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EUROPEAN ORGANIZATION FOR NUCLEAR RESEARCH

Laboratoire Européen pour la Physique des Particules
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OPERATIONAL CIRCULAR N° 8
Issued by the Human Resources Department

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<i>Applicable to</i>	: Staff members
<i>Person responsible for the matter concerned:</i>	Director-General
<i>Date</i>	: May 2004

Previous text cancelled and replaced by this Operational Circular: Administrative Circular N° 28 entitled «Statutory provisions for the prevention of alcoholism and guidelines on the consumption of alcohol at CERN» – December 1992

In the interests of readability, this circular has been drafted using the masculine gender only. However, use of the masculine gender should be understood to refer to both sexes. The provisions of the circular therefore apply to both men and women, except where it is clear from the context that they concern one sex or the other exclusively.

DEALING WITH ALCOHOL-RELATED PROBLEMS

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I— Policy for the prevention of alcoholism

A) Objectives of the policy for the prevention of alcoholism

1. The Organization's policy for the prevention of alcoholism has the following objectives :

- To preserve the physical health and psychological well-being of persons present on the CERN site by making them aware of the dangers of alcohol abuse and its detrimental effect on the quality of professional and private life.
- To ensure the smooth running of the Organization by making sure that the members of its personnel are competent and efficient and by guaranteeing safety in the work place.

B) Definition and promotion of the policy for the prevention of alcoholism

2. In 1985 the Organization defined and has since consistently promoted a policy for the prevention of alcoholism whose aim is to tackle alcohol-related problems, especially by improving the ability of its supervisory staff to deal with such problems.

3. The policy places responsibility both on the individual and his hierarchical supervisor. The Organization views alcoholism as a progressive disease and deems that a staff member with an alcohol problem has both a responsibility and an obligation to undergo therapy. It is willing to give him its full support in such a step.

C) Implementation of the policy for the prevention of alcoholism

4. Implementation of the policy for the prevention of alcoholism is underpinned by the periodic training programme for supervisors.

5. In collaboration with alcoholism specialists from the Swiss Institute for Alcohol Prevention (ISPA), the Organization has also drawn up a programme for staff who can no longer control their alcohol consumption, designed to help them to regain control of their lives and recover their full working capacity.

6. The various responsibilities for defining and implementing the policy for the prevention of alcoholism shall be as follows:

- a) The Director-General shall lay down and enforce the Organization's prevention policy.
- b) The Head of the Human Resources Department shall:
 - be responsible for the implementation of the prevention programme within the Organization;
 - convene training seminars;
 - support the hierarchical supervisors in meeting their objectives;
 - chair the Standing Concertation Committee (SCC) sub-group on the prevention of alcoholism and report to the SCC and the Executive Board.
- c) The SCC sub-group on the prevention of alcoholism shall:
 - monitor and evaluate the prevention programme;
 - propose improvements to existing prevention measures or the implementation of new measures;
 - act as an advisory body on all questions concerning the policy for the prevention of alcoholism;
 - be available as a reference body for the staff help programme;
 - regularly report on its actions to the Standing Concertation Committee.

II— Restrictions on the consumption of alcohol on the CERN site

This section shall apply to all persons present on the CERN site.

7. The consumption of alcohol during working hours is strictly prohibited.
8. Alcoholic drinks may be consumed in great moderation during meals outside working hours and in the Organization's restaurants and cafeterias at the authorized times, namely between 11.30 a.m. and 2.30 p.m. and after 5.00 p.m., provided that these times are outside working hours. Outside mealtimes, the consumption of alcoholic drinks elsewhere on the CERN site shall be authorised only in special circumstances and shall require the prior approval of the group leader or "GLIMOS" (Group Leader in Matters of Safety) concerned. Furthermore, non-alcoholic drinks must also be available on such occasions.
9. During working hours the blood alcohol level must not exceed the legal limit currently in force for driving a motor vehicle. In the event of a difference between the French and Swiss legislations, the Organization shall take the lower of the two legal limits as a reference.
10. The blood alcohol level must be zero from the start of working hours for certain "high-risk" functions, namely those involving a danger for the people performing them or for third parties, in particular:
 - the handling of hazardous products;
 - work with hazardous machines;
 - the driving of motor vehicles, especially passenger vehicles.
11. The CERN Medical Service (hereinafter referred to as the Medical Service) and the CERN Fire Brigade are both equipped with a breathalyzer. In addition to use in cases of obvious alcohol abuse, this equipment is freely available to anyone wishing to know his blood alcohol level and limit his alcohol consumption accordingly. It is made available as part of an awareness-raising policy designed to encourage individuals to keep a check on their alcohol consumption.

III— Cases of obvious alcohol abuse on the CERN site - emergency measures

This section shall apply to all persons present on the CERN site.

D) Obvious cases of alcohol abuse - unfitness for work

12. If a member of the personnel discovers that a colleague is unfit for work, he must immediately inform his supervisor. If there is any immediate danger, he must take the appropriate emergency measures and then alert the Fire Brigade.

13. If a supervisor¹ observes that a person under his supervision is unfit for work as the clear result of alcohol abuse, he must:

- order the work to be stopped immediately;
- take the necessary safety measures;
- during working hours, call in the Medical Service to examine the person's fitness for work;• outside working hours, call in the Fire Brigade to take an immediate measurement of the person's blood alcohol level using a breathalyzer. The person concerned and the supervisor may be accompanied by one or more witnesses during this measurement;.
- make arrangements for the person to be taken home.

14. As soon as the person concerned resumes work, he must report to the Medical Service and the supervisor must remind him of his failure to carry out his duties and make a written record of it, a copy of which shall be sent to the Head of Department or the person acting on his behalf and to the Head of the Human Resources Department.

15. If the supervisor's instructions are not followed, the supervisor must:

- compile a written report on the person's behaviour and send it to the Head of the Department, the Head of the Human Resources Department and the Medical Service;
- ensure that, when the person concerned returns to work, his fitness for work is assessed by the Medical Service.

16. In the case of persons not employed by the Organization, the Medical Service or the Fire Brigade must send a written report on the person's unfitness for work to the Head of the Department to which he is attached so that the situation can be kept under observation.

17. The Head of Department shall send a written report on the situation to the Head of the Fellows and Associates Service or to the Head of the Users Office in the case of associate members of the personnel or to the Head of the Industrial Support Service in the case of industrial support staff. The person receiving the report shall then write to the employer or home institute of the person concerned informing them of the incident.

18. The employer's or institute's medical service may contact the CERN Medical Service with a view to implementing a follow-up procedure.

E) Cases of obvious alcohol abuse - road accidents

19. All persons involved in or witnessing an accident on the CERN site must inform the Fire Brigade (Tel. 74444).

20. In the case of accidents on the fenced part of the CERN site involving serious physical injury and/or substantial material damage, CERN (Relations with the Host States Service or Fire Brigade) shall call the competent national authority onto the site in accordance with the procedure laid down for such an eventuality.

21. In the case of accidents outside the fenced part of the CERN site involving serious physical injury and/or substantial material damage, the persons involved or present must inform the competent authority (nearest police station) directly.

¹ For the purposes of this circular, the term "supervisor" refers to the hierarchical or immediate supervisor in the case of staff members and assimilated members of the personnel, to the team leader responsible in the case of associated members of the personnel and, in the case of contractors' personnel, to the supervisor from the company employing them or to the person at CERN in charge of the contract with the company.

22. Once at the scene of the accident, the competent national authority will decide on the necessary measures to be taken, including a breathalyzer test if appropriate. The people concerned must follow the instructions given by this authority.

23. Any person who fails to observe the national laws and regulations following an incident involving alcohol abuse shall bear the consequences.

24. It should be noted that any privileges and immunities enjoyed by the members of the personnel do not absolve them of the duty to abide by the applicable national legislation.

IV— Staff help programme

This section applies only to staff members

F) Role of the various people involved in the help programme

a) The supervisor

25. The Director-General has entrusted the implementation of the policy for the prevention of alcoholism to the members of the hierarchy and, in particular, to the immediate supervisors.

26. The supervisor is best placed to detect any instances of underperformance, significant falls in work output or behavioural changes and to take action by drawing a staff member's attention to his unsatisfactory professional conduct (see Annex I).

27. To this end, the supervisor shall:

- ensure that the staff member under his supervision complies with the requirements of his assignment and shall be answerable for the quality of the work done under his supervision;
- observe and regularly evaluate the results obtained;
- record any instances of unsatisfactory professional conduct, list the facts, discuss them with the staff member concerned in formal interviews and set objectives and deadlines;
- keep his own supervisor regularly informed of the situation;
- inform and consult the support services, namely the Medical Service, the Social Affairs Service and the Human Resources Coordinator responsible for his Department (a list of the members of the support services is available on the website of the Social Affairs Service).

28. In this process, the supervisor shall use the statutory mechanisms placed at his disposal and may rely on the support of his own hierarchical superiors and the support services.

b) The Head of Department

- shall support the supervisor in his actions;
- shall convene and chair the constructive confrontation meeting described in §§ 35 to 44 below and the meeting at which the help contract is signed (see Annex III);
- shall coordinate the help given to the staff member in the framework of the programme;
- shall evaluate the results achieved by the staff member in his work and verify compliance with the terms of the help contract;
- shall evaluate the results of the help programme at Departmental level.

c) The Medical Service

- shall issue a diagnosis of inebriation and/or alcohol dependence so that the staff member can receive medical treatment and, in so doing, shall respect medical confidentiality;
- shall initiate a course of treatment or support an existing one, as the case may be, based on external specialist medical care;
- shall evaluate a staff member's fitness for work in the event of inappropriate behaviour at work clearly resulting from alcohol abuse or when the person concerned returns to work after such an incident;
- shall take part in the constructive confrontation meeting and the meeting at which the help contract is signed.

If a help contract is set up, the Medical Service:

- shall verify the staff member's fitness for work throughout the help programme;
- shall liaise with the attending physician and the alcoholism specialist chosen by the staff member.

d) The Social Affairs Service

- shall inform the supervisor about the help programme;
- shall help the supervisor to analyse indications of alcoholism in the work place and to prepare the interviews;
- shall take part in the constructive confrontation meeting and the meeting at which the help contract is signed.

If a help contract is set up, the Social Affairs Service:

- shall provide the staff member with support, advise him on the organization of the treatment and offer him guidance throughout the help programme;
- shall coordinate all interaction with the internal and external people involved throughout the help programme;
- shall liaise with the healthcare networks.

e) The Human Resources Coordinator

- shall assist the supervisor in the various stages of this process and in the procedures to be followed with the staff member and the other support services;
- shall assist in the implementation and follow-up of the help contract. If the help contract fails to produce the desired results, shall assist in the application of the other statutory procedures, such as the annual assessment exercise or disciplinary procedures.

f) The Staff Association representative

- is present during the meeting, as an observer;
- ensures adherence to instructions in relation to the circular and with utmost respect to the procedures in order to avoid possible divergences.

G) *The various phases of the staff help programme*

29. If a supervisor concludes that a staff member has an alcohol-related problem on the grounds of persistent unfitness for work, he shall set in motion the staff help programme described below (see Annex IV: Staff help programme flowchart).

a) Observation phase

30. If there are several concurrent signs of alcohol-related problems in a staff member's work or behaviour (see Annex I) and these are associated with obvious behavioural changes, the supervisor must arrange an interview with him as soon as possible to discuss what he has observed, draw up objectives in terms of the required level of performance and behaviour and schedule a review of the situation within three months at the latest.

31. If underperformance persists, the supervisor shall record the instances regularly and systematically as concrete and objective facts that may be cited to the staff member in the second interview with him.

32. During this second interview, the supervisor shall review the situation, remind the staff member of his professional duties, lay down requirements and specify another period of observation lasting a maximum of three months.

33. The supervisor shall draw up a written record of all the interviews with the staff member.

b) Constructive confrontation meeting

34. If the supervisor observes no improvement in the staff member's performance at the end of the three-month period specified during the second interview, he shall inform the Head of Department.

35. The Head of Department shall decide whether it is necessary to offer the staff member the opportunity to join the help programme and to set up a constructive confrontation meeting.

36. The aim of the constructive confrontation meeting is to raise the staff member's awareness by showing him that his behaviour at work is causing problems both for the Organization and for himself and to inform him of the formal procedures deriving from the unsatisfactory professional conduct that has been observed to date (e.g. help contract, plan for restoring performance, instigation of a disciplinary procedure).

37. This meeting shall be attended by:

- the Head of Department;
- the Group Leader;
- the immediate supervisor;
- the staff member concerned;
- a representative of the Social Affairs Service;
- a representative of the Medical Service;
- the Human Resources Coordinator;
- a representative of the Staff Association (if the staff member so wishes).

38. The Head of Department shall conduct the meeting and shall cite the Organization's requirements with respect to the prevention of alcoholism.

39. Prior to the meeting, the immediate supervisor shall draw up a detailed list of the instances of unsatisfactory professional conduct, absences, poor time-keeping, breaches of discipline, falls in output, etc.

40. After the meeting, the staff member may consult the support services for an appraisal of his situation.

41. Following this appraisal and within five working days of the constructive confrontation meeting, the staff member shall give the Head of Department an answer regarding the proposed help programme.

42. The staff member shall be required to choose whether or not to accept the Organization's proposal to include him in the help programme.

43. If the staff member fails to give an answer within the five working days specified above or refuses to accept the proposed help contract but fails to resume a satisfactory standard of work within the time limit set by the Department, the Head of Department shall decide on the statutory procedure best adapted to the situation.

c) Help contract

44. The aim of the help contract (see Annex III) is to achieve total abstinence from the consumption of alcohol both in and outside the work place so that the staff member can resume a satisfactory standard of work.

45. If the staff member accepts the help contract, both he and the Head of Department shall give a written undertaking to comply with its provisions at a meeting convened for the signing of the contract.

46. The same persons who attended the constructive confrontation meeting shall also attend this meeting.

47. The help contract, whose components shall be clearly and comprehensively specified, shall take account of the administrative, professional (adaptation of the work station), medical (assessment of fitness for work), practical (choice of treatment at a residential centre) and financial (medical cover) circumstances of each individual case.

48. The Medical and Social Affairs Services and the Human Resources Coordinator shall take part in the implementation and follow-up of the help contract.

49. As part of the follow-up of the help contract, a meeting involving all parties to the contract shall be convened when the staff member returns to work after his course of treatment at a residential centre. Other meetings may be held, as required, to monitor how the situation is developing.

50. Any relapses leading to new instances of unsatisfactory professional conduct shall be examined on a case-by-case basis.

51. When the help contract comes to an end, a final meeting involving all the parties to it shall be convened to officially terminate it and record that the required level of performance has been restored.

52. The help contract shall be kept in the Social Affairs Service's file.

53. If the required level of performance is not restored despite the fact that the help contract has been implemented and followed up, the Head of Department shall inform the staff member concerned of the administrative consequences, which may result in the instigation of a disciplinary procedure.

A few pointers regarding alcohol-related problems

1. Alcohol consumption and dependence

Alcohol is a psychoactive substance which causes behavioural changes. Its consumption increases drowsiness and aggressiveness and can even result in violence.

The consumption of alcohol may also result in dependence, which is characterised by a state in which the consumption of alcohol procures a feeling of well being, while the individual concerned feels "out of sorts" without it.

2. Alcohol consumption and co-dependence

It is quite common for people to ignore, play down or avoid the problem of alcohol consumption and to want to protect an alcoholic close to them, especially a work colleague. This kind of behaviour is known as co-dependence.

Co-dependence is a state that will almost inevitably afflict those who live or work with an alcoholic. Like the alcoholic himself, co-dependent people refuse for a long time to accept that there is a problem, even though it is quite obvious. Misconceptions and ignorance about the evolution of the disease and its characteristics make those close to the person afraid and cause them to play the problem down. However, by seeking to protect an alcoholic, they prevent him from facing up to his problem and treating it with the seriousness it deserves. Such behaviour does not help him but prolongs or even encourages dependence.

3. Signs of alcohol-related problems at work

While they do not constitute proof and should not lead to hasty conclusions, certain signs may attract attention and suggest that a colleague has an alcohol-related problem:

- Repeated unsubstantiated absences of a day or two here and there (especially at the beginning of the week).
- Unreasonably long breaks.
- Late arrivals, early departures.
- Lack of attention, reduced alertness.
- Persistent failure to meet deadlines.
- Altered behaviour.
- Sudden bouts of over-sensitivity or aggressiveness.
- Refusal to accept any criticism or change.
- Avoidance of colleagues or superiors.
- Significantly reduced or erratic performance.
- Breaches of safety requirements.
- Certain occupational accidents.

* * *

Advice for ensuring the effectiveness of the help programme

1. Conducting the interview

For the supervisor, systematic observation and interviews with the staff member concerned are efficient means of ensuring the early detection of an alcohol dependence problem.

- Sufficient time must be set aside for the interview.
- The aims of the interview must be concrete and clearly understandable to the staff member concerned. They must be adapted to the circumstances and to the supervisor's effective decision-making powers.
- When announcing the aims of the first interview, the presumed alcohol or drug abuse must not be mentioned and, above all, no diagnosis must be made.
- The interview must be based on concrete facts and focus on the behaviour and performance of the person concerned, not on his personality or lifestyle.
- The aim is not to interpret but to clarify the situation, starting with the instances of unsatisfactory professional conduct or underperformance that have been observed.
- It is not a question of putting anyone on trial; the supervisor must neither accuse nor excuse. The problem must be discussed in terms of professional competence and requirements so that the two parties can work out an acceptable solution together.
- Such an interview requires psychological and methodical preparation on the supervisor's part. He must take the time needed for this preparation so as to overcome his apprehension and withstand the tension.

2. The constructive confrontation meeting

- When the decision to hold a constructive confrontation meeting has been taken, it should be convened without delay to avoid rumours and to prevent the person concerned feeling insecure.
- It is desirable that the Head of Department, the supervisor, the Human Resources Coordinator and the representative(s) of the Medical Service and Social Affairs Service agree in advance on how to conduct the interview.
- To preserve its official character, the interview must take place during working hours and in accordance with a strictly formal procedure.
- Confidentiality and discretion on the part of those involved must be guaranteed throughout the procedure.

* * *

Help contract - specimen

Staff help programme

HELP CONTRACT

The Organization has established that the instances of unsatisfactory professional conduct discussed with Mr (Mrs)..... during the *constructive confrontation meeting* held on are manifestly attributable to an alcohol-related problem. He (she) is therefore being offered a *help contract* designed to re-establish a normal level of service.

The help provided shall consist of:

- a residential stay of several weeks (duration to be determined by the therapists) in a specialised institution approved by the Organization, with a view to achieving **total abstinence from the consumption of alcohol**.^{*} The recommended treatment shall include :
- after-care lasting a minimum of one year (evening meetings at least once per week),
- regular interviews with a social worker from the Social Affairs Service for one year.

The person concerned shall visit the institution with the social worker to familiarise himself with the programme available and talk to one of the therapists before taking a decision. During the next few days the date of admission to the institute shall be set and communicated to the administrator of the Organization's health insurance scheme, who shall explain the conditions of reimbursement.

On admittance to the institution, the person concerned shall provide his department with a medical certificate covering the period of hospitalization. Except in the case of illness or accident, he shall resume work as soon as the stay is over. Specialists in the treatment of alcoholism do not recommend a convalescence period.

In agreement with the person concerned, his attending physician shall be informed of the procedure set in motion by the Organization and of the treatment his patient has agreed to. The attending physician shall also receive a copy of the letter drawn up by the institution on the patient's release. Collaboration and regular medical check-ups starting as soon as the stay is over are essential. As soon as he returns to work, the person concerned shall visit the Medical Service for a work resumption check-up.

His absence from work during the period of treatment at a residential centre shall not affect his job or his functions.

As soon as he resumes work, a work resumption meeting involving the parties to the help contract shall be convened.

Other meetings may take place during the help contract, as required.

A visit to the work station (Medical Service and Social Affairs Service), followed by a final meeting with the parties to the help contract shall constitute the end of the contract.

* Both at and outside work

Henceforth, the person concerned shall be deemed responsible for his (her) own conduct. If necessary, he (she) may seek the help of the Medical Service and the Social Affairs Service on a personal basis and in strict confidence in the same way as any other member of the personnel.

Any relapses leading to new instances of unsatisfactory professional conduct shall be examined on a case-by-case basis.

The Head of Department shall inform the person concerned of the administrative consequences to be faced if the help contract does not succeed, which may lead to the instigation of a disciplinary procedure.

Mr (Mrs)..... declares that he (she) accepts the help contract without reserve.

His (her) treatment will begin on

Starting date of the help contract End date of the help contract

Read and approved:

The staff member

The Head of Department:

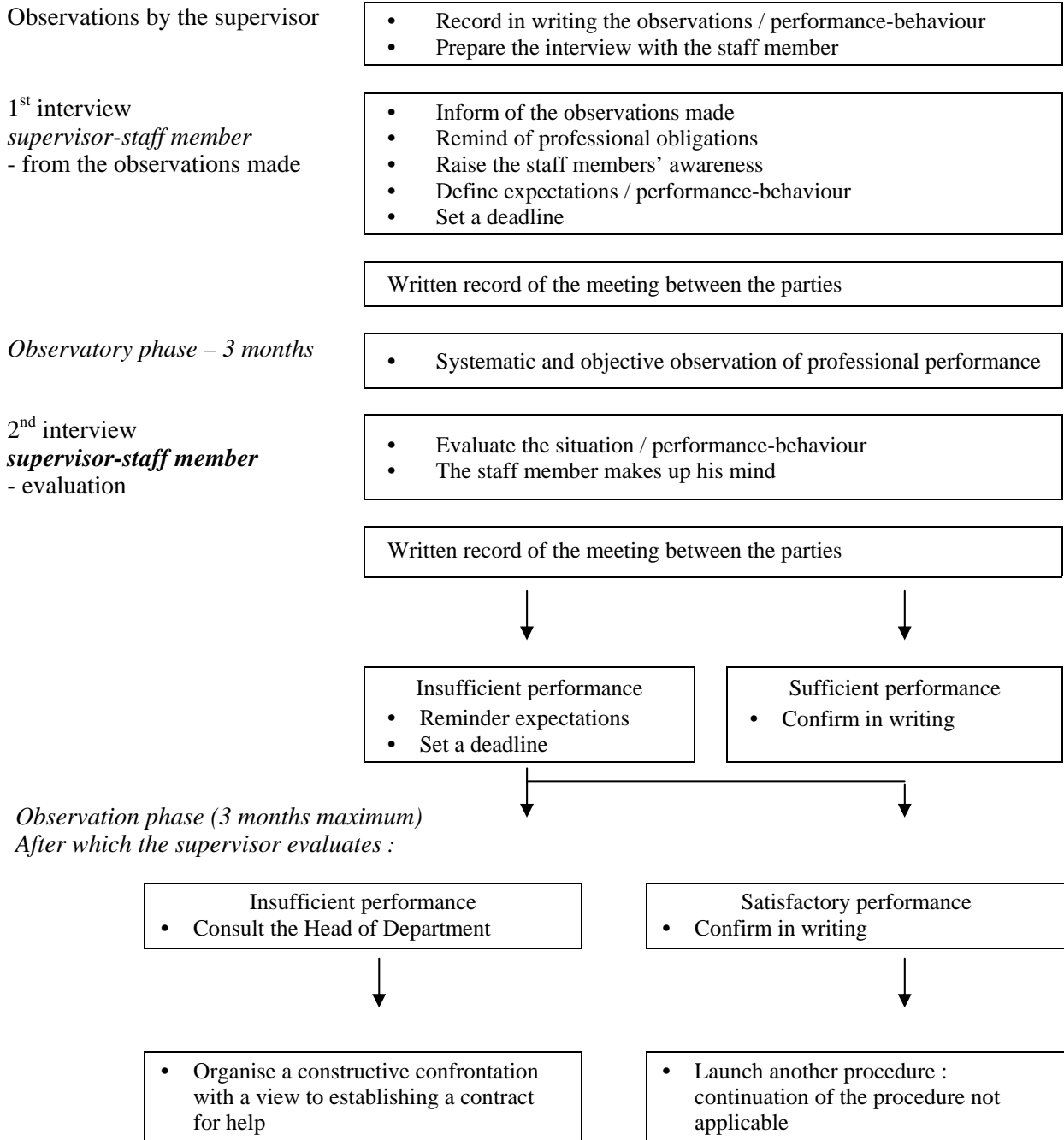
The Medical Service

The Social Affairs Service

(Slight amendments to the contract may be accepted according to circumstances, provided that the basic principles are respected).

Flow Chart of Actions - Help Programme for Staff Members

The support services remain available for staff members and their hierarchy during all stages of this programme. Confidentiality is guaranteed during the entire procedure



Constructive confrontation interview

- Head of Department : reminds about the demands of the Organization in the prevention of alcohol abuse
- Supervisor : adds his remarks
- Support services : provide information on the Help Programme
- Head of Department : offers a contract for help

The staff member may take five working days to make his choice and to consult, if he/she wishes, the support services

