



Introduction

This policy and associated procedure applies in cases of conduct, unsatisfactory work performance and poor attendance, directly related to the use of drugs and alcohol.

Scope

This policy covers Grey Book CFRS employees.

Principles

The Service has a number of duty systems to provide Managerial operational cover across Alcohol or drug misuse can adversely affect the health and quality of life of an individual. They can impair an individual's ability to carry out their duties efficiently, effectively and safely and may jeopardise the safety of other personnel and members of the public and impair the Service's ability to fulfil its commitments. This policy aims to:

- Promote an awareness of the potential risks/consequences associated with the misuse of alcohol or drugs and an understanding of the likely symptoms of misuse.
- Promote a working environment which is, as far as is reasonably practicable, safe and without unnecessary risk to the health of Cumbria Fire & Rescue Service (CFRS) personnel or the communities they serve.
- Ensure the safe and efficient operation of CFRS by preventing alcohol and drug misuse at work.
- Provide information on how to access confidential support and advice for employees who have alcohol or drug misuse related problems.
- Promote an environment which encourages employees with such problems to seek help voluntarily.
- Ensure that where alcohol or drug misuse is identified and recognised as a possible health problem it is addressed in a positive and constructive manner where this is consistent with the Service's legal responsibilities.

Procedure

Alcohol

1. No employee should report for work with a blood alcohol concentration (BAC) level exceeding 13 micrograms of alcohol in 100 millilitres of breath or equivalent 30 milligrams of alcohol in 100 millilitres of blood – this is the level used for safety critical jobs in organisations including the railways.

Drugs

2. No employee should report for work with any illicit or recreational* drugs in their body systems. The Service has zero tolerance of illegal drug consumption.
(*for the purpose of this document a recreational drug is defined as an agent not prescribed by a registered medical practitioner).

Prescription Medication

3. Employees taking prescription medicines which may impact on their performance at work must declare this to the Occupational Health Department before commencing work in order that an appropriate risk assessment may be carried out.

Individual Responsibilities

4. All personnel have a duty to ensure that:
 - They are aware of the detail and implications of this policy.
 - Their performance is not impaired as a consequence of alcohol or illegal drug use.
 - They adhere to the standards set out above and with the code of conduct in Paragraphs 34-39 of this policy.
 - They do not consume alcohol or illegal drugs whilst on duty:
5. For guidance, on duty shall be defined as:
 - (a) For Regular personnel :
At any time during a recognised shift at their work place (inclusive of meal breaks) and whilst attending any training course i.e. during instruction periods and meal breaks. Evenings etc. (when on residential courses after instruction has finished) are not considered duty periods, however, personnel must always be fit for duty the following day.
 - (b) For On Call personnel:
At any time during which they are “booked on duty”, this includes awaiting a turnout, when responding to their alerter and either turning out or qualifying for an attendance payment, or performing any other duties and whilst attending any training course. i.e. during instruction periods and meal breaks. Evenings etc. (when on residential courses after instruction has finished) are not considered duty periods, however, personnel must always be fit for duty the following day.

(c) For Flexible Duty managers:

At any time whilst rostered for duty, including periods of stand-by and whilst attending any training course. i.e. during instruction periods and meal breaks. Evenings etc. (when on residential courses after instruction has finished) are not considered duty periods, however, personnel must always be fit for duty the following day.

(d) For Continuous Duty managers:

At any time whilst rostered for duty as “first call” manager, including periods of stand-by and whilst attending any training course. i.e. during instruction periods and meal breaks. Evenings etc. (when on residential courses after instruction has finished) are not considered duty periods, however, personnel must always be fit for duty the following day.

- They advise their managers if they believe they have an alcohol or drug problem which may potentially affect their capacity to carry out their work safely and effectively.
- They comply with any advice to refrain from consuming alcohol when taking medication prescribed by a health professional or that purchased from a pharmacy.
- Where they have reasonable cause to believe that the performance of another member of the workforce is impaired by reason of alcohol or drug consumption or dependency, such concerns are brought immediately to the attention of an officer-in-charge, line manager, or outside the line management chain as appropriate.

Management Responsibilities

6. Management will as far as is reasonably practicable ensure that:

- A safe working environment is provided for all employees.
- The policy is enforced and supported in a manner evident to employees.
- The policy is administered fairly and consistently to all.
- When an individual is dependent on alcohol or drugs, any necessary management action is taken regardless of their dependency (disciplinary procedures, where necessary, will take into account compliance with and response to appropriate treatment).
- The policy is communicated effectively and that employees are made aware of the policy and guidelines and adhere to relevant procedures.

Raising Awareness

7. To supplement this policy the Service will promote health initiatives in conjunction with the Occupational Health Department (OHD), which will include raising employees’ awareness of the problems and risks associated with alcohol and drug misuse, the signs and symptoms of misuse, and how to seek confidential treatment, guidance and advice.

8. The Service will provide information on the sources of support available for those suffering from or wanting assistance relating to alcohol or drug misuse.

Voluntary Referral

9. Employees suffering from alcohol or drug misuse may make contact with the Service's OHD where the matter will be treated confidentially. However, the OHD may reveal the individual's identity to the Service if their alcohol or drug misuse presents a potential risk to others. In these circumstances, the OHD will encourage the individual to inform their manager of the situation, and will give sufficient time for this, and will then make a formal report to the Service advising of any potential risk.
10. The individual's consent for disclosure will be sought at the outset, but if consent is not given, the Service Medical Advisor/Nurse may pass on this information without consent if the Service Medical Advisor/Nurse considers the individual represents a risk to others at work or outside work. However staff will be informed that action will be taken to disclose information to relevant parties.
11. Details of the specific problem should remain confidential. The Service may have to accept that notification from the OHD may be in general terms, such as acknowledging a "health problem" without naming it, unless the individual gives their consent or the problem is already known to management.
12. If it is considered that an individual's alcohol or drug misuse presents a risk to themselves or others, management, following medical advice, will take any necessary management action to ensure that the individual is absent from work until it is safe to return or, redeployed to other duties that afford a safer environment, as appropriate.
13. The Service will treat in strictest confidence all dealings with individuals coming within the scope of this policy and any personal records associated with a case will only be seen on a need to know basis. Medical records will remain available only to the OHD under standard confidentiality guidelines, unless the employee consents to their disclosure.

Employee Support

14. The aim will be to provide support to those with dependency problems with a view to the individual achieving a full recovery, thereby allowing a return to work to undertake full duties as appropriate to the individual's position within the organisation. Alcohol or drug misuse may develop for a variety of reasons and over a long period of time. It is further recognised that it will certainly impact on an employee's life and ability to function and carry out work safely, effectively, and without risk to him/herself or others and, as far as the problem is treatable it should be considered in a similar way to other health matters. Individuals suffering from such problems are encouraged to seek help and treatment. To this end, CFRS will provide:

- The opportunity for referral through the Service's OHD to appropriate treatment agencies subject to the individual's consent and agreement of the individual's own General Practitioner.
- Appropriate time off work to attend such treatment as recommended.
- Appropriate modification of duties in line with advice received from the Service's Medical Advisor during any period of treatment and for any agreed period thereafter.
- Any other support considered reasonable.

Management Referral to Occupational Health Department and Treatment

15. Any manager of Station Manager level or above, after consulting with an HR Advisor, may refer an individual to the OHD, where management suspects alcohol or drug misuse.
16. When an individual is referred to the OHD, this should be followed up by a management brief, giving the background to the case. The manager should ensure the individual understands the reason for the referral.
17. Following the OHD appointment, the Service Medical Advisor or Nurse will provide a formal report to the Service. They may advise that no problem exists, in which case the manager will fully reassess the situation which led to the referral to determine appropriate management action.
18. Should the OHD advise that alcohol or drug misuse does exist, in appropriate cases, they will take the necessary action to provide support to the individual themselves, to refer the individual to their General Practitioner or to refer them directly to an external specialist provider for treatment. The Service Medical Advisor may recommend restriction of duties or that the employee is unfit for work on Health & Safety grounds. In these circumstances, the Occupational Health Department will arrange subsequent follow-up checks.
19. If the OHD is given the responsibility of monitoring an individual's progress by a line manager, a report will be provided to them by OHD on their progress. The OHD may consider it appropriate to set up a "contract" with the individual setting out the arrangements and obligations relating to the rehabilitation. Alternatively, the Service may require a "contract" to be drawn up eg arising out of disciplinary action relating to drug or alcohol misuse. In such cases, the Service will make this clear to the individual.

Treatment

20. When a programme of treatment necessitates time off work, the individual must first discuss this with their line manager who will, in consultation with the HR Advisor (and after taking advice if appropriate from Occupational Health Department) consider the terms on which any absence from work should be granted.
21. During the course of treatment the Occupational Health Department will liaise with the treatment provider and/or the General Practitioner in order to provide progress reports to

management. If required by management, the OHD will arrange and undertake drug testing as part of the monitoring process. The results of the testing will be provided directly to and monitored by management, will not be considered part of the OHD's responsibility and will not be covered by the usual rules of medical confidentiality. The OHD staff will only act as technicians in terms of collecting samples and sending them to the agency used for analysis.

22. If management determines any drug usage continues, the OHD will be advised so continued informed monitoring of the individual can continue in appropriate cases
23. Monitoring of samples for alcohol usage will be undertaken by management with testing undertaken by the testing agency.
24. The Occupational Health Department will report to management if treatment has been successful, or if it has been discontinued, either by the treatment provider because of lack of progress, or by the individual discontinuing treatment themselves.
25. If following a period of treatment, or during treatment, the individual suffers a relapse, the case will be considered on its merits and, if considered appropriate, any necessary management action will be taken. It must be understood by all staff however that the Service will reserve the right to apply its disciplinary procedures at its discretion. The following are examples of circumstances which may lead to action under the relevant procedure:
 - Poor/unsatisfactory performance or attendance.
 - A relapse occurs, after encouragement and support from the Service to seek help.
 - The employee, having been identified as possibly suffering from alcohol or drug misuse, declines to accept referral for diagnosis and/or specialist help.
 - If treatment is discontinued before its satisfactory completion, but the employee continues to display an unsatisfactory level of work performance or attendance.
 - Misconduct, whether or not related to alcohol/drugs.
 - Failure to consent to testing when requested.

NOTE: Alcohol and drug dependency are not considered to be disabilities under the Equality Act 2010.

Testing

26. A cornerstone of any alcohol and drugs policy is effective policing and enforcement. This will be achieved by the requirement for all employees to provide consent and possibly samples for screening when requested to do so in the circumstances outlined in Paragraphs 29-33 of this policy.
27. Failure to provide consent to testing will normally lead to disciplinary action.
28. Testing is a process in which a sample is collected with the specific aim of determining whether alcohol or drugs may be present.

Test Categories

29. A programme of alcohol and drugs screening will be implemented which will incorporate the following:
30. Pre-employment screening – candidates selected for employment will be screened for drugs. Any candidate who refuses to be screened will not be employed. Any candidate who tests positive will not be employed. Pre-employment screening includes appointment of existing employees to posts for which a medical assessment is included eg. for an on call employee converting to a regular post.
31. Testing for those who have entered into a Substance Misuse Contract - Part of the agreed contract for individuals undergoing rehabilitation may be a requirement for periodic alcohol/drug testing. Screening for drugs can be delivered in house by the OHD at the request of the line manager. In such cases, if the test carried out by OHD does not indicate a negative result for all of the drugs indicated, or if the sample validity checks are not acceptable, the specimen will be sent to the provider of analytical services for full analysis. If the individual does not complete the procedures and give their consent for the specimen to be analysed by the provider, disciplinary action may be taken on the basis of the result obtained by OHS.
32. Testing for alcohol will be arranged by the line manager with the external provider.
33. “With Cause” screening – where there is reasonable cause to believe that an individual is not adhering to the standards set out in Paragraph 4 of this policy, such individuals will be requested to undertake an alcohol and/or drugs test. Examples of circumstances where this may be appropriate are:
- Obvious signs of mental and/or physical impairment.
 - Recognition by managers, supervisors or colleagues of symptoms affecting work performance.
 - Complaints by the public indicating that drugs or alcohol may be a factor.
 - The discovery of items in possession of an employee that could indicate involvement in illicit drug taking or consumption of alcohol whilst in the workplace.
 - Reasonable suspicion by managers, supervisors or colleagues that an individual is impaired by alcohol or drugs.
 - Following safety accidents or an incident that resulted in injury or damage (including ‘near miss’ incidents) where alcohol and/or drug consumption may have contributed to the event.

Expected Standards of Performance & Implications of Breaches

34. All staff must present themselves for duty in a fit state with their mental and physical functions unimpaired by alcohol or drugs.
35. Staff who are socialising in licensed premises and consuming alcohol, should ensure that they are not visibly displaying the CFRS uniform as this would negatively impact on the community perception of the Fire and Rescue Service. It is not appropriate for drivers to visit

licensed premises whilst on duty in readily identifiable CFRS vehicles unless for wholly work related reasons and then no alcoholic beverage must be consumed.

36. On the grounds of Health and Safety all employees should bear in mind that even small amounts of alcohol may have a detrimental effect upon reflexes and responses, in particular, whilst operating specialist vehicle equipment, on or in close proximity to the highway or potentially hazardous tools and machinery.
37. Employees will normally be subject to disciplinary procedures which may lead to dismissal, if they:
- Fail an alcohol test with a higher concentration of alcohol than 13 micrograms of alcohol in 100 millilitres of breath, or the equivalent in urine or blood.
 - Fail a drugs test.
 - Attempt to evade the test.
 - Refuse to take an alcohol or drugs test without good cause.
 - Report or try to report for duty when unfit through alcohol and/or drugs.
 - Consume alcohol while on duty.
 - Consume, and/or, are found to be in possession of illegal/recreational drugs at work.
 - Decline or discontinue an approved course of treatment for alcohol or drugs misuse, without good cause.
 - Making malicious or vexatious allegations that a colleague is misusing intoxicating substances.
38. The supply or sale of illegal drugs on CFRS premises or during working time will be regarded as an act of gross misconduct.
39. The Misuse of Drugs Act 1971 covers the possession, supply and manufacture etc of illegal drugs. The Service would be committing an offence if it were known that illegal drugs were used, supplied or manufactured on its premises. Therefore such matters will be reported to the Police as soon as possible.

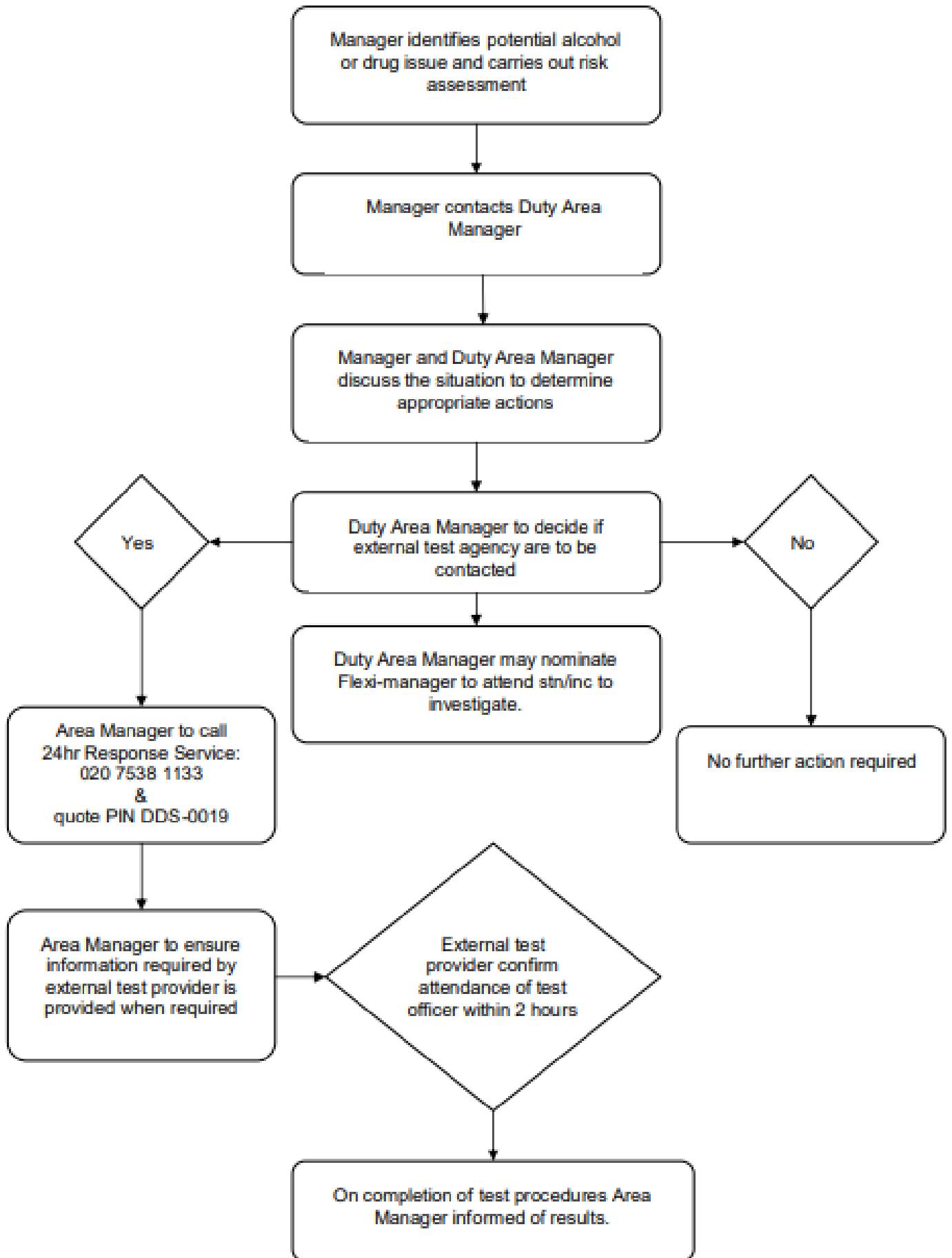
Appendix A

“With Cause” Alcohol & Drugs Testing

Checklist for Actions

1. Alcohol or drug misuse can adversely affect the health and quality of life of an individual. They can impair an individual’s ability to carry out their duties efficiently, effectively and safely and may jeopardise the safety of other personnel and members of the public and impair the Service’s ability to fulfil its commitments.
2. A “Fit to Work” Dynamic Risk Assessment is to be conducted on occasions where there is a reasonable belief that someone has reported for work in a state which makes it likely that they will be unable to complete their duties safely and they may pose a danger to themselves or others when performing those duties.
3. The manager should conduct an assessment with the employee to assess the health and safety risks of the employee being able to perform their role. The manager is not required to determine whether the person is drunk or taking illegal drugs but only to discuss the unusual behaviours and actions they have observed and seek the employee’s responses. Where the employee disputes the behaviour/actions observed by the manager, the manager may, if practical, seek a second view from another staff member or manager.
4. Following the managers initial assessment, if necessary, they should contact the Duty Principle Manager who, following discussion, will instigate a “with cause” test if considered appropriate.
5. If the employee refuses to take the test they will be advised that they are considered to be in breach of a requirement to follow a reasonable instruction and that they are immediately suspended from duty and a disciplinary investigation will occur, the outcome of which may lead to their dismissal from the Service.
6. If the employee seeks to leave the premises or scene in their own vehicle they should be advised by the manager that if it is deemed to be unsafe to do so and that if the employee insists in doing so then the police will be advised.
7. Once the Duty Principle Manager has instigated a “with cause” test, all efforts must be made to ensure that the individual who is causing concern remains under supervision in a safe environment. Employees will be subject to disciplinary procedures which may lead to dismissal, if they attempt to evade the test by leaving the premises. They should be advised that it may take up to two hours for the Alcohol and Drug test officer to arrive. It is important that they are also informed that they may have a colleague or other representative present during the testing procedure.
8. A suitable private area should be identified for the alcohol and drug test to be conducted.
9. When the Alcohol & Drug test officer arrives they will:

- Calibrate their breath test machine
 - Request formal identification of the individual
 - Conduct the tests
 - Notify both the individual being tested and the manager on site the results of the tests.
 - Complete the relevant paperwork.
10. If the breath test is “positive” (i.e. above the Service limit of 13 micrograms of alcohol in 100 millilitres of breath) the manager should inform the individual that they are suspended from duty and arrange for the individual to be taken home.
11. If the drug test is “not negative”
- Arrange for the individual to be taken home
 - Inform the individual that they are suspended until the laboratory results are available (up to 5 days)
12. If the both alcohol and drug test results are negative the individual is to remain on duty.
13. The manager should subsequently document the circumstances leading up to the testing and/or suspension process to assist any disciplinary investigation.



Appendix B**Template Document – Negative Test Result**

<<title>><<forename_1_initial>><<surname>>

<<house_name>>

<<number/street>>

<<local_area>>

<<posttown>>

<<postcode>>

<<date>>

**RECORDED DELIVERY
PRIVATE & CONFIDENTIAL**

Dear

Drug and Alcohol policy – negative test

I refer to the incident on/day/date/time where I had reasonable cause to believe that your performance was impaired by reasons of drug and/or alcohol misuse. I advised you of my concern and arranged for a test and informed you that you may consult with a trade union representative or co-worker.

Following the result of the test, I confirmed that the test was negative and therefore no formal action will be taken. **You returned to duty with immediate effect. OR Following consultation with you, it was agreed that you were detached from the watch for the remainder of the shift OR you were authorised to go home and to return for your next shift. OR you were advised that OHS is available to provide advice and support.**

I trust you will recognise the duty of the Service to implement the alcohol and drugs policy and I attach a copy for your information. Please ensure that you are familiar with your individual responsibility with regard to the policy.

You may wish to discuss this matter further with your line manager. Support is also available to you through the Occupational Health team. In addition, you may also access the employee helpline on 0800 282193 or visit <http://www.ppcworldwide.com> (the username is 'Cumbria' and the password is 'Council').

Yours sincerely

Name

Job Title

Enc: Alcohol and Drug policy

Appendix C

Template Document – Suspension Letter

<<title>><<forename_1_initial>><<surname>>

<<house_name>>

<<number/street>>

<<local_area>>

<<posttown>>

<<postcode>>

<<date>>

RECORDED DELIVERY PRIVATE & CONFIDENTIAL

Dear

Formal Disciplinary - Notification of an Investigation/Suspension from Duty

I refer to the incident on/day/date/time where I had reasonable cause to believe that your performance was impaired by reasons of drug and/or alcohol misuse. I advised you of my concern and arranged for a test and informed you that you may consult with a trade union representative or co-worker.

Following the result of the test, I consulted with the Principal Officer on duty and in accordance with the Service Disciplinary procedure (copy enclosed for your information, please ensure you read and understand this document) I now write to confirm that an investigation will be carried out into the allegation(s) that on the day/date/time you:

1. (list allegations here)

These allegations, if upheld may be regarded as gross misconduct as referred to in the Service disciplinary procedure and may result in your dismissal.

As advised, after considering all options, I concluded that, the allegation(s) were sufficiently serious to warrant suspension from duty with immediate effect and until further notice. Whilst suspended you will continue to receive your salary in the normal way, including any contractual benefits.

OR

As discussed, after considering all options, and having taken advice I concluded that, as an alternative to suspension, you will (state any remedial measures taken e.g. change of location, restricted duties, closer supervision, transfer to another post etc.). These alternative arrangements will be reviewed on an ongoing basis, and should any new information be forthcoming.

I would like to stress that suspension does not constitute disciplinary action and does not imply any assumption that you are guilty of any misconduct. The purpose of the suspension is to protect the employee, employer and the service, to allow a full investigation and to establish the facts, and is to be regarded as a neutral act.

Arrangements will be made for you to hand in your ID card, station key, mobile phone and alerter. I instructed you not to enter Cumbria Fire & Rescue premises without prior permission from me therefore please contact me if you need to collect any personal items from your place of work.

I must also highlight that as your contract of employment is still in force you remain bound by all your terms and conditions of employment. Your suspension from duty will continue until the investigation has been concluded.

An Investigating Officer will be appointed to conduct an investigation into the above allegation and any other related matters that may arise. The investigating officer will contact you shortly to arrange a suitable time and venue to interview you. At this interview, you will be given the opportunity to respond to the allegations and their implications fully. You must co-operate with the investigation by:

- Putting forward your own account and explanation of events
- Answering the investigating officers questions fully, openly and honestly
- Advising the investigating officer of any witnesses and/or documentary evidence to be taken into account

You are entitled to bring a trade union representative or a co-worker (provided they are not directly involved in the matters under investigation) to any meetings held as part of the investigation.

You were informed that you must keep all matters related to this investigation confidential and must not discuss these with anyone other than your Trade Union representative or nominated co-worker or other individual identified to support you during this process. This does not prevent you from conducting normal social contact on subjects unrelated to this investigation.

The investigation will be given a high priority and if there are delays in the progress of the investigation you will be kept informed by the investigating officer.

A decision as to whether Disciplinary Proceedings will be necessary will be made when the investigation is completed. If a Disciplinary Hearing is convened, you will be informed of the details in writing including the grounds for disciplinary action.

I have arranged for (name) to keep in touch with you on a regular basis and to be the main point of contact on behalf of the Service during the period of suspension. If this is not acceptable please let me know in writing with reasons and I shall consider an alternative and let you know as soon as I can.

I fully appreciate that whilst this investigation is continuing, you and those close to you

may find it a stressful period. Support is available to you through the Occupational Health team. You may also access the employee helpline on 0800 282193 or visit www.ppcworldwide.com (the username is 'Cumbria' and the password is 'Council')

Yours sincerely

Name
Job Title

enc: Disciplinary Procedure

Appendix D

What is a Unit of alcohol?

One unit of alcohol is 10 millilitres (1 centilitre) by volume, or 8 grams by weight, of pure alcohol.

The following drinks contain about one unit of alcohol:

- Half a pint of ordinary (3%) strength beer, lager, or cider.
- A single (25 millilitres) measure of spirits.

The following contain about 1.5 unit of alcohol:

- Half a pint of strong (5%) beer, lager, or cider.

How quickly does alcohol pass into the blood?

This depends on many factors, including:

- Gender (blood/alcohol levels in women are affected more than those in men).
- Age
- Weight
- Metabolism
- Fat/Muscle makeup
- Level of fitness

How quickly do our bodies eliminate alcohol?

No matter how fast we drink, our bodies normally eliminate alcohol at the rate of about one unit per hour. That means if an average person drank two pints of beer (four units) in one hour and then stopped, they would have about three units in their body after one hour; two units after two hours, and so on. It would take about four hours to get back to zero.

Cold showers, strong coffee and other sobering-up remedies have no effect on the amount of alcohol in your blood. The alcohol test measures the amount of alcohol in your blood, for which you are solely responsible. It's very hard to work out exactly how much alcohol would be in your blood at any specific time from the amount you drink.

General advice on alcohol consumption?

The medically recommended maximum number of units of alcohol per week is 14 for women and 21 for men. In addition the Department of Health recommends that women consume no more than 2-3 units of alcohol per day, and men no more than 3-4 units per day.

Appendix E

DRUG AND ALCOHOL ADVICE CENTRES AND LINKS

NHS Direct:

<http://www.nhsdirect.nhs.uk>

Tel: 0845 4647

Text: 61121

Alcoholics Anonymous:

<http://www.alcoholics-anonymous.org.uk / blank>

Tel 0845 7697555

National Drinks Helpline:

Tel 0800 9178282

Alcohol concern:

www.alcoholconcern.org.uk/workplace/glancesheetno6.htm

Narcotics Anonymous: <http://www.ukna.org/blank>

European Association for the Treatment of Addiction:

<http://www.box-1.freeserve.co.uk>

Frank Drug and Alcohol Helpline: www.talktofrank.com or 0800 776600.

Release National Drug Helpline: www.release.org.uk or on 0845 4500215

Cumbria Alcohol & Drug Advisory Service: Tel 01228 544140

Appendix F

RED FLAGS

The following checklist is a guide for supervisors in determining reasons for “with cause” testing. The key word here is change – has the employee’s appearance, behaviour or job performance changed to reflect the following?

Appearance	Behaviour Change	Job Performance
<ul style="list-style-type: none"> • Poor personal hygiene • Careless about personal appearance • Bruises, cuts and injuries • Major weight loss / gain • Haggard • Muscular tension • Pale / flushed face • Sunglasses worn at inappropriate times • Lack of physical co-ordination • Dilated / constricted pupils • Inappropriate dress (arms covered, heavy clothes in warm weather) • Appearance of intoxication but no smell of alcohol • Bloodshot eyes • Odour of alcohol 	<ul style="list-style-type: none"> • Angry • Unresponsive • Erratic mood swings • Unpredictable • Preoccupied • Negative attitude • Know it all attitude • Remote or withdrawn • Low self confidence • High self confidence • Nervousness • Complains about physical ailments • Manipulation of co-workers • Confrontation with other co-workers • Complaints about financial or personal problems • Borrowing money from co-workers 	<ul style="list-style-type: none"> • Excessive absenteeism • Tardiness • Violations of safety rules • Mistakes and / or errors • Excuses • Co-workers and / or supervision covering for employee • Substandard work • Reduced productivity • Lack of co-operation • Failure or refusal to do assigned work • Accidents • Sleeping on the job