



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



National Ambulance Service (NAS)
Workforce Support Policy
Alcohol, Drugs and Solvent Abuse/Misuse

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1.0 POLICY STATEMENT

- 1.1 The HSE National Ambulance Service (NAS) has a responsibility to provide a safe and healthy working environment for its staff and has responsibilities for the care and welfare of patients. All staff, regardless of their job function, have a personal responsibility to present themselves for work in a manner fit to perform their duties.
- 1.2 Our aim is to support staff who may experience problems with alcohol, drug or solvent abuse problems wherever possible, whilst maintaining standards of conduct and performance compatible with services to patients and the public.
- 1.3 Any concerns regarding the application or interpretation of this Policy should be raised with the immediate Line Supervisor, Line Manager or any member of the relevant Area Ambulance Leadership Team.
- 1.4 Under Section 13 of the Safety, Health and Welfare at Work Act 2005, an employee must not be under the influence of alcohol or drugs or a combination of alcohol or drugs to the extent that he or she is likely to endanger his or her own safety, health or welfare and that of any other person who may be affected by his or her own acts or omissions at work.
- 1.5 The Road Traffic Act, 2010, Section 4, identifies lower alcohol limits which apply to professional drivers.

2.0 PURPOSE

- 2.1 To state how NAS intends to fulfil the above responsibility in the context of alcohol, drug or solvent abuse, and to reconcile our concerns for the welfare of individual staff with our wider duty to protect colleagues, patients and the public.

3.0 SCOPE

- 3.1 Applies to all Managers, Supervisor and Staff in the NAS

4.1 LEGISLATION/OTHER RELATED POLICIES

- A. Safety, Health and Welfare at Work Act, 2005
- B. Safety, Health and Welfare at Work (General Application) Regulations, 2007
- C. <http://www.hsa.ie>
- D. <http://www.irishstatutebook.ie>
- E. Road Traffic Act 2006, 2010 and 2011

- F. National Ambulance Service Patient Safety Statement
- G. Duties and Responsibilities (relevant job description)
- H. PHECC Code of Professional Conduct and Ethics
- I. HSE Employee Handbook
- J. Policy – NASWS004 – Operation of the CISM System
- K. HSE Disciplinary Procedure
- L. HSE Dignity at Work Policy
- M. HSE Managing Attendance Policy and Procedures

5.0 GLOSSARY OF TERMS AND DEFINITIONS

5.1 Abuse is divided into three main categories:

- A. Alcohol Dependence/Excessive Consumption
- B. Taking or possession of illegal and/or prescription (where not prescribed for the individual concerned) drugs
- C. Solvent abuse (inhalation of glues or gases)

5.2 Substance dependency is a condition where an employee's consumption of alcohol/drugs/solvents continually or repeatedly interferes with his/her health, attendance or work performance.

5.3 Substance intoxication is excessive consumption which may result in irresponsible behaviour, but which may not be related to a physical or psychological dependence.

6.1 ROLES AND RESPONSIBILITIES

6.2 Senior Management Responsibilities

6.2.1 Senior Managers are responsible for ensuring Line Managers adopt the sympathetic application of this policy, whilst having to consider the safety of all employees, the long-term operational needs of the NAS and above all, the safety of patients

6.3 Line Manager Responsibilities

6.3.1 Individual Line Managers are responsible for ensuring that the policy is implemented, that it operates effectively but sympathetically.

6.3.2 Where any potential risk to patient safety exists, ensuring that an Occupational Health Assessment occurs before allowing the individual to engage in patient care.

6.4 Supervisors

6.4.1 Supervisors are responsible for the consistent application of the policy. Specifically they must:

- A. Ensure that staff within their area of responsibility receive appropriate supervision and support
- B. Ensure all staff are supported during and after any episode brought to their attention

6.5 Individual Responsibilities

6.5.1 All those persons referred to within the Scope of this policy are required to adhere to its terms and conditions

7.1 PROCEDURE/GUIDELINE

7.2 SELF-IDENTIFIED PROBLEMS

7.2.1 An employee who is concerned that they may be suffering from a drug, alcohol or solvent dependency, and who wishes to overcome this, may approach either their own General Practitioner, or the Occupational Health Service or Employee Assistance Service for confidential advice and/or treatment.

7.2.2 Where the employee concerned is a registered practitioner, then they have an additional ethical obligation to seek assistance (Reference Section 3.8, PHECC Code of Professional Conduct and Ethics)

7.3 CONCERNS REGARDING OTHER STAFF

7.3.1 Where a member of staff is concerned about potential difficulty with alcohol, drugs or solvents on the part of a colleague, but does not feel able to discuss this with them they should discuss these concerns informally with their colleague's Line Supervisor or Line Manager on a confidential basis.

7.3.2 Where the concerned employee is a registered practitioner, then they have an additional ethical obligation to make such a report (Reference Section 3.7, PHECC Code of Professional Conduct and Ethics)

- 7.3.3 Similarly, a Supervisor or Manager may become concerned regarding aspects of the work performance of a member of staff, such as irregular attendance, poor punctuality, accidents, or changes in mood or appearance.
- 7.3.4 If there is concern that this may be alcohol, drug or solvent-abuse related, (s)he should discuss these concerns with a member of the Area Leadership Team, and may then arrange to jointly meet with the Employee (accompanied by friend or other representative if desired).
- 7.3.5 At this meeting, the concerns should be discussed, and the employee advised of the assistance available through the Occupational Health Service or Employee Assistance Service, as well as assistance from specialist agencies or charitable groups.
- 7.3.6 At the same time, expectations regarding standards of conduct or performance should be reinforced, and the potential consequences of failure to reach or maintain those standards explained. If a problem is acknowledged, then the parties should proceed as indicated in Section 7.1 above, otherwise counselling will be given and subsequent performance monitored as required.

7.4 SERIOUS MISCONDUCT CAUSED BY ALCOHOL, SOLVENTS OR DRUGS

- 7.4.1 If an employee is known to be, or strongly suspected of being under the influence of alcohol, solvent or drugs during working hours, a Supervisor and Manager jointly will consult with the employee. If concerns remain the employee will be required to leave the premises and transport arrangements to his/her home address will be made to ensure the employee's safety. Following protective suspension and subsequent investigation, disciplinary proceedings may result.
- 7.4.2 Employees are expressly forbidden to consume alcohol when at work or when carrying out HSE duties.
- 7.4.3 Alcohol is expressly forbidden from being on any HSE premises, to include vehicles, unless specific written authorisation is granted for a particular occasion.

7.5 USE OF DRUGS BY EMPLOYEES

- 7.5.1 Employees who consume drugs which have not been prescribed on medical grounds (other than over the counter medicines on general sale to the public) may, in the absence of mitigating circumstances, be deemed to be committing an act of gross misconduct and may then render themselves subject to Stage 4 of the HSE Disciplinary Procedure. This will also apply to employees known to be buying or selling drugs, or to be in possession of unlawful drugs, whether on or off duty.
- 7.5.2 Any employee who is taking prescription or pharmacy drugs with potentially hazardous side effects must immediately inform and seek advice from his/her Manager whom may in turn, seek an Occupational Health Assessment with a view to establishing that neither the employee concerned or patient safety is at risk.
- 7.5.3 Drug abuse in the work place leads to more problems such as increased absenteeism and ill health. Drug abusers are believed to lose 10 times more sick days than non users and work accidents are 2-3 times higher in abusers.

7.6 RANDOM TESTING

- 7.6.1 Under the Safety, Health and Welfare at Work Act 2005, there is currently no requirement for testing of employees
- 7.6.2 Where an employee's behaviour presents a risk of danger to him/herself or then he/she should be removed from this situation as a first step.
- 7.6.3 Employees who either seek support in dealing with substance abuse or are identified as being in need of support may be requested to volunteer to random testing by either the Occupational Health Service (blood testing) or a Supervisor or Manager (breathalyser) as part of an overall support programme.
- 7.6.4 Where any employee agrees to random testing as part of an overall support programme, this will significantly influence the speed of return to normal working
- 7.6.5 In order to maintain the dignity and confidentiality of the staff member concerned, random testing should be conducted at a non NAS premises wherever possible.

8.0 IMPLEMENTATION PLAN

- 8.1 This Policy will be circulated electronically to all Managers, all Supervisors and Staff
- 8.2 This Policy will be available electronically in each Ambulance Station and Ambulance Control for ease of retrieval and reference
- 8.3 Each Operational Support and Resilience Manager will ensure that the Manager/Supervisor responsible for updating Policies and Procedures will return the Confirmation Form to NAS Headquarters to confirm document circulation to all staff

9.0 REVISION AND AUDIT

- 9.1 This policy will be reviewed whenever necessary following changes in procedures, legislation and/or a relevant event.
- 9.2 The Workforce Planning and Support Manager has the responsibility for ensuring the maintenance, regular review and updating of this policy.
- 9.3 Revisions, amendments or alterations to the policy can only be implemented after consideration and approval by the NAS Leadership Team, following consultation with the relevant support services.

10.0 REFERENCES

- 10.1 Guide to Alcohol and Drug Misuse in the Workplace 2010 – Dept of Finance
- 10.2 Dealing with Addiction – A model policy for use in the workplace – SIPTU 2009

11.0 APPENDICES

Appendix I – Policy Acknowledgement Form

Appendix II - Alcohol and Driving

ALCOHOL & DRIVING

ALCOHOL TAKES EFFECT QUICKLY BUT WEARS OFF SLOWLY

Alcohol is quickly absorbed into the bloodstream, affecting the brain and impairing driving ability. Getting rid of alcohol is much slower process requiring hours rather minutes.

AFTER ADRINK

10 MINUTES

After just 10 minutes, 50% of the alcohol consumed has been absorbed into the Bloodstream.

30 MINUTES

After 30 minutes, two thirds of the alcohol has been absorbed.

60 MINUTES

It only takes an hour for all the alcohol to be absorbed. Absorption is accelerated still further when drinking on an empty stomach. Long drinks made with mixers have an immediate effect as they enter the bloodstream quicker.

GETTING RID OF ALCOHOL

MIDNIGHT

At midnight, after an evening's drinking, there may be 200 mg/ml alcohol in the blood.

07.30 HOURS

On getting up, there is still 130 mg/ml of alcohol. You are still unfit to drive.

MIDDAY

By lunchtime, elimination has continued to around 80 mg/ml. You could still be over the legal limit to drive.

20.00 HOURS

All the alcohol is not eliminated until around 20.00 hours, 20 hours after it was consumed. It is impossible to speed up alcohol elimination.

YOU CANNOT CALCULATE YOUR ALCOHOL LIMIT!!

Current offences are as follows:

- An offence of driving or attempting to drive a mechanically propelled vehicle in a public place while under the influence of an intoxicant to such an extent as to be incapable of having proper control of the vehicle.
- An offence of driving or attempting to drive a mechanically propelled vehicle in a public place while there is present in your body a quantity of alcohol such that, within 3 hours after so driving or attempting to drive, the concentration of alcohol in your blood exceeds a concentration of:
 - 50mg of alcohol per 100 millilitres of blood for Category B drivers
 - 20mg of alcohol per 100 millilitres of blood for other drivers
- An offence of driving or attempting to drive a mechanically propelled vehicle in a public place while there is present in your body a quantity of alcohol such that, within 3 hours after so driving or attempting to drive, the concentration of alcohol in your urine exceeds a concentration of:
 - 67mg of alcohol per 100 millilitres of urine for Category B drivers
 - 27mg of alcohol per 100 millilitres of urine for other drivers
- An offence of driving or attempting to drive a mechanically propelled vehicle in a public place while there is present in your body a quantity of alcohol such that, within 3 hours after so driving or attempting to drive, the concentration of alcohol in your breath exceeds a concentration of:
 - 22mg of alcohol per 100 millilitres of breath for an Category B driver
 - 9mg of alcohol per 100 millilitres of breath for other drivers

There is no fail-safe guide as to how much you can drink to stay under this limit. The amount and type of alcohol drink, and your height, weight and metabolism will all play their part.

Each of these = 1 unit



**BEER/CIDER
SPIRITS**

1/2-Pint measure
measure



WINE

125ml measure



PORT/SHERRY

50ml measure 25ml



Several factors determine the level of alcohol in your blood:

**Age
Sex
Weight
Metabolism
Type and quantity of drink**

Contrary to popular opinion, alcohol is a depressant, it slows down the processes occurring in the brain.

Alcohol makes you less alert, it affects the brain's ability to control and co-ordinate the body's movements, reaction to the unexpected is much slower. Alcohol also impairs your ability to judge speeds and distances.