

## **Lead Employer Trust**

# **Alcohol and Drugs Policy**

## POLICY INFORMATION SHEET

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## 1. Introduction

The Lead Employer Trust (LET) considers alcohol and substance misuse to be an important health and safety issue and recognises its responsibility as an employer towards the health, safety and welfare of employees.

The policy will provide a supportive framework for dealing sensitively and confidentially with those employees who develop a dependency which is affecting their work performance and potentially threatens their employment prospects.

Consuming alcohol or intoxicating drugs whilst on duty (this includes paid/unpaid breaks) is classed as gross misconduct under the LET's Disciplinary Procedure. Being intoxicated for duty through the use of alcohol or the misuse of drugs or solvents is also classed as gross misconduct under the LET's Disciplinary Policy.

The nature of our work is such that you are expressly forbidden to consume alcohol when at work or whilst on call, bring it on to work premises, in work vehicles for the purposes of consumption under any circumstances.

If you misuse drugs during working hours or whilst on call, or on work premises, in work vehicles, then you will be committing an act of gross misconduct under the LET Disciplinary Procedure. Where employees have to drive as a part of their job and lose their licence due to driving whilst under the influence of drugs or alcohol or are diagnosed as having problems including a dependence relating to the use of drugs and/or alcohol, then it will be the LET's policy to follow the advice of the DVLA which is as follows:

Alcohol misuse normally requires a revocation of a Group 1 license for 6 months after controlled drinking or abstinence has been achieved, whereas Group 2 drivers require 12 months to elapse. Alcohol dependence requires a year's abstinence for Group 1 and 3 years for Group 2 drivers.

<https://www.gov.uk/guidance/drug-or-alcohol-misuse-or-dependence-assessing-fitness><https://www.gov.uk/guidance/drug-or-alcohol-misuse-or-dependence-assessing-fitness-to-drive>[to-drive](#)

Where employees are unable to provide alternative transport, they may be dismissed although the possibility of alternative work should be discussed.

Alcohol and substance misuse can be treatable, and the success rate is likely to be greater when the individual acknowledges the problem sooner rather than later.

The policy is applicable to all employees of the Lead Employer Trust (LET).

## 2. Purpose

- The LET has a general duty under the Health and Safety at Work Act (1974) to ensure, as far as is reasonably practicable, the health, safety and welfare of all employees.
- To promote awareness of the problems associated with alcohol and substance misuse.
- To encourage a responsible attitude to alcohol and intoxicating substances.
- To provide a working environment which ensures the health and safety of all employees, avoiding unnecessary illness, absence and job loss which could result from such abuse.
- To provide a supportive environment to encourage employees with a recurrent dependence on alcohol or substances to seek early advice and facilitate access to treatment.
- To provide a consistent, supportive and non-judgemental response to staff with alcohol/substance misuse related problems.
- Where possible, assist employees to attain a state of good health and wellbeing.

## 3. Duties

**Managers/Supervisors:** - should be aware of the policy and procedures and should be alert to the early indicators of a potential problem (Appendix 5).

Managers who suspect an employee of having an alcohol or substance misuse problem should seek an informal discussion with the employee. The purpose of the discussion is:

- To alert the employee to the problems identified in relation to work performance, absenteeism, etc.
- Explain inappropriate behaviour in the workplace.
- To provide the opportunity for an open discussion about the perceived problems.
- To advise the employee that there is a Policy and give the employee a copy.
- Where there is cause for concern following an open discussion, a direct referral will be made to Occupational Health. This may include a request to undertake an appropriate test for drugs and/or alcohol.
- The on-call duty manager supports the line manager in the event of cause for concern relating to Alcohol and Drugs and may follow local Host Training Trust/Practice Policy.

If a line manager has concerns about a member of staff's ability to undertake their duties in a safe manner or there is a smell of alcohol, the member of staff should be asked to wait somewhere private whilst awaiting a testing procedure e.g., manager's office, and

the line manager should contact the LET or where needed (out of office hours) the on-call manager for advice. The individual should be excluded from duty until a decision on their fitness has been made. Where an individual comes forward and admits to a potential problem, then they should also be offered the opportunity to see the Occupational Health Service. This may include the LET/Host Training Trust or Practice making arrangements for them to get home safely on that day. Where possible, they will be contacted the following day to discuss the way forward.

**Employees:** - should be aware that this policy and associated testing procedures forms part of the conditions of employment and any form of testing will be in line with the types of testing referred to in Appendix 6 and/or Appendix 7. Employees are advised that a refusal to comply with any reasonable testing procedure will be considered a wilful refusal to follow a managerial instruction and adverse inferences may be drawn on your state of intoxication and disciplinary action may be taken.

Early detection is a key element in developing a positive approach in encouraging employees to seek successful treatment.

Employees who know or suspect they have an alcohol or substance misuse problem may wish to voluntarily seek advice. They should be encouraged to seek a direct, confidential appointment with the Occupational Health Department or discuss the matter with their manager/supervisor or their LET contact. Employees who work closely with patients or the general public have a particular responsibility to seek early support.

If the employee should wish to seek support outside the LET, they should be encouraged to go to their General Practitioner or specialist agency. Occupational Health will be able to provide confidential advice on appropriate agencies.

Where you are taking medication, whether prescribed or 'over-the-counter,' you must ensure that you read the instructions and notify your manager if there are any side effects that will impact on your ability to undertake your duties safely. You must also exercise your own judgment in the way you are feeling and if you believe that the medication will have, or is having any effect on your work or fitness for work in any way whatsoever. We reserve the right to alter your tasks, role or duties whilst taking such medications. The Host training trust/practice also reserve the right to deny you access to Trust/Practice machines, equipment and vehicles or require you to carry your prescription at all times whilst using such medications

**Colleagues:** - It is important to remember that all employees have a duty of care to patients and each other and are able to seek advice from an Occupational Health professional, an appropriate manager or Human Resources Manager.

If a colleague is concerned that an employee poses an immediate risk to patients, colleagues or themselves, they must inform an appropriate manager without delay. If a work colleague is concerned that an individual has a recurring alcohol or substance misuse problem that is affecting their work, the colleague can:

- discuss it with the employee encouraging them to seek help;
- inform the line manager confidentially of their concerns.

**Occupational Health:** - The Occupational Health Service will provide managers with information regarding any alcohol or substance misuse to ensure that any adjustments to their duties are put into place to ensure a safe environment for the individual, colleagues and patients. Employees will be informed about this requirement.

Employees should be made aware that whilst there is a duty of confidence, if concerns about the safety of children or vulnerable adults are raised, this information may need to be shared with the Safeguarding Team.

#### **4. Definitions**

What is Drug Misuse?

To misuse a drug is to use a drug for purposes it is not intended for.

What is Drug Abuse?

People who abuse drugs typically do not have a prescription for what they are taking. Not only do they use it in a way other than it is prescribed, but they also use it to experience the feelings associated with the drug.

What is Alcohol and Substance Misuse?

Alcohol and substance misuse is defined as the abuse of alcohol or other drugs where it has a detrimental effect on the physical and mental wellbeing, family life or work performance.

Alcohol and substance misuse affects concentration, co-ordination and work performance which may be detrimental to patients, colleagues and the quality of service provided to the general public.

By “intoxicate” we mean that any drug is found in your urine sample that is reported as above recognised cut off levels for workplace testing or that you have alcohol in your breath above 9 micrograms.



## **5. Process**

### **5.1 Testing**

We reserve the right to require you to participate in a test at any time under the circumstances set out below. Sample tests will include breath for alcohol and urine tests for drugs. A failure to adhere to this requirement will be considered a wilful refusal to follow a managerial instruction and adverse inferences may be drawn on your state of intoxication.

All tests for alcohol will be conducted by a PAMs, the LET's Occupational Health provider, who are trained in performing an alcohol breath test. The processes followed are shown in appendix 6.

In addition to the drug screen the company will undertake an alcohol breath test if requested.

In the event of an overturned test, we will balance all the available evidence without specific reliance on either test.

Testing will occur in one of the following situations:

1. Cause for concern testing
2. Post-accident testing
3. Follow-up testing

We reserve the right to request that you comply with cause for concern testing. This is where a senior or trained manager believes that you may be intoxicated as per the definition above. We believe that such a request is a reasonable managerial instruction. We may request that you submit to reasonable suspicion testing when we feel you are intoxicated and are present at work, the sites of our host training trusts/practices or engaged in activities in any other location for the purposes of your employment with us.

Under the terms of your employment, the LET may request that you comply with post-accident testing where an accident occurs that falls within the definition of RIDDOR and where the LET has a duty to notify the HSE, and there is cause for concern. This will be done with the assistance of the host training trust/practice.

Follow-up testing will be used in instances where the employee approaches in confidence and explains that they have a drug or alcohol problem or where an employee has a positive test and in the circumstances is not dismissed. You may be requested to undertake regular or ad hoc, frequent, or infrequent testing. You may also be requested

to participate in counselling, whether provided by the LET or not. These requests are considered a reasonable management instruction.

Further positive tests or a wilful refusal to engage with the testing or counselling will be handled in accordance with the trust's disciplinary policy that may result in disciplinary action up to and including dismissal for gross misconduct.

## **5.2 Alcohol and Substance Misuse Agreement**

This agreement is between the individual employee and the LET. It is designed to both encourage the employee who is misusing alcohol, drugs or other substances to voluntarily seek help and to provide a fair system under which managers can refer an individual for help.

In cases of voluntary self-referral, the agreement will be confidential to the employee and Occupational Health except when it is deemed by the Occupational Health Physician or Senior Nurse Practitioner that there are safety implications and the employee is not compliant with medical recommendations.

When the referral is made via the manager to Occupational Health, a review letter will be sent to the manager who will be informed of failure to attend appointments or termination of the agreement.

## **5.3 Aims and conditions of the Agreement**

To encourage and assist employees, who know or suspect their alcohol consumption or substance misuse is affecting their behaviour and or work performance, to seek help at an early stage.

To ensure a caring and consistent approach by managers to assist their employees who have recurring alcohol related or substance misuse problems. Employees with a confirmed recurring alcohol or substance misuse problem accepted for assistance are entitled to:

- Treatment arranged by the Occupational Health Department.
- Authorised absences where necessary for treatment with all normal LET sickness benefits.
- Security of employment following authorised absences for treatment.
- An employee will, where possible, return to their former job.
- Alternative employment will be made available where possible and where it is agreed mutually by the employee, employee's manager and Human Resources as advised by the Occupational Health Department.

Alcohol and substance misuse will be treated as a health issue, unless there are any behavioural or performance issues that affect patient care and safety or other issues when the employee:

- Without due cause refuses to acknowledge the existence of an alcohol or substance misuse problem.
- Refuses the advice given by the Occupational Health professional.
- Fails to comply with the advice or treatment recommended.
- Fails to attend appointments without good reason acceptable to the Occupational Health professional.
- Fails to respond to or benefit from advice or treatment.
  
- Fails to inform the LET of any alcohol/substance misuse incident with police involvement that are later brought to the LET's attention.
- Tests confirm that the individual was on site or undertaking services on behalf of the Host training trust/practice whilst "intoxicated" as per the definitions described in section 5.
- For the avoidance of doubt, the LET's cut off levels are:
  - 9µ (micrograms) of alcohol per 100 millilitres of breath
  - Cut off levels set to international cut off levels (i.e. European Workplace Drug Testing Society - EWDTS)
- Where the person drives a work vehicle, then we shall follow the advice of the DVLA which states:

Alcohol misuse normally requires a revocation of a Group 1 license for 6 months after controlled drinking or abstinence has been achieved, whereas Group 2 drivers require 12 months to elapse. Alcohol dependence requires a year's abstinence for Group 1 and 3 years for Group 3 drivers

<https://www.gov.uk/guidance/drug-or-alcohol-misuse-or-dependence-assessing-fitness-to-drive><https://www.gov.uk/guidance/drug-or-alcohol-misuse-or-dependence-assessing-fitness-to-drive>

All medical advice and treatment is confidential between the employee and the Occupational Health professional. Employees will be encouraged to give consent for the LET to be provided with a review report on the employee's progress and compliance with the agreement. No other details will be disclosed to the LET without the employee's consent unless it is deemed that there is a health and safety issue.

The individual will be advised that Occupational Health will liaise with their General Practitioner/other healthcare professionals regarding any treatment and progress or deterioration or removal from the agreement to ensure that ongoing medical care will be instigated.

In cases of relapse following successful treatment and consequent removal from the agreement protection, employees referred by their manager may be readmitted to the agreement protection following a consultation with the Occupational Health Physician or Head of Service.

As part of the terms of the agreement, the individual will be subject to regular unannounced testing at their place of work for a period of time defined within the individual agreement but not less than 6 months.

## **5.4 Referrals to Occupational Health**

### *5.4.1 Management Referral for Substance Misuse Problem*

- The LET should liaise with the Occupational Health Adviser or Physician to ascertain if a referral is appropriate.
- The management referral letter should contain a brief account of the reasons for the referral and whether any disciplinary action is pending.

## **5.5 Assessment and Investigation**

The Occupational Health professional will undertake appropriate assessment and investigations to ascertain sufficient evidence of recurring alcohol/substance misuse problem. If there is sufficient evidence, the individual will be referred to the LET where alcohol/substance misuse is suspected:

- The employee needs to acknowledge that they have an alcohol/substance misuse related problem.
- The employee will have the terms of the contract explained to them and they can agree to sign up to the alcohol & substance misuse agreement (Appendix 1)
- The employee will be asked to accept treatment under the terms of the contract with available means of treatment explained to them. If treatment is refused, the individual will be referred back to the LET with a report recording this fact.
- If treatment is accepted, the individual will be registered by the Occupational Health Department.
- The Occupational Health Department will provide, with the consent of the employee, a progress report to the LET periodically, with re-referrals to the service.
- If there is non-compliance with the referral and action recommended by the

Occupational Health Service, this may lead to disciplinary action as per the LET's Disciplinary Procedure if there are implications on work performance.

- The LET recognises that a relapse, during or after treatment of alcohol or drug misuse, is a common feature. Whilst the LET will be sympathetic to anyone with such problems, it cannot condone the conduct of employees who wilfully contribute further to their alcohol or drug misuse problems. The LET will require from the employee the restoration of work performance/improved attendance to an acceptable level within a reasonable timescale.
- If there is a breach of the agreement, the Occupational Health Physician or specialist nurse practitioner may recommend that the employee be removed from the agreement (Appendix 2). In this event, the behaviour may be dealt with via the Disciplinary Procedure if there are implications on work performance.
- If there is no evidence of improvement, the Occupational Health Physician or specialist nurse practitioner may recommend that the employee be removed from the agreement.
- The employee also has the right to remove themselves from the agreement with the agreement of the Occupational Health Physician or specialist nurse practitioner if both parties feel that they have reached a point where their alcohol or substance misuse is under control and the correct support is in place (Appendix 3).
- If there is a reoccurrence of poor work performance, this should be regarded on its own merits. However, disciplinary or capability procedures may be instigated where identified alcohol or substance misuse problems lead to unsatisfactory behaviour or performance.
- The LET and host training trust/practice will be kept informed of the status of the agreement, with the consent of the employee.

## **5.6 Readmission to the Agreement**

All employees referred should be readmitted at the discretion of the Occupational Health Physician or specialist nurse practitioner.

## **6. Training and Support**

This policy will be conveyed to new employees.

## **7. Monitoring and Audit**

The LET Head of Human Resources is responsible for monitoring the application of this policy and to ensure that the policy is reviewed no later than three years from the date of issue. The policy may be amended at any time by joint agreement.

## **8. References**

- HSE Guide for Employers on Alcohol at Work (2007)
- Health and Safety at Work Act 1974, Section 2
- Management of Health and Safety at Work Regulations 1999
- DVLA's current medical guidelines for professionals

## **9. Associated Documents**

- Procedure for the Management of Attendance
- Disciplinary procedure for Medical and Dental staff
- Whistle blowing Policy.

-  
**Appendix 1 Alcohol & Substance Misuse Agreement**

**CONFIDENTIAL**

**ALCOHOL & SUBSTANCE MISUSE AGREEMENT**

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**Part 1:**

You have been given a copy of the main points of the agreement

You are now being offered assistance in confidence under the terms of the Alcohol and Substance Misuse Policy.

You may accept or reject this offer but you are strongly urged to accept. Please complete the section below.

I have read and have had the opportunity to discuss the main points of the agreement and understand that I will be subject to unannounced regular testing and;

**ACCEPT**

**REJECT**

Treatment in compliance with the terms of the Alcohol and Substance Misuse Policy.

**Self-Referral**

**Manager Referral**

<b>Name Of Employee</b>	
<b>Date of Birth</b>	
<b>Signature</b>	
<b>Date</b>	

<b>OH Professional (BLOCK CAPITALS)</b>	
<b>Signature</b>	
<b>Date</b>	

-  
**Appendix 2 Removal from the Alcohol & Substance Misuse Agreement**

**REMOVAL FROM THE ALCOHOL & SUBSTANCE MISUSE AGREEMENT**

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- a) I understand that I am being removed from the agreement under the terms outlined at the outset.
  
- b) I am no longer under the provision of the agreement from the date stated below.

<b>Name Of Employee</b>	
<b>Date of Birth</b>	
<b>Signature</b>	
<b>Date</b>	

<b>OH Professional (BLOCK CAPITALS)</b>	
<b>Signature</b>	
<b>Date</b>	



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**Appendix 3 Self-Removal from the Agreement**

**SELF-REMOVAL FROM THE AGREEMENT**

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I have made an informed choice to remove myself from the agreement with effect from . . . . .  
. . . . . and the terms outlined at the outset no longer apply.

<b>Name Of Employee</b>	
<b>Date of Birth</b>	
<b>Signature</b>	
<b>Date</b>	

<b>OH Professional (BLOCK CAPITALS)</b>	
<b>Signature</b>	
<b>Date</b>	

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## Appendix 4 Main Terms of the Agreement

*To be given to all employees entering into the agreement:*

### MAIN TERMS OF THE AGREEMENT

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The agreement is between the individual employee and Occupational Health Service.

Following management referral, the agreement is between the employee and Occupational Health, but Occupational Health will provide a progress report to the referring manager and reserves the right to inform the manager if the employee fails to comply with main terms of the contract.

**Employees with a confirmed alcohol or substance misuse problem are entitled to:**

1. Treatment provided or arranged by the Occupational Health Department.
2. Authorised absences where necessary for the purpose of treatment.
3. Security of employment – following authorised absences for treatment.
4. Alternative employment or temporary adjustment of the job tasks during the period of treatment. Alternative employment will be made where it is mutually agreed by the employee, Occupational Health and the Manager/Human Resources.
5. Alcohol and Drug misuse will be treated as a health issue, unless there are any conduct or performance issues that affect patient care and safety.
6. The agreement may be terminated when:
  - Without due cause refuses to acknowledge the existence of a substance misuse problem.
  - Refuses advice or treatment given or arranged by the Occupational Health Department.
  - Fails to comply with the advice or treatment.
  - Fails to attend appointments.
  - Fails to respond to or benefit from the agreement.
  - Fails to inform the Trust of any alcohol / substance misuse incidents with police involvement that are later brought to the Trust attention.

7. In the event of a disciplinary issue, alcohol or substance misuse may be considered as mitigation if the employee has already sought help either through Occupational Health or via an external agency. Confirmation would be required that assistance has been sought from an external agency.
8. Relevant information will be exchanged for review purposes with the employee's manager with the employee's consent.
9. In cases of relapse following successful treatment and consequent removal from the agreement protection, employees referred by management may be readmitted to the agreement protection, following a consultation with the Occupational Health Physician or specialist nurse practitioners (see section 6.6).
10. Self-referred employees in similar circumstances may be readmitted at the discretion of the Occupational Health physician. or nurse practitioners

### Indications of Possible Alcohol and Substance Misuse

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This list of possible signs is by no means prescriptive and is only a guide to assist managers and others in recognising possible early indicators to assist individuals to seek help. These indicators may of course have causes other than substance misuse. If there is good cause and doubt as to the cause of untoward behaviour, a manager should seek the advice from Occupational Health or offer confidential occupational health advice to the individual.

1. **Workplace Indicators:**

- Gradual or sudden onset, of untoward or unpredictable behaviour.
- Mood changes, irritability, memory and concentration impaired.
- Repeated short term sickness absence.
- Frequent lateness, unreliability.
- Frequent minor accidents.
- Deterioration in working relationships.
- Olfactory indicators (smelling alcohol).
- Drinking at work.
- Reduction of quality or quantity of work done.
- Quarrelsome.
- Disruptive Behaviour.
- Inappropriate Horseplay.
- Adverse effects on Trust image and customer relations.

2. Drunkenness and hangover are too well known to require description.

3. Social Domestic Indicators

- Debt
- Borrowing
- Marital Disharmony
- Not wanting to go home.
- Litigation
- Driving offences
- Criminal prosecution

4. There are other medical indicators recognized from recurring diagnosis on sickness absence certificates such as:

- Gastro-enteritis
- Dyspepsia/indigestion
- Nervous disability
- Nervous exhaustion
- Anxiety state/depression

## Appendix 6 Alcohol Testing procedure



Donor Drug Alcohol  
Information Sheet.pdf

### Introduction

To comply with your Company's Drug and Alcohol policy you are required if requested to provide a sample of breath and/or urine/oral fluid/skin to be tested for the presence of alcohol and/or drugs. The Collection Officer will guide you through the process using a checklist which you will be asked to sign to give consent for the collection and analysis of the samples and to conclude the collection process. The first sample to be collected is breath which will be tested for the presence of alcohol using a Home Office approved breathalyser. If the result is negative, it will be followed by either an oral fluid PoC or urine collection which will be tested for the presence of drugs using a Point of Care (PoC) collection cup/swab which gives a result within five minutes of the sample collection. If you feel you may not be able to produce a urine sample, you will be given up to two hours from the start of the process to provide the required sample.

### Information on breath test

1. You must consent to the test being taken prior to the breath sample being obtained. If you refuse to give a sample, you will be passed back to your supervisor who will explain the implications of a failure to provide a breath sample.
2. The Collection Officer will explain the process they will follow to collect a breath sample.
3. You will be asked by the Collection Officer if you have smoked, vaped, consumed alcohol or any kind of mouth freshener / sweet or food in the last 20 minutes.
4. The breath test will be undertaken either using a mouthpiece or a breath over cup. If using the breath over cup method if alcohol is present, you will be required to undertake a further test using a mouthpiece fitted to the breathalyser.
5. If using the mouthpiece method, the Collection Officer will ask you to select a mouthpiece which they fit to the breathalyser and switch the breathalyser on ready for test.
6. The Collection Officer will confirm how the sample will be collected and you will be asked to blow one steady breath into the breathalyser until they tell you to stop.

7. The Collection Officer will show you the reading, which will be printed out automatically. The Collection Officer will then add your name and their details to the printout before you both sign it to confirm the result and process being complete.
8. If the test is negative, it will be recorded on the checklist, and we will proceed to collection of the urine drug sample.
9. If the test is positive for the presence of alcohol that is over the cut off, the Collection Officer will wait for a period of 15 minutes before taking a second confirmation sample by repeating steps 4 to 6 above.
10. If a second positive is returned, you will sign the printout to confirm the result. This will conclude the test as positive, and the Collection Officer will inform your Company of the result.

### **Drug Test Information**

Following completion of a negative alcohol breath test you will be asked to provide a urine/oral fluid sample to be tested for the presence of the following drugs,

**Benzodiazepines Methadone Cannabis Amphetamines Buprenorphine Methamphetamine**  
**Ketamine Opiates Cocaine Barbiturates**

### **Urine Drug Test**

1. The Collection Officer will ask you to remove any outdoor jackets, scarfs, etc., and request you to empty your pockets into a secure container.
2. You will then be asked to select a PoC kit which will be used to collect the sample.
3. For a urine sample test, the Collection Officer will escort you to the secure toilet where you will wash your hands before providing a urine sample (minimum 60 mls). Not required if you are completing an oral fluid test, as this will be done in the testing area.
4. You will pass the sample to the Collection Officer who will complete the test procedure.
5. If the result is negative, you and the Collection Officer will sign the checklist to conclude the test.
6. If the result is non-negative the Collection Officer will instigate the Chain of Custody process.

### **Oral Fluid Drug Test**

The collection officer will go through the test procedure step by step with you; however, a summary is detailed below:

1. The kit utilised involves the use of two drug wipes, one that is used on your skin which is wiped on your forehead, back of the neck and then behind each ear. The second is used to wipe your tongue.
2. The skin wipe is placed within the cassette and once the oral fluid wipe is ready is removed and the oral fluid wipe placed within.
3. The result is available within 5 minutes.

## **Chain of Custody (CoC) Sample Collection Information**

The specimen collection procedures and laboratory analysis are designed to protect YOU.

If the result of the PoC test is non-negative the Collection Officer will then ask you to complete the CoC process to allow the sample to be analysed at the UKAS approved laboratory to confirm the PoC result.

The Collection Officer will complete the CoC form entering your name, date of birth, location of the test, the details of the PoC collection, including time/date sample was collected, the result read and the drugs that have recorded non- negative.

You will then be asked about any prescription or over the counter medicines you may have taken in the past 14 days, since these may explain a non-negative test result. Please try to remember the names of medicines you may have taken for headaches, colds, allergies plus any creams, gels or ointments etc., that you have used or any injections you may have had. The Collecting Officer will make a note on the CoC form of any declared medication.

You will then be asked to sign the CoC form to confirm the information is correct and to give your consent to testing the sample. The Collecting Officer will also counter sign the form.

### **PLEASE NOTE:**

- **If you tell the Collecting Officer that you have used illegal drugs recently, the Collecting Officer WILL record this disclosure on the CoC form.**
- **Your specimen will not be analysed if you do not sign the Consent to Test section of the CoC form.**

### **For urine testing**

You will then be asked to select a CoC sample kit. The PoC sample you have already provided is split into two bottles which are sealed using two seals with bar codes corresponding to your CoC form. These seals will be initialled and dated by you and the Collecting Officer to confirm that these are your samples labelled "A" and B" and that you witnessed them being sealed. The sealed samples and CoC form will be packaged and sealed in a plastic bag; you will be required to initial/sign and date the bag to confirm that it was sealed in your presence. The bag will then be placed and sealed in the transport envelope for shipment to the laboratory.

### **Oral fluid testing**

Where a PoC oral fluid test has been undertaken and the result is non-negative this will require a further indicative test, where you will be requested to provide a urine sample for PoC testing. Should the urine PoC result be non-negative this will require instigation of the CoC process (see above section – For Urine Testing).

PAM will then upload a suitability report with the confirmed result to your employer. (Rail (urine test only) will be via Sentinel if applicable) who will then inform you if the test was positive or negative. If the result is positive, the second sample container will be kept in safe storage for 1 year and will be available for independent analysis should you wish to contest the outcome of the test.

If the result is being contested this process would be activated by you through your employer.

## Appendix 7 - Equality Impact Assessment

### Preliminary Assessment Form

v1/2009

The preliminary impact assessment is a quick and easy screening process.

It should:

- Identify those policies, procedures, services, functions and strategies which require a full EIA by looking at:
  - negative, positive or no impact on any of the equality groups
  - opportunity to promote equality for the equality groups
  - data / feedback
- prioritise if and when a full EIA should be completed
- justify reasons for why a full EIA is not going to be completed

**Division/Department**

LET HR Department

**Title of policy, procedure, function or service**

Alcohol and Drugs Policy

**Type of policy, procedure, function or service**

- Existing
- New/proposed
- Changed





**Q1 - What is the aim of your policy, procedure, project or service?**

To encourage employees with alcohol/drug related problems to seek and accept help at an early stage in the knowledge that both management and colleagues are committed to aiding.

**Q2 - Who is the policy, procedure, project or service going to benefit?**

All LET Employees

**Q3 - Thinking about each group below, does, or could the policy, procedure, project or service have a negative impact on members of the equality groups below?**

Group	Yes	No	Unclear
Age		N	
Disability		N	
Race		N	
Gender		N	
Transgender		N	
Sexual Orientation		N	
Religion or belief		N	
Marriage & Civil Partnership		N	
Pregnancy & Maternity		N	
Relationships between groups		N	
Other socially excluded groups		N	

If the answer is “Yes” or “Unclear” you **MUST** complete a full EIA

**Q4 – Does, or could, the policy, procedure, project or service help to promote equality for members of the equality groups?**

Group	Yes	No	Unclear
Age	Y		

Disability	Y		
Race	Y		
Gender	Y		
Transgender	Y		
Sexual Orientation	Y		
Religion or belief	Y		
Marriage & Civil Partnership	Y		
Pregnancy & Maternity	Y		
Relationships between groups	Y		
Other socially excluded groups	Y		

**Q5 – Do you have any feedback data from equality groups that indicate how this policy, procedure, project or service may impact upon these groups?**

Group	Yes No Impact	Yes Impact	No	Unclear
Age			N	
Disability			N	
Race			N	
Gender			N	
Transgender			N	
Sexual Orientation			N	
Religion or belief			N	
Marriage & Civil Partnership			N	
Pregnancy & Maternity			N	
Relationships between groups			N	
Other socially excluded groups			N	

**Q6 – Using the assessments in questions 3, 4 and 5 should a full assessment be carried out on this policy, procedure, project or service?**

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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**If you have answered “Yes” now follow the EIA toolkit and complete a full EIA form**

**Q7 – How have you come to this decision?**

No indication that equality groups have been adversely affected by this procedure.
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**Q8 – What is your priority for doing the full EIA**

High	Medium	Low
		X

**Q9 – Who was involved in the EIA?**

LET HR Department

**This EIA has been approved by:**

LET Head of Human Resources

**Date:** 09/8/23

**Contact number:**

0191 275 4769

**Please ensure that this assessment is attached to the policy document to which it relates.**



