

Drug and Alcohol Testing Procedures

Controlled Document – refer to Intranet for latest version

Category: Health and Safety

Date Created: June 2016

Responsibility: Health and Safety Manager

Date Last Reviewed: September 2019

Approval: Chief Executive

Version: 19.1

Scope

This Procedure applies on all campuses, to all staff members and contractors and must be applied in conjunction with the Drug and Alcohol Policy.

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. All information held on a file will be treated confidentially as per normal protocols for personal information and may only be accessed by persons with authorised access for a legitimate purpose.
3. 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.
4. Complete the *Personal Details for Alcohol or Drug Test* form. (Appendix Two).
5. Obtain written consent from the person after consulting the procedures below for:
 - Pre-Employment and Internal Transfer Testing
 - Reasonable Cause Testing

- Post Incident Testing

Refusal will require an explanation and may result in disciplinary action being taken.

6. Notify the Health and Safety Manager or delegate who will contact the approved Testing Agency or medical practitioner and arrange for testing to be carried out.
7. Arrange for the person to be accompanied at all times so as to prevent cases of tampering or dilution. 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).
8. At UCOL's sole discretion, when a non-negative test has resulted, the person will be removed from UCOL until the test results from the accredited laboratory are available. UCOL will provide travel assistance to staff if required to ensure that the person gets home safely.
9. Discuss the results with the person and explain the action that needs to be taken.
10. If the result is positive for Alcohol and/or Drugs, or the integrity of the specimen has been compromised, normal disciplinary procedures should follow.
11. 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 at time of employment offer that are considered safety sensitive (refer Drug and Alcohol Policy for definition of Safety Sensitive UCOL areas and/positions/and or work). A negative 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.

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?

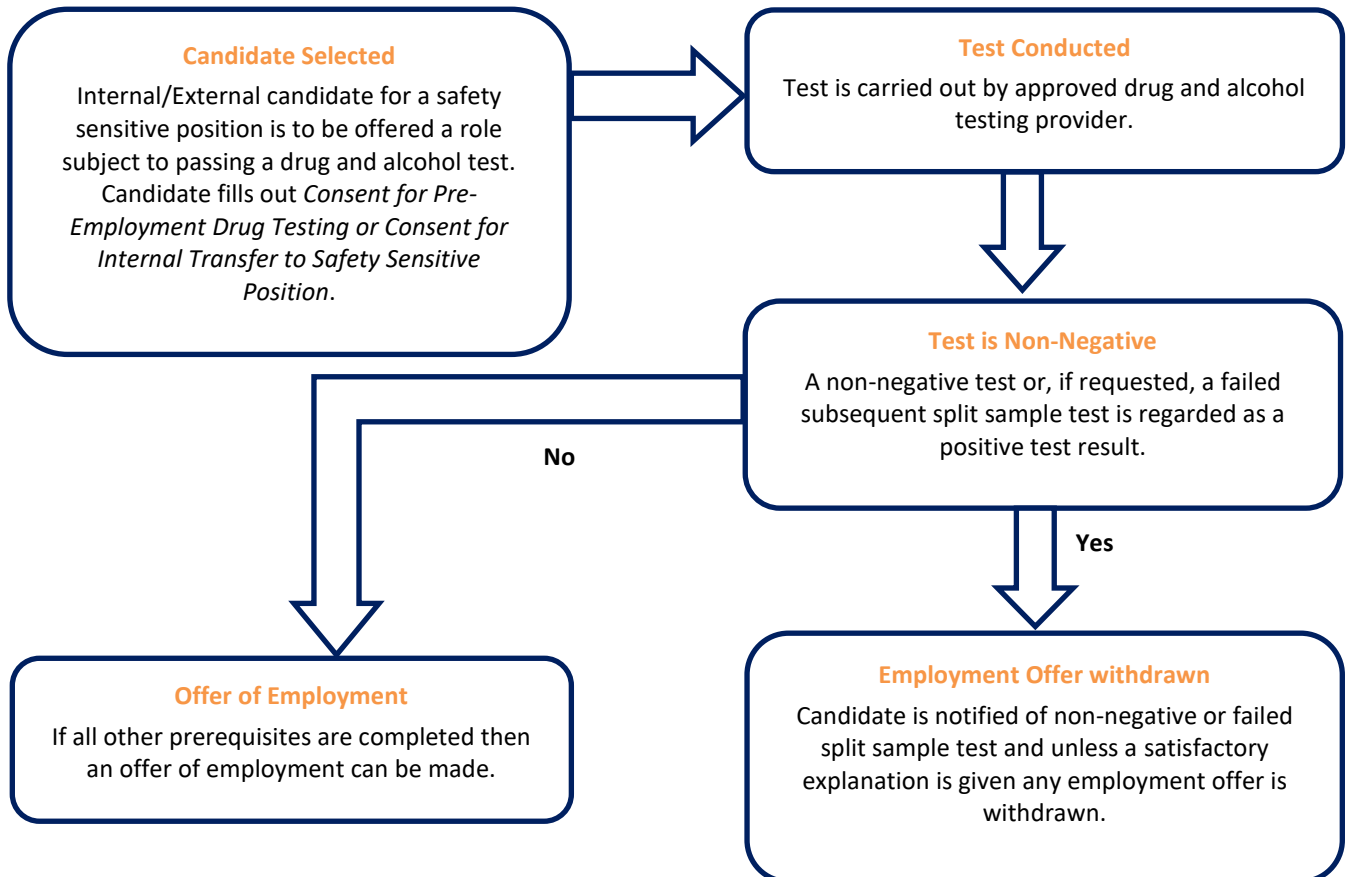
The drug testing will be performed by a recognised and approved Institute of Environmental Science and Research (ESR) testing agency.

Pre-Employment and Internal Transfer Testing Flowchart

Forms to be used:

Appendix Three – Form for Pre-Employment

Appendix Four – Form for Transfer Testing



Reasonable Cause Testing

Any UCOL employee 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:

- Odour of alcohol or drugs.
- excessive lateness
- Absences often on Monday, Friday or in conjunction with holidays
- Increased health problems or complaints about health
- Emotional signs – outburst, anger, aggression
- Changes in personality

- Changes in alertness – difficulty with attention span, less energy
- Changes in appearance – clothing, hair, personal hygiene
- Involvement in various minor accidents
- Regularly leaving work early
- Going to the bathroom more than normal
- Defensive when confronted about behaviour
- Dizziness
- Slurred speech
- Hangovers
- Violent behaviour
- Impaired motor skills
- Bloodshot eyes
- Impaired or reduced short term memory
- Reduced ability to perform tasks requiring concentration and co-ordination
- Intense anxiety or panic attacks
- Impairments in learning and memory, perception and judgement
- Irritability
- Depression
- An indication of drugs by a drug detection dog or other detection technology.

The employee must be given the opportunity to explain their behaviour before any disciplinary procedures begin. The employees/direct manager/supervisor, Health and Safety Manager and Senior Advisor Employment Relations 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 Flowchart

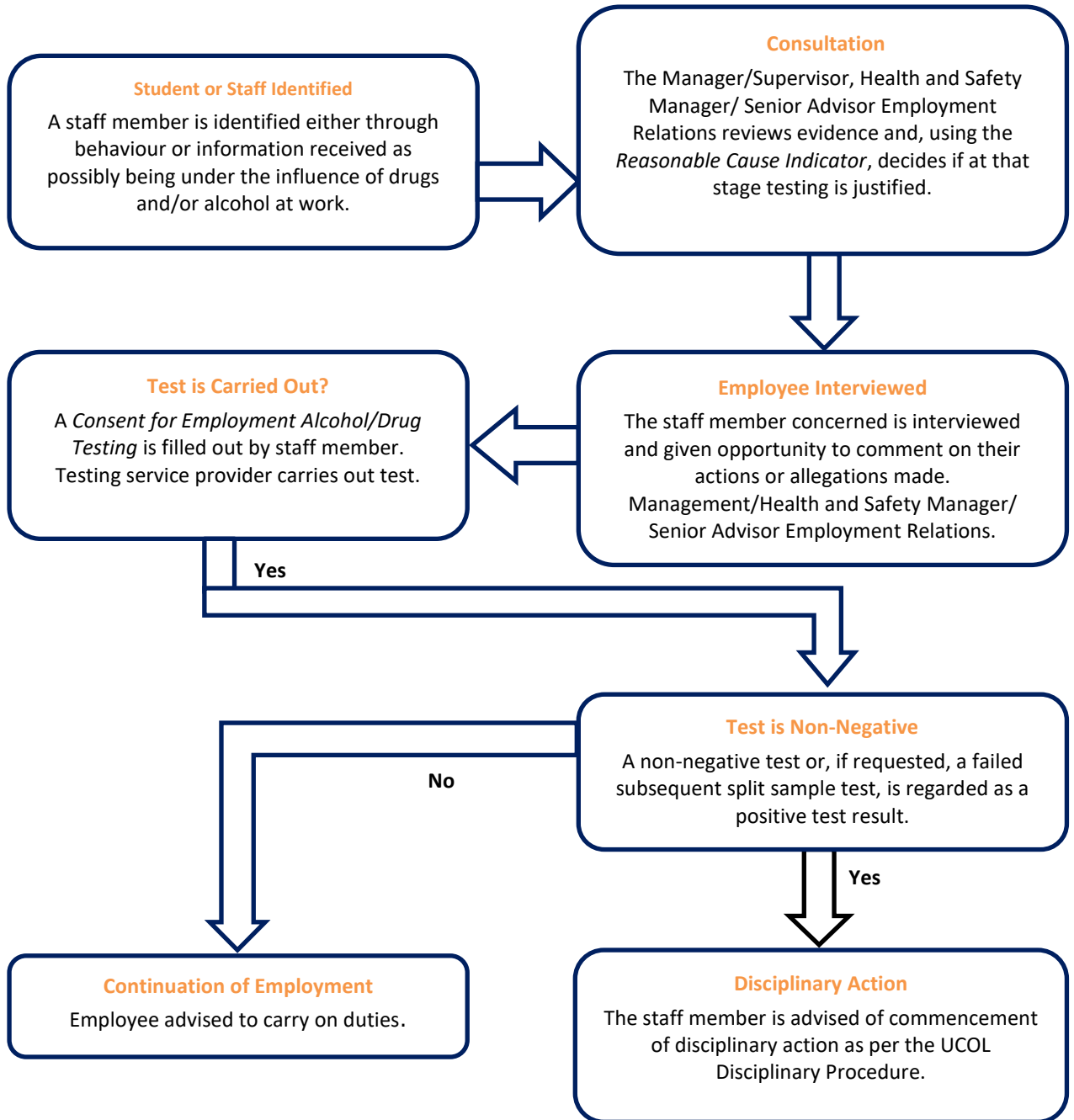
Forms to be used:

Appendix One – Reasonable Cause Indictors

Appendix Two – Personal Details

Appendix Four – Drug Testing Consent

Appendix Five – Alcohol Breath Testing Consent



Post-Incident Testing

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

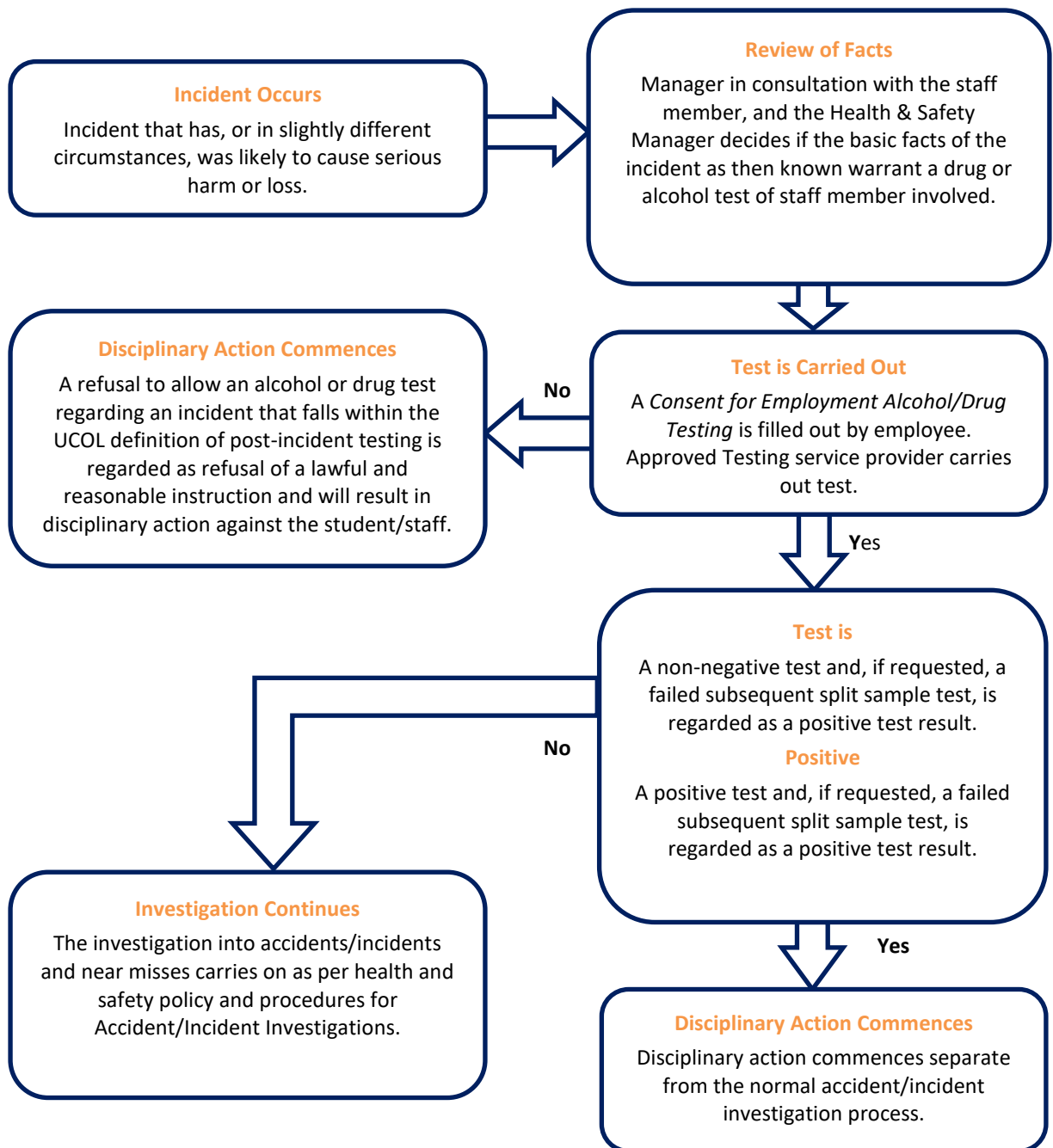
- A lost time injury
- An injury requiring treatment by a medical professional
- Damage to plant or equipment including UCOL vehicles
- A near miss that had the potential in slightly different circumstances to have caused significant harm or loss.

The persons direct Manager/Supervisor, their manager and the Health and Safety Manager or Senior Advisor Employment Relations 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 Flowchart

Form to be used:

Appendix Four – Drug Testing Consent



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 “Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine”.

The drug testing will be performed by an external accredited testing agency chosen by UCOL.

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 an external accredited testing operative, in the 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 has returned a positive **drug test** that Staff Member 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 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; if negative, UCOL will reimburse the staff member the costs associated with the test.

Where a staff member has returned a positive **alcohol test**, the staff member 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.

Rehabilitation Programme

UCOL may be prepared to support rehabilitation for a staff member where they demonstrate a commitment to comply with this Policy. UCOL will, at its sole discretion, determine whether to provide that assistance or not. Please refer to the Drug and Alcohol Policy for full details.

The staff member must complete **Appendix Seven – Health Rehabilitation Contract form contained within these procedures.**

For Contractors on UCOL Sites

If contractors working on UCOL campus are showing signs and symptoms of being impaired due to the influence of alcohol or drugs, the observing staff member should:

- a) Contact the Health and Safety Manager or the Manager in which the contractor is working with details of what has been observed
- b) The Health and Safety Manager in consultation with the Operations Manager (FM) will talk with the person concerned regarding their alleged use of drugs and/or alcohol.
- c) The contractor who is suspected of breaching the Policy will be asked to leave the UCOL campus and the contractor's manager/company will be contacted immediately.
- d) The Health and Safety Manager or Operations Manager (FM) will then log the incident into the health and safety management system.
- e) The contractor and the relevant contract will then be referred to the Chief Executive or their delegate for action due to the breaching of a UCOL Policy.

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 (Privacy Act 2020 from 1 December 2020)
- Psychoactive Substances Act 2013

Related Documentation

- [Drug and Alcohol Policy](#)
- [Conduct Expected of Employees Policy](#)
- [Disciplinary Procedure](#)
- [Privacy Policy](#)

Appendix One – Reasonable Cause Indicator

Managers - Checklist of Potential Signs of Substance Misuse

This form must be used to establish if a Reasonable Cause test is justified.

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

- Intense anxiety or panic attacks
- Hangovers
- Regularly leaving work early
- Bloodshot eyes health
- Irritability.
- Defensive when confronted about behaviour
- an indication of drugs by a drug detection dog or other detection technology
- Odour of alcohol or drugs
- Depression
- Going to the bathroom more than normal
- Violent behaviour
- Change in appearance – clothing, hair, personal hygiene

Unsafe Behaviour

- Emotional signs outburst, anger, aggression
- Slurred speech
- Change in alertness – difficulty with attention span, less energy
- Dizziness
- Impairment in learning and memory, perception and judgement
- Change in personality
- Involved in various minor accidents
- Impaired motor skills
- Impaired or reduced short term memory. Unacceptable

Performance

- Reduced ability to perform tasks requiring concentration and co-ordination.
- Excessive lateness
- Absences often on Monday, Friday or in conjunction with Holidays.

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 Faculty Executive Dean: _____

Date: _____

Time: _____

Approved: Health and Safety Manager or Senior Advisor Employment Relations:

Date: _____

Time: _____

Appendix Two – Personal Details for Alcohol or Drug Test (Manager to complete)

Manager / Lecturer	
Name of person to be tested	
The person to be tested is a: (circle one)	Staff Member / Contractor /
Reason for Requesting an Alcohol or Drug Test (circle one)	<ul style="list-style-type: none"> • Post Incident - Notifiable Event / Accident / Incident / Behaviour concerns/ • Reasonable Cause
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/medication/s
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 – Drug Testing - Consent for Pre-Employment

I consent to undergo a drug test, to be undertaken by an external accredited Testing Agency suitably trained collection person chosen 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.

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

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 returning a non-negative result or positive result in itself my result in an employment offer not being made or if already made – withdrawn.

Position (employment offer made for)

Signature of Applicant: _____ Date: _____

Applicants Name: _____

Appendix Four – Drug Testing - Consent for Reasonable Cause, Post Incident or Internal Transfers to Safety Sensitive Positions:

I consent to undergo a drug test, to be undertaken by an external accredited Testing Agency chosen 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.

I also understand that I will have to complete the external Testing Agencies “Drug and Alcohol form prior to the test being commenced and that a copy of this documentation will be given to me by the external Testing Agency.

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 external accredited Testing Agency certified collector of any medication that I am taking. I also agree to provide the external Testing Agency 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 (split sample) 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:

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: Reasonable Cause/Post Incident - the UCOL disciplinary procedure will follow which may include dismissal or the requirement to take part in a Health Rehabilitation Programme.

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

Signature of Person: _____ Date: _____

Persons Name: _____

Witnessed: _____ Date: _____

Witness Name: _____

Appendix Five – Alcohol Breath Testing- Consent Form

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.

That this testing will be undertaken by an external accredited Testing Agency, chosen by UCOL

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

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.

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	Benzoylcegonine	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 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 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:

_____ Date: _____
Staff (or student)

_____ Date: _____
For and on behalf of UCOL

_____ Date: _____
Witness