



NEW SOUTH WALES NURSES AND MIDWIVES' ASSOCIATION
AUSTRALIAN NURSING AND MIDWIFERY FEDERATION NEW SOUTH WALES BRANCH



POLICY ON ALCOHOL AND OTHER DRUG ISSUES IN THE WORKPLACE

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Policy on Alcohol and Other Drug Issues in the Workplace

THE NSW NURSES AND MIDWIVES' ASSOCIATION RECOGNISES THAT:

1. The impairment of Registered Nurses and Midwives, Enrolled Nurses and Assistants in Nursing/Midwifery (referred to as nurses/midwives) by the use of alcohol and other drugs (AOD) presents a significant risk to the health, safety and welfare of the impaired worker, co-workers and may compromise their performance at work or responsibilities relating to the duty of care of patients.
2. Other factors may further compromise those nurses/midwives who are impaired by the use of AOD, these may include work related psychosocial issues including shift work, fatigue, workload, staffing levels, systems of work and workplace stress that should be managed as part of the work health and safety program.

It must be recognised that substance abuse is a health issue. All staff including nurses, midwives and assistants in nursing should be encouraged to participate in programs of assistance, support, treatment, education and/or rehabilitation where indicated⁶.

3. Where the harmful use of AOD is identified, nurses, midwives and assistants in nursing have a right to be treated in a respectful and non-judgmental manner and should not be subjected to discrimination based on their health status⁶.

IT IS THE POSITION OF THE NSW NURSES AND MIDWIVES' ASSOCIATION THAT:

1. An AOD prevention program should provide for employee assistance, employee education, supervisory training and information and health promotion initiatives⁴.
2. AOD policies and procedures should conform to the following principles:
 - developed and coordinated jointly in consultation between management, nurses/midwives and NSWNMA as their representative;
 - form part of the broader work health and safety framework of the organisation;
 - related to safety at work;
 - concerned with preventing impairment;

- be non-discriminatory and applicable to the entire workforce inclusive of all employees, executive/ owners, apprentices/ students², volunteers, work experience students and all others who provide direct medical or patient/resident/client care or are employed in the workplace;
 - focus on consultation, education, support and rehabilitation – not punishment; and,
 - be confidential at all levels.
3. The NSWNMA does not support random or routine AOD testing outside the purpose of identified impairment or as legislated. There is little evidence of the link between AOD usage and workplace accidents, illness and injury to justify the growth in testing regimes in the absence of legislated requirements³.

Testing for AOD is not appropriate for the following reasons:

- current testing methods measure use or exposure rather than impairment and the impact of substance use on their ability to fulfil the inherent requirements of their role;
- pre-employment testing is discriminatory;
- inaccuracy and errors of interpretation of test results both positive and negative;
- infringement of right to privacy; and
- does not account for effects of prescribed medications⁶.

Impairment due to AOD can be effectively identified and managed through direct observation and supervision. Drug testing should be a last resort⁴.

4. Where a decision to include testing as part of an AOD program is being considered, a formal written policy should be developed indicating the purpose for testing, rules, regulations, rights and responsibilities of all the parties concerned. The testing component of a policy should be:
- based on the concept of 'impairment';
 - clear, easy to understand, written in plain English and applicable to all;
 - communicated to all employees who should indicate their understanding of the consequences of the policy;
 - implemented with consistency and without discrimination;
 - developed in consultation with workers and the NSWNMA;



- evaluated, with the results available to the whole workforce⁵; and,
 - conform to current Australian Standards and Guidelines in relation to the testing and accredited laboratories used in the process.
5. The NSWNMA will support members who have AOD issues in seeking assistance with their substance use problem and encourages members to participate in Employee Assistance Programs, education and/or rehabilitation.
 6. Where the hazardous or harmful use of AOD has been identified, nurses/midwives have a right to confidentiality, advocacy and grievance and conflict resolution procedures as necessary⁶.
 7. Nurses and midwives have a responsibility to advocate on behalf of individuals and groups whose care and safety may be compromised through the suspected hazardous or harmful use of AOD by workers or others in the workplace⁶.
 8. The Code of Conduct for Nurses⁸ and the Code of Conduct for Midwives⁹ state that nurses and midwives have a responsibility to maintain their physical and mental health to practice safely and effectively. In accordance with the Codes, nurses and midwives must seek expert, independent and objective help and advice if they are ill or impaired in their ability to practice safely⁶.
 9. Nursing and midwifery staff have a responsibility to report staff who they believe are practising under the influence of alcohol or drugs. This should be brought to the attention of their immediate manager⁶.
 10. Part 8, Division 2 of the Health Practitioners Regulation National Law requires mandatory notification of a practitioner who has practiced their profession while intoxicated by alcohol or drugs or placed the public at risk of substantial harm because the practitioner has an impairment; or has practiced their profession in a way that constitutes a significant departure from accepted professional standards⁷.
 11. Reporting must not be vexatious, malicious and should be supported by a detailed description of the alleged behaviour⁶.
 12. Nurses and midwives should be encouraged and supported to self-disclose/self-report their AOD impairment where circumstances avail them to do so.

REFERENCES

1. ILO Interregional Tripartite Expert Committee 1993
2. Australian Safety and Compensation Council 2007
3. ACTU Congress note 2, 2015
4. ACTU Congress note 3 & 4, 2015



5. Australian Safety and Compensation Council 2007
6. ANMF Policy, Nurses, midwives and assistants in nursing and harmful use of alcohol and other drugs, 2012 2018
7. Guidelines of Mandatory Notifications, AHPRA March 2014
8. Code of Conduct for Nurses
9. Code of Conduct for Midwives