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# DRUGS AND ALCOHOL POLICY


J & E Hall Limited

Policy Owner – Director of HR

## Document History

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Issue 1	December 2016	General Issue
Issue 2	May 2018	General Issue
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## Document Authorisation

Description	Name	Position	Sign
Prepared By:	Lauren Mann	HR Advisor	
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Authorised By:	Martin Jefkins	Director of HR	

## **Policy Objective**

This policy is intended to set out our rules on drugs, alcohol and substance abuse.

## **Our rules on alcohol, drugs and substance abuse**

Our policy is that the working environment is to be free from the influence of alcohol and drugs:

- to ensure your health and safety as well as the health and safety of those with whom you come into contact
- to maintain the efficient and effective operation of our business
- to ensure that our customers receive the best service from us

You must not:

- Report or try to report for work when unfit due to the influence of alcohol, drugs (whether illegal or not) or substance abuse. Whether you are unfit for work is a decision to be made by management
- Be in possession of alcohol or illicit drugs in the workplace. ('illicit drugs' include drugs which are controlled under the Misuse of Drugs Act 1971, including but not limited to heroin, cocaine, ecstasy, amphetamines and cannabis/marijuana, as well as those which are illegal to produce, distribute, sell or supply under the Psychoactive Substances Act 2016, which include so called 'legal highs').
- Consume alcohol or use illicit drugs or abuse any substance while at work. Employees may consume alcohol at company functions where such consumption has been authorised by senior management. Such functions will, where possible, be arranged for times when you do not have to return to work having recently consumed alcohol. This exception to the normal rule does not excuse drinking to excess or so as to create a safety risk.

## **Pre-Employment**

All prospective employees will be asked as a condition of any offer of employment to undergo a medical examination which will seek to determine whether the prospective employee has taken a controlled drug or substance or has an alcohol misuse problem.

Refusal to such an examination will result in the immediate withdrawal of any offer made.

## **Responsibility**

The Managing Director is the senior executive of J & E Hall with ultimate responsibility for all aspects of health, safety and welfare at work. They will ensure that this policy is kept up to date and implemented throughout the Company. They will also ensure that there are the necessary arrangements to monitor the effectiveness of the policy.

## **Alcohol**

The Company Policy is to forbid the consumption of alcohol on the Company's premises or sites, or attending any of the Company's premises or sites under the influence of alcohol. (Unless prior consent is given and authorised by a Director of J & E Hall).

Any employee who is found consuming alcohol (without consent given and authorised by a Director of J & E Hall) on the Company premises or site or on any client or suppliers site where they are carrying out their duties or is found to be under the influence of alcohol at work, may face disciplinary action under the Company's disciplinary procedure.

The Company will promote the health and wellbeing of its employees by providing information, instruction and training and where applicable may conduct health surveillance.

For the elimination of doubt, the expression "being under the influence of alcohol" means that the employee has consumed alcohol in sufficient quantity and/or within recency that may affect their job performance in any way. The term is not meant to have any relationship to levels of consumption for health reasons and or which may acceptable from time to time for the driving of motor vehicles.

## **Drugs**

In accordance with the Misuse of Drugs Act, the possession, use or distribution of drugs or substances for non-medical purposes on Company premises or sites in which it may be engaged in work being carried out is strictly forbidden. The Company is duty bound to inform the Police of any such revelations.

Anyone found to be dealing in drugs outside the workplace may be held to have prejudiced the relationship of trust between the individual and the Company and may be subject to the disciplinary procedure.

The main illegal drug groups are opiates (heroin), cocaine, benzodiazepines (valium), amphetamines (speed), methamphetamines (ecstasy), cannabinoids (cannabis), methadone and barbiturates (depressants). Medically prescribed drugs that may affect your performance at work should be notified to your manager.

If you are prescribed drugs by your doctor, which may affect your ability to work in a safe manner, or regularly take over the counter preparations or herbal remedies, you must inform your immediate Supervisor and/or Manager before carrying out any work activity. All information given is confidential and will be treated as such.

The Company will promote the health and wellbeing of its employees by providing information, instruction and training and where applicable may conduct health surveillance.

## **Testing Policy**

If the Company suspects the use of any illegal drug groups and or the consumption of alcohol, or your work performance or conduct has been impaired through the taking of drugs or alcohol, the Company reserves the right to require you to undergo a medical examination.

Refusal to undergo a medical examination under such circumstances is a disciplinary offence, which may lead to dismissal.

If anyone is positively tested for a controlled drug and or alcohol or admits there is a problem, the Company reserves the right to suspend that person from their employment to allow the Company to decide whether to deal with the matter under the terms of the Company's disciplinary procedure or refer the person for treatment and rehabilitation.

On return to work, after having been declared fit for work by the Company Occupational Health provider, your own GP or Company Appointed Doctor, should a recurrence of the original problem occur, or the performance of that person shows impairment caused by the problem and can no longer carry out their work to the required level of performance, that person will be subject to disciplinary action under the Company's disciplinary procedure.

### **Special Circumstance**

Employees whose role involves entertaining for business purpose or representing J & E Hall at events at which alcohol is served, are considered to be attending work related events, even though they may occur outside normal working hours. Consequently, the same standards apply and the employee must remain professional and fit for work at all times.

At social or work related functions; J & E Hall expects employees to demonstrate responsible behaviour and to act in a way that will not have detrimental effect or impact negatively on J & E Hall's reputation. At such work related outings, senior employees should act to prevent excessive consumption of alcohol by any employee and should take steps to deal with any unacceptable conduct that occurs at such functions. Any such behaviour may be subject of disciplinary action.

### **Arrangements**

The Company may;

- Advise all existing employees and all new personnel at their induction of the risks to health and safety arising from the effects of alcohol and drugs.
- Encourage employees who may have an alcohol or drugs related problem, which affects their work, to take advantage of the Company's drugs / alcohol procedure for diagnosis and treatment.
- Enable Managers, Supervisors and Team Leaders to be trained to identify job performance problems that may be attributable to the effects of alcohol or drugs, and consult with a suitable Medical practitioner and the HR team to determine what medical / disciplinary action should be taken.
- In cases where the adverse effects on work due to taking of alcohol or drugs is confirmed or admitted, the Company will have the right to suspend that person (on full pay) until a decision is taken on whether to send that person on a program for treatment, in consultation with the Medical practitioner, the Company Occupational Health provider, HR Department and the employee.
- Instruct the Medical practitioner and / or the HSQE Manager to coordinate, monitor and if necessary participate in the treatment, which may involve communication to or liaison with the employees GP, Counsellor or Hospital department.

### **Possession of/dealing in illegal drugs**

Possession of or dealing in illicit drugs on company premises will, without exception, be reported to the police.

### **Breaches of this policy**

Any breach of this policy will be taken seriously and may lead to disciplinary action. Serious breaches will be regarded as gross misconduct and may lead to immediate dismissal under our disciplinary procedure.

You must co-operate to the fullest extent possible in any investigation into suspected breaches of this policy.

If the effect or meaning of any part of this policy is unclear you should seek clarification from HR.

**Status of this policy**

This policy does not give contractual rights to individual employees. The company reserves the right to alter any of its terms at any time although we will notify you of any changes.

### ALCOHOL TESTING CONSENT FORM

Donor's Name		Donor's Works No.	
Assessor's Name		Co-Assessor's Name	
Position		Position	
Test Date		Test Time	

**Donor's Statement:**  
 I hereby consent to provide a breath sample for the detection of alcohol and confirm the information that I have provided is correct. I confirm that in the 20 minutes prior to giving this breath sample, I have not taken anything by mouth or smoked in the last 2 minutes. I am aware of the policy of **J & E Hall Limited** should a positive result be detected and understand that my results will be communicated with my employer.

Donor's Name: \_\_\_\_\_ Donor's Signature \_\_\_\_\_

<b>Reason For Test</b>	Pre-employment	Random	For Cause
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**Test Results**

Serial Number \_\_\_\_\_

Batch Number \_\_\_\_\_

Last Calibrated \_\_\_\_\_

Test Result \_\_\_\_\_ Company Limit \_\_\_\_\_

Test Result \_\_\_\_\_ Company Limit \_\_\_\_\_

I agree with the above result and that the correct sampling procedure has been followed.

Name of Assessor \_\_\_\_\_ Signature \_\_\_\_\_

Name of Co-Assessor \_\_\_\_\_ Signature \_\_\_\_\_

Name of Donor \_\_\_\_\_ Signature \_\_\_\_\_

**Important Note:**

In the case of any positive result, a second test will be administered and recorded twenty minutes after the first test and both results fixed together. For the purpose of evidence the second result is the true Breath Alcohol Level. (This eliminates any possibility of mouth alcohol interference.)

**DRUG SCREENING CONSENT FORM**

Donor's Name		Donor's Works No.	
Assessor's Name		Co-Assessor's Name	
Position		Position	
Date		Time	

Reason for Test	Pre-employment	Random	For Cause
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**Donor's Medication Details**

Give details of any medication taken in the last 14 days. Include prescribed medications, over the counter products and herbal remedies. If you have taken none in the last 14 days, write NONE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Donors Statement:**

I hereby consent to the following screening test for detection of drugs and/or their metabolites from a sample of my urine. I will provide a fresh sample of urine into the Drug Check 6 collection cup. I confirm my medication details on this form to be correct. I am fully aware of the policy of **J & E Hall Limited** should a positive result be detected.

Donor's Name: \_\_\_\_\_ Donor's Signature: \_\_\_\_\_

Assessor's Interpretation			Co-Assessor's Interpretation		
	Negative	Positive		Negative	Positive
1. Amphetamines			1. Amphetamines		
2. Benzodiazepines			2. Benzodiazepines		
3. Cannabis (THC)			3. Cannabis (THC)		
4. Cocaine			4. Cocaine		
5. Methamphetamine			5. Methamphetamine		
6. Opiates			6. Opiates		

For the test results to be valid, the control lines for any given drug must form. For the interpretation of the test results, the Assessor and Co-Assessor must agree on all results. Therefore, if both Assessors agree that all 12 Magenta lines have formed (both the control and test lines), the donor can be considered negative for the classes of drugs listed above. Where magenta lines do not form, the patient is considered positive.

I agree with the above result and that the correct collection procedure has been followed.

Assessor's Name: \_\_\_\_\_ Signature \_\_\_\_\_

Co-Assessor's Name: \_\_\_\_\_ Signature \_\_\_\_\_

**DRUG / ALCOHOL REHABILITATION**

<b>Name</b>		<b>Date of Birth</b>	
<b>Address</b> _____ _____			
<b>Works No</b>		<b>Dept</b>	

The above employee tested positive for			
<b>Drugs</b>		<b>Alcohol</b>	
The test was performed on a Random / For Cause basis on the following date: _____			

I accept that my DRUG / ALCOHOL test was positive and hereby agree to a referral to the Company Appointed Doctor for assessment to receive specialist assistance. If it is deemed necessary, I agree to embark on a rehabilitation programme.

During this time I agree to adhere to the rehabilitation programme and understand that I may have to undergo random testing.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Employee

<b>Clinical Attendance Notes.</b>
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Signature: _____	Date: _____
Company Appointed Doctor	



### Drug / Alcohol Process

