

Drug and Alcohol Policy

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1. Scope

This procedure applies to all Council workers as defined by the Workplace Health and Safety Act 2011 ('the Act'), which includes permanent full time, part time, temporary and casual staff, contractors, and volunteers in the workplace.

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2. Purpose

This policy document outlines Council's expectations in relation to the consumption and usage of alcohol and prescribed and prohibited drugs within the workplace as well as the process involved in the management of the drug and alcohol testing regime, and the outcomes in the event of a positive test result.

3. Definitions

Alcohol is a depressant drug, use of which slows down activity in the central nervous system, which means it slows down the messages going between the brain and the body. Depressant drugs affect concentration and coordination, and slow the person's response time to unexpected situations

Amphetamines: belong to a group of drugs called "psycho stimulants", the use of which stimulate the central nervous system and speed up the messages going to and from the brain to the body, and can result in anxiety, tension and increased confidence which can impair judgment and decision making. Users of amphetamines will often use depressant drugs to try and counter the affects.

Authorised people: means any trained level 4 managers and union delegates who have attended the reasonable suspicion training program conducted by an external provider.

BAC: means blood alcohol content.

Cannabis (THC:) is a depressant drug, the use of which slows down the messages going between the brain and the body. Depressant drugs affect concentration and coordination, and slow the person's response time to unexpected situations. Prolonged or excessive usage increases the likelihood of psychotic symptoms occurring in an individual who is vulnerable due to a personal or family history of mental illness. Cannabis also appears to make psychotic symptoms worse for those with schizophrenia and lowers the chances of recovery from a psychotic episode.

Certified Laboratory: means a laboratory which meets minimum Australian performance standards set by an accrediting agency being the National Australian Testing Authority (NATA).

Chain of Custody: is the course of action of documenting the management and storage of a specimen from the moment a donor gives the specimen to the collector to the final destination of the specimen and the review and reporting of the final result. All of the processes involving the Chain of Custody document serve as assurance to the test subject that the specimen that was provided was handled and tested in the enumerated procedures outlined in the AS4760:2006 – Procedures for specimen collection and the detection and quantitation of drugs in oral fluid.

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Confirmatory Test: means a second analytical test performed to identify the presence of alcohol and/or other drugs in accordance with AS4760:2006 – Procedures for specimen collection and the detection and quantitation of drugs in oral fluid..

The confirmatory test is a retest of a second sample from the original sample taken at the original collection time. Nothing in this policy shall prevent the carrying out of a second independent test, by a method chosen by the person who tested non negative.

For drugs this means any confirmatory sample returning a result at, or in excess of, the levels contained in AS4760:2006 – Procedures for specimen collection and the detection and quantitation of drugs in oral fluid. A summary of the table is recorded in this procedure.

Initial Testing :is defined as a valid method used to exclude the presence of alcohol and/or a drug or a class of drugs as provided by Australian Standard AS3547:1997(refer Appendix,, and AS4760:2006 (Appendix....) and as outlined in this policy.

Limited Random Testing: means a period of random testing of a worker in the case where the worker either:

- (a) fails a drug or alcohol test; and/or
- (b) unreasonably refused a drug or alcohol test as a result of a reportable incident or random testing program; and/or
- (c) following a determination of impairment as a result of an impairment assessment.

Non-Negative Result means an initial positive test obtained by an accredited tester but not yet confirmed by a confirmatory testing process conducted by an accredited laboratory.

Negative Result means a result at or below the nominated or target concentration used for initial testing.

Opiates: refers to drugs such as heroin but also includes opium, morphine, codeine, pethidine, oxycodone, buprenorphine and methadone. These are classified as depressant drugs, which if incorrectly used or overused may lead to multiple physical and mental disorders.

Post Reportable Incident is defined as any accident or event that occurs in the course of work which results in personal injury, vehicle damage, property damage and/or any incident that has the potential for significant risk of harm or injury to persons or equipment.

Positive Test: is a laboratory confirmed result of an initial screen which depicts a level of concentration over and above the threshold levels in the relevant Australian Standard

Prescription Drug: a licensed medication that is regulated and requires a prescription issued by a suitably qualified medical practitioner before it can be obtained.

Prohibited Drug: any drug that is listed in Schedule one of the Drug Misuse and Trafficking Act 1985.

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Random Testing: means a structured program of randomly testing workers across the entire workforce in accordance with the standards as provided by Australian Standard AS3547:1997 and AS4760:2006.

Reasonable Suspicion Procedure: refers to indicators of impairment and includes the observable indicators of impairment contained in [attachment B](#), of this procedure which are used to determine whether a reasonable suspicion exists that a person is impaired by alcohol and/or other drugs.

Responsible person: means a worker who is suitably trained and can assess, in accordance with Australian Standards, the fitness for work of persons in the workplace.

Tester: means a person authorised by Council and qualified to conduct breath analysis and Oral Swab testing in accordance with Australian Standard AS3547:1997 and AS4760:2006.

Workplace: means a place where work is carried out for a business or undertaking and includes any place where a worker goes, or is likely to be, while at work. Place includes:
(a) a vehicle, vessel, aircraft or other mobile structure, and
(b) any waters and any installation on land, on the bed of any waters or floating on any waters, in accordance with Section 8 of the Work Health and Safety Act 2011.

Worker: Any person who carries out work in any capacity for a person conducting a business or undertaking, including work as an employee, a contractor, an employee of a contractor or sub-contractor, a labour hire person, an apprentice, work experience student, volunteer.

4. Policy Intention

Council is committed to the creation of a safe and healthy workplace free from injury or risk of harm. To achieve this stated goal, Council needs to ensure that staff are physically and mentally fit to conduct the inherent requirements of their role.

Consumption of alcohol, prescription medication and or prohibited drugs (which may contravene State and Federal laws) can, in the short term lead to levels of impairment that affect decision making and or operation of equipment that can increase the risk of incidents and injuries which is not acceptable. Continued consumption of the above products may also lead to reduced health outcomes and a lower quality of life for the employee concerned.

Consequently, Council will implement a comprehensive drug and alcohol testing regime across the whole of Council, which will operate and be applicable throughout an employee's lifecycle whilst employed by Council. The program will commence at the pre employment

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phase, and continue via a series of random tests, tests where they may be reasonable suspicion and / or post reportable incident testing.

An important outcome of this policy is the establishment of:

- a workplace environment that is safe and without risk to staff, visitors and contractors;
- a supportive workplace culture that acknowledges and encourages employees to accept individual responsibility for workplace health and safety and to acknowledge that participating in the nominating of employees who may be regarded as a risk to other workers is appropriate.
- systems and processes to support workers who may have difficulty addressing alcohol and/or drug related issues.
- foster an attitude and culture amongst all workers that it is not acceptable to work under the influence of alcohol and/or any other drug that will prevent them from performing their duties in a safe manner.

5. Procedure

This policy will be implemented across the whole of Council. The policy will be implemented in accordance with Council's confidential and privacy practices. The primary role of this policy is to identify at risk behaviours and work with affected staff to alter/ change their lifestyle behaviours. Accordingly, Council's employee assistance program is available and is designed to support the implementation of this policy.

While Council is committed to assisting employees who may have drug and alcohol dependency issues, it is necessary to state that repeated incidents that contravene this policy will result in the application of Council's disciplinary process and possible termination of employment.

6. Application

6.1 Communication of Intent.

A key element of this policy is to clearly communicate Council's stance on the consumption and illicit use of prohibited drugs. Accordingly, upon the commencement of this policy, the following practices will commence:

- All recruitment advertisements will specify that Council is a drug and alcohol free workplace and employees of Council are subject to random testing.
- All pre employment medicals will include drug and alcohol testing as part of the regime.

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- All contractors and volunteers engaged by Council are to be informed of this policy and that their staff may be subject to random testing whilst engaged by Council.

6.2. Training

Council recognises that it is important to develop a workplace culture through education, where workers are prepared to encourage each other to be safe and not under the influence or impaired at work. Council will provide this education and awareness information to its workers at all levels. Accordingly, Council will run drug and alcohol awareness sessions to all staff. These sessions will eventually transferred to the “My learning database” as an e-learning module.

Council will also provide practical guidelines and training to managers and supervisors for dealing with persons who may be affected by alcohol or other drugs, including the correct application of reasonable suspicion processes and implementation of disciplinary sanctions and the need for maintaining strict confidentiality.

6.3. Testing Program

Council will conduct random, post incident and reasonable suspicion testing for the following substances as agreed by the LGSA, USU, LGEA and DEPA.

The products are as follows:

- Alcohol
- Cocaine
- Opiates
- Methamphetamine
- THC

The testing will be done in accordance with the Australian Standards. For alcohol testing a standard breathalyzer meeting the requirements of AS3547 will be used. For drug testing an oral swab test will occur as per Australian standard is AS4760:2006 *Procedures for specimen collection and the detection and quantitation of drugs in oral fluid*.

6.3.1. Levels of Impairment

The purpose of the testing regime is to assess whether a person is suffering from an impairment that prevents them from working safely and/or putting others at risk. The following cut off points for blood alcohol content (BAC) will apply:

- 0.02 or greater for heavy plant operators (>13.9 tonne) or truck drivers (>4.5 tonne) or mobile plant operators. This will apply only for personnel who are undertaking these specific duties at the time of any testing.

0.05 or greater for all other staff to be in accordance with NSW legislation. The only variation to this is for persons who hold provisional licenses and are driving Council vehicles.

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In relation to prescribed drugs the level of impairment is established in the AS4760:2006. The initial on site test concentration for undiluted fluids is:

- Amphetamine 50 ng/ml
- Cocaine & metabolites 50 ng/ml
- THC (Cannabis) 25 ng/ml
- Opiates 50 ng/ml

6.4 Program Regime

There are four possible drug and alcohol testing options available to Council. It is anticipated that the programs will be used in conjunction with each other however over a period of time, random testing and post reportable testing will be the most commonly used. A detailed description for each test type will follow. The primary purpose of these tests is only to assess the level of a person's impairment against pre-determined protocols.

6.4.1 Post Reportable Incident Testing

In the event of certain reportable incidents occurring in the workplace, the Supervisor and Manager in consultation with the Work Health Safety Team, may require a worker, to undergo an initial alcohol or other drug test. For the purpose of Post Incident Testing, a reportable incident is defined as any accident or event that occurs in the course of work which results in personal injury, vehicle damage, property damage and/or any incident that has the potential for significant risk of harm or injury to persons or equipment. (A Table outlining potential reportable incidents is attached (refer Appendix A and also trim document D02450831)

Post Reportable Incident Testing will take place as soon as possible but no later than two 2 hours after the incident where a reportable incident falls within the following criteria. If an employee fails to report an incident, as defined, immediately as required and testing is unable to be undertaken within two 2 hours as a result of this failure, the testing will be conducted under Reasonable Suspicion by trained personnel who are authorized to conduct this assessment:

6.4.2 Random testing

Random testing will be conducted in an appropriate area which contains adequate facilities for testing. The testing will be done privately and with all due respect and professionalism. The random testing for alcohol and/or other drugs for Council's workers and contractors may be conducted at any time throughout their normal hours of work and this may also include overtime shifts.

All Council employees, contractors and volunteers will be eligible for selection for random testing. Workers will be selected for testing by using a simple random selection process, involving the selection of a worker, location or group of workers located in a specific area. The process of selection will be agreed beforehand by Council and the external provider. (see flow chart in attachment D)

Workers who are nominated will be required to present themselves for testing immediately. The worker may have a union delegate or other representative present during the testing procedure.

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However, if the person they nominate is not readily available that will not preclude them from undergoing a test and they will have to nominate another person who is available.

6.4.3 Reasonable suspicion

This testing procedure is for use when a responsible person reasonably suspects that a worker is impaired by alcohol and/or other drugs in the workplace. Reasonable suspicion of impairment **must** be based on the list of objective indicators found in Trim Document D02451147, see also attachment B). The test must involve the combined documented assessments against the objective criteria by two trained and authorised people (see definition of authorized person).

The two authorized people chosen to conduct a reasonable suspicion test will be based primarily on:

- Availability of persons on site
- Representatives from a different service unit
- Staff delegate

The selection of the authorized people to conduct the reasonable suspicion training will be from a pool of level four and above (4) managers and union delegates.

The assessment of a worker's impairment is to be made in accordance with the above list and is to be made in the context of **changes** to a worker's behaviour. The assessment is **not** to be made on assumptions based on a worker's previous behaviour or work record.

At least one (1) of the *physical indicators* in document must be satisfied and agreed between the *responsible persons* for reasonable suspicion to be established. Emotional effects (as contained in the second part of the table) should **not** be used as indicators of reasonable suspicion but may be recorded as additional information on the relevant records.

Other staff members can and should approach their manager if they believe an individual is impaired. It is then the responsibility of the manager (who has been previously trained in reasonable suspicion testing and a designated "other responsible person who has also been trained" to assess the person against the set of objective criteria.

6.4.4 Voluntary testing - drugs

Individuals who are concerned about pre-existing lifestyle choices may choose to self-declare and volunteer for testing. The testing will occur as per normal guidelines, namely in confidence and with respect. However, in the event they obtain a "non negative" and this result is subsequently confirmed as a positive result then they will be excluded from disciplinary action only and on the proviso that they participate in a sanctioned drug and alcohol rehabilitation program and can demonstrate compliance with the program. Individuals will be stood down from work on approved leave (subject to leave entitlements) until they are cleared to return to work.

If persons continue to self-declare and achieve confirmed "positive" results they will be subject to Council's disciplinary process.

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6.4.5 Voluntary testing - alcohol

The same process will apply to both alcohol and drugs. However, to facilitate self-declaration, Council will provide certified breathalyzers in discrete locations in key Council premises to allow staff to assess their level of impairment.

Staff who have chosen to assess their level of impairment prior to “commencing their employment” and discover their **BAC** is above the agreed threshold limits may report to their supervisor that they are unfit for duty and absent themselves from work. Absences will be treated as normal sick leave. Managers shall monitor sick leave as per Council’s attendance policy. Repeated absences or a pattern of absences within a six month period may trigger either a reasonable suspicion testing program or a discussion of unplanned attendance with their manager/ supervisor.

Where staff traveled to work by motor car they shall be required to make alternative arrangements to return home.

Council will maintain and ensure the breathalyzers are calibrated in accordance with the relevant Australian Standard.

6.5 Rehabilitation program

To facilitate appropriate health outcomes and ensure that staff continue to work in a manner that is not at risk to themselves or others, Council will support staff who wish to change their lifestyle choices via the provision of an agreed rehabilitation program.

However, if staff achieve a confirmed positive test result and have not availed themselves of the opportunity to participate in a rehabilitation program paid for by Council, and one of the requirements will be to participate in a rehabilitation program as per a disciplinary outcome, staff will have to fund their own participation.

7. Drug and alcohol testing program – Alcohol Testing

Workers identified to participate in alcohol testing will be required to carry out a supervised alcohol analysis test, using a calibrated breath testing device as per the Australian Standard AS3547:1997 - Breath alcohol devices for personal use . The test will be administered by a suitably qualified person. The testing will be done in a quiet area to allow for confidential discussions and clarification of any history if the situation warrants.

The worker may have a union delegate or other representative present during the testing procedure.

Unless medically required, no food or drink is to be consumed for 15 minutes prior to the test. Smoking shall also not be permitted as it may distort the test results.

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In the event that a non-negative result is registered, a subsequent test will be carried out 15 minutes after the first test. During this 15 minute period, the worker is to be supervised continually at all times by the person conducting the tests.

Workers with a non-negative second breath analysis test results will be presumed unfit for work and arrangements will be made to transport the person to their home. The worker will then be required to submit for a further test at the first available opportunity on the next working day before being able to resume their normal duties.

Where a person presents a negative result the person will be permitted to commence or resume their normal duties.

A worker who refuses to undertake an initial and/or second test will be presumed to be, and treated as if, a second non-negative test result was received.

A confirmatory breath test result of equal to the limits set out in 3. Definitions, *Confirmatory Test* of this Procedure, will be determined to be a positive alcohol test result. If required a blood test undertaken at QOH in Merrylands or other recognized medical centre may also be used to confirm a positive alcohol result.

A confirmed positive breath test undertaken as a result of a post incident, reasonable suspicion or random test will result in a subsequent discussion with the involved person. Possible outcomes may be disciplinary action, rehabilitation participation or both. Each confirmed positive test will be treated on a case by case basis as their may be mitigating factors to consider.

7.1. Drug and alcohol testing program – Drug Testing

Workers identified to participate in a drug test will be required to undergo an oral swab test as per the Australian Standard AS4760:2006. (The test will be administered by a suitably qualified person. Similar to the testing of alcohol, the tests will be conducted in a private and confidential setting to allow for confidential discussions and exploration of potential mitigating factors. There are a number of variables that may occur as a result of a test.

- If a person “obtains” a negative test, the result is communicated by the tester, a copy of the results provided to the employee and they return to their normal duties.
- If a person “obtains” an initial non negative test, two processes will occur, The individual will be asked/ offered an opportunity to provide evidence in relation to the initial findings. The person may be stood down pending confirmation of the test. If the person is asked to be stood down, the period of absence will be treated as normal hours until a confirmation test is received. The decision to be stood down will be dependent upon the following criteria:
 - The screen (i.e. opiates or amphetamine) that showed a non- negative providing the person advises that they are taking a medication that might be consistent with achieving a non-negative result
 - The nature of the tasks the person normally undertakes and whether there are high risk aspects associated with the role such as driving vehicles, operating machinery, working

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at heights, physical activities such as prolonged walking, regular external customer contact etc.

- Whether the person has advised that they are on prescribed medication;
- Their mode of transport to and from work;

An additional possible is the individual may be asked to undergo a medical fitness by a Council designated medical provider.

- In accordance with the AS4760:2006, a subsequent confirmatory test will be conducted by an accredited testing laboratory where the result will be confirmed as either a negative or positive test result. Only the “positive” result will be in writing and forwarded to the designated person within the organization. A negative result will only be forwarded to the affected individual.

In the event that the confirmatory test is negative and the person was asked to stand down the person will resume their normal duties.

If the confirmatory result is positive, this finding will be communicated in writing by the accredited laboratory to both the affected individual and a designated Council contact. The affected individual will be required to present to the relevant Council persons (with a support person at their discretion) to discuss the findings and employment options in line with Council’s disciplinary, and medical fitness policies and or a combination of these. Each case shall be judged on a case by case basis and may consider the following factors in the deliberation: The period of absence will be treated as sick leave or other leave entitlements.

- The type of test performed;
- The level of impairment;
- The cause of impairment;
- The nature of the risks associated with the tasks being conducted; and
- Prior test results and participation in an approved rehabilitation program.

7.2 Drug and alcohol testing program – prescribed medication

It is recognised that certain prescription medication may return positive results during testing, and it is the responsibility of any worker, in accordance with Councils work health and safety policies and procedures, to inform their Supervisor if they are taking any prescription medication that may cause impairment whilst at work.

Where practicable, the tester shall provide a list of medications which may provide a non-negative result (see attachment c)

Any employee required to undertake drug testing can choose to declare any medication taken immediately prior to the test being conducted or can declare following the initial test if an initial non-negative result is obtained. Such information is to be kept confidential and only to be used in determining if such medication has contributed to or caused a non-negative result. All formally recorded information will be collected by the external provider and treated as part of their confidential medical records.

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8. Fitness for work

In the event a person is required to attend a medical practitioner to assess their fitness to undertake their duties and is deemed unfit then, arrangements will be made to transport the person to their home or a safe place unless an acceptable form of public transport is available. Absences from work will be treated as normal sick leave or other leave subject to the discretion of the service manager.

If the worker is assessed as being unfit to continue in their normal role, temporary re-deployment for a term of no longer than 12 weeks into alternate suitable duties may be available and Council will review any short term opportunities that may be available at the time that would be suitable to the individual. In the event that redeployment is not available the employ will be permitted to access paid or unpaid leave for a defined period of no longer than 12 weeks.

If the person is assessed to be fit for work, the person will be permitted to return to work and allocated low risk tasks pending the results of the confirmatory test. In the event the person is deemed fit to work but unable to operate heavy equipment/ machinery or vehicles, then Council will facilitate alternative arrangements for the person to travel home.

9. Refusal or Tampering of Tests

In the event a person refuses to participate in a test, a three strikes approach shall be adopted to ensure individuals clearly understand the consequences of their decision not to participate. To ensure consistency of approach the following process shall be adopted:

1. The authorised collector will inform the worker who has refused the test that the refusal will have the same consequences as a non-negative result, i.e. that the worker will be deemed to be under the influence of drugs and/or alcohol.
2. The worker will be offered the test again. This would be the second request to be tested. The tester will then contact an authorized Council officer who will speak via telephone and attempt to clarify the reasons for non-participation and explain the possible consequences.
3. If the worker still refuses, the authorised Council officer will notify the relevant Manager of the refusal to take the test. After discussion between the Manager and the worker, the Manager will re-offer the test to the worker. The Manager should discuss the refusal and likely consequences with the worker, try to determine the reasons for refusal and then re-offer the test. This will be considered the **third and final offer** to be tested.
4. If the worker still refuses, the refusal will be recorded as 'Refused Test' and considered a non negative test. The person will be asked to go home and shall be required to make alternative arrangements to return home if they have driven or ridden to work.

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5. The meeting and three refusals shall be documented and recorded in the person's individual file and stored in TRIM along with all subsequent actions. The relevant Group and HR manager shall be advised of the outcome.
6. The worker concerned will not be permitted to return to work until a discussion is held with the relevant Manager and the Human Resources Manager and a negative test result is obtained.
7. Whilst this result is being achieved, workers may be stood down and be entitled to access their own personal leave entitlements if available and if not, other available accrued leave entitlements in accordance with the Award.

In the event that there is suspicion of tampering of the sample provided to the accredited laboratory. The laboratory may identify the sample as suspect in accordance with the Australian Standard. Any attempt to tamper with samples and introduce, or alter the concentration of alcohol or other drugs in their own, or another's saliva or breath shall be considered serious misconduct, and be dealt with according to Council's Disciplinary Procedure.

10. Record Keeping

All individual positive results shall be stored in a person's individual Trim folder and be treated as a medical record. Similarly all correspondence relating to a confirmed positive result shall be recorded in the persons' individual trim folder In relation to initial testing any non-negative results will be kept by the external tester. These records and related information collected in relation to the initial test are to be treated as medical records and kept accordingly Council will not be privy to this information .

11. Responsibility and Accountability

Supervisors/ Employees

It is the responsibility of all supervisors and workers to ensure that no worker commences or continues duty if the worker appears to be affected by alcohol, illegal or legal drugs, or other substances which may reasonably be considered to lead to a safety risk or an inability to fulfill the requirements of the position or are not fit to work.

Workers are obliged to present for work in a fit state, so that in carrying out normal work activities they do not:

- expose themselves or their co-workers. visitors and/or the public to unnecessary risks to health or safety, and/or;
- inhibit their ability to fulfill the requirements of the position, and/or;
- present a poor public image of Council, and/or;
- cause damage to property and/or equipment.

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Service/Business Unit Manager

- Induct the tester to the work site
- Provide appropriate resources and locations for the testing and assessing of individuals

WHS Manager

- Ensure all test equipment is maintained and calibrated in accordance with the relevant AS
- Identify appropriate accredited laboratories to conduct the testing
- Ensure the random testing program is consistently applied across the whole of Council
- Review the performance of the testing regime, the providers and report back to the Leadership team.

HR Manager

- Ensure all disciplinary actions conducted by Service and Group managers are implemented consistently, fairly and transparently.
- Consultation on this process with employees and key stakeholders occurs.
- Managers and Responsible persons have undergone appropriate training.

Leadership Team

- Provide appropriate resources to support this program
- Review program on a monthly basis to ascertain effectiveness, possible trends and coverage of staff.

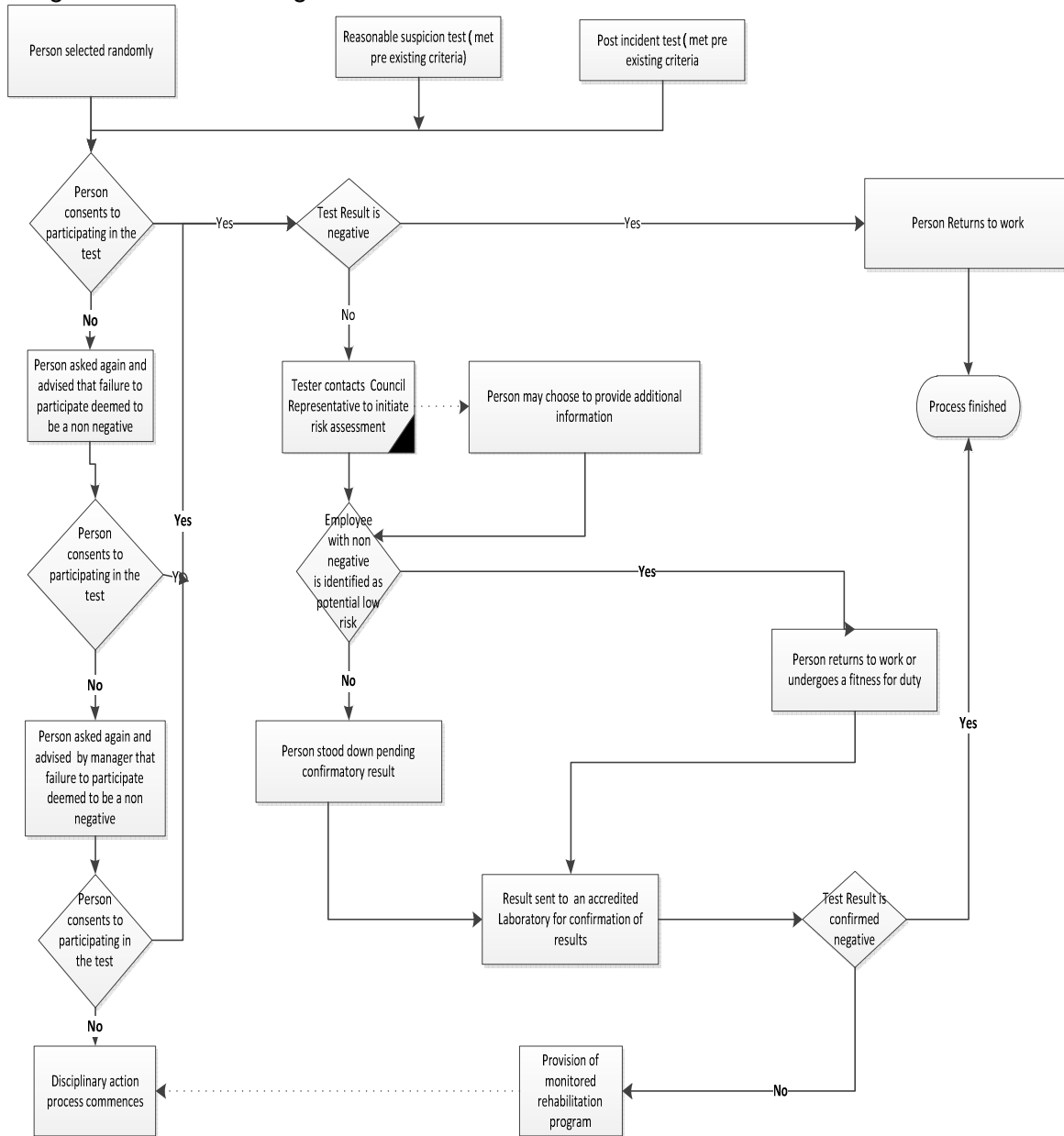
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Category	Name	Trim Reference
References	Local Government (State) Award 2004	
	Code of Conduct	
	WHS Regulation 2011	
	WHS Act 2011	
	<i>Road Transport (Safety and Traffic Management) Act 1999 (NSW)</i>	
	<i>Road Transport (Safety and Traffic Management Regulation 1999 (NSW)</i>	
	AS3547:1997 – Breath alcohol testing devices for personal use. AS4760:2006 – Procedures for specimen collection and the detection and quantitation of drugs in oral fluid.	
Policies	Performance Counseling & Disciplinary Policy	
	Smoke Free Workplace Policy	
	LGSA Draft Drug and Alcohol procedure	
Flowcharts	No:1 – Generic Drug and Alcohol testing process	
	No: 2 – Random Selection Process	
	No 3 Risk assessment process for non-negative result (random testing)	
	No 4: Flowchart of Stakeholder responsibilities	
Attachments (A)	Criteria for Post incident reporting	D02450831
(B)	Reasonable suspicion assessment form	D02451147
(C)	Common medications that may provide a non-negative test	
	Drug and Alcohol information for distribution	

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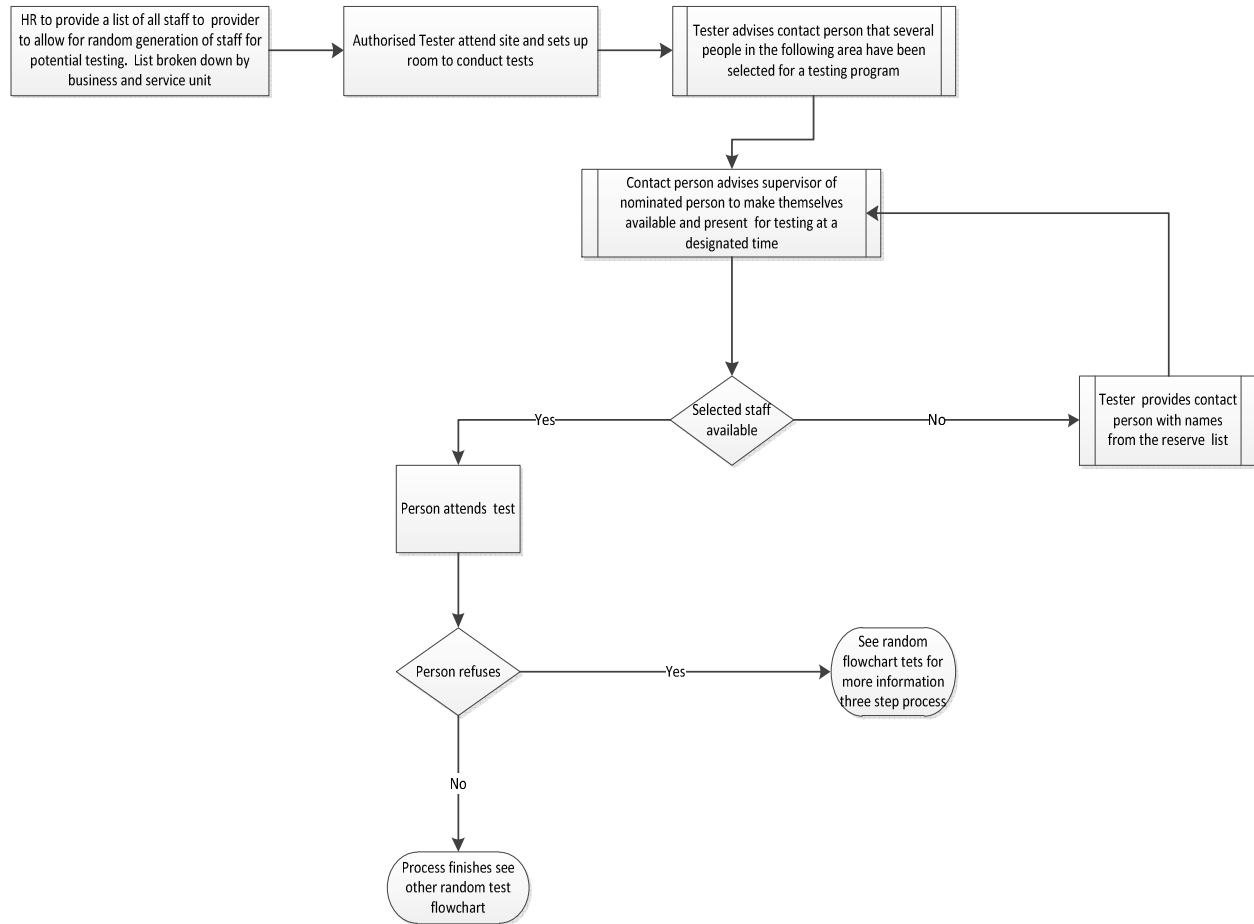
Flow chart No:1 – Generic Drug and Alcohol testing process

Drug and Alcohol Testing



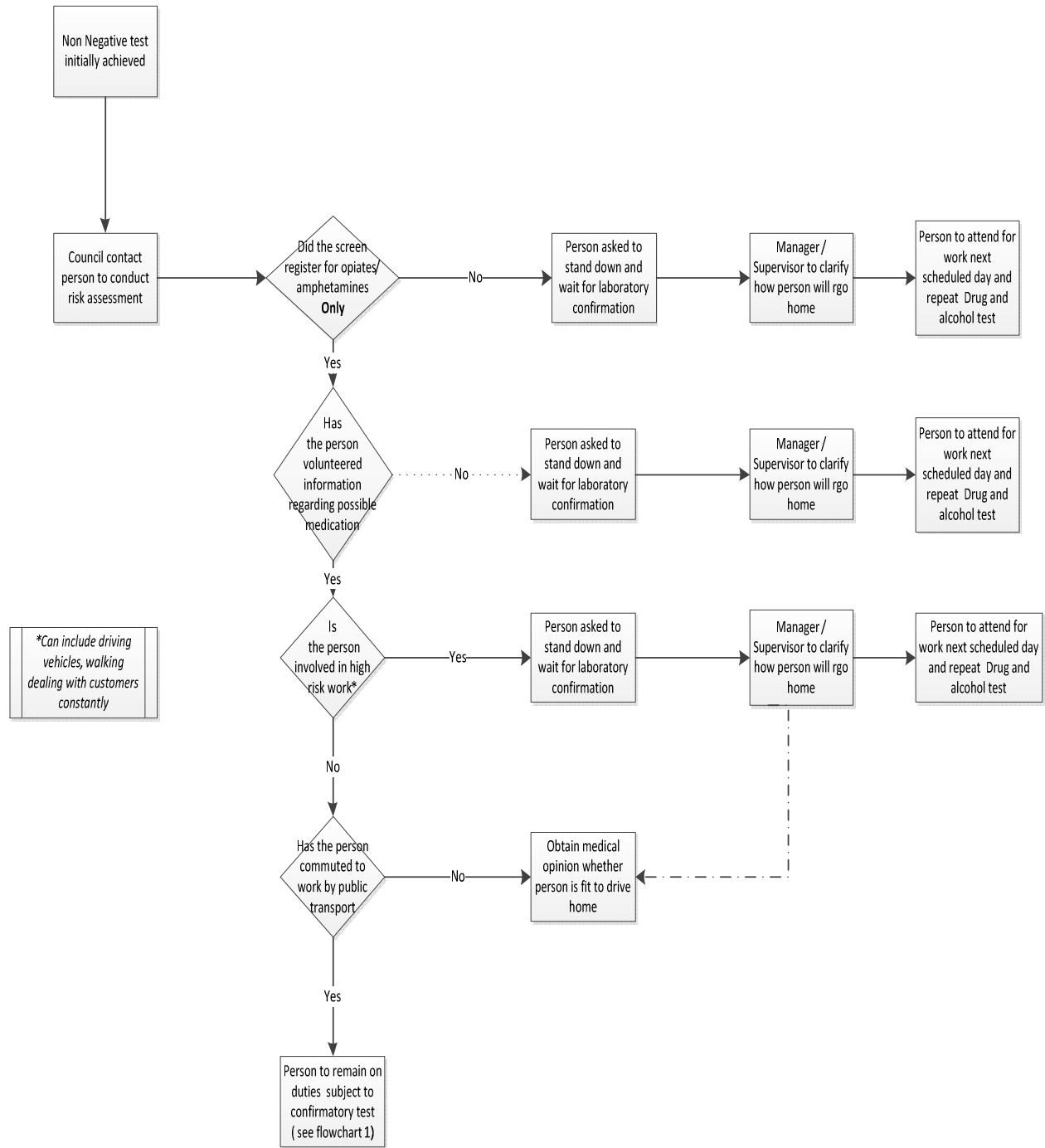
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Flowchart No: 2 – Random Selection Process



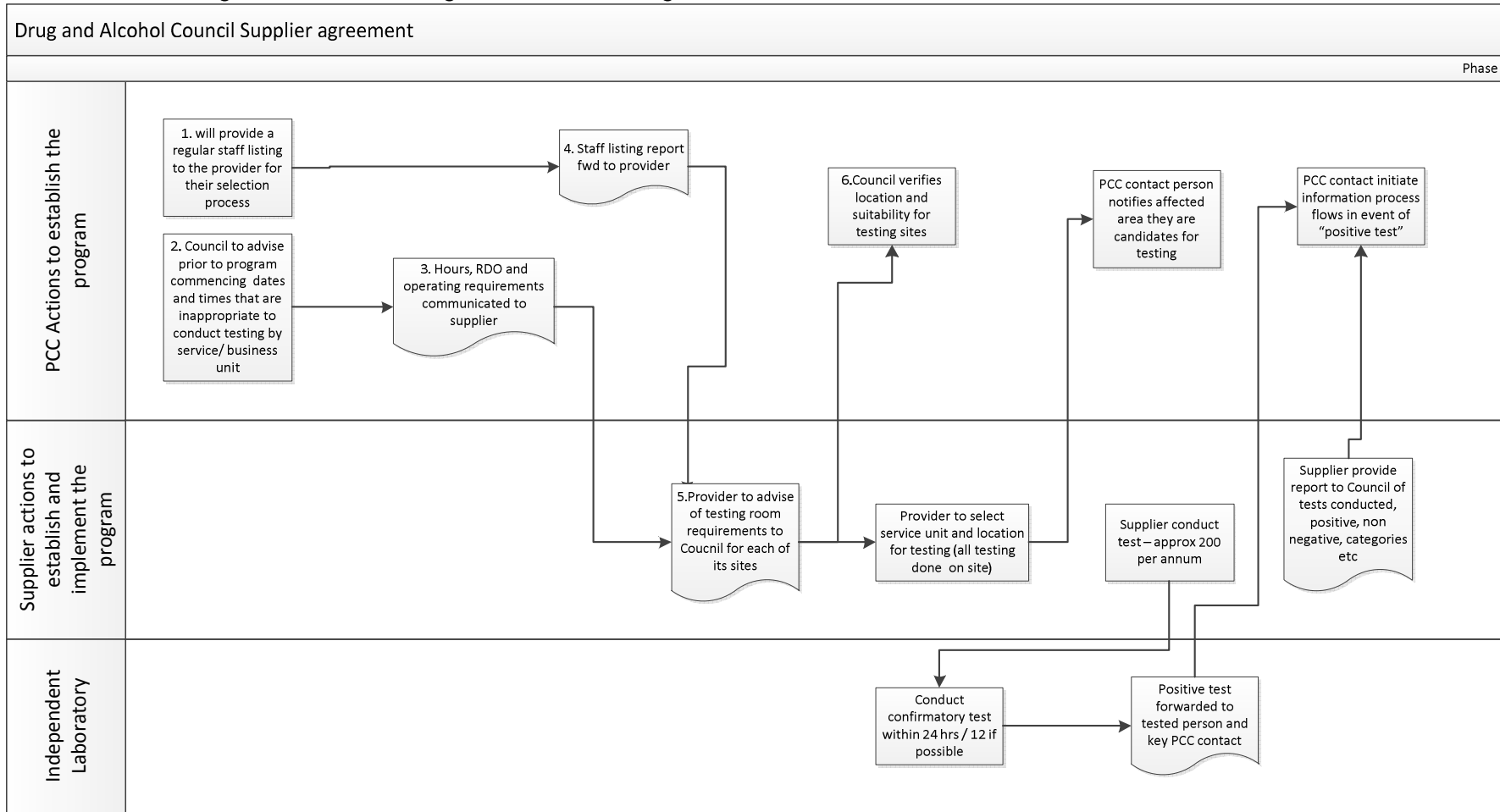
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Flowchart No: 3 Risk assessment process for non-negative result (random testing)



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Flowchart No 4 Drug and Alcohol Testing Stakeholder arrangements



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Attachment A: Post Incident testing guidelines: see also Trim

Incident Type	Definition	Excluding
Significant personal Injury	Any injury caused during the course of work for which the worker requires treatment over and above first aid only treatment and the individual is deemed as being unfit for duties and or fit for suitable duties for a period of at least one week.	Testing <u>will not</u> be undertaken by Council where it is identified: <ul style="list-style-type: none"> • the incident was not within the control of the worker involved and the correct procedures were followed; • first aid treatment only is required unless the worker develops a pattern of reporting first aid only injuries which subsequently require medical treatment. Person has repeated minor incidents in a period of six months; • journey accidents (before the start of the shift or after the shift has finished); • a member of the NSW Police Force attend an accident site, irrespective of whether or not the worker is tested for alcohol or other drugs by the police officer; • the injury is hearing loss, skin cancer or other occupationally induced disease; and • the injury is of a diagnosable psychological condition.
Vehicle incident	Any work related incident involving a Council vehicle (vehicle includes any type of road registered plant) where damage to the vehicle and/or third party property is sustained	Testing <u>will not</u> be undertaken by Council where it is identified: <ul style="list-style-type: none"> • that the incident was not within the control of the worker involved • journey accidents (before the start of the shift or after the shift has finished) • minor damage (<\$2K) and the worker is not at fault (unless a pattern develops of minor incidents involving a specific worker within a six month time frame. • a member of the NSW Police Force attend an accident site, irrespective of whether or not the

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Incident Type	Definition	Excluding
		worker is tested for alcohol or other drugs by the police officer.
Property Damage	Any incident resulting in equipment, property or environmental damage	<p>Testing <i>will not</i> be undertaken where by Council where it is identified:</p> <ul style="list-style-type: none"> • that the incident was not within the control of the worker involved and the correct procedures were followed; • minor damage (<\$2K)and the worker is not at fault (unless a pattern develops of minor incidents involving a specific worker within a six month time frame; • a member of the NSW Police Force attend an accident site, irrespective of whether or not the worker is tested for alcohol or other drugs by the police officer.
High or Extreme Risks	Dangerous occurrences or behaviour that could have resulted in injury or property damage	<p>Testing <i>will not</i> be undertaken by Council where it is identified:</p> <ul style="list-style-type: none"> • that the incident was not within the control of the worker involved and the correct procedures were followed • the potential was for minor damage where the worker is not at fault (e.g. tail light, less than \$2,000, minor scratch) unless a pattern develops of minor incidents involving a specific worker.

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Attachment B: Reasonable suspicion assessment

Reasonable Suspicion Assessment

Observable Indicators of Impairment

Assessment of a person is to be made in accordance with this list of observable indicators in the context of changes to a person's behaviour. At least 2 responsible persons trained in Drug and alcohol awareness must participate in the assessment.

At least **one (1)** of the physical indicators must be satisfied and agreed between the two responsible persons for reasonable suspicion to be established.

Emotional effects (the second part of the table) should not be used as indicators of reasonable suspicion but may be recorded as additional information.

Name of person being assessed:		Name of Responsible Persons:	
Name of attending representative (if requested):		Date / Time:	

Assessment Triggers

Behaviour / actions / observations reported prior to this assessment: (this can be reported by any employee

Physical Indicator	Observed
Strong smell of alcohol on breath	
Slurred, incoherent or disjointed speech (losing track)	
Unsteadiness on the feet	
Poor coordination / muscle control	
Drowsiness or sleeping on the job or during work breaks	
Inability to follow simple instructions	
Nausea / vomiting	
Reddened or bloodshot eyes	
Jaw clenching	
Sweating / hot and cold flushes	

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Observation Checklist – Confirmation of Physical Indicators (by two trained persons)

BREATH	Smell of intoxicating liquor on breath: Nil Slight Strong
SKIN	Sweating/hot and cold flushes
EYES	Reddened or bloodshot
SPEECH	Normal Disjointed Slurred Confused Fast Slow
BALANCE	Unsteady Swaying Slumping Falling
MOVEMENTS	Poor coordination/muscle control
AWARENESS	Drowsiness or sleeping on the job or during work breaks Inability to follow simple instructions
OTHER PHYSICAL SIGNS	Nausea/vomiting Jaw clenching

Emotional Observations

Emotional Effect (Not a basis for reasonable suspicion)	
Loss of inhibitions	
Aggressive or argumentative behaviour	
Irrational	
Intense moods (sad, happy, angry)	
Quiet and reflective	
Talkative	
Increased confidence	
Appearance or behaviour is 'out of character'	

The following three questions are to be asked of the person “under reasonable suspicion”

Questions:	Response:
Please provide any reason you believe might explain the observed appearances and behaviour. (<i>state what has been observed</i>)	
Have you consumed drugs and / or alcohol since the commencement of the shift?	
Are you under the influence of drugs and / or alcohol?	

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Comments (including mitigating factors noted or explained by the person, emotional factors identified (refer to Appendix 1 *Observable indicators of impairment*), further actions to be taken etc.):

Assessment Result

No testing result required (alternate action is suggested)

Testing required – at least one (1) physical indicator in evidence

Both Responsible Persons agree: (Circle response)

Yes / No

Signature of Person being assessed: Date: / /

Signatures of Responsible Persons: Date: / /

..... Date: / /

Signature of attending representative (if attended): Date: / /

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Attachment C List of medications that may cause a non- negative test

CODEINE	PSEUDOEPHEDRINE	PHOLCODINE
<ul style="list-style-type: none"> • ACTACODE CODEINE LINCTUS (Chloroform-free) • CODAPANE FORTE paracetamol 500mg and codeine phosphate 30mg tablet • CODEINE LINCTUS APF Oral liquid • CODPHOS SYRUP codeine phosphate 20mg/mL oral liquid bulk • L CODEINE PHOSPHATE 50mg/1mL injection • FAWNS & MCALLAN codeine phosphate B.P. 30mg tablet • GILSEAL HOMECARE COUGH SUPPRESSANT CODEINE LINCTUS • HERRON GOLD PLUS PARACETAMOL + CODEINE tablet blister pack • HERRON PARACETAMOL PLUS CODEINE tablets blister pack • NUROFEN PLUS • ORION CODEINE LINCTUS bottle • PANADEINE FORTE paracetamol 500mg and Codeine phosphate 30mg tablet • PANADEINE PARACETAMOL 500 mg, CODEINE PHOSPHATE 8 mg tablet • PARACETAMOL/CODEINE-GA FORTE paracetamol 500mg and codeine • PRODEINE 15 paracetamol 500mg with codeine 15mg tablet 	<ul style="list-style-type: none"> • AMCAL SINUS & NASAL RELIEF TABLETS pseudoephedrine hydrochloride • CHEMISTS' OWN SINUS RELIEF pseudoephedrine hydrochloride 60mg tablet • CHEMWORLD NASAL RELIEF DECONGESTANT TABLETS pseudoephedrine • CODRAL COLD AND FLU TABLETS • DIMETAPP SINUS LIQUID CAPS pseudoephedrine hydrochloride 60mg capsule • GUARDIAN NASAL DECONGESTANT (reformulation) 60mg pseudoephedrine hydrochloride • LOGICIN SINUS (reformulation) 60mg pseudoephedrine hydrochloride tablet blister • LOGICIN SINUS TABLETS pseudoephedrine hydrochloride 60mg blister pack • PHARMACIST SINUS AND NASAL DECONGESTANT NON DROWSY • PHARMACY HEALTH DECONGESTANT TABLETS pseudoephedrine • SINUTAB SINUS RELIEF • SUDAFED pseudoephedrine hydrochloride 60mg tablet blister • SUDAFED SINUS 12 HOUR RELIEF pseudoephedrine hydrochloride 120mg • SUDAFED SINUS AND NASAL CONGESTION pseudoephedrine hydrochloride • TELFAST Decongestant fexofenadine hydrochloride 60mg/pseudoephedrine hydrochloride 120mg tablet 	<ul style="list-style-type: none"> • DURO TUSS COUGH LIQUID REGULAR pholcodine 1mg/ml • DURO TUSS COUGH LIQUID FORTE pholcodine 3mg/ml • DURO TUSS DRY COUGH LIQUID pholcodine 1mg/ml • MCGLOINS PHOLTRATE LINCTUS pholcodine 1mg/ml • GUARDIAN DRY COUGH RELIEF pholcodine 1mg/ml • SPL DRY TICKLY COUGH pholcodine 1mg/ml • YOUR PHARMACY DRY TICKLY COUGH pholcodine 1mg/ml • BIOSOLVIN DAY & NIGHT DRY COUGH pholcodine 1mg/ml • LOGICIN DRY COUGH pholcodine 1mg/ml • PHARMACTION COUGH SUPPRESSANT pholcodine 1mg/ml • PHARMACOR DRY TICKLY COUGH pholcodine 1mg/ml • PHOLTEX FORTE pholcodine 3mg/ml • ACTIFED DRY COUGH pholcodine 1mg/ml • LINCTUS TUSSINOL SUGAR FREE pholcodine 1mg/ml • CODRAL DRY COUGH LIQUID pholcodine 1mg/ml • PHARMACY HEALTH DRY TICKLY COUGH MIX pholcodine 1mg/ml • GOLD CROSS PHOLCODINE pholcodine 1mg/ml

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