

Controlled Document – refer to Intranet for latest version

Category: Health and Safety

Date Created: June 2016

Responsibility: Director People & Safety

Date Last Reviewed:

Approval: Chief Financial Officer

Version: 17.1

Scope

This is a UCOL wide Procedure applicable to UCOL Staff Members and students and must be operated in conjunction with the Alcohol and Drug Policy.

This Procedure also applies to contractors and visitors where those contractors and visitors have agreed to comply with UCOL policies and procedures.

Responsibility

Executive Deans and Managers

Responsible for the effective implementation of the Procedure in all of the areas under their direct control and for ensuring that it is applied equitably and consistently to all individuals.

Heads of School, Managers, Programme Leaders and Lecturers

Responsible for the day to day implementation of the Procedure in respect of all individuals under their direct control.

Procedures

General Procedure

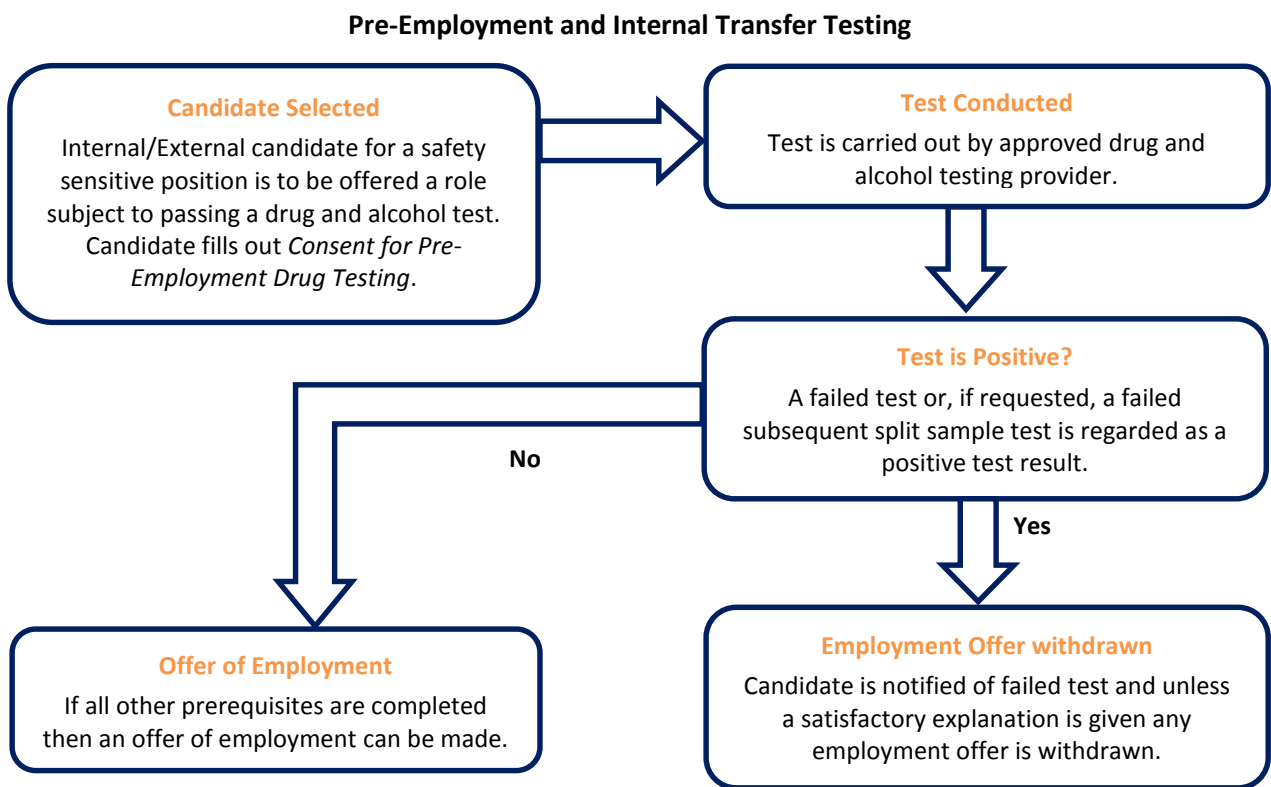
1. When alcohol or drug testing is required, it should be done at the earliest opportunity and without delays.
2. The first step is to advise the person that they are required to undergo a test and that they may consult a support person at this time, but the testing, if delayed by them may result in disciplinary action being taken.
3. Complete the *Personal Details for Alcohol or Drug Test* form.
4. Obtain written consent from the person after consulting the procedures below for:
 - Pre-Employment and Internal Transfer Testing
 - Post-Incident Testing
 - Reasonable Cause Testing
 - Random Testing (staff only)Refusal will require an explanation and may result in disciplinary action being taken.
5. Notify the Health and Safety Manager who will contact the approved Testing Agency or medical practitioner and arrange for testing to be carried out.

6. Arrange for the person to be accompanied at all times. The accompanying individual may be required to confirm the identity of the person. (NB: If possible the Alcohol test should be conducted within 1 hour and the Drug test within 2-3 hours of the incident or notification)
7. At UCOL's sole discretion, when the test has been completed, remove the person from UCOL until the test results are available. UCOL will provide travel assistance if required to ensure that the person gets home safely.
8. Discuss the results with the person and explain the action that needs to be taken.
9. If the result is positive for Alcohol and/or Drugs, or the integrity of the specimen has been compromised, normal disciplinary procedures should follow.
10. If the test is conducted after a determination of reasonable cause and the result is negative, conduct a review to establish why testing was deemed necessary.

Pre-Employment and Internal Transfer Testing (Staff)

Drug testing will be included as part of the pre-employment medical for positions that are considered safety sensitive. A passed pre-employment drug test is required before any consideration of employment to a safety sensitive position can occur. For a list of current safety sensitive positions within UCOL, please refer to the UCOL Drug and Alcohol Policy (Schedule A).

Internal transfer testing is a requirement when a staff member is applying to transfer from a non-safety sensitive role to a safety-sensitive role. An agreed transfer is subject to passing a drug and alcohol test. If a non-negative result is achieved then disciplinary action may result and the offer of transfer potentially withdrawn?



Post-Incident Testing

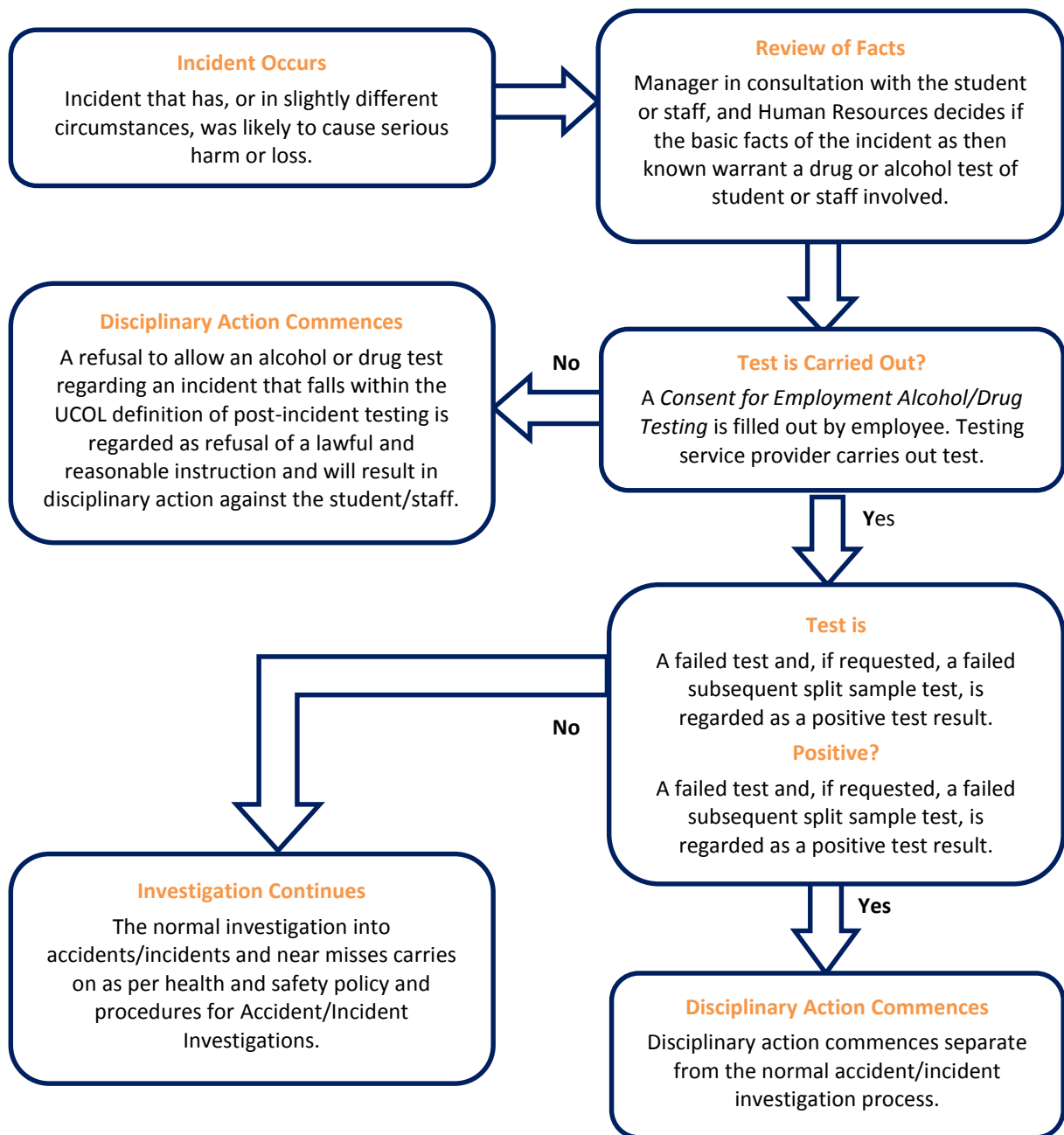
Any UCOL employee or student may be tested for the presence of alcohol or drugs when an accident, incident, or near miss occurs that results in:

- A lost time injury

- An injury requiring treatment by a medical professional
- Damage to plant or equipment including UCOL vehicles
- A near miss that had the potential in slightly different circumstances to have caused significant harm or loss.

The persons direct Manager/Supervisor, their manager and a Health and Safety/Human Resources Team Representative must agree that drugs or alcohol are a possible contributor to the event and that it is appropriate to instigate post incident testing. Emergency response procedures take precedence over any alcohol or drug testing required because of an incident. The Notifiable Event procedures must be followed for serious incidents.

Post-Incident Testing



Reasonable Cause Testing

Any UCOL employee or student may be tested for the presence of alcohol or drugs if their actions, appearance, behaviour or conduct suggest drugs or alcohol may be impacting on their work and/or the safety of others.

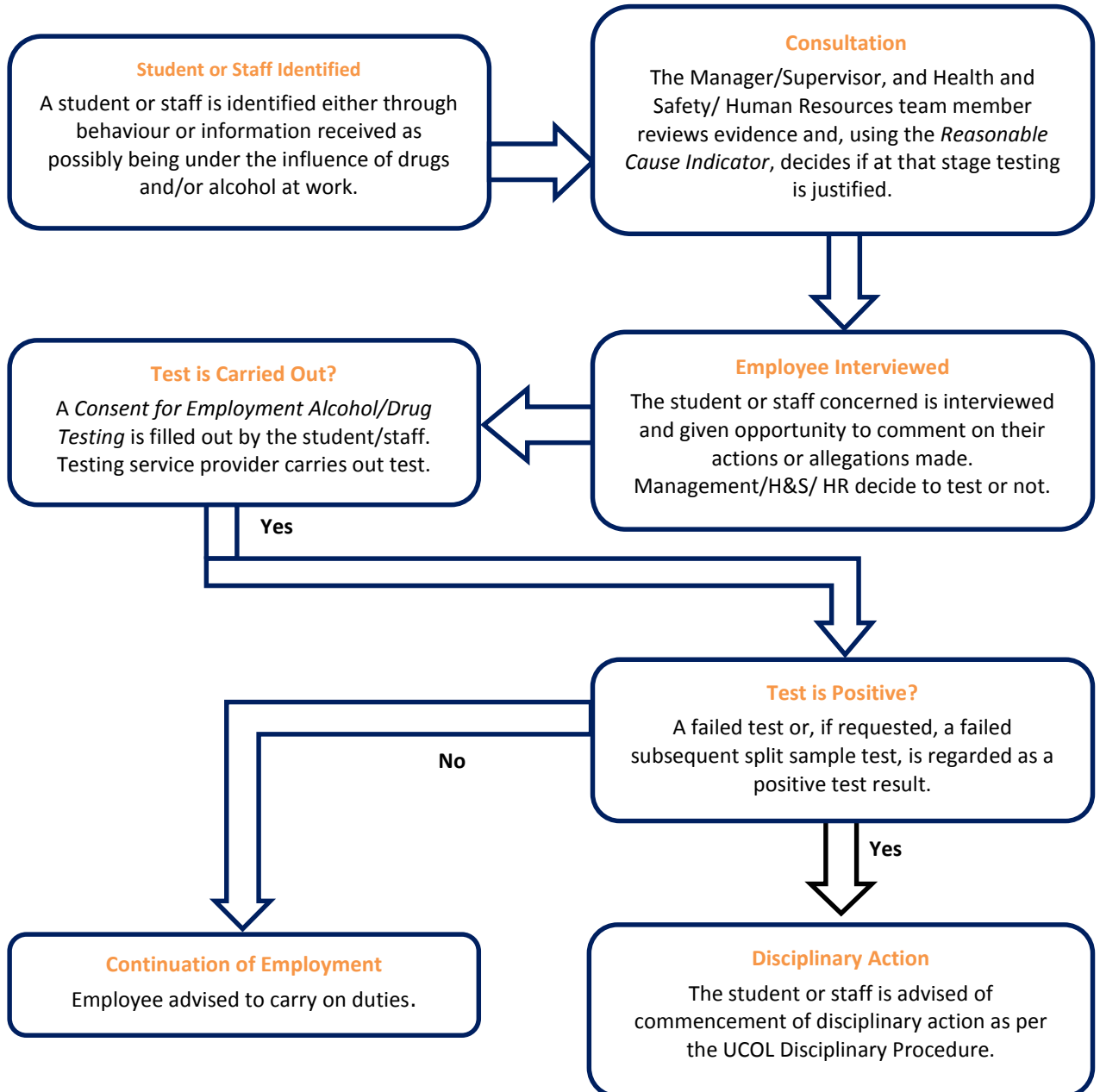
Examples of the types of behaviours, actions or conduct that may lead to a test for reasonable cause include, but are not limited to:

- Strong smell of alcohol or cannabis on the person.
- Repetitive unexplained absence or lateness
- Repeated concerns about, or an unexplained poor performance or achievement.
- Continual minor accidents
- Fighting or arguments in the workplace
- Going to locker, car, lunchroom or rest-room more than necessary or normal
- Dilated pupils, blurred vision, droopy eye-lids, bloodshot eyes, slow and slurred speech, slow gait, high energy levels, disorientation
- Changes in alertness, e.g. falling asleep, attention span difficulty, problems with short term memory
- Changes in personality or behaviour
- Feigning sickness or emergencies to get out of work early
- Increased health problems and complaints about health
- Unusual or out of character on-site behaviour.

The employee must be given the opportunity to explain their behaviour before any disciplinary procedures begin. The employees/students direct manager/supervisor and a health and safety/human Resources team representative must agree and document that there are reasonable grounds for testing before testing proceeds. Confidentiality regarding the reason for testing must be maintained.

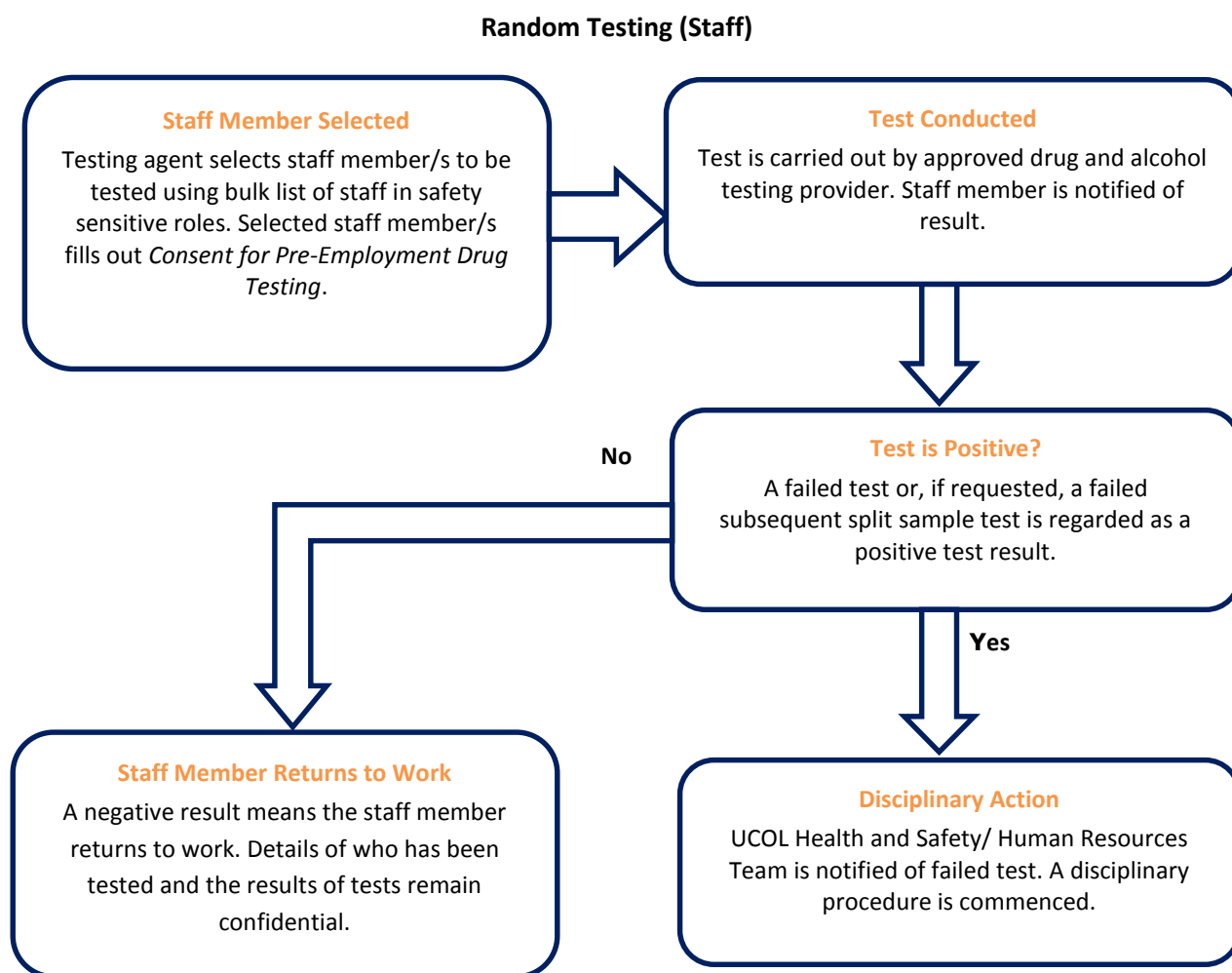
If the employee refuses to provide consent to undergo the test when required to do so for reasonable cause, the normal disciplinary process will be followed. The request to consent is regarded as a lawful and reasonable instruction.

Reasonable Cause Testing



Random Testing (Staff)

Random testing is carried out on staff in safety sensitive roles at irregular intervals. The testing agency will be provided with a bulk list of UCOL staff in safety sensitive roles and will visit the campuses for unpublicised testing visits. UCOL will have no involvement or influence over who is tested. The same list is used each time to select candidates for testing. That means someone who has been tested on a previous visit may also be selected in subsequent visits. Conversely a staff member may never be selected despite being in the selection pool each time. Any non-negative results will be referred to the UCOL Health and Safety/ Human Resources Team for possible disciplinary action. There is no random drug and alcohol testing of students.



Drug Testing Procedure

All aspects of the testing procedure will be carried out as far as practicable in a confidential and private manner. The procedures will comply with the strict criteria dictated by AS.NZS 4308:2008: "Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine".

The drug testing will be performed by a recognised and approved Institute of Environmental Science and Research (ESR) testing agency.

The specimens will be forwarded to The Institute of Environmental Science and Research for full laboratory testing.

Alcohol Testing Procedure

All aspects of the testing procedure will be carried out as far as reasonably practicable in a confidential and private manner by the approved detection agency operative, in presence of a witness;

The test will be conducted using equipment, which complies with Australian Standard: AS3547-1997 "Breath Alcohol Testing devices for personal use for the measurement of alcohol".

Split Sample Testing (Re-Testing)

Where a Staff Member or student has returned a positive Drug test that Staff Member or student may request that a second test is conducted and analysed within 14 days of receiving the results. This will be carried out using a retained sample stored at the testing facility. Where a Staff Member or student has been suspended as a result of the positive Drug test and a retest is requested, the suspension may remain in place during the period of retesting.

The results of the second test will be accepted as a conclusive result. If positive, the costs will be borne by the Staff Member or student; if negative, UCOL will reimburse the Staff Member or student the costs associated with the test.

Where a Staff Member or student has returned a positive Alcohol test, that Staff Member

Or student may request that a second test is conducted. The request for a second test must be made within five minutes of undertaking the positive Alcohol test. The second test will be carried out immediately and will be conducted using equipment which complies with the Australian Standard: AS 3547:1997.

Contractors on UCOL Sites

If contractors working on UCOL sites are showing signs and symptoms of being impaired due to the influence of alcohol or drugs, the observing Staff Member or student should:

- a) Contact Facilities Management (FM) or the Department Manager in which the contractor is working with details of what has been observed
- b) The FM Manager or Department Manager will check with the person concerned regarding their use of drugs and/or alcohol.
- c) The contractor will be asked to leave the UCOL premises and the contractor's manager will be contacted immediately.
- d) The FM Manager or Department Manager will then log the incident with health and safety
- e) The contractor and the relevant contract will then be referred to the Chief Executive or their delegate for action under the relevant contract.

Health & Safety Manager

Will maintain a list of approved Testing Agents relevant for each UCOL Campus.

Relevant Legislation

- Health and Safety at Work Act 2015
- The Health Information Privacy Code 1994
- Human Rights Act 1993
- Misuse of Drugs Act 1975 (including Regulations)
- New Zealand Bill of Rights Act 1990
- Privacy Act 1993
- Psychoactive Substances Act 2013

Related Documentation

- [Alcohol and Drug Policy](#)
- [Conduct Expected of Employees Policy](#)
- [Disciplinary Procedure](#)
- [Privacy Policy](#)
- [Student Discipline Statute \(Non-Academic\) 2013](#)

Appendix One – Reasonable Cause Indicator

Checklist of Potential Signs of Substance Misuse

If a person regularly exhibits the following signs and/or behaves in the following manner, managers might consider substance misuse as a possible cause. These may occur singularly or in combination and should be considered alongside the facts and circumstances of each particular case.

Physical or Behavioural Signs

- Anxiety or panic attacks
- Appears vacant or unduly delayed in responses to questions
- Lower or higher than normal energy levels
- Increased health problems or complaints about health
- Irritability, nervousness or depression
- Avoidance of authority figures
- Borrowing money from co-workers or financial problems in general
- Strong sensitivity to discussion about drugs or alcohol
- Flushed face, dilated pupils, blurred vision, droopy eyelids, red eyes, glassy eyes, stuffy or runny nose, slow and slurred speech, tremors, decrease in personal hygiene and appearance
- Smelling of alcohol or cannabis
- Mood swings or bouts of hilarity
- Going to a locker, car, bathroom or rest room more than necessary or normal (unusually high involvement in these actions)
- Fighting or arguments in the workplace
- Signs of self-abuse or accidents (bruises, cuts, swelling)
- Reduced ability to perform tasks requiring concentration and coordination (e.g. driving cars or operating machinery, operating a computer, other fine motor skill tasks)

Unsafe Behaviour

- Low frustration level (e.g. restless, agitated, aggressive)
- Social withdrawal
- Low concentration levels
- Errors in judgement
- Unpredictable
- Lack of coordination
- Personality changes (e.g. moodiness, bursts of anger, withdrawn)
- Continual small accidents
- Impairment in memory and learning

Unacceptable Performance

- Difficulty in taking responsibility – blaming others for mistakes
- Altered attitude or changes in personality
- Uneven work pace
- Poor quality performance and achievements
- Lying to cover errors
- Excessive absences, especially either side of the weekend, in conjunction with holidays, after pay days, or at the end of a shift change
- Unexplained absences from the job during the day or shift or taking longer than usual breaks
- Unusual excuses to explain absences or lateness
- Late in meeting deadlines
- Repeated concerns about poor performance or achievement

Name _____

Department/Faculty _____

Date(s)

Support person: Yes No Name: _____

Supervisor or Approved Person Name _____

Department/Faculty _____

Date(s) _____

Record of the physical symptoms or behaviours observed:

Comments/explanation of Employee (if offered)

Comments of Supervisor/Approved Person

DETERMINING REASONABLE CAUSE

Yes No From your observation is there a risk to the health and safety of this person and others?

Yes No Are you satisfied that it is reasonably possible that the risk is a result of the possible use of alcohol or drugs?

Do NOT proceed with reasonable cause testing unless the above questions are answered with a YES.

TAKING ACTION

Reasonable cause established Yes No

Date: _____

Time: _____

Action taken:

Supervisor's signature: _____

Date: _____

Time: _____

Approved person's signature: _____

Date: _____

Time: _____

Appendix Two – Personal Details for Alcohol or Drug Test

Manager / Lecturer	
Name of person to be tested	
The person to be tested is a: (circle one)	Staff Member / Student / Contractor / Other
Reason for Requesting an Alcohol or Drug Test (circle one)	Notifiable Event / Accident / Incident / Behaviour concerns/ Pre-employment check
Date & Time of incident (if applicable)	
Please Describe incident or behaviour (if applicable)	
Witnesses	
Questions to ask the Person 1. Are you under the influence of Alcohol or Drugs 2. What have you taken? 3. When did this happen? 4. Is this a Prescription Drug(s)?	Y / N – Circle one Y / N – Circle one – please provide proof of prescription
Drug Test Required	Y / N – Circle one
Alcohol Test Required	Y / N – Circle one
Date & Time of request for alcohol or drug test	
Please ensure that this event is logged in the Vault	

Appendix Three – Consent for Pre-Employment Drug Testing

I consent to undergo a drug test, to be undertaken by a suitably trained collection person and an accredited testing laboratory appointed by UCOL, which I acknowledge is for the purpose of determining whether I have levels of an illicit drug(s) present in my urine, higher than the accepted international standard as defined by the AS/NZS 4308:2008.

I understand that these procedures involve the taking of a urine sample(s) for testing by a laboratory appointed by UCOL.

The drugs being tested for are cannabinoids, opiates, amphetamines, cocaine, and benzodiazepines.

I also agree to provide proof of identity, if requested, which may include my photograph so that the accredited testing laboratory can forward it to the medical professional undertaking the pre-employment examination and drugs test(s).

I consent to the results of the drugs test(s) being communicated confidentially to UCOL.

I understand that I may request a second test from the split sample be conducted and analysed within 14 days of receiving the result. If the second test proves positive this will be accepted as a conclusive result and costs associated with this test will be borne by me. If the second test proves negative this will be accepted as a conclusive result and costs associated with this test will be reimbursed by UCOL.

Any collection, storage or exchange of information concerning the drug test will be in accordance with the requirements of the Health Information Privacy Code.

Results of the drug test will only be used for the purposes for which they were obtained.

I understand that a refusal to sign this form, or undergo a drug test, or return of a positive result from the drug test means that the job I have applied for will not be offered to me, or if already offered, withdrawn.

Signature of Applicant: _____ Date: _____

Applicants Name: _____

Appendix Four – Consent for Employment Drug Testing

I consent to undergo a drug test, to be undertaken by a certified collecting agent and accredited laboratory appointed by UCOL which I acknowledge is for the purpose of determining whether I have levels of an illicit or restricted drug(s) or a misused prescribed drug(s) present in my urine, higher than the accepted international standard as defined by the Australian/New Zealand Standard AS/NZS 4308:2008.

I understand that a urine sample will be collected and the drugs being tested for are cannabinoids, opiates, amphetamine type substances (including party pills containing benzylpiperzine), cocaine, benzodiazepines, and others if applicable.

I undertake to advise the certified collector of any medication that I am taking. I also agree to provide the collecting agent with proof of identity, which includes my photograph.

I consent to the results of the drug test(s) being communicated confidentially to an authorized representative of UCOL.

I understand that I may request a second test be conducted on the duplicate specimen and analyzed within 14 days of receiving the result. For the second test to be positive there need only be the presence of drug or metabolite detected (i.e. not to cut off limits). This will be accepted as a conclusive result and costs associated with this test will be borne by me. If the second test proves negative this will be accepted as a conclusive result and costs associated with this test will be reimbursed by UCOL.

Any collection, storage or exchange of information concerning the drug test will be in accordance with the requirements of the Health Information Privacy Code and results will only be used for the purposes for which they were obtained.

I understand that a refusal to sign this form for the drug test, or the return of a positive result means that:

Pre-employment / Internal Transfer: the job offered/applied for will not be confirmed or offered to me or, if already offered, will be withdrawn.

Current Staff Member: the UCOL disciplinary procedure will follow which may include dismissal or the requirement to take part in a Health Rehabilitation Programme.

Student: the UCOL disciplinary procedure will follow which may include suspension or cancellation of my enrollment.

I have read and understood the terms of this consent form.

Signature of Person: _____ Date: _____

Persons Name: _____

Witnessed: _____ Date: _____

Witness Name: _____

Appendix Five – Consent for Breath Alcohol Testing

I consent to undergo a breath alcohol test, which I acknowledge is for the purpose of determining whether I have a level of alcohol in my breath higher than that defined by the NZ Land Transport Amendment Act (no2) 2014, i.e. 250 micrograms of alcohol per litre of breath for over 20 years of age, or zero mg/L of breath for under 20 years of age.

Results of the breath alcohol test will only be used for the purposes for which it was obtained, as set out in the UCOL Alcohol and Drug Policy.

I understand that a positive test result is likely to lead to disciplinary action which, for a Staff Member may include dismissal or the requirement to take part in a Health Rehabilitation Programme or, for a student, suspension or cancellation of enrollment.

I understand that a refusal to sign this form and undergo a breath alcohol test will be regarded as a serious offence and, for a Staff Member may result in disciplinary action which may include dismissal or, for a student, may result in suspension or cancellation of enrollment.

Any collection, storage or exchange of information concerning the test will be in accordance with the requirements of the Health Information Privacy Code and results will only be used for the purposes for which they were obtained.

I hereby authorize the collection and testing of a breath sample for alcohol, and the release of the test results to the authorized representative of UCOL.

I have read and understood the terms of this consent form.

Signature of Person: _____ Date: _____

Persons Name: _____

Witnessed: _____ Date: _____

Witness Name: _____

Test Administered at (time & date): _____

By (Name & Signature): _____

Reading: _____ **Result:** Negative / Positive (circle the one that applies)

Appendix Six – Drug Test Screening Cut-offs Levels (Tests on Site)

<i>Class of drug</i>	<i>Cut-off Level (µg /L)</i>
Opiates	300
Sympathomimetic amines	200
Cannabis metabolites	50
Cocaine metabolites	300
Benzodiazepines	200

NB: These cut-off levels are subject to change by the Standard, AS/NZS (4308:2008), or such subsequent standards, as advances in technology or other considerations warrant. An electronic copy of the Standard is available through our Library web site. Another Useful link in understanding these policies and procedures is - <https://drugzero.co.nz/workplace-drug-testing/faqs/>

Confirmatory Test – (Laboratory based Testing – Off Site)

Any specimens identified as positive in the initial test shall be confirmed by Gas or Liquid Chromatography/ Mass Spectrometry techniques using the most current levels.

The current confirmatory test cut-off levels are:

Common Name (indicative only)	Compound	Cut-off level (micrograms/litre)
Opiates	Morphine*	300
	Codeine	300
Amphetamines	Amphetamine	150
	Methylamphetamine	150
	Methylenedioxymethamphetamine	150
	Phentermine	500
	Ephedrine	500
	Pseudoephedrine	500
Cannabinoids	11-nor - ³ 9-tetrahydrocannabinol-9- carboxylic acid	15
Cocaine	Benzoyllecgonine	150
	Ecgonine methyl ester	150
Benzodiazepines	Oxazepam	200
	Temazepam	200
	Diazepam	200
	Nordiazepam	200
	7-amino-clonazepam	100
	7-amino-flunitrazepam	100
	7-amino-nitrazepam	100

* Monoacetyl morphine should be reported when detected.

NB: These cut-off levels are subject to change by the standard AS/NZS (4308-2008), or such subsequent standards, as advances in technology or other considerations warrant. . An electronic copy of the Standard is available through our Library web site.

Appendix Seven – Health Rehabilitation Contract

I _____ hereby acknowledge that following receipt of a positive alcohol or drug test my continued employment (or study) is subject to the following terms and conditions.

- 1) I am committed to full participation in the Health Rehabilitation Programme with the service provider(s) as specified by UCOL. I agree to attend all sessions, and complete the requirements specified by the programme. I authorise the service provider to release the following non-medical information to UCOL:
 - a) Whether I have kept initial or subsequent appointments;
 - b) Whether a course of treatment is recommended by the service provider;
 - c) Whether I am following the recommended course of treatment;
 - d) A recommendation as to whether or not a return to work (or study) is appropriate at any given time;
 - e) Whether I have completed the required course of treatment.
- 2) I agree to undertake this programme outside of working (or study) hours.
- 3) I agree to use appropriate leave entitlements for any absences for the duration of the Health Rehabilitation Programme. Where I have no leave entitlements available I agree that I shall take leave without pay.
- 4) I understand that if, on any future occasion, I am found to be taking a non-prescription drug on site, or return a positive drugs or alcohol test, the consequence is likely to be dismissal without notice (or suspension).
- 5) I agree to undertake up to five drug screening tests, spaced at random intervals, within the 24-month period to _____. I agree to the release of the results of these tests to my employer, and I understand that a positive test result from any of these tests is likely to result in my dismissal without notice (or suspension).
- 6) I acknowledge that the terms specified above are in addition to the terms and conditions of my current employment (or study), and I agree to be bound by the conditions in both documents.

Signatures:

Staff (or student)

Date: _____

For and on behalf of UCOL

Date: _____

Witness

Date: _____