

# Fitness for duty: Alcohol and other drugs

## Statement

This guideline should be read in conjunction with the Fitness for duty: Alcohol and other drugs HR policy E16, as it supports the implementation of the policy in:

- setting expectations in relation to alcohol and other drug use in the workplace
- providing assistance and support for employees and line managers dealing with alcohol and/or other drugs in the workplace.

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## 1. Scope

This guideline applies to all Queensland Health employees (including permanent, temporary, full-time, part-time and casual employees), students, volunteers and contractors.

Compliance with this guideline is not mandatory, but sound reasoning must exist for departing from the recommended principles within a guideline.

## 2. Implementation

Work performance, conduct and safety is the focus of this guideline. Employees are reminded of the requirement to ensure their private conduct maintains the integrity of the Queensland public service and their ability to perform their duties as outlined in section 1.5(d) of the Code of Conduct for the Queensland Public Service.

An important part of the role of a manager is to create a nurturing work environment that is supportive, inclusive and respectful for all employees. Managers also have an obligation to provide a safe workplace that does not create a risk of harm to employees. Managers should ensure they create an environment where open communication is standard practice.

Support for employees whose conduct, performance or attendance is affected by alcohol or other drug use should be consistent regardless of what substance may be involved.

### 2.1 Poor work performance

Even quite small amounts of alcohol or other drugs can reduce performance to the level where it may affect productivity and represent a health and safety risk. An employee's alcohol or other drug consumption patterns outside working hours can also affect safety and productivity while at work. For example, the hangover effects of alcohol can negatively influence work performance long after blood alcohol levels have returned to zero.

#### 2.1.1 Signs of poor work performance

The criteria for evaluating poor work performance can be broadly divided into the following six areas:

- 1 Absenteeism (including noticeable patterns of increased lost time).
- 2 Decreased quality of work.
- 3 Decreased quantity of work.
- 4 Increased workplace incidents.
- 5 Effects on the individual employee.
- 6 Effects on customers, clients, patients.

Further detail about these categories is outlined in Attachment One of this document, which is a work performance checklist that can be used to assess against the required work performance standard.

Managers are reminded of their responsibility to proactively manage the work performance and conduct of their employees and are required to take appropriate action if unacceptable work performance and/or conduct issues arise.

## 2.2 Identification of employees adversely affected

Managers have a responsibility to provide and maintain a safe working environment which extends to an employee's alcohol or other drug use. If a manager believes an employee is not capable of performing work in a safe manner, they must ensure that the person is not in any personal risk or in a position to create a health and safety risk for others.

Work health and safety legislation requires that employees must not endanger their own safety or the safety of any other person at work.

When an employee's conduct and/or performance is suspected of being adversely affected by alcohol or other drugs at work, primary consideration must be given to provide support to the person and the safety of others.

Any decision to act must be based on an objective assessment of the situation and considerations of safety and work performance.

Alcohol or other drug related use may result in physical symptoms such as bloodshot eyes, trembling hands or slurred speech that may be very similar to the symptoms of a range of medical conditions.

Managers and other employees are usually not qualified to make clinical diagnoses of intoxication or dependency, nor are they qualified to provide treatment or counselling for, or judgements about, alcohol or other drug problems.

Attachment Two provides an observation checklist to assist managers with recording observations.

In all instances where an employee's performance, conduct or behaviour suggests that the employee is affected by alcohol or other drugs in the workplace, the manager is to inform their local human resources/occupational health and safety team providing details about the situation/incident and what action has been taken to support the employee.

### 2.2.1 Initial discussion

When preparing to have a conversation with an employee whose conduct or performance is outside of what is normally expected for that person and that person appears adversely affected by alcohol or other drugs, it is important the manager takes a careful and considered approach. The following steps may assist in making difficult conversations easier and more constructive:

- State what the issue is upfront; don't preface the conversation with unnecessary small talk.
- Stick to the facts, give examples where possible and explain how the issue impacts the workplace.
- Listen to the employee and their point of view and keep an open mind when considering alternative solutions.
- Be prepared for the employee to react emotionally, become hostile or defensive.
- Remain calm and focus on the issues rather than the person.

When dealing with an employee who appears adversely affected by alcohol or other drugs, explain your observations and the reasons for your concerns avoiding confrontation and being provoked into a debate. It is also important to avoid using judgmental words or labels such as 'drunk' or 'stoned'.

An employee must comply with any reasonable directions from their manager regarding work health and safety. If an employee is suspected of being adversely affected by alcohol or other drugs and is asked to leave the workplace for this reason, they must comply.

To ensure the safety of the employee and others, transportation home will be arranged for the employee at the expense of the employer. Leave options should be considered on a case by case basis. Managers should contact their local human resources team for further advice and support.

If the manager believes the employee is at serious risk of causing harm to themselves or others, the manager should call Queensland Police Service on 000.

### 2.2.2 Follow-up discussion

When the employee returns to work, a follow-up discussion should be arranged between the employee and their manager. Employees are able to request a union representative or support person accompany them to any discussion with their manager.

During this follow-up discussion the employee must be given the opportunity to talk about what happened. It may be that the employee has a reasonable explanation for the issue, for example the employee was ill or adversely affected by prescribed medication.

If the cause of the behaviour is unclear, further enquiries may be necessary. This may include requesting medical information from the employee's treating medical practitioner or discussing the matter with the local human resources team.

If the employee can produce supporting documentation from their medical practitioner they should be allowed to access sick leave provisions and if appropriate, counselled about the potential impact of prescribed drugs on workplace safety. The manager should also ensure the employee is aware of how additional support can be obtained if required, including the availability of employee assistance.

If the employee cannot provide supporting documentation or admits to being adversely affected by alcohol or other drugs, the manager should liaise with the local human resources team to determine an appropriate course of action.

## 2.3 Further action

If the performance and/or behavioural concerns continue, further action may be required. Employees are able to request a union representative or support person accompany them to any discussions and/or meetings with their manager.

Attachment Three outlines the process for managing performance and behaviours in the workplace.

### 2.3.1 Informal action

Initial discussions with any employee regarding work performance should be on an informal basis, at the local level. The manager needs to outline to the employee what the expectations and concerns are. Simply making an employee aware that the situation is below standard can lead to an improvement. In some cases, it may simply be a short-term problem and when brought to the employee's attention the effect on productivity may cease. An informal conversation may lead to the employee realising that they are not performing at an acceptable standard.

Informal discussions may also provide an opportunity to identify medical problems which may be causing poor performance.

If the informal approach does not achieve an improvement it may seem easier just to leave things as they are, however, the situation may become worse if the employee does not accept that their alcohol or other drug use is impacting on the workplace. The risks, costs and stress to the employee's wellbeing and the employer will become more significant.

If an informal approach does not result in any apparent improvement in work performance then a formal process is the next stage.

### 2.3.2 Formal action

Formal action may include implementing one of the following structured processes:

#### (i) Medical management

Where it is identified an employee's performance or behaviour may be the result of a medical condition, the manager, with the employee's consent should request further information from the employee's treating medical practitioner. At a minimum, the information requested from the medical practitioner should include details of how the medical condition effects the employee's ability to perform the duties of their role, details of the duties they are able to perform if a graduated return to work/suitable duties plan is required, and an approximate duration of the medical condition.

In certain circumstances, if a delegate is reasonably satisfied that an employee's absence or inability to perform their duties is the result of a medical condition, consideration may be given under part 7 of the *Public Service Act 2008* to direct the employee to attend an independent medical examination.

Managers must consult with their local human resources team prior to commencing any action under part 7 of the *Public Service Act*.

Any action must also be in accordance with the Mental or Physical Incapacity of Employees HR Policy E11. Further information is also available in the Public Service Commission's Commission Chief Executive Guideline: Managing employee health, safety and wellbeing – independent medical examinations (*Public Service Act 2008*).

#### (ii) Performance improvement plan (PIP)

A PIP is a formal structured approach to managing unsatisfactory performance concerns and may be considered if informal approaches have not resulted in improvement.

Managers must consult with their local human resources team prior to commencing any formal performance improvement process.

A PIP must be developed in accordance with the Performance Improvement HR Policy G11 and be supported by relevant evidence to demonstrate the performance concerns.

Prior to considering implementation of a PIP, it is recommended an employee has a performance and development plan (PDP) in place which clearly outlines the performance objectives and expectations of their role. Further information is available in the Performance and Development HR Policy G9.

### (iii) Disciplinary process

In certain circumstances, formal action may include escalation to a disciplinary process, for example, where a PIP has resulted in limited or no improvement in performance and/or behaviour.

A disciplinary process may also be enacted, in the absence of a PIP, where the performance and/or behaviour of an employee raises allegations of serious misconduct.

Managers must consult with their local human resources team prior to commencing any disciplinary process.

Further information is available in the Discipline HR Policy E10.

## 2.4 Record of discussions

It is recommended that the manager keep a record of all discussions with the employee, formal and informal, relating to the performance/behaviour. File notes or diary entries are preferred methods and should include the date, time and location of the discussion, the names and positions of persons in attendance, details of the discussion and any actions arising from the discussion. File notes must be held in a secure location to maintain confidentiality. File notes should be made as soon as practicable after a discussion, and a copy should be provided to the employee.

All notes should be factual, and contain statements that can be verified, for example, 'slurred speech' or 'raised voice' rather than 'drunk'.

## 2.5 Disclosure of a problem with alcohol and/or other drugs

When an employee chooses to voluntarily disclose issues relating to their use of alcohol or other drugs, managers must provide support to the employee to enable them to manage the issue.

Managers are required to consider reasonable adjustment options including suitable duties plans where required and should work with the local occupational health and safety team and/or a rehabilitation and return to work coordinator in conjunction with the employee and treating medical practitioner.

## 3. Mandatory notifications

Mandatory notifications are required for matters of a more serious nature, where public health and safety are at risk, and must be reported as soon as possible after identification.

An employer must notify the Australian Health Practitioner Regulation Agency (AHPRA) as soon as practicable if they reasonably believe a registered health practitioner has behaved in a way that constitutes 'notifiable conduct' which, under the *Health Practitioner Regulation National Law Act 2009*, includes where the practitioner has practiced while affected by alcohol or other drugs.

Further information is available from the AHPRA website [www.ahpra.gov.au](http://www.ahpra.gov.au).

## 4. Alcohol

No employee is to attend work under the influence of alcohol or when experiencing the effects of a hangover.

The consumption of alcohol during working hours is not encouraged, for example during lunch and other scheduled breaks.

Responsible service of alcohol practices will be observed at all work endorsed events and social functions. If employees consume alcohol at work endorsed events and social functions they are expected to do so in a responsible manner and uphold the reputation and values of Queensland Health and the Queensland public service. Attachment Four provides further information for planning a work function.

## 5. Other drugs

### 5.1 Prescription and over the counter medication

Employees are required to inform their manager if they are taking medication which has the potential to adversely affect performance. Employees are not required to reveal the nature of their condition; only inform their manager that their performance may be adversely affected by the medication.

The manager must ensure that no employee is disadvantaged by reporting they are taking prescribed drugs or over the counter medication and are not to request unnecessary information.

In the event of any reasonable adjustment requirements, the manager, in consultation with both the employee and the employee's treating medical practitioner, should make any recommended reasonable adjustment to the workplace (including the employee's duties). Adjustments must be regularly reviewed.

If ongoing adjustments are required, the manager should discuss the requirements with their local occupational health and safety and/or human resources team.

It is the responsibility of the employee to ensure they are:

- taking the prescription or pharmacy medication in accordance with the instructions given by their medical practitioner or as directed on the pack
- reporting any adverse reactions that may impact their ability to perform the duties of their role to their medical practitioner
- not misusing medications
- aware of the impact of consuming alcohol whilst taking medications
- aware of their limitations while taking medications (i.e. driving vehicles or operating machinery).

### 5.2 Illicit drugs

No employee is to attend work under the influence of illicit drugs or when experiencing the effects of coming down.

Illicit drugs are not permitted on any Queensland Health premises or to be used during working hours. An employee found in possession of, or under the influence of, illicit drugs will be managed in accordance with the Discipline HR Policy E10.

The sale, transfer or manufacture of illicit drugs in the workplace is a criminal offence and may result in termination of employment. This includes pharmaceuticals or over-the-counter drugs that are usually prescribed by a medical practitioner.

Matters involving the presence or use of illicit drugs in the workplace will be referred to the Queensland Police Service. Contact the Queensland Health Police Liaison Unit for further assistance.

## 6 Legislation

- *Anti-Discrimination Act 1991*
- *Health Practitioner Regulation National Law Act 2009*
- *Human Rights Act 2019*
- *Public Sector Ethics Act 1994*
- *Public Service Act 2008*
- *Work Health and Safety Act 2011*

## 7 Supporting documents

- Frequently asked questions (Attachment Five of this Guideline)
- Workplace Conduct and Ethics HR Policy E1 (QH-POL-113)
- Discipline HR Policy E10 (QH-POL-124)
- Mental or Physical Incapacity of Employees HR Policy E11 (QH-POL-170)
- Grievance resolution HR Policy E12 (QH-POL-140)
- Suspension HR Policy E14 (QH-POL-400)
- Fitness for duty: Alcohol and other drugs HR Policy E16 (QH-POL-420)
- Reasonable adjustment HR Policy G3 (QH-POL-210)
- Performance and Development HR Policy G9 (QH-POL-189)
- Performance Improvement HR Policy G11 (QH-POL-190)
- Work health and safety Policy (QH-POL-401:2014)
- Absence Management guideline (QH-GDL-094)
- Code of Conduct for the Queensland Public Service
- Chief Executive Guideline: Managing employee health, safety and wellbeing – independent medical examinations (*Public Service Act 2008*)
- National Code for Conduct for Health Care Workers (QLD)
- National Safety and Quality Health Service Standards
- Queensland Health WHS Risk Profile

## 8 Definitions

Term	Definition
Coming down	Coming down refers to the period after taking a drug when your body is trying to process the substances that have been taken. The duration of a drug comedown, and how bad it is, depend on a number of factors including the type of drug that was taken and the age, sex and tolerance of the person who took it. Each drug has its own unique after effects, and there are likely to be differences in what you feel based on whether you took a stimulant or depressant, with some effects lasting for several days. Nevertheless, there are some similarities between many drugs, such as episodes of feeling flat or



	<p>depressed and feeling physically exhausted. People experiencing comedowns might feel:</p> <ul style="list-style-type: none"> <li>• shaky</li> <li>• headaches</li> <li>• nauseous</li> <li>• low energy</li> <li>• sleep a lot or be unable to sleep</li> <li>• loss of appetite.</li> </ul>
Drug use	Drug use refers to consumption of a psychoactive legal or illicit drug or substance whether for recreational or therapeutic purposes.
Employees	For the purposes of this guideline, employees includes all permanent, temporary, full time, part time and casual employees, students, volunteers and contractors.
Hangover	<p>A hangover refers to the experience of various unpleasant physiological and psychological effects following consumption of alcohol. The specific effects of a 'hangover' will depend on what and how much was taken and how your body responded. A hangover is partly the body's reaction to the toxic effects of alcohol and the withdrawal from alcohol. The following day, the effects of a hangover may be experienced, including:</p> <ul style="list-style-type: none"> <li>• headache</li> <li>• diarrhoea, vomiting and nausea</li> <li>• tiredness and trembling</li> <li>• increased heart rate and blood pressure</li> <li>• dry mouth and eyes</li> <li>• trouble concentrating</li> <li>• anxiety</li> <li>• restless sleep.</li> </ul>
Illicit drug/s	<p>Illicit drugs are illegal substances that can be classified into three main groups depending on the way they affect the brain:</p> <ol style="list-style-type: none"> <li>1) stimulants – including speed (amphetamines), cocaine and ecstasy</li> <li>2) depressants – including cannabis, heroin, and opium</li> <li>3) hallucinogens – including lysergic acid diethylamide (LSD), magic mushrooms.</li> </ol> <p>Illicit substances may include legal, prescription medications that have not been prescribed for the user by a medical practitioner.</p>
Other drug/s	Other drug/s refers to all legal and illegal substances, including performance and image enhancing drugs (PIEDs), tobacco, pharmaceutical substances, and illicit drugs and 'new psychoactive substances' or 'synthetic' drugs (excluding alcohol).
Under the influence	<p>An employee who is adversely affected by alcohol or illicit drugs will be considered to be under the influence if they are unfit to perform their duties and responsibilities safely and productively.</p> <p>The effects of alcohol or drug consumption can lead to:</p> <ul style="list-style-type: none"> <li>• increased risk of incidents</li> <li>• impaired coordination</li> <li>• decreased ability to concentrate and communicate</li> <li>• lack of thoughtful decision making</li> <li>• impairment of memory and other cognitive functions</li> <li>• delayed reaction time.</li> </ul> <p>The term 'under the influence' includes impaired performance related to coming down from illicit drug use or experiencing the effects of a hangover.</p>
Work endorsed events and social functions	<p>An event organised or supported by the Department/Hospital and Health Service where an employee is considered to be representing the Department/Hospital and Health Service. Events include but are not limited to:</p> <ul style="list-style-type: none"> <li>• training sessions and workshops</li> </ul>

	<ul style="list-style-type: none"> <li>• conferences</li> <li>• networking events</li> <li>• social club events</li> <li>• Christmas parties or similar functions.</li> </ul>
Workplace/work location	A workplace or work location includes any Queensland Health building, telecommuting, working from home, work endorsed events, work social functions and whilst operating Queensland Government vehicles.

## Version Control

Version	Date	Comments
3.0	July 2020	Guideline: <ul style="list-style-type: none"> <li>– naming conventions and references updated</li> <li>– application amended as a result of changes to the Hospital and Health Boards (Changes to Prescribed Services) Amendment Regulation 2019.</li> </ul>
2.0	January 2020	Guideline: <ul style="list-style-type: none"> <li>– formatted as part of the HR Policy review</li> <li>– updated to include reference to the <i>Human Rights Act 2019</i>, and employee assistance provider naming convention.</li> </ul>
1.0	March 2017	New document.

# Attachment One: Work performance checklist

(To be completed by manager)

This checklist can be used to document work performance.

Note: These are indicators only, a holistic assessment is required.

Employee name: \_\_\_\_\_

Employee job title: \_\_\_\_\_ Unit: \_\_\_\_\_

Date of observation: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

Location: \_\_\_\_\_ Employee performing clinical duties? Yes / No

Observations: Check all that apply:

## Absenteeism (refer also the [Guideline for absence management](#))

- |   |   |
|---|---|
| <input type="checkbox"/> Patterns of sick leave, without authorisations or medical certificate    | <input type="checkbox"/> Frequent absences prior to or following rostered days off without authorisation or medical certification |
| <input type="checkbox"/> Taking of unauthorised leave   | <input type="checkbox"/> Improbable excuses for absences  |
| <input type="checkbox"/> Frequent minor illnesses, without authorisation or medical certificate   |   |
| <input type="checkbox"/> Lateness in the mornings, at the start of shifts or returning from lunch |   |

## 'On-the-job' absenteeism

- |  |   |
|--|---|
| <input type="checkbox"/> Continued absences from office, desk or workplace | <input type="checkbox"/> Long coffee breaks                             |
| <input type="checkbox"/> Frequent trips to toilet or kitchen               | <input type="checkbox"/> Frequent visits to other areas of the worksite |
| <input type="checkbox"/> Leaving work early without authorisation          |   |

## Quality of work (refer also [Performance improvement HR Policy G11](#))

- |  |  |
|--|--|
| <input type="checkbox"/> Difficulty in recalling instructions or job details | <input type="checkbox"/> Misunderstanding instructions   |
| <input type="checkbox"/> Unable to recognise mistakes                        | <input type="checkbox"/> Slow to learn new tasks         |
| <input type="checkbox"/> Unreliability                                       | <input type="checkbox"/> Reduced levels of concentration |

## Quantity of work (refer also [Performance improvement HR Policy G11](#))

- |   |   |
|---|---|
| <input type="checkbox"/> Missed deadlines   | <input type="checkbox"/> Jobs take more time    |
| <input type="checkbox"/> Unable to sustain effort, spasmodic work pace                      | <input type="checkbox"/> Decreased productivity |
| <input type="checkbox"/> Performance appears acceptable as colleagues are covering for them |   |

## Workplace incidents

- |  |  |
|--|--|
| <input type="checkbox"/> Incidents on the job  | <input type="checkbox"/> Near misses                               |
| <input type="checkbox"/> Incidents off the job that affect work performance (e.g. journey accidents) | <input type="checkbox"/> Causing other employees to have accidents |

**Behaviour of the individual**

- |  |  |
|--|--|
| <input type="checkbox"/> Increasing irritability   | <input type="checkbox"/> Involved in arguments, fights   |
| <input type="checkbox"/> Wide swings in morale, moody and unpredictable                        | <input type="checkbox"/> Borrowing money from co-workers |
| <input type="checkbox"/> Overreaction to real or imagined criticisms, tendency to blame others |  |

**Effects on customers, clients or patients**

- |  |   |
|--|---|
| <input type="checkbox"/> Behaviour or actions draw comments or complaints from customers or the general public | <input type="checkbox"/> Presenting to work when unable to perform the duties of their role |
| <input type="checkbox"/> Impacts of service delivery and reputation  |   |

The above employee observations were made by the following:

**Manager:**

\_\_\_\_\_

Manager name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## Attachment Two: Observations checklist

This checklist can be used by a manager to document all observed behaviours.

Employee name: \_\_\_\_\_

Employee job title: \_\_\_\_\_ Unit: \_\_\_\_\_

Date of observation: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

Location: \_\_\_\_\_ Employee performing clinical duties? Yes / No

Observations: Check all that apply:

### Behaviour

- Stumbling
- Drowsy, sleepy, lethargic
- Agitated, anxious, restless
- Hostile
- Unresponsive, distracted
- Clumsy, uncoordinated
- Tremors, shakes
- Flu-like illness complaints
- Suspicious, paranoid
- Hyperactive, fidgety
- Inappropriate, uninhibited behaviour
- Swaying, unbalanced on their feet
- Withdrawn

### Appearance

- Flushed complexion
- Sweating
- Cold, clammy
- Bloodshot eyes
- Tearing, watery eyes
- Dilated (large) pupils
- Constricted (pinpoint) pupils
- Unfocused, blank stare
- Poor personal hygiene
- Unkempt grooming, wearing inappropriate clothing

### Speech

- Slurred, thick
- Incoherent
- Exaggerated enunciation
- Loud, boisterous
- Rapid, pressured
- Excessively talkative
- Nonsensical, silly
- Cursing, inappropriate speech

Other observations: (may also include breath smell of alcohol)

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The above employee observations were made by the following:

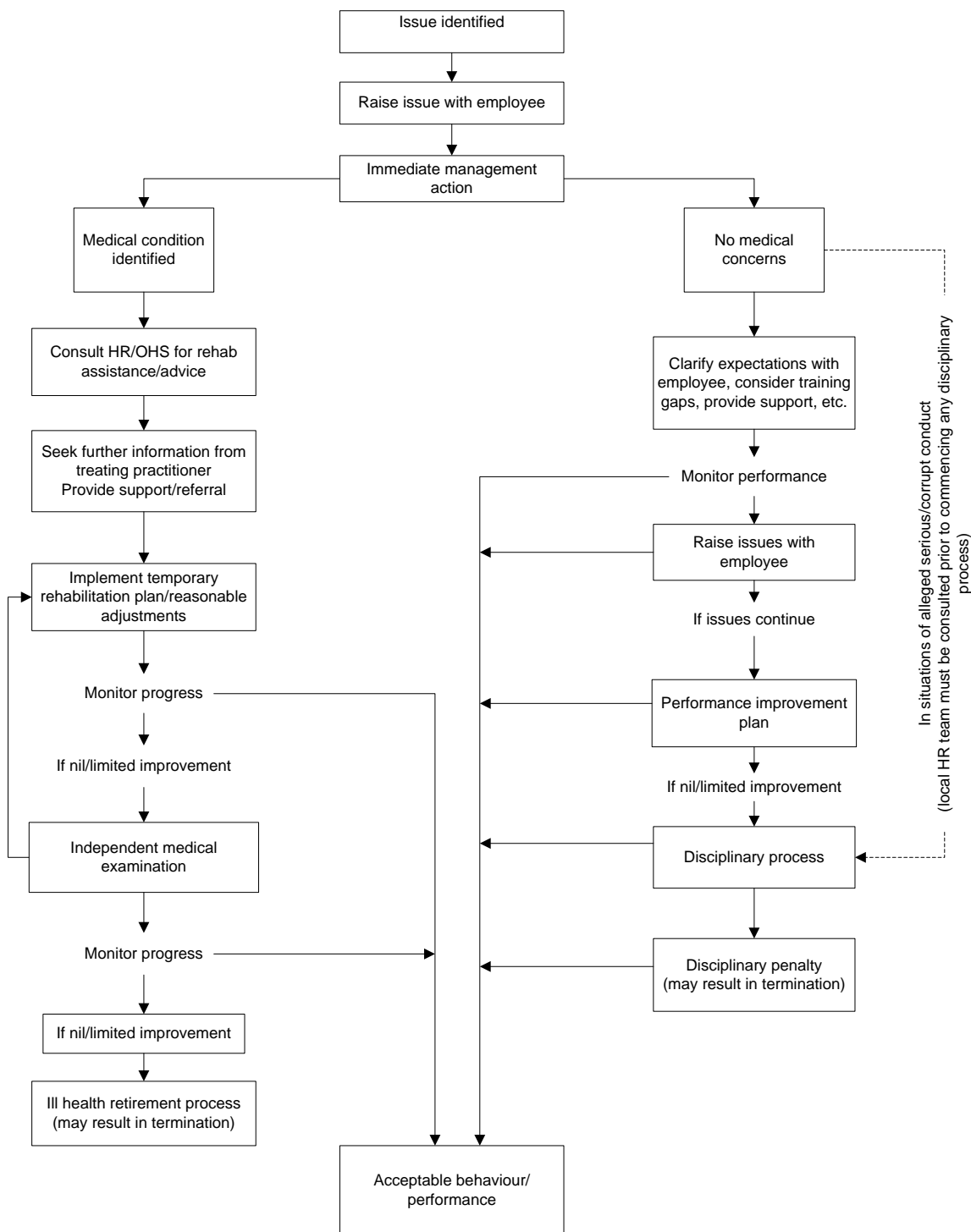
### Manager:

\_\_\_\_\_  
Manager name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Attachment Three: Managing performance and behaviour in the workplace



Note: Please contact your local human resource team at any time for support or advice.

## Attachment Four: Planning for a work function

Tips for planning an enjoyable and incident-free work function or event:

- Promote your event as a fun, activity-filled celebration where alcohol is not the focus.
- Promote the Code of conduct for the Queensland Public Service, and Fitness for duty: Alcohol and other drugs HR Policy E16 before the event so everyone knows what is expected of them.
- Appoint someone to be responsible for overseeing that the event runs smoothly and to be the point of call should any problems arise on the day.
- If alcohol is going to be available at the function, the event should be held at a licenced venue.
- Ensure your employees are being serviced by RSA-trained (responsible service of alcohol) bar staff.
- Avoid table service and “top ups” as these make it harder for employees to keep track of how many drinks they have consumed.
- Provide plenty of free water, soft drink and other non-alcoholic drinks.
- Provide substantial and diverse food options, making sure everyone’s dietary requirements are catered for.
- Keep everyone busy, entertained and well-organised.
- Consider and communicate safe transport options prior to the event.
- Have a plan in place for managing intoxicated employees or guests.
- Consider security options.
- Log and document any incidents.
- Hold a debrief session after the event to assess how it all went.

## Attachment Five: Frequently asked questions

### 1. Which policy do I access for information on alcohol and other drugs?

This guideline should be read in conjunction with the Fitness for duty: Alcohol and other drugs HR Policy E16.

A list of other supporting documents can also be found under section 8 of this guideline.

### 2. What is the first thing I should do as a manager if I suspect an employee is under the influence of alcohol or drugs?

A manager should make an objective assessment of the situation including identifying whether the employee's performance and/or behaviour has the potential to place themselves and others at risk. Further information is outlined in section 3.2 of this guideline.

### 3. When should I involve human resources in the process?

A manager may consult their local human resources team for assistance and support at any stage throughout the process.

### 4. When does a process move from an informal to disciplinary process?

Each situation arising would need to be assessed on its own merits prior to determining whether or not a disciplinary process was the most appropriate course of action.

Discipline may be appropriate where it has been identified that there are no underlying medical issues, training deficiencies etc. responsible for, or contributing to, the behaviour/performance and/or conduct concerns. It is important to note that there may be a number of steps between when a manager first raises an issue with an employee and when they may consider a disciplinary process is warranted. For example, the manager may consider alternative duties or reasonable adjustments for the employee or implementing a performance improvement plan.

### 5. Is confidentiality assured if an employee discloses an alcohol or other drug problem?

All employment related matters, including where an employee has disclosed issues with alcohol or other drugs, will be managed in confidence as far as practicable. Employees should be aware, however, that it may be necessary for a manager to disclose confidential information to ensure the effective management of the matter. If an employee has any concerns regarding confidentiality, they should talk with their manager or local human resources team.

### 6. Can I consume alcohol during work breaks, including lunch?

The consumption of alcohol during the work-day is not encouraged. However, if employees choose to consume alcohol on a break, or at a work-related function, they are expected to do so in a responsible manner and uphold the reputation and values of Queensland Health and the Queensland public service. If employees choose to consume alcohol on a break, or at a work-related function, they must not be under the influence when they return to work.

### 7. Will employees be tested for alcohol or other drug consumption?

No, Queensland Health does not use alcohol or drug testing in the workplace.



## 8. Where can employees and managers get further information and assistance?

Support options include:

### **Employee Assistance – local provider**

<https://qheps.health.qld.gov.au/csd/employee-centre/workhealth-safety-wellbeing/employee-assistance-service-providers>

### **General /treating practitioner**

For support and treatment options

### **Queensland Health resources**

[www.health.qld.gov.au/public-health/topics/atod/default.asp](http://www.health.qld.gov.au/public-health/topics/atod/default.asp)

### **Alcohol and Drug Information Service (ADIS)**

Confidential and anonymous 24-hour counselling service  
1800 177 833

### **Australian Drug Foundation (ADF)**

[www.adf.org.au](http://www.adf.org.au)

### **Australian Drug Information Network (ADIN)**

[www.adin.com.au](http://www.adin.com.au)

### **Family Drug Support Australia**

[www.fds.org.au](http://www.fds.org.au)

### **Substance Abuse and Addiction**

[www.lifeline.org.au](http://www.lifeline.org.au)