 <p><b>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</b></p> <p><b>IMPAIRMENT PROTOCOL</b></p>	<p><b>IMPAIRMENT - IDENTIFICATION AND MANAGEMENT OF EMPLOYEE IMPAIRMENT</b></p>	<p><b>Policy 5.4.5 Protocol 3</b></p>
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## STANDARDS TO BE MET


### 1. Identification of Impaired Employees

- 1.1 Managers of all levels are required to take steps, and have appropriate systems in place, that will identify impaired people in their workplace and allow further assessment.
- 1.2 Where a manager becomes aware that a staff member is impaired or has cause to believe that the staff member is impaired they will conduct an investigation into the possible impairment of the staff member in accordance with Bay of Plenty District Health Board's (BOPDHB) other relevant policies / protocols (refer Associated Documents section).
- 1.3 Employees must not knowingly conceal knowledge of another employee's possession of alcohol, drugs or substance abuse at work or of any known impairment in the workplace.

### 2. Management of Impairment

- 2.1 The aim of this framework is to assist managers and staff to address impairment effectively and promptly. The framework consists of identifying impaired staff, managing the acute risk and then appropriate follow-up to ensure a safe and enduring return to work.
- 2.2 Managers will ensure in addressing impairment in the workplace that the employee suspected of being impaired e.g. under the influence of drugs and / or alcohol, will not work until they can demonstrate an ability to work in a safe manner.
- 2.3 Where an impaired employee is identified the manager will be required to:
  - a) Carry out a preliminary investigation to confirm concerns.
  - b) If satisfied that the employee poses a risk relieve them of their duties or remove them from the workplace.
  - c) Ensure that the affected individual is supported as appropriate by arranging transport, urgent medical assessment or other assistance as deemed necessary in the situation.
  - d) Interview the staff member and assess the cause of the impairment (this may occur the next day in cases where it has been necessary to send the staff member home).
  - e) Consult Human Resources (this may also occur prior to the interview with the staff member where the manager feels initial guidance would be helpful).
  - f) Where the impairment is due to a health related issue refer the staff member to Health and Safety for assessment and rehabilitation support. Health and Safety may then refer them on to other agencies including Employee Assistance Programme services, drug and alcohol counselling or medical services.
  - g) Put in place the actions necessary to correct the performance where the reasons for the impairment are not health related. These may include changes in workload, training, mentoring or supervision.
  - h) In the event that the impairment relates to matters of discipline or issues relevant to the BOPDHB Code of Conduct initiate the appropriate disciplinary procedure - However, it may also be appropriate to refer the staff member to Health and Safety for health assessment and rehabilitation support or to other agencies outlined in 5 above.
  - i) Review the causes of the impairment to assess whether it may indicate the need to make changes to conditions in the workplace

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<p>Protocol Steward: Manager, Health &amp; Safety</p>	<p>Authorised by: GM Corporate Services</p>	

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### 3. Assessment and Referral

- 3.1 BOPDHB may arrange and pay for the early assessment of people identified as impaired at work.
- 3.2 The assessment and referral will be conducted in such a way as to recognise the personal, cultural and organisational issues that may be contributing to the impairment, and will be conducted in line with conditions of the BOPDHB wellness review processes.
- 3.3 BOPDHB employees must comply by their employer's reasonable requests for attendance at assessments where BOPDHB has good reason to be concerned that an employee's performance is impaired.
- 3.4 BOPDHB will assist with referral to the appropriate agencies for management of any underlying medical or other problem(s).


### 4. Professional Body Referral Process

- 4.1 It may be considered necessary to inform the relevant professional body under S.45(2) of the Health Practitioners Competence Assurance Act 2003 and in that case the following procedure is used:
- Matter discussed with the clinical team providing care to the individual.
  - Letter for referral drafted and reviewed with the head of the relevant service (e.g. Director of Nursing, Medical Director, etc) to ensure the appropriate clause for disability is utilised.
  - Referral letter is forwarded to the relevant professional body and copied to BOPDHB Human Resources and the individual concerned.
- Note:** Where it will not compromise the recovery of the unwell professional the rationale for referral to the registering professional body should be discussed with them either at the time of referral or at a later date.

### 5. Re-Entry to the Workplace Process

- 5.1 Return to work will be managed appropriately as follows:
- Manager establishes with the individual and Health and Safety when the individual will be ready to return to work. **Note:** Health and Safety, where necessary, makes secondary referral to an independent physician / consultant as well as seeks a report from the individual's treatment provider.
  - Process meetings will be held as necessary. Attendees may include
    - Unwell person
    - Health and Safety representative
    - Line Manager
    - Case Manager
    - Human Resources Advisor
    - Support / nominated person(s)
  - Discussion may include:
    - Work environment and expectations
    - Appropriateness of return to previous workplace e.g. issues of work capacity, pressure, workload, supervision.
  - Line Manager and employee receive a written assessment report.
  - Formal agreement regarding return to work finalised (i.e. decision made regarding the timing, hours of work, place, and anticipated start date).
  - Formal agreement communicated to all participants.
  - Appropriate processes agreed and established for monitoring the individuals response to work pressures on return and thereafter. This will be in discussion with the individual and their practitioner / case manager as per the relapse plan.

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- h) Workplace team prepared for the individual's return by the individuals line manager (this may include providing an appropriate explanation of absence and return as agreed upon by employee).

**ASSOCIATED DOCUMENTS**

- Bay of Plenty District Health Board policy 5.4.5 Impairment – Management of Impaired Employee
- Bay of Plenty District Health Board policy 5.4.5 protocol 1 Impairment – Standards & Principles
- Bay of Plenty District Health Board policy 5.4.5 protocol 2 Impairment – Possible Causes of
- Bay of Plenty District Health Board policy 5.4.5 protocol 4 Impairment – Drug & Alcohol Misuse in the Workplace
- Bay of Plenty District Health Board policy 2.1.4 Incident Management
- Bay of Plenty District Health Board policy 3.50.02 protocol 7 Supporting Staff
- Bay of Plenty District Health Board policy 3.50.02 protocol 9 Investigation Process
- Bay of Plenty District Health Board policy 3.50.02 protocol 15 Disciplinary Process
- Bay of Plenty District Health Board policy 3.50.05 Protected Disclosures
- Bay of Plenty District Health Board policy 3.50.00 protocol 1 Shared Expectations (Code of Conduct)
- Bay of Plenty District Health Board policy 5.3.10 Stress and Fatigue – Management in the Workplace
- Bay of Plenty District Health Board policy 5.4.7 Threatening Behaviour, Bullying, Harassment & Violence in the Workplace – Management of
- Bay of Plenty District Health Board Form FM.A16.1 Alcohol and Drug Testing Record

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