



## Health and Employment

This booklet is intended to assist anyone dealing with or affected by Health and Employment issues. It is one of a series of booklets and handbooks designed to give impartial advice on employment matters to employers, employees and their representatives. Legal information is provided for guidance only and should not be regarded as an authoritative statement of the law, which can only be made by reference to the particular circumstances which apply. It may, therefore, be wise to seek legal advice.

Information in this booklet has been revised up to the date of the last reprint – see date below. We also have an Acas Helpline – 08457 47 47 47 – which can answer most of your questions about employment relations matters including your legal rights and duties.

Acas is committed to building better relationships in the workplace and offers training to suit you. From a two-hour session on the key points of new legislation or employing people to courses specially designed for people in your organisation. Click [here](#) to find out about training sessions in your area. We also offer hands-on practical help and support to tackle issues in your business with you. This might be through one of our well-known problem-solving services or a programme we have worked out together to put your business firmly on track for effective employment relations.

### Introduction

In recent years, health and healthy living have become increasingly important issues both in society at large and in the workplace. Employers and trade unions are taking a broader view of health at work so that issues such as smoking, alcohol and stress are being considered alongside traditional occupational health issues such as noise, dust and chemical hazards.

It is also now widely recognised that where people struggle to maintain a balance between their work and their home responsibilities, this will have an adverse effect not only on their ability at work but also on their general health and well-being. In March 2000 the Government launched a Work-life Balance Campaign for England and Scotland. This campaign encourages employers to introduce flexible working practices, identifying the reduction of absenteeism, sickness and stress as one of the many benefits for businesses.

Further help is planned for employees with young children. From April 2003, the Employment Act 2002 will introduce the right for parents of young and disabled children to apply to work a flexible working arrangement. It will place a duty on employers to give serious consideration to such requests from employees and to refuse them only if they have clear business reasons for doing so. Guidance and support will be available to employees and employers to help them to handle applications for flexible working.

From April 2003, the Employment Act 2002 will also increase maternity leave for most employed mothers to six months paid leave and a further six months unpaid leave, introduce two weeks paid paternity leave for employed fathers and provide similar rights for employed adoptive parents.

These measures, together with the existing rights to parental leave and time off for dependants, will provide parents with more practical assistance than ever before to strike a comfortable balance between work and family life, whilst being compatible with the needs of business by reducing the costs relating to sickness, absenteeism and consequent decreased efficiency.

The Health and Safety Executive (HSE) estimates that work-related accidents and ill health cost employers between £4.4 and £9.5 bn per year **1** and that over two million people suffer from illnesses which they attribute to their work. These figures mean not only increased costs for employers due to days lost but also personal suffering, family hardship and costs to individuals.

The Revitalising Health and Safety strategy was launched in 2000 by the Government and the Health and Safety Commission (HSC). Over a ten year period, it seeks to make significant improvements to workplace health and safety by securing the commitment of Government departments, employers, employees, trade unions, employers' organisations, health professionals and voluntary groups. It aims to reduce the incidence of work-related ill health, to assist those currently not in work, due to illness or disability, to return to work and to use the work environment to help people to maintain and improve health.

The law requires employers to tackle work-related health issues. Health and Safety law requires employers to carry out risk assessments and to put measures into place to control these risks. The Employment Rights Act 1996 protects individuals from suffering detriment or dismissal in certain circumstances relating to health and safety issues and provides rights for workers on medical suspension. The Working Time Regulations 1998 limit weekly working time, provide minimum periods of rest and in-work rest breaks, provide a minimum level of paid annual leave and a requirement to offer health assessments to night workers. The Regulations provide additional protection for young persons. The Disability Discrimination Act 1995 makes it unlawful for an employer to treat a disabled person less favourably because of a reason relating to their disability, without a

justifiable reason. Employers are required to make reasonable adjustments to working conditions or the workplace where that would help to accommodate a particular disabled person. At present these provisions apply to employers with 15 or more employees but the Government has announced its intention to remove the existing exemption for small businesses, probably by October 2004.

However, compliance with the law is not the only reason why employers should take action to tackle work-related health issues. Many health related problems can adversely affect relations between employers, workers and their representatives unless measures are taken to deal with them effectively and fairly. In addition to the increased costs of absence, staff morale and performance are both likely to suffer, resulting in higher staff turnover and the additional expense of recruiting, inducting and training new members of staff.

It is, therefore, vital that organisations have effective health and safety policies and practices. Consultation with trade unions and employee representatives in drawing up these policies and a clear commitment from management to support them are likely to be the most effective means of creating a culture, within the workplace, where health and safety issues are given due attention, thereby ensuring that the work environment does not damage the health of workers and people are not unnecessarily excluded from work due to ill health or disability.

This booklet does not deal in detail with an employer's statutory health and safety responsibilities but rather provides an introduction to measures which employers may take to promote good health among their workers. The booklet:

- looks at good practice in five important workplace health issues - smoking, alcohol misuse, drug misuse, AIDS and stress – and suggests ways in which associated employment problems can be dealt with
- provides checklists of items to include in policies on smoking, alcohol, drugs and AIDS
- provides, in the appendices, guidelines on where to find legislation on health matters and sources of advice and further information.

Legal and technical advice on occupational health and safety may be obtained from offices of the Health and Safety Executive (HSE). Advice on the effects of work on health, and guidance on the placement and return to work of people with health problems may be obtained from the Employment Medical Advisory Service (EMAS) which is part of the HSE. EMAS encourages and assists employers, both large and small, to make provision for the occupational health needs of their staff and produces a range of helpful leaflets.

Advice on health and safety in offices, shops, warehouses, restaurants, hotels, etc may be obtained from local authorities - usually the council's Environmental Health Department.

## Promoting good health

Keypoints: -

- Promoting good health can help organisations to be more productive, assist industrial relations and improve their public image
- The promotion of good health is unlikely to be effective unless it is part of a comprehensive approach to health and safety
- Improved health facilities should be tailored to the needs of workers according to the resources available
- Clear policies can help organisations deal with health issues fairly and effectively

### The advantages

There are a number of potential advantages to promoting good health among workers including the following:

- a healthy workforce is likely to be more productive
- healthy workers are better able to lead full and satisfying lives
- fair health policies can help to minimise problems with workers and their representatives over health issues
- an organisation with a reputation for looking after its workers is likely to have a better public image which may be an important factor when recruiting, especially at times of labour shortages, and also helps to retain existing workers.

### Health and safety

The promotion of good health is unlikely to be effective unless it is part of a comprehensive approach to health and safety. The priority for employers should be to make a full assessment of workplace hazards, introduce proper controls and monitor their effectiveness. Employers, workers and their representatives have statutory responsibilities under the provisions of the Health and Safety at Work etc Act 1974 and regulations made under the Act.

Health problems are associated with all types of employment. Employers' assessments should be systematic and cover all the health risks in the workplace, for example, from:

- chemical agents
- other hazardous substances (dust, fumes)

- noise
- vibration
- radiation
- repetitive movement
- static/awkward postures
- infectious diseases
- work related stress

Control measures to reduce these risks once identified are required by regulation.

Employers should review health and safety measures regularly in consultation with workers and their representatives. Workers often have valuable suggestions to make about improvements to health and safety and their contribution should be encouraged by discussing health and safety issues at meetings and briefings. Safety representatives and safety committees can play an important role in health and safety at work. They have a wide range of rights and functions, including helping to identify actual or potential hazards. Information about the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996 are contained in Appendix 1.

Employers are required by the Management of Health and Safety at Work Regulations 1999 to assess risks to their workers and others arising from their undertaking; to identify the measures needed to comply with health and safety laws; and to appoint competent people to help them take measures required under health and safety legislation.

HSE produces a wide variety of publications which are listed in either Free List or Catalogue of Priced Items, published at least annually and available free from: HSE Books, PO Box 1999, Sudbury, Suffolk CO10 6FS. These publications can help organisations to frame their health and safety policies and define their occupational health and hygiene needs. It is not possible to give detailed information about all aspects of health in this booklet but the following checklists point to some of the main areas which should be kept under review:

### ***Legislation and current issues***

- Are you aware of current legislation? What provision is made for keeping up to date with legislation and health issues?
- If there are hazardous substances present in your workplace, have you undertaken the assessment required under the Control of Substances Hazardous to Health Regulations 1999 (COSHH)?
- Do you have a written health and safety policy?

### ***Identification of health and safety risks***

- Are health and safety rules and procedures working effectively? When

were they last reviewed?

- Are accidents and incidents investigated and recommendations made to prevent recurrences?
- Do any operations involve a health risk and are any regulations relevant to these risks followed?
- Is adequate supervision available - particularly for the young and inexperienced?
- Are the reasons for sickness absence analysed? Might they be work-related?
- Are work processes and work organisation regularly examined to see if any changes can be made to improve health and safety?

### **Matching workers to the job**

- Do you know whether workers have health problems that might be aggravated by the work involved?
- Can special arrangements be made to accommodate workers with particular health problems or disabilities? Could, for example, flexible working be arranged or could adaptations be made to premises (for which a grant may be payable (2))
- Are possible health risks taken into account when recruiting? Can you identify those who may be at a higher risk?

### **Information and training**

- Are employees trained in health and safety procedures and hazard awareness?
- Do workers understand how to prevent or minimise any health risks?
- Is up-to-date information on health and safety provided to workers?
- Are relevant posters and notices displayed including those required by law?

### **First aid**

- Do first aid procedures comply with the Health and Safety (First Aid) Regulations 1981 (3) and the First Aid at Work Approved Code of Practice?

### **Help and advice**

Employers are required by the Management of Health and Safety at Work Regulations 1999 to appoint competent people to help them take health

and safety measures. The level of expertise needed depends on the risks present and the employer can appoint an existing member of staff where they have the necessary training, knowledge and experience to be of assistance. The more complex the risks, the more likely the need for specialist advice. Any specialist help required should be matched to need - it may be for medical or nursing personnel or for ergonomists, psychologists, occupational hygienists or those with audiometry or engineering skills.

Only large organisations are likely to have full-scale occupational health centres. Some organisations employ nurses and some companies retain the services of a company doctor - for example, a local GP - on a part-time or session basis. The decision to make use of nursing and medical skills may reflect a range of management needs.

### **Health promotion**

Although there is no statutory requirement, some level of medical provision can have real health benefits for workers and also mean that less time is lost for routine visits, check-ups, injections, etc. A growing number of employers and trade unions have become interested in the benefits of providing additional workplace facilities to improve the general health of the workforce. In one case a successful work-based health promotion programme has been extended into the community as a result of collaboration between a company and local and central government. It is important to establish good communication between employers and workers and their representatives, including safety representatives (see Appendix 1). Consultation prior to the provision of additional facilities will help to overcome any potential difficulties and match the facilities provided to the available resources.

### **Range of facilities**

A wide range of health facilities may be provided by employers including the following:

- regular voluntary health checks
- eyesight/hearing tests
- dental checks
- screening for cancer (for example, cervical or breast cancer) or susceptibility to heart disease
- weight-watcher classes
- an alternative 'healthy' menu in the staff canteen or restaurant
- exercise facilities/keep fit/aerobics classes
- assistance to give up smoking, alcohol or drugs
- stress counselling
- relaxation classes
- employee assistance programmes.

## **Health education**

The provision of information and education forms an essential part of any health campaign at work. An education programme should be designed to suit the organisation. It should be discussed with workers and their representatives and clear objectives should be established which meet the needs of workers.

The simplest way of providing information is to display posters or distribute material either produced in house or obtained from various sources such as the HDA, Department of Health or the Health Development Agency(HDA). In addition it may be possible to include health information in the company handbook, arrange in-house talks or the showing of videos. Health education can also be covered in training, particularly at the induction stage. Information needs to be frequently re-presented if it is to remain fresh. Visual material should be changed, moved or drawn to the attention in some other way on a regular basis.

The HDA in particular provides a wide range of useful and informative leaflets on health matters and in recent years has developed health promotion campaigns entitled 'Look After Yourself' and 'Look After Your Heart'. Further advice and help can be obtained from the HDA at the address listed in Appendix 2 or from local Health Education Units listed in the telephone book under the name of the local health authority. Many commercial organisations selling health products or providing health care also provide free literature. However, this material should be looked at objectively before it is used as it may be biased towards the company's own products.

Individuals will have fears, worries and misunderstandings about the topics raised in a health education programme and there should be a forum in which these can be voiced. The education programme should be subject to regular evaluation and where it has failed to meet the desired objectives it should be re-designed.

## **Health topics**

Company health education programmes may cover single topics or form part of a wider programme of health education. If a company is introducing a particular policy on, for example, smoking or alcohol it is sensible to concentrate the provision of health education on these subjects. The main topics which are normally included in health education programmes are as follows:

- diet
- smoking
- stress
- exercise
- alcohol and drugs
- AIDS.



## **Long-term sickness**

The way in which sickness is treated can affect workers' health. In particular knowing that they have a job to come back to can help relieve anxiety. However, long-term absence through sickness, or the inability to attend work regularly because of chronic ill health are difficult problems for employers. In small companies in particular there may be a conflict between the need to continue operations by replacing the worker and the desire to help recovery by holding the job open. The circumstances of each case should be judged on merit, taking account of the following:

- Can the effects of the absence be alleviated without the need for an immediate replacement?
- What is the medical opinion about the likelihood of a full recovery, the likely date of return and the prospects of being able to perform the same work? (4)
- Could the worker return if some assistance was provided?
- Could some re-organisation or re-design of the job facilitate a return to work? (5)
- Is alternative, lighter or less stressful work available - with re-training if necessary?
- Could re-organisation of the work group produce a more suitable job?
- What costs are being incurred by the company as a result of this absence?
- How old is the worker, how long has he or she worked for the company and should early retirement be considered?
- Have all possibilities been explored/discussed with the worker and his or her representative?
- Has the worker been kept fully informed and told if employment is at risk?

Employers are responsible for statutory sick pay for employees for up to 28 weeks of sickness and all workers are entitled to any contractual rights to sick pay while on sickness absence. If the time eventually comes when employment can no longer be kept open, workers are entitled to receive wages throughout the notice period or to payment in lieu of notice.

## **Short-term sickness**

A certain amount of short-term sickness is to be expected in all organisations although this should not be assumed on an individual basis and all absence should be monitored. Frequent absence may not necessarily be a disciplinary problem as it may indicate general ill health

requiring medical investigation; moreover, if it continues, it may indicate an occupational hazard, work stress or a lack of capability to do the job. Individuals should be encouraged to seek proper medical attention to establish any underlying health problems. It may also be helpful to discuss whether they are having any problems with their job or domestic difficulties which could be resolved by some rearrangement of hours/work/taking leave or time off under the Maternity and Parental Leave Regulations (time off for dependents in an emergency) 1999.

From April 2003, the Employment Act 2002 will introduce the right for parents of young and disabled children to apply to work a flexible working arrangement. It will place a duty on employers to give serious consideration to requests from employees and to refuse them only if they have clear business reasons for doing so. Guidance and support will be available to employees and employers to help them to handle applications for flexible working.

From April 2003, the Employment Act 2002, will also increase maternity leave for most employed mothers to six months paid and a further six months unpaid leave, introduce two weeks paid paternity leave for employed fathers and provide similar rights for employed adoptive parents.

### **Returning to work**

After long absences workers may need help to return to work. An understanding approach by management, coupled perhaps with part-time working at first, can help build up confidence and a return to normal performance. Organisations may find it helpful to seek advice from their own medical adviser, from the HSE's Employment Medical Advisory Service or from the local Disability Service Team. The Acas Advisory Handbook: Discipline and Grievances at Work and Acas Advisory Booklet: Absence and Labour Turnover give further advice on the handling of absence.

### **Health policies**

The development of clear policies on health can help ensure that decisions affecting workers:

- are well thought out, generally understood and consistently and fairly applied within the organisation
- take full account of their effect on all areas of the organisation's activity
- satisfy statutory requirements
- contribute to good relations between employer, workers and their representatives.

The following chapters look at a number of specific health issues and

examine some of the main points that organisations should consider when handling them or when developing policies. A checklist is also provided for organisations considering the introduction of health policies.

### **Introducing health policies – a checklist**

- What is the aim of the policy?
- Are senior managers fully committed to the policy?
- Have managers, workers and their representatives been consulted and their views taken into account?
- Should a joint working party be set up to plan and implement the policy?
- Have arrangements been made to monitor and maintain the policy?
- Does a senior manager have overall responsibility for the policy?
- Have arrangements been made to ensure the policy is communicated to all workers?
- Has adequate notice been given of the introduction of the policy?
- Have potential costs been considered and allowed for in budgets?
- Is the policy realistic?

### **Smoking at work**

Key points: -

- There is increasing public concern about the impact of passive smoking
- The use of a joint working party can be the most effective way of developing a policy on smoking
- There are various options for a smoking policy which take into account the interests of smokers and non-smokers
- At least three months notice should be given of implementation after a smoking policy has been agreed wherever possible
- A trial period can help to identify and overcome problems

In the last few years the number of smokers in England has fallen – from 28% of the population in 1998 to 25% in 2003. However, there is increasing public concern about the impact of passive smoking on people's health. In November 2004 the Government published a White Paper setting out its plans to restrict smoking in enclosed public places and workplaces (with some exceptions). The Department of Health is consulting on these proposals (until September 2005) – for further information visit [www.doh.gov.uk](http://www.doh.gov.uk). The Scottish Executive plans to implement the Prohibition of Smoking in Certain Premises Regulations 2005 (draft) under the Smoking, Health and Social Care (Scotland) Act 2005 (visit [www.scotland.gov.uk](http://www.scotland.gov.uk) for further information). In Wales, a special committee of the Assembly is due to report on an appropriate way forward (visit [www.wales.gov.uk](http://www.wales.gov.uk) for further information).

## **Why be concerned about smoking?**

The report of the Scientific Committee on Tobacco and Health says that passive smoking is a cause of lung cancer and childhood respiratory disease. The report also says there is evidence that passive smoking is a cause of ischaemic heart disease and cot death, middle ear disease and asthmatic attacks in children(6). In addition, tobacco smoke is a cause of discomfort and irritation to many people, particularly those suffering from respiratory illnesses such as asthma or bronchitis and may lead to increased absence. Non-smokers are becoming more vocal in their opposition to working in a smoky atmosphere which may lead to conflict with colleagues who smoke.

## **What should be done?**

The damage to health from smoking has led many experts to believe that non-smokers have a right to be protected from passive smoking. The Health Development Agency believes that the objective of a smoking policy is to establish a healthy environment for all workers. Supporting this goal is the general principle that the preferences of both smokers and non-smokers will be respected, but when these conflict, the preference of the non-smoker will prevail.

Because of the dangers from smoking there may be calls from non-smokers for an immediate ban. However, except where there are specific safety considerations which justify a ban, it is in the interests of good employment relations for management, workers and their representatives to work out an agreed policy on smoking that gives priority to the needs of non-smokers. However, employers must comply with any legal requirements relating to smoking (see above for government plans).

## **Developing a policy**

One of the most effective ways of developing an acceptable policy is through a joint working party with agreed terms of reference and made up of representatives of management and both smoking and non-smoking workers. The working party may like to:

- examine any current smoking restrictions and how they are working
- look at pressures for a change of policy - for example, the latest scientific evidence about the dangers of passive smoking
- explore all the possible policy options
- canvass worker opinion through consultation or by questionnaires
- make recommendations to management who will then decide what action to take.

## **Examining the policy options**

There is no single solution that will be suitable for all organisations and sometimes a combination of measures may be necessary. However, the HSE recommends that the emphasis of the policy should be to give

priority to the needs of non-smokers who do not wish to breathe tobacco smoke. Options to be considered may include:

**Total ban:** ideal for the main purpose of protecting non-smokers but likely to cause problems for smokers who find it difficult to give up smoking. Needs to be combined with help for smokers, such as long lead-in period with a step by step increase in restrictions, assistance to give up smoking, and provision to leave the building at break times.

**Total ban except for enclosed areas designated as smoking areas:** the generally preferred option which provides for both smokers and non-smokers, but not always practicable in small workplaces due to space constraints.

**Smoking ban in communal areas and segregation of smokers and non-smokers in separate rooms:** an effective solution but may be difficult to organise.

### **The policy**

The policy should be clearly set out and communicated to all staff. The following checklist gives items which might be considered for inclusion.

Checklist of items to consider when drawing up a policy on smoking at work:

- A preamble giving the reasons for the policy – for example: 'This policy has been developed in consultation with workers and their representatives to help provide a healthy, safe and comfortable environment'.
- A statement that the policy applies to workers at all levels. Information about how the rights of smokers and non-smokers will be respected. The name of those responsible for implementing and maintaining the policy. (Usually a named manager is given overall responsibility with day to day responsibility resting with supervisors and line managers).
- Information about smoking restrictions in both working and common areas.
- How the organisation will deal with non-observance of smoking restrictions.
- Whether the restrictions apply to visitors and customers.

### **Implementing a smoking policy**

Once a smoking policy has been agreed workers should be made aware of its introduction through the prominent display of notices. At least three months notice should be given of the commencement of a smoking policy wherever possible. This allows smokers to come to terms with the new

arrangements. It is sensible to start with a trial period of, say, three months to enable any problems to be identified and overcome. Anonymous questionnaires to assess the effectiveness of the policy may be useful.

### **Assistance in giving up smoking**

Some smokers find that the introduction of smoking restrictions provides the impetus they need to give up smoking entirely. Others may have a genuine fear that they may be unable to stop. Advice and counselling from occupational health services, local GPs or local health education units are often available at little or no cost. Some employers provide financial assistance.

### **Enforcing the policy**

If workers have been properly consulted and their views taken into account most organisations should find little difficulty in introducing and maintaining a smoking policy. Any problems that do arise can usually be dealt with through counselling. Where a worker persistently disregards a smoking policy, employers may wish to consider whether it is appropriate for this to be treated in the same way as other breaches of company rules and dealt with under the disciplinary procedure.

### **Legal considerations**

There are certain statutory provisions which prohibit smoking at work on safety grounds, principally because of the risk of fire or explosion. Employers also have a general duty under the Health and Safety at Work etc Act 1974 to ensure, so far as is reasonably practicable, the health, safety and welfare at work of their workers. Employers have a common law duty to provide a safe place and system of work, and should therefore act to resolve complaints from workers that their health and welfare may be at risk from a smoky environment. More specifically, the Health and Safety (Workplace) Regulations 1992 require employers to ensure that there are arrangements to protect non-smokers from discomfort caused by tobacco smoke in rest rooms and rest areas.

Where a worker leaves a company as a result of the introduction of a smoking policy, a claim of constructive dismissal might arise if the policy was deemed to have been introduced unreasonably. Such a claim would be strengthened if there was only one smoker, since it might be felt that the policy was introduced with the sole purpose of forcing the smoker to leave. Further advice on smoking at work is contained in the leaflet *Passive Smoking at Work (IND(G)63L)*, available free of charge from the Health and Safety Executive.

## **Alcohol misuse**

Key points: -

- Organisations should have clear rules on the use of alcohol
- Suspected cases of alcohol misuse should be fully investigated before deciding appropriate action
- It is appropriate to treat alcohol misuse as an illness when health, occupational, domestic or social problems occur
- Alcohol policies should be designed to assure problem drinkers that they will be treated fairly and encourage them to seek assistance
- The policy should apply to all workers

The consumption of alcohol is an accepted part of social life and is normally a personal matter. However, the subject of alcohol and how it impairs performance, safety or interpersonal work relations is a matter for employers, workers and their representatives. The problem of alcohol misuse is widespread and even relatively small organisations are likely to employ at least one worker who engages in inappropriate drinking which affects performance. It makes sense therefore for all employers to develop a policy that will enable them to deal with alcohol related problems sympathetically, fairly and consistently.

### **Alcohol and the law**

Under sections 2, 3 and 4 of the Health and Safety at Work Act 1974, all employers have a general duty to ensure the health, safety and welfare of their employees. If an employer knowingly allowed an employee under the influence of alcohol (or drugs) to continue working and this placed the employee or others at risk, the employer could be liable to charges. Under section 7 of the Act, employees are also required to take reasonable care of themselves and others who could be affected by what they do. They, too, could be liable to charge if their alcohol consumption (or drug-taking) put safety at risk.

In the transport industry, there is specific legislation in place to control the misuse of both alcohol and drugs. The Transport and Works Act 1992 makes it a criminal offence for certain workers to be unfit through drink and/or drugs while working on railways, tramways and other guided systems. The operators for whom such employees work would also be guilty of an offence unless they had shown 'all due diligence' in trying to prevent these offences being committed (see legislation concerning drugs for further discussion).

### **Different types of alcohol misuse**

Problems with alcohol at work usually fall into one of two main categories:

- the worker who drinks inappropriately on occasions
- the worker who consistently engages in inappropriate drinking.

Problems arising from the first category are likely to be straightforward cases of misconduct whereas drinkers in the second category are likely to have associated health, absence and long-term performance problems. However, even occasional drinking may be a response to an underlying problem, such as stress.

It is not always easy for an employer to make a distinction between the two different types of inappropriate drinker. Furthermore, some of the symptoms of excessive alcohol intake can be similar to the effects of a range of medical conditions including diabetes and epilepsy. Consequently when dealing with problems caused by suspected alcohol misuse, employers should arrange appropriate assessment and make a full investigation of all the circumstances before deciding the appropriate action.

It is also advisable to intervene at an early stage to avoid the need for later disciplinary action.

### **Company rules and disciplinary procedures**

Rules on alcohol use are likely to vary according to the nature of the job and the organisation. Some organisations may need to adopt strict no-drinking rules for reasons of safety or discipline, for example where workers operate machinery or drive company vehicles. Other organisations may be prepared to allow social drinking at lunch times and may even provide bar facilities. Where drinking is part of the social culture at work, individuals may feel under pressure to join in. Organisations should consider carefully what rules on drinking at work are appropriate, in consultation with workers and their representatives. It can also help to ensure that alcohol-free drinks are available at social functions and that where possible workers have access to good quality canteen facilities in pleasant surroundings which will lessen the need to visit the local pub. Breaches of company rules on drinking should normally be handled under the company's disciplinary procedure. As with all disciplinary matters, the circumstances of each case should be fully investigated and the worker concerned should be given the chance to state his or her case (7).

### **Dealing with a drinking problem**

Where a worker's absences, deterioration in performance or even misconduct at work are due to consistent heavy drinking then it may be appropriate to treat the problem as one of illness. However, it is advisable to proceed with caution. The following steps should help:

- keep accurate, confidential records of instances of poor performance or other problems
- interview the worker in private. If the worker is actually drunk, wait until he or she is sober



- concentrate on the instances of poor performance that have been identified
- ask for the worker's reasons for poor performance and question whether it could be due to a 'health' problem, without specifically mentioning alcohol in the first instance
- discuss possible work-related causes such as excessive workload or too much responsibility
- if appropriate discuss the organisation's alcohol policy and the help available inside or outside the organisation
- agree future action
- arrange regular meetings to monitor progress and discuss any further problems if they arise.

Counselling for alcohol problems is a delicate process, and may best be tackled by a trained counsellor. In the first instance, the manager or the supervisor should discuss any problems with, for example, time keeping and/or performance. The worker may then be offered the opportunity to discuss any underlying cause, if appropriate, with a trained counsellor, possibly in the presence of the manager concerned. In some organisations the personnel department may have staff with the appropriate counselling skills; if not it may be helpful to contact one of the organisations mentioned in Appendix 2. It is wise to check in advance what facilities are available in case they are needed.

### **Drinking and driving**

Loss of licence due to a conviction for driving while over the legal alcohol limit can have repercussions on employment. Where a worker has to drive as part of his or her job, dismissal may be inevitable although the possibility of alternative work should first be considered. However, where driving is only a peripheral part of the worker's job it may be possible for arrangements to be made for someone else to do the driving.

### **Employment overseas**

In some countries (for example, Saudi Arabia) the consumption of alcohol is illegal. Workers who are sent to these countries should be warned of the possible consequences of drinking.

### **An alcohol policy**

An alcohol policy is one of the most constructive ways of dealing with drink-related problems. The policy should be designed to assure those with an alcohol problem that they will be treated fairly and sympathetically and thus encourage them to seek help and assistance.

Any policy needs to be developed with the commitment and involvement of both senior and middle management. Workers and their representatives should also be consulted and their views taken into account. The following checklist may be useful when preparing the policy.

Checklist of items to consider when drawing up a policy on alcohol at work

- The rules on alcohol at work
- A statement that the organisation recognises that an alcohol problem may be an illness to be treated in the same way as any other illness
- A statement that the rules on alcohol at work will apply to any contractors visiting the organisation
- The potential dangers to the health and safety of drinkers and their colleagues if an alcohol problem is untreated
- The importance of early identification and treatment of an alcohol problem
- The help available - for example, from managers, supervisors, company doctor, occupational health service or outside agency (8)
- The disciplinary position - for instance, an organisation may agree to suspend disciplinary action in cases of misconduct, where an alcohol problem is a factor, on condition that the worker follows a suitable course of action.

Where gross misconduct is involved, an alcohol problem may be taken into account in determining disciplinary action

- The provision of paid sick leave for agreed treatment
- The individual's right to return to the same job after effective treatment and any conditions that may apply
- An assurance of confidentiality
- Whether or not an individual will be allowed a second course of treatment if he or she relapses
- Termination of employment on grounds of ill health where treatment is unsuccessful
- A statement that the policy applies to all workers
- A statement that the policy will be kept under regular review to evaluate its effectiveness.

## Education

There is much misunderstanding about the nature of the effects of alcohol and what constitutes sensible drinking. The implementation of an alcohol policy is likely to be more effective, therefore, if it is accompanied by an education programme. Education can help managers and workers understand alcohol misuse and recognise its symptoms and side effects and to be aware of particular dangers such as the consumption of alcohol with sedatives - even if the sedatives have been prescribed. It may help individuals to recognise the symptoms in themselves and persuade them to seek help. It may also help to show management and workers that covering up for a colleague who has a drinking problem is not in that person's long-term interests. Some of the bodies which provide literature, guidance and assistance are listed in Appendix 2.

## Drug misuse

Key points: -

- Drug and other substance misuse is a growing problem and many who misuse drugs are in employment
- Many of the problems associated with drug and other substance misuse are similar to those associated with alcohol and may be dealt with in a similar way
- It is an offence for employers to knowingly allow the supply or production of a controlled drug on premises which he/she occupies or manages
- When dealing with problems which may be related to the misuse of drugs or other substances it is best to concentrate on performance aspects
- It is important to follow a fair procedure for disciplinary problems
- Dismissal for off duty misuse of drugs or other substances may not be fair unless employment was adversely affected
- A policy on drugs can help an organisation to deal with any drugs related problems in a considered way

Drug and other substance misuse is a growing problem involving the use of both illegal drugs, prescribed drugs and everyday substances like glue, lighter fuel and solvents. Many drug misusers are in employment and this can create problems in the workplace such as absenteeism, increased accident rates and deteriorating workplace relationships. An increasing number of employers are having to deal with drug related problems and those who have developed policies are best prepared.

## **Similarities with alcohol**

Many of the problems associated with drug and other substance misuse are similar to those associated with alcohol and may be dealt with in a similar way. For example, some organisations now treat drug dependence as an illness and frame policies aimed at rehabilitation. This approach can encourage those with a drugs problem to seek treatment and help prevent workers covering up for colleagues because they fear they may be dismissed. Drugs differ from alcohol in that their use is not generally socially acceptable and is often illegal. In addition, the use of some drugs can more rapidly affect physical and mental health than alcohol abuse; consequently the earlier the problem can be dealt with the greater chance of rehabilitation.

## **Drugs and the law**

The Misuse of Drugs Act 1971 makes it an offence to possess, supply, offer to supply or produce controlled drugs without authorisation. It is also an offence for the occupier of premises to permit knowingly the production or supply of any controlled drugs or allow the smoking of cannabis or opium on those premises. Under common law it is an offence to 'aid and abet' the commission of an offence under the Misuse of Drugs Act. The Act lists the drugs that are subject to control and classifies them according to their perceived danger. Class A drugs include ecstasy, cocaine, heroin, LSD, mescaline, methadone, morphine, opium and injectable forms of class B drugs. Class B includes oral preparations of amphetamines, barbiturates, codeine and methaqualone (Mandrax). Class C includes cannabis, cannabis resin most benzodiazepine (for example, Temazepam, Valium), other less harmful drugs of the amphetamine group, and anabolic steroids.

It should be borne in mind that in certain circumstances an employer who does nothing about a drugs problem may also be liable to charges under the Health and Safety at Work etc Act 1974 (see Appendix 1) by, for example, requiring an employee with a history of drug misuse to perform a job which requires a clear mind and a steady hand if it is to be done safely. Similarly, a public transport employer might be liable to charges under section 3 of the 1974 Act (which deals with public safety) if aware that a driver had a drug problem but did nothing about it and was thereby considered to have endangered passengers.

In the transport industry, specific legislation is in place to control the misuse of both alcohol and drugs (see alcohol related legislation for further information). The Transport and Works Act 1992 makes it a criminal offence for certain workers to be unfit through drink and/or drugs while working on railways, tramways and other guided systems. The operators for whom such workers work would also be guilty of an offence unless they had shown 'all due diligence' in trying to prevent these offences being committed.

Employers who are in any doubt about the legal position on drugs should take legal advice.

## Recognising drugs misuse

Signs of drug and other substance misuse are not always obvious and may be confused with other conditions or problems. However, it is sensible to bear in mind the possibility of drug and other substance misuse when any of the following signs are noticed:

- sudden change in behaviour pattern
- tendency to become confused
- irritability
- abnormal fluctuations in mood and energy
- impairment of job performance
- poor time-keeping
- increase in short-term sickness absence
- deterioration in relationships with other people.

As with suspected alcohol misuse, it is best to concentrate on any performance problems and proceed with caution taking similar steps to those recommended for dealing with a suspected alcohol problem as follows:

- keep accurate, confidential records of instances of poor performance or other problems
- interview the worker in private. If the worker is under the influence of drugs and is not fit to be interviewed, wait until the effect of the drugs has worn off
- concentrate on the instances of poor performance that have been identified
- ask for the employee's reasons for poor performance and question whether it could be due to a 'health' problem, without specifically mentioning drugs in the first instance
- discuss possible work-related causes such as excessive workload or too much responsibility
- if appropriate, discuss the organisation's drugs policy and the help available inside or outside the organisation
- agree future action
- arrange regular meetings to monitor progress and discuss any further problems if they arise.

Counselling for a problem related to the misuse of drugs or other substances is a delicate process and may best be tackled by a trained counsellor. In the first instance, the manager or the supervisor should discuss any problems with, for example, timekeeping and/or performance. The worker may then be offered the opportunity to discuss any underlying cause, if appropriate, with a trained counsellor, possibly in the presence of

the manager concerned. In some organisations the personnel department may have staff with the appropriate counselling skills; if not it may be helpful to contact one of the organisations mentioned in Appendix 2. It is wise to check in advance what facilities are available in case they are needed.

### **Disciplinary procedures**

If drug and other substance misusers can be helped by counselling and advice, it may be possible to retain them as useful workers. However, there may be instances where employees refuse help or where help is not successful. In these cases it may be necessary to consider disciplinary action. The effects of drug abuse will normally be manifested in problems of conduct or capability. In either case it is important to follow a fair disciplinary procedure, to carry out a full investigation and to allow the worker to state his or her case accompanied by a trade union official or co-worker if he or she wishes. Any company policy on drugs should also be taken into account.

Further advice on handling disciplinary matters can be found in the Acas Advisory Handbook: Discipline and Grievances at Work.

Off duty drug use may sometimes be used as a reason for dismissal. However, any resultant claim of unfair dismissal will not necessarily be found fair by a tribunal even if there is a police conviction. In such cases it is likely that employers will need to prove that the use of drugs had an adverse effect on employment - for example, a deterioration in performance or significant damage to the public image of the company.

### **Developing a policy**

A policy on drugs can help an organisation to deal with any drugs problems in a considered way. The policy should be developed to suit the needs of the organisation in consultation with workers and their representatives. The following checklist may help organisations to decide what to include in a policy.

Checklist of items to consider when drawing up a policy on drug misuse at work

- The purpose of the policy - for example: 'This policy is designed to help protect workers from the dangers of drug and other substance misuse and to encourage those with a drugs problem to seek help'
- A statement that the policy applies to everyone in the organisation
- The rules on the use of drugs and other substances at work
- A statement that the organisation recognises that a drugs problem may be an illness to be treated in the same way as any other illness

- The potential dangers to the health and safety of drug misusers and their colleagues if a drugs problem is untreated
- The importance of early identification and treatment
- The help available - for example, from managers, supervisors, company doctor, occupational health service or outside agency
- The disciplinary position - for example, an organisation may agree to suspend disciplinary action, where drug misuse is a factor, on condition that the worker follows a suitable course of action
- The provision of paid sick leave for agreed treatment
- The individual's right to return to the same job after effective treatment or, where this is not advisable, to suitable alternative employment wherever possible
- An assurance of confidentiality
- Whether an individual will be allowed a second period of treatment if he or she relapses
- The provision for education on drug misuse
- A statement that the policy will be regularly reviewed
- Whether the policy has the support of top management
- Whether worker representatives have been consulted.

## **Education**

An education programme is particularly important to the success of a drugs policy. The programme may include signs to look for, how to deal with workers who seek help and where expert advice and help may be obtained. It may help individuals to recognise the dangers of drug and other substance misuse and encourage them to seek help. It may also persuade management and colleagues that covering up for a person with a drugs problem is not in that individual's long-term interests.

## **Aids**

Key points: -

- There is no risk to fellow workers or the public from normal social or work contact with an HIV-infected person
- Workers with AIDS should be subject to the same procedures as workers with other 'long-term' illnesses

- Pre-employment testing for HIV infection is expensive, inconclusive and unjustified
- Education about HIV and AIDs can promote understanding and help to prevent associated problems
- All organisations are advised to develop a policy on HIV and AIDS so that if and when problems arise they can be handled in a considered way

*The medical information provided in this section is based on advice published by the Department of Health, the Health and Safety Executive and various experts on AIDS.*

### **What is AIDS?**

AIDS stands for Acquired Immune Deficiency Syndrome. It is caused by the human immunodeficiency virus (HIV) which attacks the body's natural defence system and leaves it open to various infections and cancers. Several weeks after infection with the virus, antibodies are produced but they are ineffective and do not destroy the virus. It is these antibodies that are detected by blood tests and if they are found a person is said to be 'HIV positive'.

Currently, it is thought that around 10 per cent of known HIV positive individuals have developed AIDS. The incubation period between infection and the onset of AIDS can be very long. During this time the individual is not likely to be ill or even aware of the infection. It is not known what proportion of those who have been infected with HIV will progress to the full syndrome. However, once a person has developed AIDS there is no known cure.

The majority of people who are HIV positive are well for most of the time but some develop minor symptoms such as swollen lymph glands and others suffer weight loss, sweating and minor infections.

### **How is HIV transmitted?**

The virus which causes AIDS is passed on in one of three ways:

- i) Through unprotected sexual intercourse with an infected person
- ii) By taking infected blood, or blood products, into the bloodstream - for example, by using contaminated syringes and needles for drug injection, or by transfusion of contaminated blood or blood products (which may occur in countries where HIV screening is not routine)
- iii) By an infected mother to her unborn child through the placenta.



## **The risks at work**

Current medical opinion indicates that the risk of becoming infected with HIV in virtually all occupations is very low. Everyday normal social and work contact is perfectly safe. The virus is not transmitted through normal social interaction such as sharing cutlery, toilets, etc. There is a potential risk only where infected blood, semen or vaginal and cervical secretions can enter another person's bloodstream - for example, following injection injuries from needles contaminated with infected blood. Employers should review working methods to see whether there is such a risk to their workers or the public. Occupations in which a risk may exist lie mainly in the health care services where special guidance has been issued.

Guidance has been produced by the Advisory committee on Dangerous Pathogens group entitled Protection against blood-borne infections in the workplace: HIV and hepatitis which provides information for employers to incorporate into local rules. This guidance is available from The Stationery Office or some bookshops (ISBN 0 11 321953 9).

Any employer who feels unable to make an informed assessment of the risks should contact the Employment Medical Advisory Service at an area office of the Health and Safety Executive. Telephone numbers are listed in local directories.

## **The risk to first-aiders**

First-aiders in particular are likely to be concerned about the possibility of having to deal with people who may be HIV positive or have AIDS. The best reassurance, to demonstrate the extremely low risk involved, is likely to come from the provision of full and frank information about the infection and how it is transmitted. There have been no reported cases of infection arising from the administration of first aid. Standard hygiene precautions are equally effective against HIV infection. Employers should ensure that first aid training is reviewed and that first-aiders receive up-to-date advice on AIDS. Further advice for first-aiders may be obtained from local offices of the Health and Safety Executive.

## **Education**

Many of the potential workplace problems associated with AIDS may stem from a lack of understanding of the infection risks associated with the virus and how it may be contracted. Employers can help to promote understanding by providing information and encouraging discussion about the issues involved. This can be done through established channels for communications and consultation and by a variety of other methods including the issue of explanatory leaflets, special presentations and the showing of videos about AIDS. An education programme will inevitably lead to questions about the disease. Managers and personnel staff should be trained so that they can provide answers or know where to go for further help and advice on questions they cannot answer. Sources of

advice and further information and details of some of the available publications on AIDS are listed in Appendix 2.

### **Workers with HIV infection or AIDS**

There is no reason to treat workers with HIV infection differently. People infected with the virus who have not developed AIDS will not usually be ill and thus their ability to work normally will be unaffected. Those who go on to develop AIDS will suffer from severe illnesses which inevitably will affect performance. They should be treated in the same way as workers with other life threatening illnesses. As with any other long-term problem, employers should act reasonably, taking account of all the circumstances such as the individual's ability to continue working satisfactorily, the possibility of a move to different duties, and any medical advice received. The worker should be kept fully informed if employment is at risk. Further advice on handling long-term ill health absences is contained in the Acas Advisory Handbook: Discipline and Grievances at Work.

### **Employment rights**

As there is no risk of transmission to customers, clients or colleagues during normal work activities there are no grounds for dismissing or otherwise discriminating against a worker purely on the basis of infection or suspected infection. If an individual with AIDS or HIV infection is dismissed, then he or she may (with the appropriate qualifying service) be able to claim unfair dismissal at an employment tribunal. Also a person with HIV infection is covered by the Disability Discrimination Act 1995 when the condition leads to an impairment which has some effect on the ability to carry out normal day-to-day activities. Any such individual who is dismissed or discriminated against, because of a reason relating to their disability, may be able to claim discrimination under the Disability Discrimination Act, without any qualifying period of service. The Act makes it unlawful for an employer to treat a disabled person less favourably for a reason relating to their disability, without a justifiable reason. Employers are required to make a reasonable adjustment to working conditions or the workplace where that would help to accommodate a particular disabled person. Currently, the Act applies only to employers with 15 or more employees. However, the Government intends to abolish this lower threshold, probably by October 2004, after which the Act will apply to all employers.

In some cases there may be pressure from other workers to dismiss a person with AIDS or HIV infection or refusal to work alongside them. Employers need to recognise the acute but groundless fears that the presence or suspected presence of AIDS in the workplace can generate. One of the best ways of reducing that fear is to introduce an AIDS education programme and to develop a policy towards people with AIDS before problems are experienced. If an employer does not have a policy on AIDS then providing information at the time a problem arises may still help to allay fears and allow normal working relationships to continue. Dismissing an individual who is infected, or thought to be infected, because of pressure from other workers or customers may expose the

employer to a claim for unfair dismissal. If this were to happen employers might have to justify to an employment tribunal the reasonableness of any decision to dismiss. The worker may also be able to claim discrimination under the Disability Discrimination Act.

### **Screening for HIV**

Testing for the presence of HIV antibodies is neither useful nor justified for potential recruits or existing workers. Following HIV infection, it can take up to three months for an individual to produce antibodies that can be detected by the test. There is no guarantee that a person whose test is negative will not subsequently become infected. In addition even if a test proves positive it may be many years before an individual develops AIDS, if at all. Being HIV positive, without the development of AIDS related symptoms, has no effect on a person's ability to carry out his or her duties so that the employer will normally have no legitimate reason to require this information. Furthermore there can be serious insurance implications, such as insurance companies refusing to insure workers, and difficulties over dental and medical treatment, if an AIDS test has been performed.

Where an employer insists on a requirement that all workers are tested 'HIV negative', an individual who is found to be HIV positive may be able to claim that he or she has been discriminated against under the Disability Discrimination Act. An employer insisting on testing might be guilty of indirect discrimination under the Sex Discrimination Act 1975 (at present more men than women are HIV positive) - unless the employer could produce a valid justification for this requirement. Similar discrimination may arise if an employer insists on disclosure of any HIV infection on an application form or pre-employment medical questionnaire and uses this information as a bar to recruitment. This may be either indirect discrimination under the Sex Discrimination Act or discrimination under the Disability Discrimination Act.

### **Group life assurance schemes**

Such schemes are frequently taken out by employers for their staff and are often interlinked with pension arrangements. Depending upon the amounts insured it may well be that individual personal details are sought and these would include information as to whether the applicant has had counselling or a blood test relating to HIV or AIDS. Provided the result of the test was negative and there were no other risk factors such as serious health impairment, individuals should be able to join the scheme at standard rates. An applicant whose test is positive for HIV will not be able to get life cover.

Employers wishing to enter into such schemes are advised to seek the advice of their insurance broker, who will know the market and know what is most appropriate for their type of business. In cases of difficulty individuals may wish to seek advice from the Association of British Insurers.

## **Confidentiality**

Employers have no right to know the results of medical examinations of their workers, including tests for HIV antibodies. The results of any medical examination and how it bears on a worker's work performance will only be divulged to an employer by the doctor if consent is given by the worker (see note 4 on the Access to Medical Reports Act 1988). If an employer does find out that a worker has AIDS, or is HIV positive, this knowledge should be treated in confidence.

## **Working abroad**

AIDS is a worldwide disease. In some countries blood for transfusions may not be checked for HIV infection or medical equipment may be re-used without being properly sterilised. Employers should ensure that workers who travel abroad are told of the risks involved and in particular should be warned of the high risk of infection through casual sexual encounters. Further information may be obtained from the Department of Health's two free booklets about travel abroad: *Before You Go* and *While You're Away*.

## **An AIDS policy**

All organisations are advised to develop a policy on AIDS so that if and when problems arise they can be handled in a considered way. Policies should be developed in conjunction with an education programme and workers and their representatives should be consulted. Many unions have developed their own policies on AIDS and union representatives can often make a valuable contribution to the formulation of company policies. Policies will vary with the nature of the organisation. The following checklist gives items to consider for inclusion in an AIDS policy.

Checklist of items to consider when drawing up a policy on AIDS in the workplace

- A brief description of AIDS and how HIV is transmitted - for example:  
- 'AIDS is a disease caused by the human immunodeficiency virus (HIV) which attacks the body's natural defence system and leaves it open to various infections and cancers. HIV infection is not acquired through everyday social and work contact, or sharing cutlery or toilets with an infected person. Nor can it be caught in the same way as influenza or colds via coughs and sneezes.

The main means of transmission are:

- i) During unprotected sexual intercourse with an infected person
- ii) By taking infected blood into the bloodstream - for example, by using contaminated syringes and needles for drug injection
- iii) By an infected mother to her unborn child through the placenta'

- The organisation's position on screening for HIV infection
- An assurance of confidentiality
- A statement that people with AIDS whose performance suffers or who are absent because of AIDS will be treated in the same way as individuals with any other serious illness
- A statement that workers are expected to work normally with a colleague who has or is suspected of having AIDS
- A statement that individuals who refuse to work normally with people with AIDS or who are HIV positive will be interviewed to find out the circumstances of their refusal and if appropriate dealt with under the organisation's disciplinary procedure
- The help available inside and outside the organisation
- Procedures for first aid
- Arrangements for staff who travel overseas.

Further information on drawing up a policy on AIDS in the workplace is provided in the guide, *HIV and AIDS at work - How to set up an HIV/AIDS policy*, produced by the Health Education Authority (see [Appendix 2](#) for address).

## Stress

Key points:

- Stress is an adverse reaction to excessive pressure or demands
- Stress can be caused by personal or work based pressures or a mixture of the two
- Stress can affect people mentally – in the form of anxiety and depression – and physically – in the form of heart disease, back pain and alcohol and drug dependency.
- HSE estimate that work-related stress costs about £3.7 billion a year
- Employers have a legal duty to assess the risk of work-related stress and to take measures to control these risks
- The government aims to work with employers, employees, trade unions and others in achieving a 20% reduction in the incidence of work-related stress by 2010.

## **What is stress?**

Stress is people's natural reaction to excessive pressure and is experienced by everybody. When a person is faced with some kind of threat or alarm the body responds with physiological changes such as raised heart rate and blood pressure, accelerated breathing and an increased flow of blood to the muscles. These changes can help the body to respond to the threat and overcome it.

When the physiological changes produced by stress are excessive or continue their effects become detrimental. For example, many jobs are carried out in a complex set of circumstances and the causes of stress cannot be dealt with quickly, once and for all. Stress results from a perceived imbalance between the demands made on an individual, including self-imposed ones, and the personal and environmental resources available to meet those demands.

## **Causes of stress**

Stress can be caused by a wide variety of factors and the effects of possible sources of stress will vary with each individual. People react differently to work pressures and deadlines that may motivate one worker may be a source of severe stress to another. Workers will be subject to pressures both inside and outside the workplace and sometimes it may be a combination of these pressures that results in stress.

## **Identifying stress**

### *Individual stress*

Personal stress factors may include family problems, bereavement, illness, money worries, moving home or a conflict between the demands of home and work. Many of the outward signs of stress in individuals may often be noticed by managers and colleagues. Managers should look in particular for changes in an individual's behaviour, such as worsening relationships with colleagues, indecisiveness, absenteeism, accident proneness, inability to delegate or a general deterioration in performance. Those suffering from stress may also increase their use of tobacco or alcohol or turn to drugs.

Individuals can also learn to recognise pressure and take action before it builds up to harmful levels. Stress may manifest itself in a wide range of physical and emotional symptoms including feelings of anxiety or hopelessness, high blood pressure, heart palpitations or chest pains.

### *Organisational stress*

Organisational pressures may include:

- poor working relationships
- bullying or harassment in the workplace, whether directly experienced

or witnessed (9)

- restricted social contact
- lack of training
- poor communications and consultation
- poor or inconsistent management
- change of job
- too many bosses
- no control over pace or content of work
- organisational or technological change
- being a supervisor
- under or over promotion
- too much or too little responsibility
- unreasonable time pressures or deadlines
- poor working conditions
- excessive noise
- uncertainty about role
- mismatch between tasks and resources
- too much or too little work
- irregular or long hours
- lack of feedback or acknowledgement
- lack of job security.

It is important to identify which of these pressures may apply before trying to address the problem.

Signs of stress in an organisation may be indicated by a general deterioration in employment relations or morale. Employers will often be aware of increased absenteeism, lateness and labour turnover or a reduction in output or quality of service. There may, of course, be other reasons for these symptoms but the possibility that stress is a factor should be investigated.

### **Dealing with stress**

The Health and Safety Executive (HSE) has developed Management Standards to help employers deal with stress. These standards help measure an employer's performance in managing the key causes of stress at work and identify areas for improvement.

The Standards take both the individual and organisational causes of stress at work and group them into six main categories:

- the **demands** made on employees
- the level of **control** employees have over their work
- the **support** employees receive from managers and colleagues
- the clarity of an employee's **role** within the organisation
- the nature of **relationships** at work; and
- the way that **change** is managed.

These standards are based on extensive research carried out by the HSE amongst employers, employees, trade unions and others. Acas has

provided practical solutions for resolving each of the six main types of stress and for preventing future work-related stress. The following table summarises the detailed guidance given in the Acas Advisory Booklet Stress at work

*Main causes of stress:*

**Demands:** employees often become overloaded if they cannot cope with the amount of work or type of work they are asked to do

**Control:** employees can feel disaffected and perform poorly if they have no say over how and when they do their work. o involve employees in the way work is carried out

**Support:** levels of sick absence often rise if employees feel they cannot talk to managers about issues that are troubling them

**Relationships:** a failure to build relationships based on good behaviour and trust can lead to problems related to discipline, grievances and bullying o have clear procedures for handling misconduct and poor performance

**Role:** employees will feel anxious about their work and the organisation if they don't know what is expected of them

**Change:** change needs to be managed effectively or it can lead to uncertainty and insecurity

*What you can do about it:*

o make sure employees understand what they have to do and how to do it  
o meet training needs  
o consider whether working flexible hours would help employees to manage demands

o consult employees about decisions  
o build effective teams with responsibility for outcomes  
o review performance to identify strengths and weaknesses

o give employees the opportunity to talk about issues causing stress  
o be sympathetic and supportive  
o keep employees informed about what is going on in the firm

o have clear procedures for employees to raise grievances  
o tackle any instances of bullying and harassment and make it clear such behaviour will not be tolerated

o carry out a thorough induction for new employees using a checklist of what needs to be covered  
o provide employees with a written statement of employment particulars

o give employees accurate job descriptions  
o maintain a close link between individual objectives and organisational goals

o plan ahead so changes can be signposted and managers and employees are prepared  
o consult with employees about prospective changes so they have a real input and work together with



you to solve problems

## **Benefits of tackling stress**

There are clear benefits to preventing work-related stress:

- **quality of working life:** employees feel happier at work and perform better
- **management of change** – introducing a new pay system or new patterns of work are easier when 'stress' is managed effectively
- **employment relations:** problems can be resolved at work rather than at an employment tribunal
- **attendance and sickness:** attendance levels go up and sickness absence goes down

Not all employers will have the time or resources to follow all of the guidance in the Acas Advisory Booklet Stress at work. For example, small firms may not be able to offer counselling to employees or to develop very formal induction systems. However, the principles still apply and all employers should be aware that they have a legal obligation to take work-related stress seriously. The Health and Safety Executive have the power to act against employers who do not take steps to reach the management standards. For further information on these visit [www.hse.gov.uk/stress](http://www.hse.gov.uk/stress).

## **Stress management**

Individuals can do a great deal to manage stress for themselves. Effective measures include regular exercise, sensible eating, adequate sleep and avoiding the use of alcohol, tobacco and drugs. Individuals should also learn to recognise signs of tension, how to practise relaxation techniques and when to seek professional help. Employers can help by providing health information and education, keep fit and relaxation classes, access to stress counselling, training in stress awareness and ways of coping with stress.

Individuals are more willing to admit that they are suffering from stress if they can expect to be dealt with sympathetically. In some cases good counselling may be all that is needed. Managers and supervisors should be trained to help individuals cope with stress and to recognise when expert help is needed.

## **Employee assistance programmes**

Some organisations operate Employee Assistance Programmes (EAPs). These are confidential personal counselling services sponsored, and usually paid for, by employers. Typically, EAPs provide professional counsellors to discuss with individuals their work or non-work related problems. Such problems may be emotional, financial or legal, and may

be linked to alcohol or drug misuse, etc. EAPs can be run in-house, wholly contracted out to counselling organisations, or managed from within the organisation using external counsellors.

## **Appendix 1**

### **The law on health and safety**

The Health and Safety at Work etc Act (1974)

The Health and Safety at Work etc Act (HSW Act) places general duties for health and safety on all people at work - employers, employee, other workers and the self-employed, manufacturers, suppliers, designers and importers of materials used at work and people in control of premises. Individuals as well as or instead of the organisation may be prosecuted for breaches of the Act. The HSW Act also imposes a duty on all employers with a total of five or more workers to produce a written health and safety policy.

### **Health and safety regulations**

Specific regulations are issued under the HSW Act on certain aspects of health and safety or covering specific industries. For example, those covering safety committees and representatives, reporting of injuries, diseases and dangerous occurrences, control of lead at work and the control of substances hazardous to health. A list of current health and safety legislation is available from HSE Books.

### **Consultation with workers on health and safety**

The law requires that employers must consult with workers on health and safety at work matters. The Safety Representatives and Safety Committees Regulations 1977 give recognised trade unions the right to appoint safety representatives to represent workers and to carry out various functions. Where an employer recognises a trade union which has appointed, or is about to appoint, safety representatives under the 1977 Regulations, then the employer must consult those representatives on matters affecting the group or groups of employees they represent.

Any workers not in groups covered by trade union safety representatives must be consulted by their employer, under the Health and Safety (Consultation with Employees) Regulations 1996. The employer can choose to consult directly with workers or through elected representatives. If the employer decides to consult workers through elected representatives, then workers will have to elect one or more people to represent them. Where there are existing consultation arrangements which satisfy the law, there is no requirement to change them. Further details are given in the Health and Safety Executive leaflet Consulting Employees on Health and Safety IND(G) 232L (10). The HSW Act also

provides for the possibility of employers being required by safety representatives appointed by trade unions to set up safety committees which would have the job of keeping under review measures to ensure health and safety at the workplace.

### **Other health and safety legislation**

Some of the legal requirements of earlier acts - such as the Factories Act 1961 and the Offices, Shops and Railway Premises Act 1963 remain in force. However an objective of the HSW Act is to replace those requirements by Regulations and Approved codes of practice under the Act.

The Health and Safety Executive has produced a guide to the HSW Act(11), available from HSE Books. The guide provides a straightforward explanation of the main provisions of the Act and also lists other Acts dealing with health and safety at work, regulations and approved codes of practice made under the Act.

### **First Aid**

Regulation 3 of the Health and Safety (First-Aid) Regulations 1981 issued under the HSW Act requires the provision of adequate and appropriate first aid equipment and facilities. Guidance on what is adequate for organisations and on the provision of first aiders is provided in the Approved Code of Practice (12) produced by the Health and Safety Commission. The Code also contains the regulations.

### **Medical suspension**

Some jobs are covered by special health and safety regulations under which employees may be suspended from normal work on medical grounds. The Employment Rights Act 1996 provides most employees who are suspended under the regulations with the right to pay for a limited period during suspension. At present regulations under which employees can be suspended on medical grounds are concerned with jobs involving exposure to ionizing radiation, lead and certain other chemical substances. A free leaflet on the medical suspension regulations is available from JobCentres or DTI publications, tel: 0870 150250013.

### **The European dimension**

The European Community is committed to harmonising health and safety provisions throughout the community. Further information can be obtained from the Health and Safety Executive.

## **Appendix 2**

### **Sources of advice and further information**

Many organisations give advice on the issues discussed in this booklet and can provide information on health matters. In addition local groups exist in many areas and can provide advice and help to companies and to people with health problems. A selection of useful addresses is given below:

General

**British Association for Counselling and Psychotherapy**

1 Regent Place, Rugby, Warwickshire CV21 2PJ

Tel: 0870 443 5252, [www.counselling.co.uk](http://www.counselling.co.uk), email: [bacp@bacp.co.uk](mailto:bacp@bacp.co.uk)

**Commission for Racial Equality**

Tackling racial discrimination and promoting racial equality

Tel 020 7939 0000

[www.cre.gov.uk](http://www.cre.gov.uk)

**Confederation of British Industry**

Centre Point, 103 New Oxford Street, London WC1A 1DU

Tel: 020 7379 7400

**Department of Health**

Richmond House, 79 Whitehall, London SW1A 2NS

Tel: Publications unit on 08701 555455

**Department of Trade and Industry**

Wide range of information on workplace issues

[www.dti.gov.uk](http://www.dti.gov.uk)

**Disability Rights Commission**

Providing information and advice to disabled people and employers about their rights and duties

Tel 08457 622 633

[www.drc.org.uk](http://www.drc.org.uk)

**Employment Medical Advisory Service**

(see the 'Health and Safety Executive' entry in local telephone directories)

**Equality Direct**

A confidential helpline service on all aspects of equality in the workplace

Tel 0845 600 3444

[www.equalitydirect.org.uk](http://www.equalitydirect.org.uk)

**Equal Opportunities Commission**

Working to eliminate sex discrimination

Tel 08456 015 901

[www.eoc.org.uk](http://www.eoc.org.uk)

**Health Development Agency**

Holborn Gate, 330 High Holborn, London WC1V 7BA

Tel: 012 7430 0850  
www.hda-online.org.uk

### **Health and Safety Executive**

Information Services, Caerphilly Business Park, Caerphilly CF83 3GG for faxed enquiries – 02920 859260 for telephone enquiries – ring the HSE Infoline: 0870 154 5500  
HSE priced and free publications are available by mail order from HSE Books. PO Box 1999, Sudbury, Suffolk, CO10 2WA.  
Tel: 01787 881165 Fax: 01787 313995, www.hsebooks.co.uk, email: hseinfoservices@natbrit.com

### **Health Education Board for Scotland**

Woodburn House, Canaan Lane, Edinburgh EH10 4SG  
Tel: 0131 536 5500

### **National Assembly for Wales**

Health Promotion Division (4th floor, CP2) Crown Buildings, Cathays Park, Cardiff CF10 3NQ  
Tel: 029 2082 5111 (workplace health promotion advice)

(Many Health Authorities have a health promotion or health education department from whom further information can be obtained. The addresses of District Health Authorities can be obtained from the telephone directory.)

### **Race Relations Employment Advisory Service (RREAS)**

Advice and consultancy services on diversity in employment  
Tel 0121 452 5448

### **Small Business Service**

Impartial advice about starting and running a business  
Tel: 0845 600 9006  
www.businesslink.gov.uk

### **Trades Union Congress**

Congress House, Great Russell Street, London WC1B 3LS  
Tel: 020 7636 4030  
www.tuc.org.uk, email: info@tuc.org.uk

Smoking

### **Action on Smoking and Health (ASH)**

102 Clifton Street, London EC2A 4HW  
Tel: 020 7739 5902

### **ASH, Scotland**

8 Frederick Street, Edinburgh EH2 2HB  
Tel: 0131 225 4725, www.ashscotland.org.uk, email:

ashscotland@ashscotland.org.uk

**ASH in Wales**

374 Cowbridge Road East, Canton, Cardiff CF5 1GY  
Tel: 029 2064 1101

Alcohol

**Alcohol Concern**

Workplace Advisory Service, Waterbridge House, 32-36 Loman Street,  
London SE1 OEE  
Tel: 020 7928 7377, [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk), email:  
[contact@alcoholconcern.org.uk](mailto:contact@alcoholconcern.org.uk)

**Focus Scotland Alcohol**

166 Buchanan Street, Glasgow G1 2LW  
Tel: 0141 572 6700 Fax: 0141 333 1606, [www.alcohol-focus-scotland.org.uk](http://www.alcohol-focus-scotland.org.uk), email: [enquiries@alcohol-focus-scotland.org.uk](mailto:enquiries@alcohol-focus-scotland.org.uk)

**Institute of Alcohol Studies**

Alliance House, 12 Caxton Street, London SW1H 0QS  
Tel: 020 7222 4001/5880, email: [info@ias.org.uk](mailto:info@ias.org.uk)

Drugs

**Drugscope**

32-36 Loman Street, London SE1 OEE  
Tel: 020 7928 1211 Information Library 0207 922 8623,  
[www.drugscope.org.uk](http://www.drugscope.org.uk), email: [info@drugscope.org.uk](mailto:info@drugscope.org.uk)

**Re-Solv**

30A High Street, Stone, Staffs ST15 8AW  
Tel: 01785 817885 Freephone helpline 0808 800 2345, [www.re-solv.org](http://www.re-solv.org),  
email: [information@resolv.org](mailto:information@resolv.org)

**Turning Point**

New Loom House, 101 Backchurch Lane, London E1 1LU  
Tel: 020 7702 2300

AIDS

**National AIDS Helpline**

Tel: 0800 567123 – for literature or personal and confidential advice

**Sexually Transmitted Disease (STD clinic)**

Special Clinic or Genito Urinary Clinic (GU clinic) Addresses and telephone numbers are listed in local phone books under VD (Venereal disease)

**Terrence Higgins Trust/Lighthouse**

52-54 Gray's Inn Road, London WC1X 8JU  
Tel helpline: 0845 1221 200, www.tht.org.uk, email: info@tht.org.uk

### **National AIDS Trust**

New City Cloisters, 188-196 Old Street, London EC1V 9FR  
Tel: 020 7814 6767, Fax: 020 7216 0111

### **Notes**

1. *The Cost to Britain of workplace accidents and work-related ill health in 1995/96*, The Stationery Office.
2. The Disability Discrimination Act 1995 requires that employers make reasonable adjustments to assist disabled workers at recruitment and during employment.
3. HSC Approved Code of Practice *First Aid at Work*, The Stationery Office.
4. The Access to Medical Reports Act 1988 requires an employer to obtain written consent from a worker before applying to his or her doctor for a medical report. The Act lays down a procedure to be followed and gives workers the right to see the report, to request amendments or to withhold consent to the report being supplied.
5. In some cases assistance to buy special equipment may be available from the local Disability Service Team. Enquiries should be made to the Disability Employment Adviser at your local JobCentre. The requirements of the Disability Discrimination Act 1995 as they affect organisations of 15 or more people, should be considered. Reasonable adjustments should be made to enable a disabled worker to resume or continue working. The Government intends to abolish the lower threshold, probably by October 2004, after which the Act will apply to all employers.
6. *Report of the Scientific Committee on Tobacco and Health*, The Stationery Office 1998.
7. For further guidance on disciplinary matters see the Acas Advisory Handbook: Discipline and Grievances at Work.
8. Employers may also provide counselling to workers through an Employee Assistance Programme (EAP).
9. See Acas Advisory Leaflet: Bullying and Harassment - A Guide for Employers.
10. Available from HSE Books, PO Box 1999, Sudbury, Suffolk CO10 6FS, tel: 01787 881165.
11. *A guide to the HSW Act* - Health and Safety series booklet L1 ISBN 0 7176 0441 1.

12. See footnote no, 3 above.

13. Department of Trade and Industry legislation leaflet PL705 Revision 3  
- *Rights on suspension from work under health and safety regulations*

## Suggested further reading

### General

ANDREWS, Sally, BARROWCLIFFE, Roger and BATEMAN, Mike  
**Tolley's health and safety at work handbook 2002**  
Croydon, Tolley, 2002  
ISBN 0754512606

FORSAITH, James and TOWNSEND, Nick  
**The health and safety administration hand book**  
London, CIPD, 2000  
ISBN 0852928645

HEALTH AND SAFETY EXECUTIVE  
**Management of health and safety at work**  
Sudbury, HSE, 2000  
ISBN 0717624889

STOWE, James  
**How to develop an effective health and safety policy**  
London, Stationery Office, 2002  
ISBN: 011702824X

STRANKS, Jeremy  
**A manager's guide to health and safety at work**  
London, Kogan Page, 2001  
ISBN: 074943550X

TRADES UNION CONGRESS  
**Partners in prevention: revitalising health and safety in the workplace**  
London, TUC, 2000  
ISBN: 1850065349

### AIDS

**HIV and AIDS: a workplace issue**  
IRS Employment Review, No 633, June 1997, p8-16

LABOUR RESEARCH DEPARTMENT  
**HIV and AIDS and the workplace: a trade unionists' guide**



London, LRD Publications Ltd, 1995  
(LRD booklet)

Alcohol & Drugs

**Alcohol and drug testing**

IRS Employment Review, No. 757, 5 Aug 2002, p42-46

INCOMES DATA SERVICES

**Alcohol and drug policies**

London, IDS, 2002

JACKSON, Tricia

**Drugs and alcohol policies**

London, CIPD, 1999

ISBN 0852928114

LONDON DRUG POLICY FORUM

**Tacking alcohol and drugs in the workplace: A toolkit for employers**

London, Corporation of London, 2002

PAWSEY, Vanessa

**High time for action**

People Management, Vol. 6 No. 10, 11 May 2000, p24-32

TRADES UNION CONGRESS

**Drunk or disordered: a TUC guide to tackling alcohol and drugs at work**

London, TUC, 2002 (HS091)

ISBN: 1850066167

Smoking

HEALTH AND SAFETY COMMISSION

**Proposal for an approved code of practice on passive smoking at work**

Sudbury, HSE, 1999

JACKSON, Tricia

**Smoking policies**

London, CIPD, 1999

Stress

BRINER, Bob

**Stress management 1: nature, cause and effects of stress and  
Stress management 2: effectiveness of interventions**

Employee Health Bulletin, No 18, December 2000 p9-11 and p12-17  
(In IRS Employment Trends No 717)

COOPER, Cary and PALMER, Stephen

**Conquer our stress**

London, CIPD, 2000

ISBN 085292853X

HEALTH AND SAFETY EXECUTIVE

**Tackling work-related stress: a managers' guide to improving and  
maintaining employee health and well-being**

Sudbury, HSE, 2001 (HSG218)

ISBN: 0717620506

INCOMES DATA SERVICES

**Stress management**

London, IDS, 2002

(IDS Study 732)

INDUSTRIAL SOCIETY

**Occupational stress**

London, Industrial Society, 2001

(Managing Best Practice 83)

WHEATLEY, Ruth

**Taking the strain: a survey of managers and workplace stress**

London, Institute of Management, 2000

**Last printed version: February 2003**

**Last updated web version: November 2004**