



## **DEPENDENCY POLICY**

**For Operational Use from 1 July 2006 and  
Review 6 months from Implementation**

**PRODUCED BY  
HEADQUARTERS HUMAN RESOURCES**

**(June 2006)**

# **DEPENDENCY POLICY**

## **1 INTRODUCTION**

- 1.1 The NHS National Services Scotland recognises the need for a policy using a constructive and preventative strategy designed to encourage early identification of dependency related problems amongst staff. Dependency related problems frequently affect personal health and social functioning and can impair work capability. The latter can lead to absenteeism, lost time on the job, accidents, loss of training investment, waste, poor judgement and wrong decisions.
- 1.2 A policy on dependency related problems is necessary to:
- prevent and reduce the prevalence of alcohol or drug related work impairment;
  - reduce the personal suffering of staff with problems of alcohol or drug dependency; and
  - create a climate which removes the tendency to conceal, deny, and cover up the problem while providing management, staff and Trade Unions/Professional Organisations with confidence when confronting dependency-induced loss of capacity.
- 1.3 The aims of the policy are fourfold:
- To alert staff to the risks associated with drinking or drug abuse and to promote an awareness of sensible behaviour in relation to alcohol and drugs.
  - To encourage staff who suspect or know that they have a dependency related problem (or who are suspected or known by colleagues to have such a problem) to seek help directly.
  - Where it is suspected or known that the problem is alcohol or drug related, to offer to refer the staff member to an appropriate NSS for assessment, counselling and, as necessary, other forms of help.
  - To restore effectiveness of any staff member who may need to use this policy.

## **2 SCOPE**

- 2.1 This policy and procedure applies to measures to be taken to respond to situations involving dependency impacting on the workplace.
- 2.2 NSS regards staff as its most important asset and wishes to help any staff member with an alcohol or drug related problem to recover their effectiveness on an agreed timescale.
- 2.3 Whilst this policy is limited to instances which affect the work capability or conduct of staff, NSS also prohibits the consumption of alcohol on NSS premises or during the working day unless expressly agreed in advance by the Divisional Director.
- 2.4 The application of the policy and procedure is limited to those instances of dependency related problems which affect the capability or conduct of the staff member in relation to their work. Although no member of staff will be disciplined for having a dependency problem, NSS's Disciplinary Policy will be initiated and appropriate disciplinary action may be taken. Depending upon the circumstances, NSS's Management of Capability

Policy or Disciplinary Policy may be initiated where, as a result of alcohol or drug related problems, a staff member's performance and or attendance/conduct has deteriorated to an unacceptable level.

- 2.5 Nothing in this policy and procedure is intended to override statutory or national arrangements applying to particular categories of staff

### **3 DEFINITIONS**

Dependency can be defined as:

- Habitual use where an individual becomes so dependent on the effects of a substance that the desire for these effects could have adverse occupational and social consequences.
- Excessive use which may lead to physical and psychological illness.

### **4 GENERAL PRINCIPLES**

- 4.1 NSS recognises that dependency related problems are areas of health and social concern, and wants to offer staff with such problems access to help.
- 4.2 The confidential nature of the process for staff with dependency problems will be strictly observed.
- 4.3 Dependency can seriously affect the employees' ability to perform his/her work properly, safely and efficiently.
- 4.4 Staff who suspect or know that they have a dependency related problem are encouraged to seek help and treatment voluntarily either through NSS's procedures, or through resources of the staff member's own choosing. This self-referral facility is a key part of the policy.
- 4.5 The possibility of a staff member having a dependency problem may be brought to light because of problems with health or with work performance or behaviour, which may lead to action under the Disciplinary or Management of Capability Policies. Where a possible dependency problem is identified, and if the staff member agrees, the opportunity for assessment and counselling can be given.
- 4.6 NSS recognises that managers and Trade Union/Professional Organisation representatives are not qualified to come to conclusions about whether an alcohol or drug related problem exists. The Occupational Health Service (OHS) will undertake the critical role in determining whether a problem exists and what help is appropriate. The manager will ensure that OHS staff have the necessary background information to do this. In all instances within paragraphs 4.4 to 4.6 above, the encouragement, or offer of an opportunity, to seek and accept help and treatment are made on the clear understanding that:
- If necessary, the staff member will be granted leave to undergo treatment and such leave will be treated as sick leave within the terms of the appropriate sick pay scheme.
  - Formal action in relation to the Disciplinary Policy may be suspended.

- On resumption of duties, or on return to work following a period of treatment, a risk assessment should be carried out in relation to the persons fitness for their present post with consideration given to alternatives where this is not possible
  - Having accepted help or treatment and resolved the dependency problem, the employee's normal promotional prospects will not be impaired.
- 4.7 A staff member whose problems are suspected to be dependency related and who refuses the offer of referral for diagnosis and/or help and treatment or who discontinues a course of treatment before its satisfactory completion, and who continues to show unsatisfactory levels of work performance, may be subject to action under the Disciplinary or Management of Capability policy.
- 4.8 Following return to employment, should work performance suffer as a result of continued dependency problems, each case will be considered individually. If appropriate, a further opportunity to accept and co-operate with help and treatment may be offered.
- 4.9 It is recognised that there may be occasions when colleagues/ workmates will be placed under stress during the course of treatment and rehabilitation of a fellow staff member with a dependency problem. NSS will be sensitive to this and are prepared to take appropriate measures to safeguard the interest and welfare of such staff.
- 4.10 Staff will be advised of the policy and procedures, in particular the arrangements for self-referral.
- 4.11 Training and guidance will be given to managers and staff organisation representatives to operate the policy and procedure effectively.

## 5 RESPONSIBILITIES

### 5.1 NSS through the Board is responsible for making sure that:

- suitable training and guidance is provided to managers to equip them to undertake the appropriate action in relation to staff who may have a dependency related problem;
- information is provided for staff on:
  - the effects of alcohol and drugs misuse
  - Positive coping mechanisms; and
  - General health improving activities within the workplace
- advice and information is provided for all staff on how to recognise symptoms of dependency in themselves and others;
- advice and information is provided for managers on their duty of care to staff;
- a working environment is promoted where staff who feel that they have a dependency related problem that is affecting their work can raise the issue in confidence, so that necessary support mechanisms can be put in place;
- suitable support mechanisms for staff with dependency problems are established;

### 5.2 **Line managers** are responsible for:

- taking appropriate action to support staff who may have a dependency related problem;

- making sure that all new staff receive appropriate induction to and training for their job, including reference to support services other than at divisional level, for example, OHS, HR, Staff Counselling Service;
- Promoting attendance in accordance with the organisational policy, and linking to other policies as necessary, such as Dignity at Work (Harassment and Bullying Policy);
- keeping in touch with any staff who are having prolonged absence as a result of a dependency problem and agreeing with the individual, OHS and HR how to support their return to work;

**5.3 All staff** are responsible for:

- discussing with their manager work, home or personal issues that might be impacting on work and jointly looking at ways to resolve them; or alternatively approaching OHS, HR or Trade Union/Professional Organisation;
- supporting colleagues who are experiencing dependency problems and encouraging them to talk to their manager, OHS, HR or Trade Union/Professional Organisation;
- seeking support or counselling from OHS and/or the staff counselling service;
- speaking to their GP if worried about health issues;

**5.4 Human Resource Managers** are responsible for:

- providing advice and guidance on the application of organisational policies and codes of conduct (professional and general);
- monitoring staff conduct, attendance, turnover, etc in conjunction with managers;
- promoting positive cultural change within the workforce.

**5.5 Trade Unions/Professional Organisations** are responsible for:

- Working in partnership with managers to develop and implement appropriate policies and procedures;
- encouraging members to seek help if they feel that they have a dependency problem;

**5.6 The Occupational Health Service (OHS)** is responsible for:

- advising managers and staff on appropriate actions to support staff with dependency related problems.
- providing support for staff at all levels who may have a dependency related problem.

**5.7 Employee Support and Counselling Services** are responsible for:

- offering an opportunity to talk in confidence about a dependency related problem
- offering help to individuals in assessing the effectiveness of the coping strategies they currently use;
- offering help and ongoing support in identifying and maintaining any changes to current strategies;
- being accessed by any individual experiencing problems which affect their ability to function; and

Contact details of employee support and counselling services and details of further reading are contained in Appendix 2 of the Dependency Guidelines.

## **6 PROCEDURE**

6.1 Identifying problems of dependency can come through a self-referral by a staff member (see 6.2 and 6.4) or through a referral by the organisation, normally in light of problems of conduct or Capability of a staff member (see 4.5).

6.2 Staff may, at any time, approach the OHS if they are concerned about their alcohol or drug dependency. As with other self referral contacts with the OHS, all consultations will be treated in the strictest medical confidence.

6.3 Colleagues, managers and Trade Union/Professional Organisation representatives may seek advice informally from the OHS should they require help in dealing with a suspected dependency problem. These discussions will also be treated in the strictest professional confidence.

6.4 Any staff member may seek help by either:

- voluntarily seeking help directly from the OHS or other NSS; or
- contacting their line manager or HR, when the manager or HR manager will see the staff member as soon as possible and arrange an immediate appointment with OHS. Unless this is a formal referral as in 6.6 no feedback will be given by OHS.

6.5 **OHS will:**

- assess the nature and extent of the problem and arrange, if indicated, a programme of help and monitor progress;
- tell the referring manager if absence from work will be necessary a risk assessment should also be carried out before return to work with any alterations required recorded and noted.
- with the staff member's consent, liaise with the family doctor and outside agencies to encourage recovery.

### **6.6 Referral by the line manager**

The procedure for this is attached at Appendix 1 of the Dependency Guidelines. The effective operation of this procedure depends upon communication and co-operation between the manager, the Trade Union/Professional Organisation representative and OHS. While the process described in Annex 1 uses the normal route of referral as through HR, there will be situations where there will be direct referral and subsequent communication between the manager and the OHS. The manager, HR and OHS should agree the most appropriate line of communication for particular cases. The importance of all parties being kept fully informed is emphasised.

Further details on the application of the above procedure are contained in the Dependency Guidelines.

## **6.7 Dealing with an Illegal Substance found in the Workplace**

If a manager finds a substance on work premises that they suspect is an illegal substance, or discovers a staff member in possession of a suspected illegal substance, they should remove it to a secure place, ensuring that their actions are witnessed and recorded.

The manager should seek advice from their HR Representative in the first instance but if a substance is suspected of being illegal, the police would need to be contacted.

Notwithstanding any action subsequently undertaken by the police, an internal investigation would need to be carried out in line with the Disciplinary Policy.

**POLICY REVIEW**

This policy will be reviewed two years from its effective date to ensure that arrangements put in place are appropriate to the operating requirements of NHS National Services Scotland.

It has been noted that this policy \*does/does not have any effect on Diversity within NSS.

Date Policy is effective .....

Reviewed By .....

Agreed by ..... Date .....  
*Chief Executive,  
Joint Chair of Partnership Forum*

Agreed by ..... Date .....  
*Staff Side Chair,  
Joint Chair of Partnership Forum*

*\*delete as appropriate*



# NHS National Services Scotland

## DEPENDENCY GUIDELINES

### INTRODUCTION

As an employer, NSS recognises that alcohol, drug or chemical abuse are conditions for which the individual may require special assistance and sometimes treatment to aid recovery. This policy enables this action to be taken to the advantage of both the individual employee and NSS. The policy has four main objectives:

- To **retain** the employee.
- To **encourage** employees with such problems to seek help.
- To **refer** employees for help.
- To **restore** health and productivity.

The procedure is not meant to cover isolated occasions of excessive indulgence. The normal procedure in such events will be the appropriate stage of the disciplinary procedure.

Appendix 1 sets out in a flowchart the procedure to be followed.

### 1. IDENTIFYING THE PROBLEM

#### (a) Self Identification

Employees may seek help on a completely voluntary basis when they believe that they have, or may have a problem relating to alcohol consumption or drug abuse and its effect on their health or work performance.

Individuals may seek help from a number of sources, ie. from their General Practitioner, Church Samaritans, Occupational Health or drug help agencies listed in Appendix 2.

#### (b) Director Identification

The crucial factor in helping a person with a dependency problem at work is early identification. In this respect there are responsibilities on line management. Work related problems and/or changes in behaviour or personality, not in isolation but as a pattern over a period of time, could indicate a dependency problem. Directors/line managers should be aware of problem drinking and drug abuse as possible causative factors in work performance decline. (see Appendix 3).

**(c) Colleague Identification**

Intervention, before disciplinary action becomes necessary, is encouraged in the normal process of managing, supervising or working with colleagues. Collusion or turning a blind eye to a dependency related problem is not helpful to the individual as the longer the problem continues the more entrenched it can become, making effective help much more difficult.

Any of the factors outlined in Appendix 3 may be apparent to work colleagues and their help in obtaining assistance for the individual is considered invaluable.

Everyone, at all levels, needs to be fully informed of the consequences of dependency if it continues untreated and must be aware of NSS's Dependency Policy and how they can best help their colleagues.

An informal approach may be made to the individual by those closest to him/her including their immediate supervisor, particularly where the well-being of others is being affected. Informal approaches can be made to the staff representative or safety representative. Advice can also be sought from Occupational Health on methods of approach. In very serious cases an approach may also be made to the line manager.

**(d) The Acute Incident**

Recognition of a problem may be forced upon colleagues, line managers and the Director when an employee is seen to be consuming or is clearly under the influence of alcohol or drugs at work. In such instances the employee should be suspended under NSS Disciplinary Policy.

The Director/line manager should ensure that arrangements are made to ensure that the employee is escorted safely home and make arrangements for him/her to be interviewed as soon as practicable. In accordance with the Disciplinary Policy, any decision to offer help and support under this Policy following an acute incident should complement appropriate disciplinary action and **not** replace it.

**2. ASSESSING A PROBLEM**

Having identified that a problem may exist, the Director/line manager should review the situation and decide upon a course of action. Before doing so, it would be helpful to document performance and/or attendance, conduct and relationship problems.

Having established factual information, the Director/line manager should objectively examine all aspects of the individual's work situation without having regard to the suspected problem, e.g.:-

- (a) has the employee been properly trained to do the job?
- (b) is the employee actually capable of doing this job?
- (c) is the employee sufficiently motivated to do the job?
- (d) are there any organisational factors which could prevent or pose difficulties to him/her completing the objectives of their job?

Consideration of these facts should enable the line manager and the Personnel Officer to discuss a course of action. Such a course of action should take into consideration the following factors:-

- (i) protecting the employee
- (ii) protecting other employees
- (iii) the maintenance of an efficient and competent work team
- (iv) providing help or access to help for the individual's possible problem
- (v) the possibility of having to commence disciplinary action

### **3. COUNSELLING INTERVIEW**

(guidelines to interviewing are given in Appendix 3)

The essential purposes of the interview are:-

- (a) to inform the employee that his/her performance and/or attendance/conduct/behaviour has deteriorated to an unacceptable level, specifying the particular instances that have occurred.
- (b) to explain to the employee the consequences of failing to improve work performance and/or attendance/conduct/behaviour to an acceptable level and to indicate a timetable for improvement.

He/she should be offered help to avoid these consequences. The interview should be confined only to aspects of work performance and/or attendance/conduct/behaviour unless there is clear evidence of alcohol or drug abuse, i.e. actual incident(s) or the employee/fellow employee raises the matter.

If it is confirmed that there is a dependency problem employees will have the right to be accompanied/represented by their trade union, professional organisation or a friend if they so wish at any stage in these procedures. A brief note of the agreed action from the discussion will be made and retained in strict confidence by the line manager and a copy given to the employee.

#### **(a) Offer Of Help**

The opportunity if appropriate, should be taken to remind the employee of the existence of Occupational Health and offer referral.

No direct reference should be made to alcohol or drugs unless initiated by the employee or where the misuse of alcohol or drugs has been obvious. The phrase "a personal health problem" is suitably ambiguous and maintains a degree of confidentiality for the individual.

#### **(b) Help Rejected**

If the employee rejects an offer of assistance, the Director/line manager should make a full assessment of the situation and decide whether to take disciplinary action at this stage or allow the employee to continue at his/her place of work in the knowledge that

the situation will be kept constantly under review. If continuation at work is appropriate, the Director should establish what would be regarded as a satisfactory level of work performance and or attendance/conduct/ behaviour in the future. These standards should be made clear to the individual and he/she should be advised that if he/she fails to meet those requirements disciplinary procedures will be implemented.

**(c) Help Accepted**

- (i) Where the employee, in the course of the interview, accepts referral to Occupational Health Service, the Personnel Department on behalf of the Director should contact Occupational Health to arrange an appointment. A letter of referral (See Appendix 4) giving full details of the case, additional information, together with the employee's permission must be, as with all Occupational Health referrals, sent in confidence to Occupational Health, to confirm the appointment .
- (ii) On the rare occasion that an employee has self-referred to his/her General Practitioner or other NSS, it is necessary for management to ensure arrangements are made with the General Practitioner or other NSS, via agreement with the individual, for the referral to be changed in status, from purely self-referral to indicate management interest and enable a suitable monitoring system to be established to ensure the employee's continue attendance and co-operation.

**4. PERSONAL/HEALTH PROBLEM CONFIRMED**

Occupational Health will, after consultation with the employee, advise the Director/line manager if a problem has been confirmed and treatment begun. The employee may remain at work or in some cases, may be absent on sick leave during this period.

The individual will, in either event if assistance is accepted, continue to be monitored by Occupational Health who will act as a liaison between the employee, his/her treatment provider and the Personnel Officer/line manager.

**(a) Remaining At Work During The Recovery Programme**

The employee should be informed of management's expectation of work performance and for behaviour in the future. A timescale should be set and a following interview date agreed.

Where it is agreed that an employee returns to work and in the event that work problems recur, the line manager should notify the Director/line manager so that appropriate action may be taken.

The employee's colleagues will be advised of the return to work arrangements but not the exact nature of the problem. This will remain confidential.

**(b) Recovery Programme Discontinued**

In the event that the employee's recovery programme is prematurely discontinued, the Director should determine what, if any, disciplinary action or otherwise is necessary.

Where performance and/or attendance/conduct are still not satisfactory, the disciplinary process should be used and any earlier warning/disciplinary action not spent can be taken into account.

**(c) Alternative Working Arrangements During Recovery Programme**

Should a return to post or continuation in a post carry with it a risk of recurrence of the problem or a risk of jeopardising the health and safety of other members of staff, alternative working arrangements should be considered.

**(d) Sickness Absence Leave**

If suitable working arrangements cannot be made, a period of sick leave may be arranged with the individual alone, with the line manager, or with the assistance of Occupational Health through the General Practitioner Service.

If the employee has been on sick leave during the recovery programme then Occupational Health will liaise with the individual and his family doctor in respect of a return to work. Any adjustment required to working arrangements will be discussed and agreed with the Director/line manager.

On return to work or before, the individual should be seen by Occupational Health and assured of appropriate continuing support.

The Director/Line Manager should interview the employee and define the work performance levels and/or behaviour expected. The employee should be aware that the manager will continue to monitor the situation.

A further review date should be agreed and action taken as indicated under interview arrangements.

**(e) Assessing Risk**

NSS must fully meet its responsibilities as laid down in health and safety law. Taking advice from Occupational Health, managers should ensure that a risk assessment is undertaken if a staff member with an acknowledged dependency related problem remains at work or before the staff member returns from sick leave in order to ensure that all potential risks are identified and addressed.

**(f) Failure To Return To Work**

In the event of an employee failing to return to work after a prescribed period of sick leave because of a dependency problem, the Director/line manager should contact Occupational Health in order to discuss the matter further.

Reference should also be made to the Promoting Attendance Policy for guidance in dealing with such situations.

**5. PERSONAL/HEALTH PROBLEM NOT CONFIRMED**

If after assessment, Occupational Health informs the Director that it is unable to help the employee (e.g. Occupational Health does not perceive a problem for which it can offer help; the employee denies the existence of a problem or rejects the need for a recovery programme), the Director will discuss the situation with the Director of Human Resources/Human Resources Manager to determine what appropriate disciplinary action should be taken.

## **6. FOLLOW-UP INTERVIEWS**

It is unrealistic to expect problems always to be resolved totally and immediately. Where there is an improvement, this should be encouraged and reinforced. Equally, it is important to avoid pretending that any remaining problems do not exist or do not matter. It is a question of balance. The monitoring should be seen to be an ongoing part of the line manager's involvement with standards of work and employee performance.

Follow-up interviews at agreed timescales should be held irrespective of whether help has been accepted or rejected; resolution of work-related problems being the objective. The initial interview will have had one of three main possible outcomes:-

**a)** work performance has returned to an acceptable level ;

The employee may or may not have sought assistance from Occupational Health, but in either event the Director/line manager's role is at an end except for:-

- continued monitoring of performance, and being alert to the improvement not being sustained.
- providing positive feedback to the employee, ensuring that he/she is aware that the improvement has been noted and appreciated.

**b)** there has been some improvement, but performance is still below what is required;

Where there has been some improvement but not enough, the Director/line manager should liaise with Occupational Health if the employee has accepted referral and assess the situation before the interview. The interview should:-

- provide positive feedback about what improvement there has been.
- specify the continuing problem
- agree resolution.
- Fix a date for a further review.

Where the individual did not accept initial referral to Occupational Health, a further offer of referral should be made and acceptance encouraged. The employee has the right to continue to refuse.

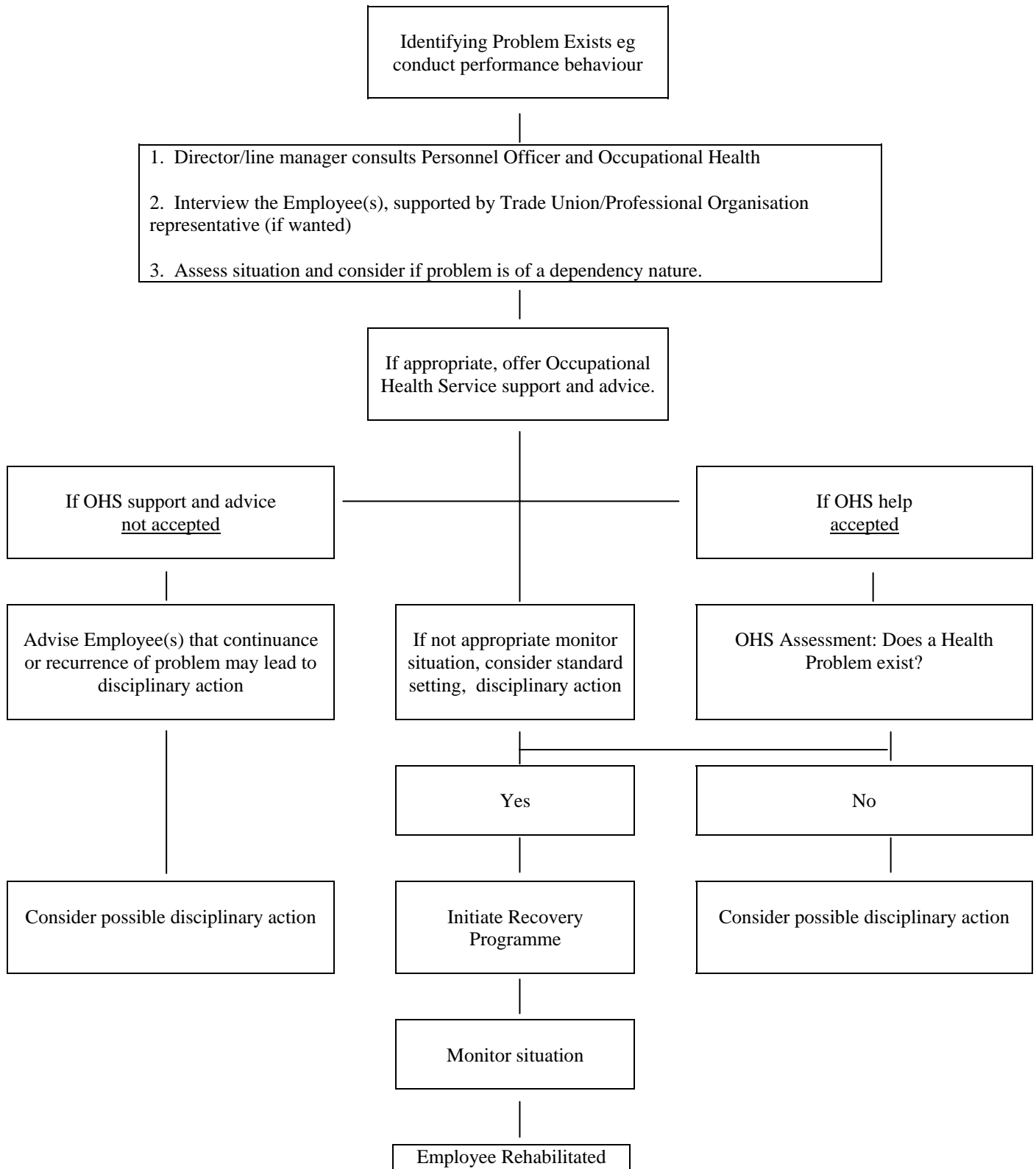
**c)** there has been no improvement;

In cases where there has been no improvement:-

- on the basis of the documentation, specify the continuing problems.
- remind the employee of the consequences of failing to improve performance to an acceptable level.
- remind the employee of the availability of Occupational Health if previous referral was not accepted.
- define any further action and timescale.

## APPENDIX 1

### DEPENDENCY POLICY FLOWCHART



## APPENDIX 2

### USEFUL ADDRESSES

**NHS HEALTH SCOTLAND**, Woodburn House, Canaan Lane, Edinburgh EH1 4SG.  
(0131) 536 5500

Educational materials and programmes are available for us from the;  
Health Promotion Department  
Health Promotion Library (charges made for photocopying)  
**Or** Local Health Board/Trust

#### **ADDICTION UNITS MAJOR CONTACTS**

##### **DRUGS**

Scottish Drugs Forum  
139 Morrison Street  
EDINBURGH EH3 8AJ  
Central Point (0131) 221 9300  
e-mail: [enquiries@sdf.org.uk](mailto:enquiries@sdf.org.uk)

##### **ALCOHOL**

Alcohol Focus Scotland  
2<sup>nd</sup> Floor, 166 Buchanan Street  
GLASGOW G1 2NH  
(0141) 572 6702  
e-mail: [enquiries@alcohol-focus-scotland.org.uk](mailto:enquiries@alcohol-focus-scotland.org.uk)

#### **EDINBURGH**

##### (Information)

Edinburgh Council on Alcohol  
6 Clifton Terrace  
EDINBURGH EH12 5DR  
(0131) 337-8188  
e-mail: [elca@btconnect.com](mailto:elca@btconnect.com)

#### **GLASGOW**

##### (Advice/Counselling)

West Community Addition Team  
7-19 Hecla Square  
Drumchapel  
GLASGOW G15 8NH  
(0141) 274 4346  
e-mail: [tricia.lynch@sw.glasgow.gov.uk](mailto:tricia.lynch@sw.glasgow.gov.uk)

##### (Information)

The Drugs and Alcohol Project  
47 Adelaide Street  
Craigshill  
LIVINGSTON EH54 5HQ  
(01506) 430 225  
e-mail: [enquiries@wldas.org](mailto:enquiries@wldas.org)

##### (Information and Resource)

Information & Resource Unit on  
Addiction  
123 West Street  
GLASGOW G5 8BA  
(0141) 420 1188

##### (Advice/Counselling)

Be Well  
14 Niddrie House Park  
EDINBURGH EH16 4UL  
(0131) 657 4174  
e-mail: [admin@be-well.org.uk](mailto:admin@be-well.org.uk)

#### **ABERDEEN**

##### (Advice/Counselling)

Drugs Action  
7 Hadden Street  
ABERDEEN AB11 6NU  
(01224) 594 700  
e-mail: [info@drugsaction.co.uk](mailto:info@drugsaction.co.uk)

##### (Advice/Counselling)

Drug Prevention Group, Leith  
53 Prince Regent Street  
Leith  
EDINBURGH EH6 4AR  
(0131) 553 2841

##### (Advice/Counselling)

Aberdeen Council on Alcohol  
62 Dee Street  
ABERDEEN AB11 6DS  
(01224) 573887  
e-mail: [info@aacs.co.uk](mailto:info@aacs.co.uk)

##### (Advice/Counselling)



Turning Point  
3 Smith's Place  
EDINBURGH EH6 8NT  
(0131) 554 7516  
e-mail: [Leith@TurningPoint.fsnet.co.uk](mailto:Leith@TurningPoint.fsnet.co.uk)

**HIGHLAND**

(Advice/Counselling)  
Alcohol Counselling Inverness  
34a Tomnahurich Street  
INVERNESS IV3 5DS  
(01463) 220 995  
e-mail: [info@invernessaci.fsnet.co.uk](mailto:info@invernessaci.fsnet.co.uk)

(Alcohol & Drug Treatment)  
Highland Alcohol & Drugs Problems Centre  
Highland Communities NHS Trust  
Osprey House  
Raigmore Avenue  
(01463) 726888

**DUNDEE**

(Advice/Counselling)  
Tayside Council on Alcohol  
13 King Street  
DUNDEE DD1 2JD  
(01382) 223965  
e-mail: [enquiries@alcoholtayside.com](mailto:enquiries@alcoholtayside.com)

(Advice/Counselling)  
Drug Problems Centre  
Constitutions House  
55 Constitution Road  
DUNDEE DD1 1LB  
(1382) 424544

## APPENDIX 3

### WORK RELATED PROBLEMS POSSIBLY CAUSED BY ALCOHOL OR DRUG ABUSE

<p>1. <b>ABSENTEEISM</b></p> <ul style="list-style-type: none"><li>• Frequent and/or unexplained absences.</li><li>• Poor timekeeping.</li><li>• Excessive sick leave, certified and self certified.</li><li>• Pattern of short-term absence, ie. Monday and/or Friday.</li></ul>	<p>4. <b>POOR EMPLOYEE RELATIONS ON THE JOB</b></p> <ul style="list-style-type: none"><li>• Wide swing in morale.</li><li>• Borrowing money from colleagues.</li><li>• Complaints from colleagues.</li><li>• Unreasonable resentment.</li></ul>
<p>2. <b>POOR PERFORMANCE</b></p> <ul style="list-style-type: none"><li>• Mistakes and/or errors of judgement.</li><li>• Telling untruths in respect of performance.</li><li>• Undue fatigue.</li><li>• Lack of concentration.</li><li>• Memory slips.</li><li>• Alternative periods of high and low “productivity”.</li><li>• Generally lowered job efficiency.</li></ul>	<p>5. <b>ACCIDENT PRONENESS</b></p> <p>6. <b>OTHER SIGNS</b></p> <ul style="list-style-type: none"><li>• Smell of alcohol on breath.</li><li>• Hand tremor.</li><li>• Facial flushing and bleary eyes - frequent evidence of bruising</li><li>• Coming to work in an obviously abnormal condition.</li><li>• Lowering of personal standards, ie. cleanliness, dress.</li><li>• Weight loss.</li></ul>
<p>3. <b>CHANGE OF PERSONALITY</b></p> <ul style="list-style-type: none"><li>• Relationships with colleagues.</li><li>• Moodiness.</li><li>• Irritability.</li><li>• Lethargy.</li><li>• Diminishing responsibility.</li><li>• Tendency to blame others for shortcomings.</li><li>• Shunning of colleagues.</li></ul>	

### GUIDELINES TO INTERVIEWING EMPLOYEE

- Do not rely on memory.
- Be clear and concise.
- Record nature of incident, time and date.
- Record **actual** events, not impressions or hearsay.
- Be completely objective.
- Treat all documentation as **confidential**.

NSS OCCUPATIONAL HEALTH SERVICE

**Consent for Referral to Occupational Health Department**

I have had the reasons for this referral explained to me and I understand that any report will be in terms of work ability and that all clinical and personal details will remain confidential to the OH Service.

I ..... of .....

.....  
.....

(home address)

consent to be referred to see the Occupational Health Practitioner

**Name of Occupational Health Provider**

.....  
.....

Signed ..... Date

.....

I .....of

.....

give permission for ..... of the

Occupational Health Provider to speak to the HR Manager/Manager. I understand  
that the medical information remains confidential to the Occupational Health Service  
and the report will be based on my functional capacity.

**MANAGEMENT REFERRALS TO OCCUPATIONAL HEALTH SERVICE**

To, Name of OH Service:	Address of OH Service
<b>EMPLOYEE DETAILS</b>	
Surname:	First Name:
Home Address:	
Post Code:	
Date of Birth:	Home Telephone Number:
Post Held:	Full Time/Part Time:
Place and Directorate where Employed:	
Date Appointed:	Total NHS Service:
Expiry Date of:	
Half Pay:	Full Pay:
Name of Superannuation Scheme:	

<b>DETAILS OF SICKNESS ABSENCES</b> (Past 2 Years) or enclose a copy of records
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REASONS FOR REFERRAL	
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Please tick the following boxes to indicate the main reason (or reasons) for referring this employee, and give further details in the section provided below.

## Long term sickness absence

Frequent short- term absence

### Possible effects of health on behaviour at work

### Possible effects of health on work performance or work capacity

## Possible effects of work on health

## Advice on rehabilitation after illness

Ending of employment on health grounds

Suspected alcohol or drug related problems

### Fitness for transfer to new duties

Other reasons (please specify in section below)

## Advice on the application of the DDA

## REFFERAL DETAILS

Please complete this section giving the relevant background and the specific questions you wish the Occupational Health Service to address

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<b>ADVICE FOR MANAGERS</b>
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**Before signing the referring manager's section below, please read the following general advice to manager:**

- Before the referral, the employee should be informed of and understand the reason why they are being referred and their agreement to attend should be obtained.
- The management referral form will be sent by the referring manager to Occupational Health outlining the circumstances and highlighting the questions to be answered.
- The confidentiality of the employee's clinical details is respected unless consent is given to disclosure.
- The Occupational Health Physician or Nurse undertaking the assessment will discuss the report for the Occupational Health Service to the referring manager with the employee.
- Communications with General Practitioners or Hospital Doctors will only take place with the signed consent of the employee taking into account the Access to Medical Reports Act.
- All sections of the referral form must be completed and signed before sending by mail or, by arrangement, through a secure fax. Please do not e-mail this form.
- An up-to-date job description should be sent with this form.

<b>REFERRING MANAGERS DETAILS</b>	
Name of Referring Manager:	Designation:
Location:	Telephone Number:
Full address for correspondence:	
E-mail address for confirming appointments:	
<b>I have read the advice for managers and have communicated with the employee being referred and have completed all sections of the form.</b>	
Signature of referring manager: (no pp)	Date:

Please ensure that a copy of this referral letter is sent to HR