

PART OF CIA'S HEALTH LEADERSHIP STRATEGY SERIES –
HELPING MEMBERS ACHIEVE SUSTAINABLE HEALTHY WORKPLACES

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CIA Guidelines for Developing and Implementing Drug and Alcohol Policies

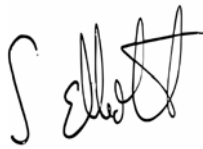


Responsible Care:
continuously improving health, safety
and environmental performance

CIA Guidelines for Developing and Implementing Drug and Alcohol Policies

It gives me great pleasure to present our signposting guide on drug and alcohol policies, which I know many CIA members have contributed to. I would like to thank everyone who has been involved with this. The guide, part of CIA's workplace health and wellbeing work under the industry's Responsible Care initiative, considers the legal basis, key tips, aspects for consideration and case studies for developing and implementing policies. The emphasis is very much on helping and supporting individuals through health leadership from the top down allowing confidential self-referral as needed.

We hope you find this guide interesting and useful in helping to address these pressing issues that can impact on our workplaces. My team and I welcome any feedback on the document.

A handwritten signature in black ink, appearing to read 'S Elliott', written in a cursive style.

Steve Elliott
Chief Executive

Do you have a **DRUG AND ALCOHOL (D&A) POLICY**?

If NO, your company should consider having one – these high-level guidelines aim to help you develop a policy.

If YES, please check consideration has been given to the aspects covered here.

It is fundamental that health, safety and wellbeing considerations form the core of the drug and alcohol Policy. The application of the policy should be based on due consideration of these factors. It is also important to note such a policy does not necessarily have to include testing; this should be determined by your business needs.



Legal duties to protect employees and others are placed on employers under both the Misuse of Drugs Act 1971 and Health and Safety at Work Act 1974; this includes a 'duty of care'. Further duties are required by the Transport and Works Act 1992, Equality Act 2010, Human Rights Act 1998 and Data Protection Act 1998. Under the Data Protection Act 1998 responsibilities are placed on organisations to handle and process personal information in a fair and proper way; this is particularly pertinent where drug and alcohol testing is part of the policy.

Drug misuse is a common problem in society today. The National Statistics Drug Misuse annual (2017) report states that in 2015/16, for England and Wales around 1 in 12 adults aged 16 to 59 (representing 8.4% of the population, equating to 2,7 million people) had taken an illicit drug (see 'signposting' section for link to report). The number of deaths from drug misuse in England and Wales are now reported to be at their highest level since comparable records began in 1993.

A positive leadership culture and managing all aspects of its activities to provide a high level of protection is an integral part of our commitment to the chemical industries Responsible Care principles. The emphasis of your Policy needs to be on helping and supporting individuals through health leadership from the top down allowing confidential self-referral as needed. It should be designed to ensure problems are dealt with effectively, and consistently and early on in the process.

The Policy should take into account relevant legislation, a review of available guidance, and also testing protocols (if required). In terms of its framing, we recommend to:

- Do what's right for your business, as each business environment is different;
- Take time in planning and implementing the policy making sure to involve employees and trade union safety representatives;
- Make sure it includes an education programme for both line managers and individuals that covers the signs to look for, dealing with workers who seek help and provides direction on where expert advice and help may be obtained;
- Consider if there should be a medical-amnesty period before the go-live date, so that individuals can come forward for support; and
- Give clear guidance on range of potential sanctions for any breaches of your policy.

Useful checklists of items to consider when drawing up a policy on alcohol and drug misuse are provided by the Advisory, Conciliation and Arbitration Service (ACAS; see 'signposting' section for

web link). Advice is also provided on HSE's website (again see 'signposting' section).

How do I go about developing a policy or checking on what my company/organisation does?

The visual schematic provided in these high-level guidelines, which uses the Health and Safety Executive's (HSE) 'Plan Do Check Act' model in HSG 65 as its basis, provides tips for consideration when developing/improving your alcohol and drug policy. Signposting to key information sources is also provided below. Remember education of the dangers and raising awareness are important aspects to incorporate into your drug and alcohol policy procedures.

If you decide testing (pre-employment and/or random and/or just cause) of employees is in the company's best interest to implement then good practice recommendations on justification of testing, who and when to test and managing of the information obtained can be found in the UK Information Commissioner's Office (ICO) Employment Practices Data Protection Code (see section on information from drug and alcohol testing). Any 3rd party test provider will also be a good resource for helping develop a policy.

Signposted References:

- National Statistics Drug Misuse, England – 2017 www.gov.uk/government/statistics/statistics-on-drug-misuse-england-2017
- ACAS www.acas.org.uk/index.aspx?articleid=1986
- HSE website Alcohol and Drugs at work www.hse.gov.uk/alcoholdrugs/index.htm
- UK ICO Employment Practices Data Protection Code https://ico.org.uk/media/for-organisations/documents/1064/the_employment_practices_code.pdf
- HSE HSG 65 – Managing for Health and Safety www.hse.gov.uk/pubns/books/hsg65.htm
- European Workplace Drug Testing Society Guidelines www.ewdts.org/ewdts-guidelines.html
- United Kingdom Accreditation Service www.ukas.com
- Also Trade Union guidelines and Responsible Care Guiding Principles www.cia.org.uk/Responsible-care/Guiding-Principles (CIA Members).



KEY TIPS for developing/improving your **DRUG AND ALCOHOL POLICY**

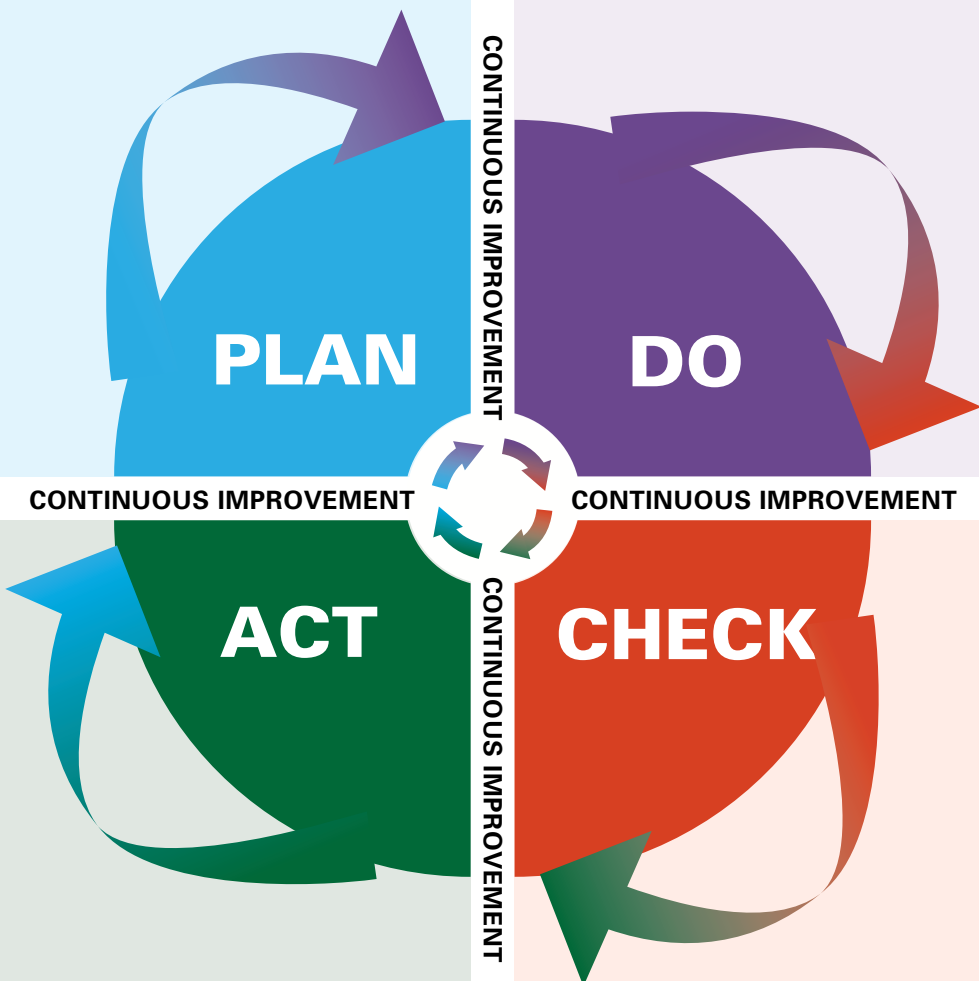
PLAN (Policy, plan)

- What should your policy cover? What is its objective? Who should write it? Which groups should it impact (e.g. employees, 3rd parties, contractors)?
- What legal requirements, codes of practice and guidelines need to be considered?
- Who are you going to involve and consult with regarding the policy? Consider consulting with trade union reps and employees throughout the process and setting up a working group (union reps, senior management, OH, HR and employee reps) to plan and implement the policy. Consider having a medical amnesty period before the 'go live' date.
- Develop a plan of implementation.

- Not all policies require testing, however where considered appropriate for your organisation what type of testing is required (pre-employment, just cause, random)? What is your basis for testing? What will you do in the event of a positive result? What is legally defensible?

DO (Risk profile, organise, implement plan)

- Undertake a **risk assessment** with respect to your organisation; identify the hazards and individual job roles to determine the most appropriate policy.
- Continue communication with the working group, consulting all stakeholders during the process including as appropriate employees, their



ACT (Lessons learned, review performance?)

- Review learnings from the CHECK process on a regular basis and in particular after unusual test results, new standards, or new best practices have been introduced.
- Discuss with teams any potential changes or enhancements to the process and conduct a further reality check before implementing.
- Update policies and procedures and start the process cycle again.

... **PLAN** | **DO** | **CHECK** | **ACT**



representatives, contractors, unions and visitors to sites.

- Conduct training and awareness sessions that detail the implementation of the policy, responsibilities and statement of intent for the policy (e.g. for health, safety and wellbeing). You may wish to produce a staff handbook/guidance.
- Use appropriate professional services and qualified staff (especially when considering inclusion of testing).
- There may need to be an update to the current employee contractual agreements to include drug and alcohol testing as a condition of employment.
- Make sure that a procedure is drawn up for handling drug/alcohol problem scenarios (employee discloses problem, employee unable to attend work, employee acts suspected as being 'under the influence').

Implement the plan

- Decide on preventative and protective measures needed to implement the policy, the tools and equipment required, and document these in specific site procedures and protocols that support the policy.
- Train and instruct all persons involved to ensure competence and provision of supervision that arrangements are followed.
- Continue communication with the working group, consulting with all stakeholders including as appropriate employees, their representatives, contractors, unions and visitors to sites.

When testing...

- Given the intrusive nature of testing employees, it would be well advised to undertake and document this assessment along with an impact assessment.

- Where testing is carried out, it is useful to know the current recreational drugs (and their half-lives), and the available testing suites offered by laboratories. When analysing results, take into account that medication can cause false positives, as well as impair a person's actions.
- Ensure the policy is launched before any testing/ screening commences. Make sure employees are fully informed as to what is being tested for, the responsibilities of those involved, what the consequences are of being tested, and obtaining a positive result. In the case of alcohol, ensure that employees are aware of the blood alcohol level at which they may be disciplined when being tested.
- Inform prospective employees of the policy when carrying out pre-employment screening; and for contractors during the contractor approval process as appropriate.

CHECK (Measuring performance)

- Review the information received from the policy's implementation. Conduct a reality check. What feedback are you getting from implementation of the policy? It is important not just to look at the paperwork but to consider feedback from all individuals concerned with the process and their experiences. Check that all individuals are aware of the policy and know their responsibilities.
- Are you getting any results, experiences or scenarios that need to be further enhanced and investigated?

- Continue communication with the working group, consulting with all stakeholders including as appropriate employees, their representatives, contractors, unions and visitors to sites.
- Ask yourself if anything has changed with respect to best practices, legal requirements or guidelines and knowledge that need to be acted on and incorporated.
- Where testing is carried out, ensure that the information obtained through testing is of sufficient quality to support the decisions or opinions that are derived from it, and are subject to rigorous

integrity and quality control procedures. Use a professional service and ensure the external providers continue to be up to date and that the laboratory is accredited to the appropriate standards.

- Ensure test results are interpreted by, or under the direction of, a person who is suitably qualified and competent in the field of drug testing and that the Chain of Custody and confidentiality has been maintained.



ASPECTS for consideration in your policy

There is no set prescriptive method for companies to follow as each company will address drugs and alcohol misuse according to their business ethos. A number of high-level aspects are elaborated below covering both Policy development and testing where deemed necessary to include.

Framing your policy

The policy must be driven by health, safety and wellbeing and a company's duty of care to protect others (it's not about catching people out). It should set out what it is trying to achieve. As already mentioned, it is important to note that policies on drugs and alcohol can be without testing. The emphasis needs to be on helping and supporting individuals through health leadership allowing self-referral as needed. Your policy should take into account legislation and a review of available guidance and testing protocols where determined necessary. **Do what's right for your business and take time in planning and implementing the policy** making sure to involve employees and trade union safety representatives, as well as ensuring there is an amnesty period before the go-live date. As an employer, it is imperative to keep in mind that you will be asking for (and holding on record) sensitive information from individuals.

Education

Raising awareness of the dangers to a person's own health and site safety implications arising from any impairment due to drug and/or alcohol misuse are equally important. As an example many companies put together training and awareness sessions to educate their organisation, and in doing this may use competent persons from the medical, occupational health function, HSE, HR, local police, testing providers, and where there is a young workforce they may hold employee/parent sessions.

Occupational Health's (OH's) role

OH's role is advising the managers on the fitness of an employee to work as well as providing general advice to the company. There are important protocols for OH to adhere to when disclosing medical information to an employer including Access to Medical Reports Act (1988). Medical information is considered to be Sensitive Data under the Data Protection Act (1998) so there are important principles around confidentiality and accuracy to be adhered to. Occupational Health may make recommendations to the Company around proposed working adjustments and restrictions for due consideration by the Company. Medical physicians are governed by the General Medical Council.

Human Resources (HR) role

HR's role is to ensure the company D&A policy and procedures are understood by all employees and to advise managers and employees on appropriate support when issues arise. HR are often a contact point for employees who are suffering health issues and by managers/colleagues concerned about the health of other individuals. Such cases need sensitive handling. Increasingly health and wellbeing are key enablers for and also can be barriers to effective employee engagement. Both at the collective and individual level, the health and wellbeing of workers is now high on the HR agenda. Therefore workplace health and wellbeing initiatives, including support provisions where necessary, have become increasingly important elements of employment policy.

Communication between OH and HR

Responsibilities for the communication of sensitive information by OH and HR should be defined. This should include aspects such as when to disclose and to whom, what can be disclosed etc. In some companies OH communicates to HR and the line manager positive drug results (but does not name the drug, nor how much a person has failed a test by), whereas in others OH communicates that a person is not fit to work and nothing further. HR on the other hand often needs full facts before it is able to proceed with any disciplinary action where applicable.

Health Conditions and medication

There are health conditions that may cause impairment (not fit for work, or fit for work with restrictions). Many prescription drugs can impair a person's ability, so asking the employee to present evidence from their GP of a prescription should be standard practice. Many companies use employee self-notification forms for this process. Worthy of note is that many anti-depressants, antibiotics, antihistamines do give false positives for drugs e.g. *co-codamol* causes a false positive for heroin.

Regular review ('reality check')

The policy should be regularly reviewed for a number of reasons: to check it stands up on the current legal front, to measure policy performance, investigate the results obtained, assess what actions have been taken and if they were suitable and sufficient. It is also useful here to continue dialogue with any working groups that have been set up to implement the policy, such as employee and union representatives, and obtain feedback from individuals as to their experience of the policy process. If a regular review is carried out the policy and process can be updated and enhanced to be maintained as fit for purpose.



TESTING

When is it legal to test?

Compliance with legislation and the Data Protection Act is a must. Any testing done must be able to stand up in court, as this is an invasion of a person's privacy. It is therefore important a Chain of Custody and confidentiality is maintained throughout the process. Some companies develop lists of job roles in the organisation to help them design their testing procedures; the term safety critical is sometimes used to identify those covered by the testing part of the policy. Consideration should be given to the need for testing of contractors, as well as employees; this may mean the D&A policy becomes a contractual agreement of employment and part of the contractor's agreement. When deciding if a result is a true positive and to ensure the best chances of this being legally defensible some companies employ the services of a Medical Review Officer in the process. Guidelines for Legally Defensible Workplace Drug Testing have been developed by the European Workplace Drug Testing Society (EWDTS; see 'signpost' link).

Just-cause/random/pre-employment

There is no right or wrong on the type of testing if deemed as a necessary part of a policy. The policy should set out how any tests will be carried out, what action to take in the event of a positive result, what support is available to those testing positive or come forward asking for help, what action may be taken in the event of a positive result (which could be disciplinary) and what to do in the situation where a person refuses to give their consent for testing. For just-cause many companies require two managers to sign-off a testing referral (this helps to avoid employment issues). Random testing is generally (but not always) carried out on high-hazard sites; its aim is to prevent employee or contractor workplace drug or alcohol misuse. Pre-employment testing rarely identifies a positive result, yet can be helpful in setting expectations early on and contributing to the right workplace culture, which can lead to change in a person's 'behaviour' resulting in clear health benefits. Regarding types of testing there should be a balance between practicality and cost giving consideration to people's time and the rigour of testing. Saliva testing is cost effective as large numbers of people can be 'sampled' at the same time, yet some caution is needed as this may not necessarily be that accurate compared to urine testing, and as such may be used as an initial test 'screening' tool with positive sample results being sent for further testing. New technology for drug testing is also becoming available e.g. fingerprint sweat analysis.

Accredited laboratories

An accredited laboratory must be used for drugs testing for any result to be legally defensible; accreditation should be to ISO 17025:2005 and/or ISO 15189:2003 (see 'signpost' link to UKAS). Accredited laboratories will be able to provide advice on the most appropriate type of testing, the current standards, protocols and limitations of testing. In some cases false positives can be reported due to other substance(s), and an understanding of this and what to do as a confirmatory test or individual pre-notification needs to be considered. Furthermore check your chosen accredited laboratory is using up-to-date analytical methods and your Policy covers the needs for 'tomorrow' in terms of the recreational drugs taken.

Recreational drugs

Opiates are the most common family of drugs identified from testing. Accredited laboratories will be able to provide advice on specific drugs and their breakdown products (Classes A, B and C) to be included in the testing protocol. Dietary intake can affect the results of an alcohol and drugs test, for example poppy seeds contain thebaine that may give a false positive opiate result. Expert judgement is therefore needed when deciding whether a positive test constitutes a positive result.



SITUATIONS/SCENARIOS 'what to do'

CASE STUDY 1: *Duty Manager on Night Shift finds employee who is thought to be under the influence of alcohol*

'It was about an hour into the shift when I went into the control room and came across an operator who was acting out of character. When I got closer to him I thought I could smell alcohol on his breath. I asked him to accompany me to a quiet room to have a private conversation. I explained to him that I considered his behaviour to be quite erratic and I thought I could smell alcohol. He claimed to be feeling unwell as said that he wanted to go home. I asked him to stay in the quiet room whilst I consulted with a second manager. My colleague had a quick chat with the operator and also came to the same conclusion as me. Together we asked the operator specific questions about whether he had been drinking before coming to work which he denied. We didn't ask him questions about his drinking habits in general and only focussed on what had he been doing earlier in the day. I kept a summary note of what he said at this point.

'When I told the operator I believed he was under the influence of alcohol he became loud and demanded that he would leave site and drive home. I told him that if he got behind the wheel of a car it would be my duty to call the police as I considered him to be unfit to drive. This made him angry. I continued to try and keep things calm and engaged him in general conversation.

'As my company has a testing protocol I initiated the call-out for our third-party partner to carry out the testing. I was advised it would be around 1 ½ hours before they would get to the site. This was actually the most challenging period as the operator kept insisting he was just tired and he wanted to go home. He made several requests to leave site and at one point he said he needed to go to the bathroom but I found him trying to exit the building. As I needed to stay with him all the time I was fortunately that my colleague was able to remain on site and conduct the Duty Manager role whilst I was occupied.

'After the testing was completed, I arranged a taxi to take the operator home. He was suspended from duty and before I left at the end of my shift I wrote a statement that was used for a subsequent investigation process.'

CASE STUDY 2: *Employee support for alcohol dependence results in rehabilitation and return to work*

A process operator was employed at a chemical company, a top tier COMAH, for 26 years. The employee was dealing with some difficult times at home, he had distanced himself from his colleagues and his sickness absence had increased. There were suspicions that he may be using alcohol to help him cope. His Manager took the opportunity to have a confidential conversation with the intention of offering support, however the process operator denied having any issues and refused manager or OH support. Soon after this meeting the employee was declared unfit for work by his GP due to a diabetic episode and was admitted to hospital a few days later. On discharge there were numerous unsuccessful attempts made to contact by phone, calling at his home and text messages. Eventually a letter was sent to him that required a signature of receipt inviting him in for an OH review. This letter advised him of the appointment time and date, with details of the taxi that had been organised to collect him from his home address.

The employee attended the appointment under the influence of alcohol; he was slurring his words, unable to keep his balance, with his general appearance suggesting that he was in an extremely poor state of health. After a lengthy discussion he admitted that he had been drinking excessively for the past year. Over the past three weeks he had been admitted to hospital on two occasions where treatment was given to address the problem but he claimed that he started drinking again on discharge.

At this point, the employee agreed to accept some help and arrangements were made immediately with his consent for him to be supported on an alcohol rehabilitation programme at the Priory hospital (as an in-patient due to his poor state of health).

The employee completed the programme and returned to work three months later on a structured rehabilitation plan. He also volunteered as a counsellor for the local alcohol support groups and supported the Samaritan's during his time off. The employee retired six years later at the age of 63.





CASE STUDY 3: Positive Drug Test Result

All contractors at induction are required to undergo a D&A test before being accepted to work on-site. The test used is a six drug plus alcohol saliva test kit. On this particular day a contractor's test results showed positive for opiates. The induction facilitator informed the contractor of the result and explained the next step going forward was to be referred to Occupational Health for further investigation.

The contractor was then questioned by Occupational Health as to any possible explanation why his result tested positive for an opiate. The contractor replied that he had strained his back a few days earlier and was taking Co-codamol for pain relief. He then proceeded to pull out of his jacket a strip of Co-codamol. At this point there were two issues to further address:

1. On the screening test kit used Co-codamol can show as a positive for Opiates but so could Heroin as they share a similar chemical structure which causes a similar reaction on the test used. At this point we could not distinguish which drug caused the positive result even though he produced Co-codamol medication to support his story.
2. Co-codamol can cause adverse side effects which could impair the individual and affect their ability to work safely, particularly in a safety critical job. Prescribed or over the counter medications can cause as much risk to safety as illegal drug use.

In order to establish which specific drug caused the positive result the contractor was informed that we required his company to arrange a further test today which would be a GCMS test carried out by an accredited laboratory. This test is able to identify specifically which drug was in his system – co-codamol or heroin or indeed any other opiate. It is important that this test is taken on the very same day because due to drug metabolism there is a possibility his levels of the drug in his system could drop below a detectable cut-off level and come back as negative.

The contractor company was informed of the failed test result and carried out the required GCMS test on the same day. The results were that this individual had heroin in his system.

The learning points are:

1. Screening test kits cannot always determine which drug has caused a positive result. In some cases there are a number of different drugs/medication that could cause a false positive.
2. You cannot rely on the individual's reasons for the positive result. The only sure way of uncovering the truth is to progress to a GCMS test, which must be carried out on the same day.
3. Even where you reveal an individual is legitimately taking medication you have to consider if this medication may have an adverse impact on safe working.
4. Having a policy that includes notifying occupational health of any prescription medication so that it can be risk assessed.





CASE STUDY 4: *Drug and Alcohol testing regime result statistics*

A Company implemented a Drug and Alcohol testing regime in 2015. Each month, 1.5% of the site population are randomly selected for testing, which ensures 18% of the employees are tested in any given year. In addition to this random employee testing, the company carries out 100% testing of contractors during site shutdowns and significant project work.

Initially the pass/fail threshold for Alcohol was set according to the drink driving limit, 35 micrograms of alcohol in 100 millilitres of breath. This was changed in 2016 to zero for both Drugs and Alcohol. As a result the number of positive results increased between 2015 and 2016.

Between 2016 and 2017, there was a 54% reduction in the number of positive results which has been attributed to the identification and subsequent management of habitual drug users within the organisation and an increased awareness of the expectations around alcohol and fitness for duty.

The company is confident that the results will continue to reduce as the understanding of company expectations increases and is targeting <1% Positive results in 2018.

The results of the company testing were: 2015 = 1.96% Positive Results; 2016 = 2.97% Positive Results; 2017 = 1.37% Positive Results.

Helping members to achieve sustainable healthy workplaces

CASE STUDY 5: *Contractor uses fake sample to initially pass drug and alcohol test*

A Drug and Alcohol Policy required a pre-employment test for employees, along with subsequent random and with-cause testing. Contractors were subject to the random and with cause testing, but not the pre-employment tests.

During a prolonged period of using large numbers of contractors, an increasing trend of failed random tests amongst the contractor community was noted. Increasing the frequency of random testing appeared to only confirm the problem, with failure rates of 20-25% (mainly cocaine). To combat these concerns a change was made for the requirement to conduct pre-employment urine testing of contractors. Initially, the results of these pre-employment tests showed a similar number of failures. Others declined the test and simply left site. To minimise the time wasted, the D&A tests were subsequently required before contractors sat through their induction. Over a period of time, word must have spread about the tests, as the number of failed tests fell dramatically and has remained around 2-3% for pre-employment tests and less than 1% for random tests.

Management were made aware of a contractor who was 'bragging' about having fooled the D&A test at his induction. He was brought in to repeat the urine test, but this again proved negative. Purely by chance the site nurse was called away and the sample pot remained on his desk for a number of hours. On returning, he noticed that there were yellow stains on the sides of the sample pot. Further investigation identified the stains as food colouring. When challenged, the contractor admitted mixing warm tap water and food colouring as he expected he would otherwise fail the test. The contractor was removed from site and his employers informed.

Mouth swabs are now used for drug testing and breathalysers for alcohol, thereby removing the need for the nurse to leave the subject at all during the testing process. In a recent 100% test of all staff and contractors on site there were no positive samples; the company believes this to be a significant contributory factor to the safety of the site.



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CASE STUDY 6: *Just cause testing after an incident involving a vehicle*

A contractor was employed as an Insulation Technician by a contracting company to work on a fertiliser production plant, a top tier COMAH site, for 6-8 weeks during the Plant shut down.

He was driving down the site access road one morning and lost control of the vehicle, colliding with a post on the opposite side of the road. At the scene the contractor stated that he had not sustained any injuries, however there was a minor laceration to his forehead and he appeared extremely anxious. Whilst the vehicle was being recovered he was taken to Security for a first aid check and to give a statement of events.

Suspicious arose when the contractor's account of the event did not match that of the witness statement, in that he stated had swerved to avoid a deer that had run out in front of him. No deer had in fact been seen. The contractor was reminded of the company D&A policy, and in accordance with this he would be required to take the test. The contractor reluctantly consented to taking the test, which was carried out under the chain of custody conditions.

The drug test result showed a positive reading for the presence of cocaine, cannabis and benzodiazepine, none of which had been entered on the chain of custody consent form. The process was followed with the samples sent off to the nominated laboratory for further analysis. As policy, the individual was offered a representative sample available for him to have tested at an independent laboratory of his choice, he declined. The contracting manager then escorted the individual from site.

The Laboratory report confirmed the presence of large quantities of the drugs identified earlier in the initial test.

CASE STUDY 7: *Positive introduction of policy for wellbeing results in External Health Award*

A company are just setting up their revamped policy and are nearing go live date. Recognition for the work they have done so far has awarded them an external health award.

They were judged on work to date related to healthy workplaces and wellbeing programmes, plus the current work on D&A. Recognition was received due to the philosophy of support, and not testing in order to reprimand people. The company were able to show the support systems in place if positive results were found resulting in change of roles, counselling support and not focussed on dismissal. The Health Award was gained due to these factors particularly the proactive support of individuals. Testing is being introduced for those who come forward for help; just cause and random. Test kits used for screening (D&A) were used, and if a non-negative result was seen a contract lab is used for a confirmation test. Individuals across the site have been trained to conduct testing (included a safety rep).



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