).

- **September 2014 - 2020**

National Health and Safety Function and Employee Relations Advisory Services.

Name	**Title, Location and Address**
Nick Parkinson (Project Manager)	Head of National Health and Safety Function, WHWU, National HR
Norah Mason	AND HR, ERAS and chair of HSAG
Martina Canavan	Project Officer, ERAS, National HR

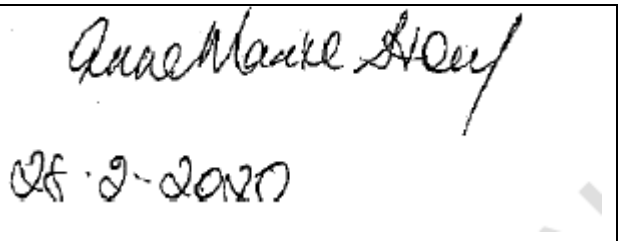
- **2009 – September 2014**

Sub-group for the development of a policy for the prevention and management of substance abuse – alcohol and drugs in the workplace (sub-group of the National Health and Safety Advisor's Group (HSAG))

Sub-group membership:

Name	**Title, Location and Address (at December 2009)**
Mary Kelly (Project Manager)	Acting Regional Health and Safety Officer, HSE South
Marion Rackard (Chair)	Addiction Counsellor/Health Promotion Officer, Tallaght
Mary Carroll Browne	Occupational Health Nurse Dr. Steevens' Hospital
Marion Regan	Health Promotion Officer, Tallaght
Noreen Doherty	Senior Executive Officer, Employee Wellbeing and Welfare, HR Dept
Catriona McConnellogue	Senior HR Executive, ERAS
Jim Fleming	AND HR - Performance and Development
Dorothy O'Neill	Director of EAP, Occupational Health
Also: Jennifer Garry Eileen Maher	Details at the time unknown

Appendix 13 Membership of the Approval Governance Group

Anne Marie Hoey, Chief People Officer	
Nicholas Parkinson, Head of National Health and Safety Function	**Signature:** **Date:**