

Worker use of alcohol and other drugs Policy Directive

Version No.: 1.0
Approval date: 16 May 2019



Contents

- 1. Policy Statement 3
- 2. Roles and Responsibility 3
 - 2.1 Chief Executive (Officers) 3
 - 2.2 Executive Directors (including Directors of Workforce or equivalent) 3
 - 2.3 Line Managers (including Executive managers)..... 3
 - 2.4 Workers..... 4
- 3. Policy Requirements 4
 - 3.1 Essential policy requirements 4
 - 3.2 Reporting 5
 - 3.3 Risk management..... 5
 - 3.4 Work related social functions..... 6
- 4. Implementation and Monitoring 6
- 5. National Safety and Quality Health Service Standards..... 6
- 6. Definitions..... 6
- 7. Associated Policy Directives / Policy Guidelines and Resources 7
 - 7.1 Legislation..... 7
 - 7.2 SA Government documents..... 7
 - 7.3 Related SA Health policies 7
 - 7.4 Resources 8
- 8. Document Ownership and History 8

Worker use of alcohol and other drugs Policy Directive

1. Policy Statement

SA Health is committed to provide a safe, healthy and productive workplace and to comply with its obligations under the [Work Health and Safety Act 2012 \(SA\)](#) (WHS Act).

The consumption of alcohol and/or other drugs whilst on duty, or in the period leading up to presentation at work, could result in unsafe and/or poor work performance, and an increased risk of incidents and adverse patient outcomes, as it may impact a worker's capacity to exercise reasonable care and skill in the performance of their duties. Alcohol and/or other drug use may cause impaired coordination, memory and other cognitive functions; delayed reaction time and a decrease in a worker's ability to concentrate and communicate.

In this context, the principles and information provided in this Policy Directive intend to prevent and minimise risks to patients, workers and others in the workplace associated with worker use of alcohol and/or other drugs.

This Policy Directive must be read in conjunction with the SA Health [Management of Non-Work Related Disability or Medical Incapacity Policy Guideline](#); the [Commissioner for Public Sector Employment Guideline: Managing Unsatisfactory Performance \(Including Misconduct\)](#); other documents listed under section 7 of this Policy Directive; as well as the relevant policies and procedures of the Local Health Network (LHN), SA Ambulance Service (SAAS) and the Department for Health and Wellbeing (DHW).

The requirements of this Policy Directive must be made applicable to labour hire agency staff, volunteers and students on clinical placements through their labour hire contracts or their licencing agreements authorising them to work within LHNs/SAAS/DHW workplaces. These expectations must also be included in their induction processes.

2. Roles and Responsibility

The respective responsibilities relating to the provisions of this Policy Directive are as follows:

2.1 Chief Executive (Officers)

Will take reasonably practicable steps and exercise due diligence to ensure:

- Compliance with the intent of this Policy Directive.
- This Policy Directive is communicated and implemented across SA Health.

2.2 Executive Directors (including Directors of Workforce or equivalent)

Will take reasonably practicable steps and exercise due diligence to ensure:

- This Policy Directive is communicated and implemented within their areas of responsibility across SA Health.
- Awareness and compliance with this Policy Directive is monitored within their areas of responsibility.

2.3 Line Managers (including Executive managers)

Will take reasonably practicable steps and exercise due diligence to ensure:

- This Policy Directive is implemented within their areas of responsibility.
- Awareness of the provisions of this Policy Directive is created with existing and new workers within their areas of responsibility.
- Situations are effectively managed where a worker is suspected to be intoxicated at work and further action is initiated as appropriate, e.g.:
 - manage the matter through the labour hire agency, clinical placement coordinator or volunteer coordinator where the person concerned is a non-employee; or
 - where the individual is a SA Health employee, manage the matter consistent with the SA Health *Worker use of alcohol and other drugs Management Resource*; monitor work performance; report incidents; investigate and document events; and

- Records are kept of all discussions and actions relating to managing a worker suspected to be intoxicated on duty.
- Where prescription drugs make a worker's performance of his/her normal duties unsafe:
 - the employee is managed in accordance with the SA Health Policy Guideline *Management of Non-Work Related Disability or Medical Incapacity* (e.g. obtain medical advice necessary to make an informed decision as to the impact of the medication on the worker's ability to work safely and adjustments required to ensure safety); or
 - the matter is managed through the labour hire agency, clinical placement coordinator or volunteer coordinator, where the person concerned is a non-employee worker.
- Where required, incidents and safety concerns in the workplace relating to a worker's use of alcohol and/or other drug use are reported to appropriate individuals/bodies.
- Additional risk management and security precautions are considered, where appropriate.

2.4 Workers

Must take reasonable practical steps to:

- Ensure they do not attend work or remain at work while impaired by alcohol and/or other drugs - including when working after-hours or on-call.
- Ensure they do not consume or provide alcohol to others in the workplace or while on duty.
- Ensure they are not in possession of and do not use illegal drugs in SA Health workplaces¹ or whilst on duty.
- Advise their line manager if they are taking prescribed medication which may adversely affect their ability to work safely.
- Promptly report to their line manager or WHS representative safety concerns related to suspected drug/alcohol use of another SA Health worker that is adversely impacting their ability to perform their duties safely.

3. Policy Requirements

3.1 Essential policy requirements

SA Health workers are required to present for duty at all times unimpaired by alcohol and/or other drugs. Workers on on-call rosters must ensure they remain fit for duty during their on-call hours.

Any worker who is reasonably suspected of being intoxicated by alcohol and/or drugs (licit or illicit) must not be allowed to commence work, continue working or return to work until they are deemed fit to perform their duties safely and without impairment.

The use and possession of alcohol and illicit drugs in SA Health workplaces and/or while on duty is prohibited. (Refer also to section 3.4 regarding work-related social functions.)

Workers who are required to operate clinical equipment or other machinery or drive Government vehicles during the course of their duties must not:

- do so with a blood alcohol and/or other drug levels exceeding any requirements (if locally prescribed) of the LHN/SAAS/DHW² or determined by law; and/or
- be under the influence of alcohol and/or other drugs that may adversely affect their ability to safely drive or operate equipment and machinery.

¹ “**Workplace**” is defined in section 6 - meaning the work environment where SA Health workers perform their duties; whether on SA Health premises or elsewhere in the community.

² An example of local SA Health requirements is the *Zero Blood Alcohol Level Policy Directive* applying to drivers of SAAS vehicles for operational emergency purposes.

3.2 Reporting

Reporting obligations of unsafe, illegal or unlawful actions of workers relating to their use of alcohol and/or other drugs which impacts the workplace are as follows:

- Report the matter to SafeWorkSA, where duties include licensed high-risk work and the incident is deemed a notifiable or dangerous occurrence.
- Report the matter to AHPRA if the worker is a registered health professional and the conduct is 'notifiable'³).
- Report the matter to the Health and Community Services Complaints Commissioner (HCSCC), South Australia, if the conduct is notifiable under the Code of Conduct for Unregistered Health Practitioners.
- SA Health (as an employer of registered health practitioners) is required under the Health Practitioner Regulation National Law Act 2010 to report 'notifiable conduct' of registered health practitioners to AHPRA. This includes occurrences of a practitioner practicing their profession while intoxicated by alcohol and/or other drugs; or where the public is placed at risk of substantial harm in the practitioner's practice of their profession because the practitioner has an impairment (including by their use of alcohol and/or other drugs).

Notifications can be made by phone or in writing (email or electronically at <http://www.ahpra.gov.au/Notifications/Make-a-complaint/Mandatory-notifications.aspx>).

- The SA Health WHS Reporting and Investigation Policy Guideline requires that:
 - The hazard must be recorded where it is identified that the use of alcohol and/or other drugs is creating a work health or safety risk to patients, workers or others in the workplace.
 - Any occasions of a worker being 'unfit for duty' must be recorded on the Safety Learning System (SLS), WHS Module (once confidentiality of these records has been built into the record system - including being accessible only by appropriate senior employees).
- Under the Code of Ethics for the South Australian Public Sector, public sector employees must report to an appropriate authority workplace behaviour that a reasonable person would suspect violates any law, is a danger to public health or safety of the environment or amounts to misconduct.
- All public sector employees must also report any reasonable suspicion involving misconduct to the Office for Public Integrity (OPI) pursuant to section 20 of the Independent Commissioner Against Corruption Act 2012. These reporting obligations are in addition to reporting obligations that may already exist under other legislation, regulations, codes of conduct, or guidelines.
- Any criminal action in the workplace (e.g. theft of drugs/medicines or possession/sale of illegal drugs) must be reported to the South Australian Police (SAPOL) by calling 131444 or by attendance at a local SAPOL station.
- Where there are concerns about a non-employee's use of alcohol and/or other drugs impacting the workplace, the relevant Contract Manager (in case of a labour hire agency employee), the student placement coordinator or the volunteer coordinator should also be notified.

3.3 Risk management

Worker use of alcohol and/or other drugs may be a safety risk factor in the workplace if it affects the person's ability to perform their work safely. SA Health has an obligation under the WHS Act to identify work health and safety risks in consultation with workers and devise strategies to prevent and minimise such risks, e.g. by:

- Conducting a risk assessment⁴ of the work unit in consultation with workers to identify external and internal conditions that may increase risks related to worker use of alcohol and/or other drugs. The workgroup's Health and Safety Representative should be engaged.
- Considering risk prevention measures to minimise safety risks related to alcohol and/or other drug use.

³ Requirements for notification or reporting vary between the *AHPRA Mandatory Notifications Guideline* and the *Code of Conduct for the Paramedicine Board of Australia*. Further, the *Code of Conduct for Unregistered Health Practitioners*, s7 requires that: "Health practitioners not to practise under the influence of alcohol or drugs". Section 8 outlines provisions relating to impairment.

⁴ For more information refer to Mechanisms for Hazard Identification and Risk Management Procedure and the SA Health *Workers use of Alcohol and/or other drugs Management Resource*

3.4 Work related social functions

The consumption of alcohol on SA Health premises is prohibited, except with the prior written approval of the Chief Executive (Officer) or delegate. Any worker leaving the workplace who has been consuming alcohol during a work-related function and is unfit to make their own arrangements to return home safely, must be assisted (where the relevant manager is aware of this) with safe transport home (e.g. with a colleague or by taxi).

Where alcohol may be available at work-related functions, such as Christmas parties or social club events, these functions should occur within workers' own time and must not take place on SA Health premises.









Employees have a responsibility to be aware of their own level of alcohol consumption when attending a work-related social function or social club event and abide by the *Code of Ethics for the South Australian Public Sector*, i.e. behaving in a professional, respectful and responsible manner.

4. Implementation and Monitoring

This Policy Directive may be subject to SA Health Auditing and Evaluation regimes; i.e. by SA Health Risk and Assurance Services function. The implementation of this Policy Directive could be monitored (among other auditing methods) by surveying:

- Workers awareness of the provisions of this Policy Directive; the risks to their work unit where a worker would be impaired by their use of alcohol and/or other drugs; and of their reporting obligations under this Policy Directive where such risks are observed.
- Work unit risk assessments and risk management strategies developed to respond to possible impairment due to worker use of alcohol and/or other drugs.
- Training provided to line management on the management of alcohol and/or other drug use impacting the workplace.

5. National Safety and Quality Health Service Standards

 National Standard 1 Clinical Governance	 National Standard 2 Partnering with Consumers	 National Standard 3 Preventing & Controlling Healthcare-Associated Infection	 National Standard 4 Medication Safety	 National Standard 5 Comprehensive Care	 National Standard 6 Communicating for Safety	 National Standard 7 Blood Management	 National Standard 8 Recognising & Responding to Acute Deterioration
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Definitions

In the context of this document:

- **alcohol** means any substance or beverage that contains alcohol (including, but not limited to, beer, wine or spirits) and that impairs a person's physical or mental capacity, e.g. speed, accuracy, judgement, self-control and reflexes;
- **drugs** means a chemical substance, whether it is legal or illegal, which may have the ability to impair a person's physical or mental capacity (excluding alcohol for the purpose of this Policy Directive). These can include prescription medication; non-prescription drugs (such as codeine, cough syrups and similar); and illicit drugs (such as heroin, amphetamines, LSD, crack, cocaine, ecstasy or marijuana);
- **illicit drugs** means unlawful drugs such as heroin, cocaine, marijuana and methamphetamines;

- **impairment** (at work) due to alcohol and/or other drugs means the worker's work performance is impaired to the extent that it may result in an increased risk of endangering the safety of the worker, co-workers, or other people in the workplace, including patients, or an increased risk of damage to property;
- **intoxication** means a state in which a person's normal capacity to exercise reasonable care and skill in the practice of their work is impaired or adversely affected as a result of being impacted by their recent use of alcohol and/or other drugs;
- **licit drugs** means lawful drugs, which could include prescription medication or non-prescription drugs such as codeine (excluding alcohol for the purpose of this Policy Directive);
- **line manager** means the person who is responsible for overseeing a worker's day-to-day activities, performance and conduct in a SA Health workplace. This also includes managers of labour hire agency staff and co-ordinators of volunteers or students on clinical placements;
- **workplace** means the work environment where SA Health workers perform their duties; - whether on SA Health premises or elsewhere in the community;
- **worker** means all persons working under SA Health supervision, e.g. all employees and non-employee workers (such as volunteers, students/clinical placements and labour hire agency staff).

7. Associated Policy Directives / Policy Guidelines and Resources

7.1 Legislation

- [Controlled Substances Act 1984](#) and related Regulations and codes of practice
- [Consent to Medical Treatment and Palliative Care Act 1995 \(SA\)](#)
- [Freedom of information Act 1991](#)
- [Health Care Act 2008 and Health Care Regulations 2008](#)
- [Health Practitioner Regulation National Law \(South Australia\) Act 2010](#)
- [Independent Commissioner Against Corruption Act 2012](#)
- [Public Sector Act 2009 and Public Sector Regulations 2010](#)
- [Public Sector \(Honesty and Accountability\) Act 1995](#)
- [Public Intoxication Act 1984](#)
- [Road Traffic Act 1961\(SA\)](#)
- [State Records Act 1997 and General Disposal](#)
- [Public Interest Disclosure Act 2018](#)
- [Work Health and Safety Act 2012 \(SA\)](#)

7.2 SA Government documents

- [Code of Ethics for the South Australian Public Sector](#)
- [Commissioner for Public Sector Employment Guideline: Extent of obligation on employees to report they have been charged with a criminal offence](#)
- [Commissioner for Public Sector Employment Guideline: Managing Unsatisfactory Performance \(Including Misconduct\)](#)
- [PC012 - Information Privacy Principles \(IPPs\): Cabinet Administrative Instruction 1/89](#)

7.3 Related SA Health policies

- [Attendance Management Guide for SA Health \(Policy Guideline\)](#)
- [Credentialing and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Directive](#)
- [Employees Access to Medicines for Personal Use Policy Directive](#)
- [Employee Assistance Program Policy Directive](#)
- [Employees Charged with Criminal Offences Policy Directive](#)
- [Management of Non-Work Related Disability or Medical Incapacity Policy Guideline](#)
- [Mechanisms for Hazard Identification and Risk Management Procedure](#)
- [Privacy Policy Directive](#)
- [Roles Responsibilities and Governance \(WHSIM\) Policy Directive](#)
- [SA Health \(Health Care Act\) Human Resources Manual](#)

- [Storage and Recording of Restricted Schedule 4 \(Prescription Only\) Medicines Policy Directive](#)
- [Worker Health, Wellbeing and Fitness for Work Policy Directive](#)
- [Work Health and Safety Reporting and Investigation Policy Directive](#)
- [Work Health, Safety and Injury Management \(WHSIM\) Policy Directive](#)
- [Workers Health and Wellbeing Policy Directive](#)

7.4 Resources

- [Code of Conduct for Unregistered Health Practitioners](#)
- [SA Health Web page: Alcohol laws](#)
- Worker use of alcohol and/or other drugs: Management Resource
- Documenting incidents of suspected intoxication at work (Resource)
- Checklist for observations of impairment due to drug and alcohol use (Resource)
- Authority to provide medical information (HR template)
- Letter to treating practitioner requesting information (HR template)
- Agenda for consultation with treating practitioner (HR template)
- Briefing to Independent Medical Assessor (HR template)
- Performance improvement/management plan (HR template)
- Return to full substantial duties plan (HR template)

8. Document Ownership and History

Document developed by: Corporate Services in the Department for Health and Wellbeing.

File / Objective No.: 2018- 11735

Next review due: May 2024 (5 years after approval)

Policy history: Is this a new policy? **Y**
 Does this policy amend or update an existing policy? **N**
 If so, which version?
 Does this policy replace another policy with a different title? **N**
 If so, which policy (title)?

ISBN: 978-1-76083-107-3

Approval Date	Version	Who approved New/Revised Version	Reason for Change
16/05/2019	V1.0	SA Health Policy Committee	Original approved version.

Workforce/People and Culture Resource
(supplementing the SA Health Worker use of alcohol and/or other drugs Policy Directive)

Worker use of alcohol and other drugs Management Resource

Version No.: 1.0



Government
of South Australia



Government
of South Australia

SA Health

Contents

1. Purpose	11
2. Roles and Responsibilities	11
2.1. Chief Executive (Officers)	11
2.2. Executive Directors (including Directors of Workforce or equivalent)	11
2.3. Line Managers (including Executive managers)	11
2.4. Workers	12
3. Guiding Principles and Procedures	12
3.1. Managing suspected intoxication at work	12
3.1.1. Reasonable belief of intoxication at work	12
3.1.2. Address the concerns with the worker	12
3.1.3. Direct the worker to safely leave the workplace:	13
3.1.4. Conduct a follow-up meeting:	14
3.1.5. Document observations of impairment at work and follow-up actions	15
3.1.6. Report the incident to appropriate authorities, where required	15
3.2. Unsatisfactory performance suspected to be related to alcohol and/or other drug use	16
3.3. Diagnosis or self-disclosure of concerns relating to alcohol and/or other drugs	17
3.3.1. Recognition of harmful alcohol and/or drug use	17
3.3.2. Referral to the Employee Assistance Program for counselling:	17
3.3.3. Direct the worker to information provided on the internet:	17
3.3.4. Report to AHPRA/HCSCC	17
3.3.5. Treatment, rehabilitation and return to work	17
3.3.6. Plan to return to substantive duties	18
3.3.7. Unsuccessful rehabilitation	18
3.4. Medication that may impact safety at work	18
3.5. Disciplinary procedures	19
3.5.1. Failure to comply with the Code of Ethics	19
3.5.2. Criminal offences or other actions warranting disciplinary action	19
3.6. Compliance with the principles of procedural fairness	19
3.7. Confidentiality	20
3.8. Record keeping	20
3.9. Risk management	5
3.10. Testing of individual employees	21
3.11. Measures to ensure compliance with legislation	21
3.12. Education and training	21
3.12.1. Training line managers	21
3.12.2. Creating worker awareness	21
3.13. Work related social functions	5
3.14. Reporting obligations	22
3.15. Grievances	23
4. Definitions	23
5. Associated Policy Directives / Policy Guidelines and Resources	24
6. Document Ownership & History	25
7. Attachment 1: Observations of impairment possibly due to drug and/or alcohol use.	26
8. Attachment 2: Documenting incidents of suspected intoxication at work	28

Worker use of alcohol and other drugs - Management Resource

1. Purpose

This resource supplements the SA Health *Worker use of alcohol and/or other drugs Policy Directive*.

It has been developed in collaboration by Workforce/People and Culture Directors (or equivalent) of the Department for Health and Wellbeing, Local Health Networks and the SA Ambulance Service to assist Line Managers and Workforce/People and Culture employees to effectively and fairly manage workers adversely impacted by their use of alcohol and/or other drugs whilst on duty.

2. Roles and Responsibilities

The respective responsibilities stated in the *Worker use of alcohol and other drugs Policy Directive* are as follows:

2.1. Chief Executive (Officers)

Will take reasonably practicable steps and exercise due diligence to ensure:

- Compliance with the intent of the *Worker use of alcohol and other drugs Policy Directive*.
- This Policy Directive is communicated and implemented across SA Health.

2.2. Executive Directors (including Directors of Workforce or equivalent)

Will take reasonably practicable steps and exercise due diligence to ensure:

- The *Worker use of alcohol and other drugs Policy Directive* is communicated and implemented within their areas of responsibility across SA Health.
- Awareness and compliance with this Policy Directive is monitored within their areas of responsibility.

2.3. Line Managers (including Executive managers)

Will take reasonable care to:

- Implement the *Worker use of alcohol and other drugs Policy Directive* within their areas of responsibility.
- Create awareness of the provisions of this Policy Directive with existing and new workers within their areas of responsibility.
- Effectively manage situations where a worker is suspected to be intoxicated at work and initiate further action as appropriate, e.g.:
 - manage the matter through the labour hire agency, clinical placement coordinator or volunteer coordinator where the person concerned is a non-employee; or,
 - where the individual is a SA Health employee, monitor work performance; report incidents; investigate and document events; and
 - keep records of all discussions and actions relating to managing a worker suspected to be intoxicated on duty.
- Where prescription drugs make a worker's performance of his/her normal duties unsafe, manage:
 - an employee in accordance with the SA Health Policy Guideline *Management of Non-Work Related Disability or Medical Incapacity* (e.g. obtain medical advice necessary to make an informed decision as to the impact of the medication on the worker's ability to work safely and adjustments required to ensure safety); or
 - manage the matter through the labour hire agency, clinical placement coordinator or volunteer coordinator, where the person concerned is a non-employee worker.
- Record and report to the appropriate individuals/bodies incidents and safety concerns in the workplace relating to a worker's use of alcohol and/or other drug use.
- Consider additional risk management and security precautions, where appropriate.

2.4. Workers

Must take reasonable care to:

- Ensure they do not attend work or remain at work while impaired by alcohol and/or other drugs - including when working after-hours or on-call.
- Ensure they do not consume or provide alcohol to others in the workplace or while on duty.
- Ensure they are not in possession of and do not use illegal drugs in SA Health workplaces⁵ or whilst on duty.
- Advise their line manager if they are taking prescribed medication which may adversely affect their ability to work safely.
- Promptly report to their line manager or WHS representative safety concerns related to suspected drug/alcohol use of another SA Health worker that is adversely impacting their ability to perform their duties safely.

3. Guiding Principles and Procedures

3.1. Managing suspected intoxication at work

3.1.1. Reasonable belief of intoxication at work

Any worker who is suspected of being impaired by alcohol and/or other drugs must not be allowed to commence or to continue working until they are fit to safely perform their duties.

A line manager who observes or reasonably suspects that a worker's ability to work safely is impaired, must take reasonable steps to determine whether the impairment is due to the worker's use of alcohol and/or other drugs or whether another cause exists that needs to be addressed. Where possible, the line manager should attempt to obtain the information directly from the worker.

Indicators that a worker may be impaired by alcohol and/or other drugs may include: a strong smell of alcohol; slurred or incoherent speech; unsteadiness on their feet; red, bloodshot or watery eyes; flushed or ruddy face; noticeably smaller or larger pupils; lack of (or poor) muscle coordination; aggressive, argumentative, overexcited or agitated behaviour; inability to follow simple instructions; drowsiness or sleeping on duty or during work breaks; difficulty in concentrating on a task or discussion; poor balance and coordination; or loss of inhibitions.

Line managers, supervisors, co-workers or other witnesses may document their observations of an incident of possible worker intoxication at work by completing the resource forms related to this policy; i.e. *Documenting incidents of suspected intoxication at work* and *Checklist for observations of suspected impairment due to alcohol and/or other drugs use*. The Checklist is designed to assist the observer to systematically record their observations as to the impairment.

Line managers should be aware that the external symptoms of certain medical conditions (e.g. stroke, heart attack or hypoglycaemia) may be similar to that of intoxication and may require immediate medical attention. If in doubt, medical assistance should be sought without delay.

3.1.2. Address the concerns with the worker

If it is reasonably suspected that a worker is unfit to safely perform their duties due to alcohol and/or drug use, the following actions are recommended:

- The worker should be requested to accompany the line manager to a private place and be advised that there is a reasonable suspicion that they are impaired by alcohol and/or other drugs and that this may create a safety risk to themselves, their colleagues or others in the workplace.⁶

⁵ "Workplace" is defined in section 4 meaning the work environment where SA Health workers perform their duties; whether on SA Health premises or elsewhere in the community.

⁶ In such a situation, there is no legal obligation on management to advise the worker of their entitlement to have a support person present, but rather it is a matter of acting prudently in the particular circumstances. Whether the worker is advised that they have the right to have a support person present, will depend on the level of formality of the conversation, the urgency of the conversation and the availability on site of a potential support person of the employee's choice.

- The worker must be given an opportunity to provide an alternative explanation for the observations that have been made. If an acceptable explanation is not provided, it may be reasonably believed that the observed impairment may be due to the worker's use of alcohol and/or other drugs.⁷
- A SA Health employee ought to be advised that they may voluntarily attend an examination by an available medical practitioner located in the near vicinity (to ensure timeliness) at SA Health's expense. The employee may choose any medical practitioner (including their treating medical practitioner) available at the time. The medical examination may include a drug and/or alcohol test, such as a breath, saliva, or urine test, as is considered appropriate by the medical practitioner in light of the observed impairment.

To enable the medical examination, the line manager must:

- ensure the employee understands that taking the test is voluntary and that they are not directed or obliged to take the test; and
 - provide the employee with an opportunity to voluntarily provide medical reports/medical results from this appointment; or request them to sign an '*Authority to Exchange Information Form*'. A copy must be kept and the original sent with the employee to the medical practitioner.
- Where appropriate, notify senior management, volunteer or clinical placement co-ordinator or the Contract Manager (if a labour hire agency employee is involved).
 - Report the incident via the Safety Learning System (SLS).
 - The Line Manager must document the events (see 3.1.5 below) and seek advice from Human Resources/Workforce/People and Culture as soon as practical.

3.1.3. Direct the worker to safely leave the workplace:

Any worker reasonably suspected to be impaired at work must for safety reasons be requested to leave work for the remainder of the day or shift.

If the worker needs immediate medical attention, line management should facilitate this.

Appropriate arrangements should be made for the impaired worker's safe transport home (e.g. with a SA Health taxi voucher or by being taken home by a colleague if other safe means are not available). The worker should be reminded not to drive a vehicle - if this is their intention. If the worker attempts to drive, the relevant manager should contact SAPOL immediately.

If management is of the view (based on clear evidence) that an employee is unfit for duty and the employee is requested to leave work for the remainder of the day or shift, the employee must access paid leave entitlements to receive remuneration. Where these entitlements have been exhausted, the employee may be granted leave without pay.

There may be marginal cases where an employee is directed to return home and/or remain absent out of an abundance of caution rather than based on clear evidence of impairment. In such situations, it is appropriate for the employee to continue to be paid their base salary (plus their Rolled-in-Rate in SAAS) - pending the receipt of a medical advice as to their fitness for duty - either from a treating practitioner or from an independent medical examination⁸. Such absences will be treated as special leave with pay for payroll and administrative purposes.

If the worker is accommodated to return to work pending medical advice, strategies to manage any risk to safety at work (e.g. supervision) have to be considered.

When a worker is observed to be impaired (regardless of the cause), but refuses to leave the workplace, they should be directed to a non-public and confidential environment and advice should immediately be sought from senior management or the Human Resources (HR) or Workforce Relations work units. Where circumstances require this (i.e. their safety and the safety of others within the workplace is at risk), local Security could be contacted, or Authorised Officers appointed under the *By-Laws of Incorporated Hospitals* could be called on as they are authorised to remove such persons from the premises. [Refer to [By-laws for incorporated hospitals](#), s5(2).]

⁷ Refer to the *Checklist for documenting observations of suspected impairment due to alcohol and/or other drug use*.

⁸ From their treating medical practitioner in the first instance.

Appropriate arrangements should be made for the impaired worker's safe transport home (see paragraph above).

The worker should be advised that they are required to:

- Meet with their SA Health manager (or if the individual is a non-employee, with their manager at the labour hire agency or with the student/volunteer co-ordinator, as relevant) before their return to work. Employees may be accompanied by a support person of their choice.
- For work safety reasons, provide medical clearance of their fitness for duty to the appropriate manager in SA Health prior to their return to work.

If the employee does not return to work on the following work day, the above advice should also be provided to the employee in writing.

Where the person concerned is a non-employee worker, the matter should be referred to the labour hire agency, clinical placement coordinator or volunteer coordinator to manage and, before the individual may resume work, provide medical evidence to SA Health of the worker's fitness for duty and advice on actions taken to address reported concerns.

3.1.4. Conduct a follow-up meeting:

A meeting should be scheduled with the worker concerned at the commencement of their next rostered shift or working day, or as soon as practicable afterwards. They should be offered the opportunity to have a support person present at this meeting.

It is recommended that the line manager:

- Before the meeting.
 - Obtain the medical clearance of the worker's fitness for duty.
 - Do a risk analysis of worker impairment in the specific workplace, including the nature of the risks to the organisation, the worker and others in the workplace; and the seriousness of the consequences of these risks. (Refer to the SA Health *Mechanisms for Hazard Identification and Risk Management Procedure*.)
 - Obtain test results from the medical practitioner (if the employee has been tested for the use of alcohol and/or other drugs at the time of the incident).
- At the meeting:
 - Provide details of the observations (as documented), which created a reasonable suspicion that the worker was impaired by alcohol and drugs at work.
 - Reiterate SA Health's requirement that workers should at all times be unimpaired by alcohol and/or other drugs at work and able to perform their duties safely.
 - Discuss the safety risks to the worker, patients, others in the workplace and to SA Health related to the worker being impaired while on duty. [Refer to *SA Health WHSIM Flowchart - Hazard Identification and Risk Management Procedure (FOR220)*].
 - Provide an opportunity for the worker to provide an alternative explanation for the appearance of impairment. If the worker has not been intoxicated, there may be another ongoing risk factor that needs to be mitigated/addressed.
 - If the cause of the observed impairment is of a medical nature, and despite medical clearance to work, concerns about the worker's fitness to perform their substantive duties remain, seek the worker's consent to obtain further information from their treating practitioner. [If consent cannot be obtained, and further investigation is warranted, approval should be sought from the Chief Executive (Officer) or delegate for an independent medical assessment of the employee.⁹ Concerns regarding the fitness for

⁹ Medical information must in the first instance be obtained from the employee's treating medical practitioner. A decision to require an independent medical examination should not be taken lightly as it may be perceived as invading the employee's privacy. An independent medical examination is considered appropriate where:

- It can be demonstrated that safety and performance issues are significant and consistent enough to warrant medical information being obtained in order to advise the manager of the employee's ability to safely (continue to) work in their current contractual role. The employee does not consent to their treating medical practitioner providing the information required by the manager (to make an informed decision regarding the employee's ability to safely continue to work in his/her contractual position or whilst undertaking alternative duties); or Where sufficient information to manage the employee's situation cannot be obtained from the employee's treating practitioner, or

duty of a student or volunteer must be referred to the clinical placement coordinator. In such circumstances, the line manager must take appropriate steps to ensure safety in the workplace, e.g. not return the non-employee worker to work until further medical advice has been received; provide the worker alternative safe tasks (if available); provide supervision, etc.]

- Discuss options/measures (alternative safe duties, supervision, etc.) required to prevent and minimise safety risks to the worker, others in the workplace and to SA Health.
- Where relevant, provide information regarding the Employee Assistance Program (EAP) - including counselling (as per the EAP Policy) to employees and their families on concerns related to use of alcohol and/or other drugs. EAP may also be available to other workers where LHN/SAAS/DHW included this support in the workers' contracts/licencing agreements.

Regarding SA Health employees:

- Notify the employee that a disciplinary investigation and process may commence where the employee tested positive for alcohol and/or other drugs, and where the level of observed intoxication, the worker's behaviour and/or the level of risk during the recent event warrant this (refer to s3.6 regarding procedural fairness).
 - Advise the employee that they will be able to access accrued or unpaid leave to attend professional treatment. EAP providers may be able to identify appropriate providers of treatment /rehabilitation, if this is needed.
 - Enquire whether SA Health could provide any further assistance to the employee to overcome any difficulties related to the observed impairment at work.
- Refer to 3.1.5 regarding taking detailed notes of the discussion and further actions.

3.1.5. Document observations of impairment at work and follow-up actions

The meetings with the affected worker and their explanations for their observed impairment at the time and on their return to work should be documented and confidential records of the following documents (where relevant) must be kept¹⁰:

- Checklist(s) of observations regarding impairment or suspected intoxication (observed by the line manager, WHS consultant and/or other witnesses); including information such as the date, time and details of the witnesses of the occurrence.
- A record of meetings, actions taken by management (or the labour hire agency, the volunteer coordinator or the clinical placement coordinator) and the worker's response to these actions.
- The WHS risk analysis and mitigating measures taken to ensure safe and effective work performance.
- Actions taken to report matters to appropriate authorities as outlined in 3.14 below.

3.1.6. Report the incident to appropriate authorities, where required

The line manager must, depending on the nature and severity of the worker's condition or conduct and their occupation, report the worker to appropriate authorities as specified in section 3.14 below.

• Where the information provided by the employee's treating practitioner is inconsistent to observations in the workplace.
¹⁰ A separate file classified as *Sensitive: Personal* could be created in accordance with the SA Health "Information Asset Classification" system, where required. Documents must be kept on record as provided for by the State Records of South Australia General Disposal Schedule No. 30 (see Function 5: Employee Management; Function 8: Industrial Relations; or Function 14: Work Health and Safety.)

3.2. Unsatisfactory performance suspected to be related to alcohol and/or other drug use

Where it is reasonably suspected that a worker's use of alcohol and/or other drugs is affecting their general performance; or it has been observed or reasonably suspected (and documented) that the worker's work performance has been adversely impacted by them being impaired by alcohol and/or other drugs whilst on duty; the normal processes for management of unsatisfactory performance should be complied with.

Unsatisfactory performance of labour hire agency staff, volunteers or students on clinical placement must be managed as provided in the applicable contract with the labour hire agency; or as determined in the licencing agreement authorising the worker to work within SA Health.

SA Health employees' performance must be managed (with advice from Human Resources), according to the processes outlined in:

- The Commissioner for Public Sector Employment's Guideline: Management of Unsatisfactory Performance (including Misconduct) (applicable to employees employed under Part 7 of the *Public Sector Act 2009*); or
- Part 4-1-7-2 Managing Unsatisfactory Performance, Discipline and Termination of the SA Health (Health Care Act) HR Manual (applicable to employees governed under the *Health Care Act 2008*).¹¹

If an employee has regular unplanned non-attendance or late attendance, managers must also refer to the Attendance Management Guide for SA Health (Policy Guideline).

Management of unsatisfactory performance of employees that is suspected to be related to drug and/or alcohol use should include:

- Keeping records of performance issues over time.
- Meeting with the employee (and their support person, if required) to discuss:
 - Details of the unsatisfactory work performance and the standard of work required.
 - Any underlying causes of the unsatisfactory performance.
 - Any observations that the employee's work performance may be impacted by their use of alcohol and/or other drugs.
 - Risks of intoxication within the workplace.
 - Contact details and information pertaining to EAP providers that can provide support to the employee and to their family. The EAP providers may also be able to refer the employee to appropriate rehabilitation services.
 - The risk of disciplinary action and possible dismissal if performance does not improve.
 - Any reasonable assistance and support that SA Health can provide to enable satisfactory performance (e.g. approving leave or unpaid time off work to attend treatment, if required).
- Drafting a performance improvement/management plan, including indicators of satisfactory performance; a schedule of meetings to assess improvement; and agreed actions to enable the employee to achieve performance expectations.
- Where health concerns (e.g. drug/alcohol problems and related medical conditions) are stated or suspected to be the cause of the unsatisfactory performance, requesting authority to obtain medical information from the employee's treating medical practitioner; or, if necessary, seeking the Chief Executive (Officer)'s or delegate's approval to obtain an Independent Medical Assessment.
- If the employee intends to undergo treatment/rehabilitation, drafting a plan for the employee's return to full duties within a reasonable timeframe (considering operational requirements; the impact on the work unit; risk assessment and available risk mitigating strategies).
- Regularly meeting with the employee (when possible) to monitor improvement as per the Performance Improvement/Management Plan.
- Consulting with the relevant delegate and the Human Resources/Workforce Relations work units regarding the possibility of and the due process for consideration of termination of employment where the employee's leave entitlements have been exhausted *and* it appears unlikely that the employee would be able to safely return to their substantive duties within a reasonable timeframe.¹²

¹² "Reasonable" being considered in light of the impact of the worker's prolonged absence on the operations of the work unit and others in the workplace.

3.3. Diagnosis or self-disclosure of concerns relating to alcohol and/or other drugs

3.3.1. Recognition of harmful alcohol and/or drug use

Workers have an implied obligation under the *Work Health and Safety Act 2012* (WHS Act)¹³ to disclose if they have been diagnosed with a condition (including an alcohol and/or other drug related condition) that may impact their ability to perform their duties safely, and/or where they recognise that their use of alcohol/drug/medication is affecting safety at work. In these circumstances, workers should advise their manager at the earliest opportunity. Such disclosures must be treated confidentially. (Refer also to 3.4 below.)

Some management actions to assist the worker to safely return to full duties are outlined below. Human Resources must be contacted for assistance.

3.3.2. Referral to the Employee Assistance Program for counselling:

SA Health's EAP providers provide confidential counselling - as per the Employee Assistance Program ([EAP Policy Directive](#)) - to employees and their families free-of-charge. EAP may also be available to other workers if the LHN/SAAS/DHW included this support in these non-employees' labour hire contracts or licencing agreements.

3.3.3. Direct the worker to information provided on the internet:

The SA Health website provides information to individuals, the community and health professionals on services available for treatment of drug/alcohol problems and measures to support someone with [alcohol related problems](#) and for [harmful drug use](#).

The State Government's [Know Your Options](#) website provides individuals, families and health professionals with information about alcohol and other drug treatment options and support services that are available in South Australia. This includes a service directory and information about selecting a service.

3.3.4. Report to AHPRA/HCSCC

It may be necessary for the line manager to report a diagnosis or awareness of alcohol and/or other drug problems of a registered health professional to the Australian Health Practitioner Regulation Agency (AHPRA) if the matter may place *'the public at risk of substantial harm ... because the practitioner has an impairment'*.

If the worker is an unregistered health professional, and the conduct is notifiable under the [Code of Conduct for Unregistered Health Practitioners](#), the matter must be reported to the Health and Community Services Complaints Commissioner ([HCSCC](#)) South Australia. More detail is provided in 3.14 below.

3.3.5. Treatment, rehabilitation and return to work

Line managers should encourage any worker with difficulties concerning their use of alcohol and/or other drugs to enter a recognised rehabilitation program in consultation with their treating medical practitioner.

Where an incident related to suspected alcohol and/or other drug use has occurred at work, the line manager may (for safety reasons) require medical clearance of fitness for duty.

An affected worker could take the following actions to resume their duties safely:

- Consult their treating medical practitioner or the EAP provider regarding a referral to a recognised rehabilitation service.
- Enter the recommended and recognised rehabilitation program.
- Provide evidence to SA Health that they have commenced a treatment program.
- Provide progress reports as agreed in a return-to-work plan.

The worker's participation in a rehabilitation program must be dealt with in a confidential manner.

As counselling and rehabilitation are voluntary, workers may decline to use rehabilitation services. If a worker with concerns relating to their use of alcohol and/or other drugs refuses counselling and there is no improvement in their work performance, the normal procedures for managing unsatisfactory performance should be followed.

¹³ The WHS Act states "While at work, a worker must— Take reasonable care for his or her own health and safety and take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other persons".

3.3.6. Plan to return to substantive duties

Where an employee commences treatment with a recognised drug/alcohol rehabilitation provider, a plan for the employee to return to full substantive duties should be developed by the line manager in consultation with Human Resources, the employee concerned and his/her treating practitioner. During such discussions, the employee may be accompanied by a support person.

The return to full duties plan may take the form of an agreement which includes measures to assist the employee with alcohol/drug problems; goals; supervision; consideration of employee's work location; safe interim duties with less risk and rostering needs; and monitoring of their progress in a manner that is constructive for all concerned.

Timeframes and arrangements should be reasonable considering the time required for the employee to become fit to return to full duties, but also take into account the work unit's operational requirements and any identified risks and strategies available to mitigate these. Assistance can be obtained from Human Resources in conjunction with the Work Health and Safety unit.

If the employee requires time off from work to recover from their alcohol/other drug problems, they should access their accrued leave entitlements, or if this is exhausted, may be granted unpaid sick leave while participating in a recognised rehabilitation program and on production of a medical certificate. Any other period of unpaid leave is at the discretion of the delegate.

Relevant information required from the treating medical practitioner for considering extended unpaid sick leave for rehabilitation/treatment includes:

- A statement outlining the employee's inability to return to work in the short term.
- Evidence that the employee has commenced treatment with a recognised rehabilitation provider.
- Evidence of success of the rehabilitation provider's treatment program.
- A reasonable estimate of the time required for the employee to be able to safely return to full duties.
- The level of responsibility/duties to which the employee is expected to return and any work adjustments to be considered for the employee to perform their duties safely.

Required adjustments to the employee's work arrangements will depend on the situation, but may include, for example, temporary re-assignment of duties and/or flexible work arrangements, as appropriate to enable the worker to return to full duties or full-time work gradually.

If the employee does not comply with their return-to-full-duties plan, the normal processes for managing unsatisfactory work performance should be followed.

3.3.7. Unsuccessful rehabilitation

If it is considered unlikely that the employee will be able to return safely to their substantive duties within a reasonable timeframe, advice should be sought from Human Resources regarding next steps (e.g. due process for consideration of termination of employment).

3.4. Medication that may impact safety at work

Workers who are taking medication (to manage a medical condition), which may affect their ability to work safely, have to:

- Outline the duties of their role to their treating practitioner/pharmacist and obtain written advice of the possible effect of the medication on safety at work.
- Advise their manager/ supervisor accordingly. The worker is not required to reveal the nature of the condition being treated or the type of medication, only that they are taking medication which has the potential to adversely impact upon safety.

Line managers should refer to the SA Health Policy Guideline Management of Non-Work Related Disability or Medical Incapacity regarding procedures to manage situations where an employee's use of prescribed medication impacts on a temporary or ongoing basis their ability to work safely (e.g. by temporary modification of the employee's role or work environment). Similar arrangements will apply to an employee on prescribed medication returning to work following a work-related injury.

If the ability to work safely of a volunteer, student on clinical placement or an employee of a labour hire agency is affected by their use of medication, the matter must be referred to the volunteer/clinical placement coordinator or to the Contract Manager of the labour hire agency to be addressed and provide advice to SA Health.

3.5. Disciplinary procedures

3.5.1. Failure to comply with the Code of Ethics

Disciplinary action may be appropriate where an employee failed to comply with the Professional Conduct Standards of the Code of Ethics. Repeated suspected intoxication at work, the level of observed intoxication, the employee's behaviour at such times and/or the level of risk in the workplace of the employee being impaired by alcohol and/or other drugs will determine whether disciplinary action is appropriate.

Any disciplinary action must be taken in accordance with Part 4-1-7-2 of the SA Health (Health Care Act) HR Manual (for employees governed under the *Health Care Act 2008*) or according to the Commissioner for Public Sector Employment Guideline: Management of Unsatisfactory Performance (including Misconduct) (for employees employed under Part 7 of the *Public Sector Act 2009*).

Where a line manager or other employee has a reasonable suspicion that a colleague violated any law; is a danger to public health or safety or to the environment; or has engaged in behaviour that amounts to misconduct, they are obliged under the Code of Ethics to report this to 'an appropriate authority'. For more detail on reporting obligations, refer to section 3.14.

3.5.2. Criminal offences or other actions warranting disciplinary action

In consultation with Human Resources (and, where appropriate, in consultation with the Office for Public Integrity and SAPOL), appropriate action (disciplinary processes, action related to medical incapacity and/or unsatisfactory performance) should be taken in response to the following worker actions:

- Possession, consumption and/or distribution of illegal drugs at work or during a work break.
- Theft of drugs and/or prescriptions from SA Health: The SA Health's Policy Directive Employees Access to Medicines for Personal Use provides guidelines and directions for personal use of prescriptions and hospital medicines by employees. SA Health medicines may only be accessed by workers in the ordinary course of their duties for the treatment of patients within the Hospital/Health Service as prescribed by an appropriately qualified treating health professional.
- Driving a work vehicle or driving in the line of duty under the influence of alcohol and/or drugs /over the legal limits for drugs/alcohol (including fork lifts in delivery bays): (The Road Traffic Act 1961 specifies offences of driving under the influence of alcohol/drugs.)
- Illegal distribution of licit drugs: (Refer to the SA Health Storage and Recording or Restricted Schedule 4 (Prescription Only) Medicines Policy Guideline for management requirements and accountability for certain Schedule 4 medicines of employees delegated with responsibility for handling medicines in SA Health.)
- Writing prescriptions for Schedule 8 drugs without authority.
- Worker suspected intoxication at work endangering patients/clients' safety, or that of others in the workplace; or otherwise creating risks (e.g. of property damage) to SA Health.

3.6. Compliance with the principles of procedural fairness

Throughout the processes to manage employees with alcohol and drug related concerns, the principles of fair process and natural justice must be adhered to. This requires that where an employee's interests may be adversely impacted by a management decision, there must be:

- Notification of the decision being considered and reasons for this.
- Opportunity for the employee to be heard – e.g. by written submissions to employer and/or given an opportunity to respond verbally.
- Genuine consideration without bias of any submissions or responses from the employee.
- Provision for the employee to be accompanied by a support person of their choice throughout the process. (Sufficient notice must be provided to allow the employee to arrange this person).
- Provision for an independent review of the management decision, including advising an employee of review mechanisms available under the SA *Public Sector Act 2009* (PS Act) and SA *Health Care Act 2008* (HC Act).

3.7. Confidentiality

Other than complying to reporting obligations under s 3.14 below, confidentiality regarding matters relating to workers use of alcohol and/or other drugs is essential, including having all discussions in private and keeping documentation relating to these matters confidential.

Line management must respect workers' privacy regarding their use of EAP providers or other counselling services and communicate these rights to the worker - including that management would not normally know that a worker is accessing EAP counselling services in their private time; and that EAP providers must treat all worker information as confidential.

3.8. Record keeping

Line managers must keep detailed confidential records of all events, discussions and actions taken in response to suspected intoxication at work or declining work performance associated with a worker's use of alcohol and/or other drugs (e.g. performance management, disciplinary measures, counselling and/or treatment/rehabilitation). Records of formal meetings with an employee relating to a decline in their work performance or disciplinary procedure must be provided to the employee.

3.9. Risk management

Worker use of alcohol and/or other drugs may be a safety risk factor in the workplace if it affects the person's ability to perform their work safely. SA Health has an obligation under the WHS Act to identify work health and safety risks in consultation with workers and devise strategies to prevent and minimise such risks, e.g. by:

- Conducting a risk assessment¹⁴ of the work unit in consultation with workers to identify external and internal conditions that may increase risks related to worker use of alcohol and/or other drugs. The workgroup's Health and Safety Representative should be engaged.
- Considering risk prevention measures to minimise safety risks related to alcohol and/or drug use:
 - Communicating to workers SA Health's requirements regarding alcohol and/or other drug use as provided in the associated Policy Directive.
 - Providing information and education on the risks of alcohol and/or other drug use.
 - Addressing factors in the workplace that may contribute to stress or fatigue.
 - Advising workers of counselling available (e.g. Employee Assistance Programs for employees) to address harmful use of alcohol and/or other drugs.
- In consultation with workers, conducting an impact assessment on the degree of risk to patients, workers and others in the workplace if a worker would be impaired by their alcohol and/or other drug use; e.g. consider:
 - Whether duties require a high level of concentration (e.g. distributing medication), and/or physical dexterity and mental alertness (e.g. undertaking surgical procedures).
 - Whether high risk equipment/machinery is operated or hazardous materials/dangerous goods are handled.
 - The severity of the consequences if the duties would be performed by a worker impaired by their use of alcohol and/or other drugs (or by fatigue, health conditions or other factors).
- In consultation with workers, considering and implementing local workplace measures that may protect workers and others in the workplace from identified risks that may be posed by a person impaired by alcohol and/or other drugs, e.g. by:
 - Early detection where a worker's capacity to perform his/her duties safely is impaired.
 - Assessment of risks of impairment considering the worker's duties.
 - Taking appropriate measures immediately to eliminate or manage safety risks (which will usually involve preventing the affected worker from continuing with work that could cause harm and facilitating their safe departure from the workplace).
 - Following up with actions to minimise risks arising from similar occurrences in future.

¹⁴ For more information refer to [Mechanisms for Hazard Identification and Risk Management Procedure](#).

3.10. Testing of individual employees

Testing of individual employees (by an independent party) may occur where:

- SAPOL requires that the person be tested before driving (e.g. employees who are employed as drivers, but are covered by court orders requiring breath testing before commencing driving).
- Testing is a condition of a formal agreement between SA Health and an employee (e.g. as part of an agreement to enable them to return to full duties following a rehabilitation intervention or as an alternative to dismissal).
- An employee voluntarily wishes to self-test.
- Testing is a condition of AHPRA for a registered health professional to continue to practice.

[A LHN or SAAS may consider the return of a health professional to work whilst the employee is still subject to regular testing under AHPRA conditions. The employee must be afforded procedural fairness before any adverse decision is finalised. The employee may make submissions on industrial or contractual obligations (among other matters) to be considered (where relevant under the conditions imposed by AHPRA). If the employee is accommodated to return to work, strategies to minimise risk (e.g. supervision) should be considered.]

A LHN/SAAS may return an employee to work under the above circumstances where formal agreement on testing arrangements and supervision has been reached.

3.11. Measures to ensure compliance with legislation

To ensure broader compliance with employer obligations under the WHS Act and alcohol and other drugs related legislation, rather than testing for alcohol and/or drug use, less invasive methods of identifying, managing and minimising risk of intoxication should be considered in work areas with duties which carry high risk if a worker would be impaired; or when there are indications of harmful use of alcohol and/or other drugs, e.g. operation of machinery; driving of vehicles and various surgical, medical, nursing and dispensing duties.¹⁵

Such measures may include communicating to workers SA Health's expectations about alcohol and/or other drug use; providing information and education on the risks of alcohol and/or other drug use (see 3.13 below); addressing factors in the workplace that may contribute to stress or fatigue; and advising workers of counselling available (e.g. Employee Assistance Programs, if available).

3.12. Education and training

3.12.1. Training line managers

To successfully implement this Management Resource, line managers should receive training and information on:

- Their role and responsibilities in implementing the associated Policy Directive (section 2).
- How to document impairment in the workplace due to intoxication (*Checklist for documenting observations of impairment due to alcohol and/or other drugs use*).
- Practical steps to manage employees with alcohol and/or other drugs habits impacting their performance at work (section 3.1 to 3.6).
- How to assess risks of worker intoxication within their work unit and develop strategies to prevent and manage such risks (section 3.9).

3.12.2. Creating worker awareness

Line managers must ensure employees reporting to them and non-employees working in their area of responsibility are aware of:

- The existence and provisions of the associated Policy Directive.
- Workers' obligation to attend their duties unimpaired by their use of alcohol and/or other drugs.
- Risks to the work unit, patients, others in the workplace and SA Health if workers would be intoxicated at work or use alcohol and/or other drugs outside workhours in a manner that impacts their work performance.
- EAPs services, treatment and rehabilitation services available to deal with harmful alcohol and/or other drugs use.

¹⁵ Refer also to the [SA Health Legislative Compliance Factsheet](#).

- The appropriate person(s) to approach to self-disclose and obtain assistance with harmful use of alcohol and/or other drugs.

Methods to provide above information may include:

- Including this information in local induction and orientation programs.
- Annually emailing Executive Updates on the above.
- Including the above messages in WHS training and discussions.
- Providing hard copies of the associated Policy Directive to workers who do not have regular access to emails.
- Providing formal information sessions to workers working in high risk situations.

3.13. Work related social functions

The consumption of alcohol on SA Health premises is prohibited, except with the prior written approval of the Chief Executive (Officer) or delegate. [Refer to *By-laws for incorporated hospitals*, s5(1).] Any worker leaving the workplace who has been consuming alcohol during a work-related function and is unfit to make their own arrangements to return home safely, must be assisted (where the relevant manager is aware of this) with safe transport home (e.g. with a colleague or by taxi).

Where alcohol may be available at work-related functions, such as Christmas parties or social club events, these functions should occur within workers' own time and do not take place on SA Health premises.

Employees have a responsibility to be aware of their own level of alcohol consumption when attending a work-related social function or social club event and abide by the *Code of Ethics for the South Australian Public Sector*, i.e. behaving in a professional, respectful and responsible manner.

3.14. Reporting obligations

Reporting obligations of unsafe, illegal or unlawful actions of workers relating to their use of alcohol and/or other drugs which impacts the workplace are as follows:

- Report the matter to SafeWorkSA, where duties include licensed high-risk work and the incident is deemed a notifiable or dangerous occurrence.
- Report the matter to AHPRA if the worker is a registered health professional and the conduct is 'notifiable'¹⁶).
- Report the matter to the HCSCC, South Australia if the conduct is notifiable under the *Code of Conduct for Unregistered Health Practitioners*.
- SA Health (as an employer of registered health practitioners) is required under the *Health Practitioner Regulation National Law Act 2010* to report 'notifiable conduct' of registered health practitioners to AHPRA. This includes occurrences of a practitioner practicing their profession while intoxicated by alcohol and/or other drugs; or where the public is placed at risk of substantial harm in the practitioner's practice of their profession because the practitioner has an impairment (including by their use of alcohol and/or other drugs). Notifications can be made by phone or in writing (email or electronically at <http://www.ahpra.gov.au/Notifications/Make-a-complaint/Mandatory-notifications.aspx>).
- The SA Health WHS *Reporting and Investigation Policy Guideline* requires that,
 - The hazard must be recorded where it is identified that the use of alcohol and/or other drugs is creating a work health or safety risk to patients, workers or others in the workplace.
 - Any occasions of a worker being 'unfit for duty' must be recorded on the Safety Learning System (SLS), WHS Module (once confidentiality of these records has been built into the record system including being accessible only by appropriate senior employees).
- Under the *Code of Ethics for the South Australian Public Sector*, public sector employees must report to an appropriate authority workplace behaviour that a reasonable person would suspect violates any law, is a danger to public health or safety or safety of the environment or amounts to misconduct.

¹⁶ Requirements for notification or reporting vary between the *AHPRA Mandatory Notifications Guideline* and the *Code of Conduct for the Paramedicine Board of Australia*. Further, the *Code of Conduct for Unregistered Health Practitioners*, s7 requires that: "Health practitioners not to practise under the influence of alcohol or drugs". Section 8 outlines provisions relating to impairment.

- All public sector employees must also report any reasonable suspicion involving misconduct to the Office for Public Integrity (OPI) pursuant to section 20 of the *Independent Commissioner Against Corruption Act 2012*. These reporting obligations are in addition to reporting obligations that may already exist under other legislation, regulations, codes of conduct, or guideline.
- Any criminal action in the workplace (e.g. theft of drugs/medicines or possession/sale of illegal drugs) must be reported to the South Australian Police (SAPOL) by calling 131444 or by attendance at a local SAPOL station.
- Where there are concerns about a non-employee's use of alcohol and/or other drugs impacting the workplace, the relevant Contract Manager (in case of a labour hire agency employee), the student placement coordinator or the volunteer coordinator should also be notified.

3.15. Grievances

Non-executive employees employed under Part 7 of the PS Act, who believe they are impacted by an adverse management decision, may apply for review of the decision in accordance with sections 61 and 62 of the PS Act and sections 26 to 28 of the *Public Sector Regulations 2010*.

Employees employed under the *Health Care Act 2008* and not covered by Part 7 of the PS Act, who have a concern about a management decision affecting them, may request a review of this decision in writing in accordance with Part 3 Grievances and Disputes in the SA Health (Health Care Act) Human Resources Manual. Employees may also utilise the grievance resolution procedures provided under the industrial instruments applicable to them.

Where there is an alleged contravention of the *Information Privacy Principles* or breach of individual privacy SA Health, workers may make a complaint to the Privacy Committee of South Australia. Complaints about the unlawful use of personal information may also be made to an appropriate Executive Officer in SA Health, or may be referred to entities such as the Health and Community Services Complaints Commissioner, AHPRA, or SA Ombudsman (as the case requires). SA Health will be required to justify that its collection, use or disclosure of personal information was within the legislative, statutory and policy requirements applicable to SA Health.

4. Definitions

In the context of this document:

- **alcohol** means any substance or beverage that contains alcohol (including, but not limited to, beer, wine or spirits) and that impairs a person's physical or mental capacity, e.g. speed, accuracy, judgement, self-control and reflexes;
- **drugs** means a chemical substance, whether it is legal or illegal, which may have the ability to impair a person's physical or mental capacity (excluding alcohol for the purpose of this Management Resource and the associated Policy Directive). These can include prescription medication; non-prescription drugs (such as codeine, cough syrups and similar); and illicit drugs (such as heroin, amphetamines, LSD, crack, cocaine, ecstasy or marijuana);
- **harmful use** of alcohol/other drugs means a level of alcohol and/or other drugs (licit or illicit) use that is known to be associated with tissue damage, illness, inebriation, hazardous use or other harm;
- **illicit drugs** means unlawful drugs such as heroin, cocaine, marijuana and methamphetamines;
- **impairment** (at work) due to alcohol/other drugs means the worker's work performance is impaired to the extent that it may result in an increased risk of endangering the safety of the worker, co-workers, or other people in the workplace, including patients, or an increased risk of damage to property;
- **intoxication** means a state in which a person's normal capacity to exercise reasonable care and skill in the practice of their work is impaired or adversely affected as a result of being impacted by their recent use of alcohol/other drugs;
- **licit drugs** means lawful drugs, which could include prescription medication or non-prescription drugs such as codeine (excluding alcohol for the purpose of this Management Resource and the associated Policy Directive);
- **line manager** means the person who is responsible for overseeing a worker's day-to-day activities, performance and conduct in a SA Health workplace. This also includes managers of labour hire agency staff and co-ordinators of volunteers or students on clinical placements;

- **workplace** means the work environment where SA Health workers perform their duties; - whether on SA Health premises or elsewhere in the community;
- **worker** means all persons working under SA Health supervision, e.g. all employees and non-employee workers (such as volunteers, students/clinical placements and labour hire agency staff).

5. Associated Policy Directives / Policy Guidelines and Resources

8.1 Legislation

- [Controlled Substances Act 1984 and related Regulations and codes of practice](#)
- [Consent to Medical Treatment and Palliative Care Act 1995 \(SA\)](#)
- [Freedom of information Act 1991](#)
- [Health Care Act 2008 and Health Care Regulations 2008](#)
- [Health Practitioner Regulation National Law \(South Australia\) Act 2010](#)
- [Independent Commissioner Against Corruption Act 2012](#)
- [Public Sector Act 2009 and Public Sector Regulations 2010](#)
- [Public Sector \(Honesty and Accountability\) Act 1995](#)
- [Public Intoxication Act 1984](#)
- [Road Traffic Act 1961\(SA\)](#)
- [State Records Act 1997 and General Disposal Schedule No. 30](#)
- [Public Interest Disclosure Act 2018](#)
- [Work Health and Safety Act 2012 \(SA\)](#)

8.2 SA Government documents

- [Code of Ethics for the South Australian Public Sector](#)
- [Commissioner for Public Sector Employment Guideline: Extent of obligation on employees to report they have been charged with a criminal offence](#)
- [Commissioner for Public Sector Employment Guideline: Managing Unsatisfactory Performance \(Including Misconduct\)](#)
- [PC012 - Information Privacy Principles \(IPPs\): Cabinet Administrative Instruction 1/89](#)

8.3 Related SA Health policies

- [Attendance Management Guide for SA Health \(Policy Guideline\)](#)
- [Credentialing and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Directive](#)
- [Employees Access to Medicines for Personal Use Policy Directive](#)
- [Employee Assistance Program Policy Directive](#)
- [Employees Charged with Criminal Offences Policy Directive](#)
- [Management of Non-Work Related Disability or Medical Incapacity Policy Guideline](#)
- [Mechanisms for Hazard Identification and Risk Management Procedure](#)
- [Privacy Policy Directive](#)
- [Roles Responsibilities and Governance \(WHSIM\) Policy Directive](#)
- [SA Health \(Health Care Act\) Human Resources Manual](#)
- [Storage and Recording of Restricted Schedule 4 \(Prescription Only\) Medicines Policy Directive](#)
- [Worker Health, Wellbeing and Fitness for Work Policy Directive](#)
- [Work Health and Safety Reporting and Investigation Policy Directive](#)
- [Work Health, Safety and Injury Management \(WHSIM\) Policy Directive](#)
- [Workers Health and Wellbeing Policy Directive](#)
- [Worker use of alcohol and other drugs Policy Directive](#)

8.4 Resources

- [Code of Conduct for Unregistered Health Practitioners](#)
- [SA Health Web page: Alcohol laws](#)
- Documenting incidents of suspected intoxication at work (Resource)
- Checklist for observations of impairment due to drug and alcohol use (Resource)
- Authority to provide medical information (HR template)
- Letter to treating practitioner requesting information (HR template)
- Agenda for consultation with treating practitioner (HR template)
- Briefing to Independent Medical Assessor (HR template)

- Performance improvement/management plan (HR template)
- Return to full substantial duties plan (HR template)

6. Document Ownership & History

Document developed by: Workforce in the Department for Health and Wellbeing

File / Objective No.: 2018- 11735

Next review due: November 2023 (usually 1-5 years' time)

ISBN: 978-1-76083-145-5

Approval Date	Version	Who approved New/Revised Version	Reason for Change
22/11/2018	V1.0	Directors of Workforce (or equivalent)	Original content

7. Attachment 1: Observations of impairment possibly due to drug and/or alcohol use.

Line managers, supervisors, co-workers or other witnesses may document their observations of the incident of possible worker intoxication at work by completing the Checklist. It assists the observer to systematically record their observations as to the impairment - Please tick appropriate boxes and complete additional information.)

BREATH: Smell of intoxicating liquor – None Slight Strong

Other observations:
.....

COLOUR OF FACE: Flushed Pale Other:

SKIN: Pale Needle marks Ulcers Abscesses Excessive perspiration

Other observations:

CLOTHING: Orderly Soiled Disarranged Other:

ATTITUDE: Co-operative Talkative Anxious Excited Dreamy

Relaxed Indifferent Hallucinating Sedated Hostile Irritable

Cocky Depressed Antagonistic Unable to follow instructions

Other observations:.....

ACTIONS: Swearing Belching Vomiting Fighting Drooling Hiccupping

Restless Runny nose Itching Constant scratching Loss of emotional

control Other observations:.....

EYES: BloodshotWateryGlazedEyelids drooping Pupils enlarged

.....Pupils Pinpoint

Other observations:.....

BREATHING: Normal Short Jerky Rapid Shallow Slow

Other observations:.....

SPEECH: Incoherent Slurred Confused Fast Slow

Other observations:.....

BALANCE: Unsteady Swaying Sagging Falling Staggering

Other observations:.....

MOVEMENTS:

Manner of Walking

Need for support

Overall performance of actions – Clumsy Jerky Sluggish Tremor

Other observations:.....

OBSERVER OPINION: (Based on observations as to possible intoxication.)

Slightly affected Moderately affected Severely affected

Possibly due to Drug and/or Alcohol Unknown

This checklist has been developed by Dr Judith Perl of NSW Police for the Unions NSW

ADDITIONAL NOTES AND INFORMATION

List type and quantity of drugs consumed by subject (if known):

.....
.....

At what time were these drugs consumed (if known)?

.....
.....

List type and quantity of drugs located on subject or in workplace:

.....
.....

This document is an amendment of a checklist developed by Dr Judith Perl of NSW Police for the Unions NSW

Observer details:

Name:

Title:

Signature:.....

Date:.....

8. Attachment 2: Documenting incidents of suspected intoxication at work

Observations_of

(Name and position title of line manager, WHS/HSR/HR consultant or other co-worker):

.....
.....

Employee observed (Name and position title of employee):

.....
.....

Date of observations:

Local Health Network/Health Service/Business Service/Work Unit:

.....

Others who witnessed the event: (Names and position titles)

.....
.....
.....

1. In your opinion, is the employee's ability to work safely and effectively impaired? (Conclusion from observations of the employee's presentation; performance of work; and reference to: Checklist for observations of impairment possibly due to drug and alcohol use):

.....
.....
.....
.....

2. Has the employee been provided with an opportunity to offer an explanation to his/her apparent impairment and what was the response?

.....
.....
.....
.....

Why does the observer conclude that the apparent impairment is due to use of alcohol and/or other drugs rather than to fatigue, stress, a medical condition or other cause?

.....
.....
.....
.....

3. Immediate duties that were potentially affected by impairment (Tasks required from employee at the time):

.....
.....
.....
.....

4. Comments regarding impact on effective and/or safe performance of duties: (Observed unsafe or ineffective performance of tasks):

.....
.....
.....
.....

5. Does the apparent impairment create a safety risk to self or others? (Risks and possible consequences)

.....
.....
.....
.....
.....