



# **ALCOHOL, DRUGS AND FATIGUE IN THE WORKPLACE**

## **UNIONS NSW**

**DRAFT POLICY ON MANAGING ALCOHOL  
AND OTHER DRUGS AND FATIGUE IN THE  
WORKPLACE FOR ALL EMPLOYEES IN  
NSW**



# CONTENTS

1. INTRODUCTION	4
2. COVERAGE AND APPLICATION	5
3. PURPOSE	6
4. EFFECTS OF ALCOHOL AND OTHER DRUGS INCLUDING HEALTH EFFECTS	7
4.1 ALCOHOL	7
4.2 MEDICATIONS (OVER THE COUNTER AND PRESCRIBED)	8
4.2.1 MINOR TRANQUILLISERS	8
4.2.2 CANNABIS	9
4.2.3 OPIATE ANALGESICS	9
4.2.4 NON-OPIATE ANALGESICS	9
4.2.5 VOLATILE SUBSTANCES	9
5. RESPONSIBILITIES	10
5.1 ORGANISATIONS	10
5.1.1 MANAGERS/SUPERVISORS	10
5.1.2 EMPLOYEES	11
6. LEGISLATIVE REQUIREMENTS	12
6.1 OCCUPATIONAL HEALTH AND SAFETY REQUIREMENTS	12
6.1.1 OHS ACT 2000 & OHS REGULATION 2001	12
7. EMPLOYER/OPERATOR COMPLIANCE	14
8. INFORMATION, EDUCATION AND TRAINING	15
8.1 PROVISION OF EDUCATION AND TRAINING	15
8.1.1 SPECIALIST TRAINING	16
8.1.2 TRAINING PACKAGE	17
8.2 INDUCTION PROGRAMS	17
9. DISPUTE RESOLUTION AND APPEALS	18
10. SELF IDENTIFICATION	19
12. DISCIPLINARY ACTION, FAIR PROCEDURES, EDUCATION AND ASSISTANCE	21
13. DISCIPLINARY PROCEDURES	22
13.1 WORKCOVER/LABOR COUNCIL PROCEDURES	22
13.1.1 INTERVIEW ONE	22
13.1.2 INTERVIEW TWO	22
13.1.3 INTERVIEW THREE	23
13.1.4 INTERVIEW FOUR	23
14. IMPAIRMENT ASSESSMENT INCLUDING FATIGUE	24

14.1 WHAT IS IMPAIRMENT?	24
14.1.1 PRESCRIBED OR OVER THE COUNTER MEDICATION WHICH MAY CAUSE IMPAIRMENT	24
15. FATIGUE	26
15.1 INSOMNIA	27
15.2 RISK ASSESSMENTS RELATING TO FATIGUE	27
15.3 EACH WORKPLACE TO ASSESS RISKS RELATED TO FATIGUE	27
15.4 OHS REGULATION 2001	28
16. IMPAIRMENT ASSESSMENT – IDENTIFYING POSSIBLE FACTORS OF AN EMPLOYEE WHO MAY BE UNDER THE INFLUENCE OF A SUBSTANCE	29
16.1 WHEN APPROACHING AN EMPLOYEE WHO IS SUSPECTED OF HAVING A PROBLEM	30
16.2 CONDUCTING AN IMPAIRMENT ASSESSMENT	30
16.2.1 EMPLOYEE ASSESSED AS NOT BEING IMPAIRED	31
16.2.2 EMPLOYEE ELECTED OHS REPRESENTATIVES TRAINING REQUIREMENTS	31
16.3 EMPLOYEE FAILS IMPAIRMENT ASSESSMENT	31
16.4 RESPONSIBILITIES OF THE MANAGER OR SUPERVISOR	31
17. REFERRAL AND REHABILITATION	33
17.1 REFERRAL	33
17.2 SELF DISCLOSURE	33
17.3 REHABILITATION	34
17.4 EMPLOYEE ASSISTANCE PROGRAMS	34
17.4.1 PROVIDING AN EMPLOYEE ASSISTANCE SERVICE	35
18. PRIVACY	36
18.1 CONFIDENTIALITY	36
18.2 RECORD KEEPING	37
19. RESOURCES	38
20. REFERENCES	39
APPENDIX A - IMPAIRMENT CHECKLIST FOR DRUG AND ALCOHOL	40

## 1. INTRODUCTION

In Australia, alcohol and tobacco are legal substances enjoyed by many adults. Indeed, enjoying a drink is considered part of the Australian way of life. If people choose to use alcohol, tobacco and other drugs in their private lives, it is their own business. However, if they do it in the workplace or come to work affected by alcohol and drugs and pose a risk, it becomes the concern of their employer.

There are many alternative methods that can be used to make a real difference in controlling issues relating to drug or alcohol workplace problems. Strategies need to encompass fairness, transparency and flexibility. These include introducing agreed workplace alcohol and other drug policies, in conjunction with worker education, supervisor training, and referral of workers with problems to treatment agencies and rehabilitation of affected workers.

Unions NSW has developed this Drug, Alcohol and Fatigue Policy, which is based on the guidelines that were developed by Dept of Health, WorkCover and expert consultants from the NSW Police Service. Unions NSW also referenced and incorporated the principles from the following documents.

- The ACTU Drug and Alcohol Policy 1991,
- The Building Trades Group Drug and Alcohol Program,
- The International Labour Office Geneva *“Management of Alcohol and Drug related issues in the workplace”*. *This Voluntary Code of Practice was issued by the ILO in 1995,*
- WorkCover’s *“A Guide to managing alcohol and other drugs in the workplace”*,

Under the NSW Occupational Health and Safety Act 2000, employees also have a responsibility to take reasonable care for the health and safety of others and cooperate with employers in their efforts to provide a safe workplace.

Under the OHS Regulation 2001, employers are required to identify, assess and control workplace risks. The Regulation makes particular reference to fatigue as a hazard. The employer needs to identify risks associated with a person who is impaired, or could be impaired, by a substance or fatigue.

This Policy assists employers in meeting their obligations under the OHS Act 2000 and OHS Regulation 2001.

This Policy also promotes a consistent approach across NSW in managing the risks posed by drug and alcohol use.

## **2. COVERAGE AND APPLICATION**

This Policy is designed to cover all employees in NSW including full or part time employees, contract or casual workers, volunteer workers and their managers.

### **3. PURPOSE**

The purpose of this Policy is to provide a framework for employers and employees to follow when dealing with issues relating to the consumption of alcohol and other drugs and to comply with the abovementioned elements of a Drug and Alcohol Program. This Policy also covers issues relating to fatigue.

## **4. EFFECTS OF ALCOHOL AND OTHER DRUGS INCLUDING HEALTH EFFECTS**

Both legal and illegal drugs can be broadly categorised as depressants, stimulants or hallucinogens. Most drugs, even in very low doses, can affect the capacity of an employee to carry out their duties safely.

There are a number of chemicals used in workplaces, which can have a similar effect of types of drugs. Where these are used, a strict hierarchy of hazard control should be employed and employees should be educated in the potential hazards.

### **4.1 ALCOHOL**

Alcohol is the most commonly used depressant drug. It affects both mental and motor function. Evidence indicates that impairment of mental and motor functions occurs at a blood level of about 0.03%, which is equivalent to the consumption of two standard drinks per hour. The effects vary depending on individual tolerance and in general, women have a lower tolerance.

There are many people who are professionally employed as drivers who are covered by blood alcohol restrictions. The legal blood alcohol limit for driving in NSW is 0.05%, which can be reached by a 75kg individual from three standard drinks in one hour. The legal limit for provisional license drivers and heavy vehicle drivers is 0.02%.

Blood Alcohol Concentrate (BAC) which is determined by how much a person drinks and over what period of time is affected by a number of factors

- Gender – females will almost always have a higher BAC.
- Body size – A smaller person will have a higher BAC.
- Weight – people with low body weight can be more affected.
- Health/Fitness.
- An empty stomach.
- Ageing effects – your body's response to drugs and alcohol in a number of ways.

After an alcoholic drink, the alcohol is absorbed rapidly into the bloodstream. The time it takes between the last drink and the point at which blood alcohol concentration (BAC) peaks can range from 30-90 minutes. On average, you can metabolise 6-8 grams of alcohol every hour. Therefore, a bit less than one standard drink per hour is cleared from the body.

The effects of alcohol on performance can be but not limited to:

- Loss of inhibition;
- Impairment of coordination, judgement, intellectual capacity and ability to act quickly;
- Blurred vision;
- Slurred speech;
- Hangover – headache, shakiness, nausea and vomiting;
- In the longer term, damage to the brain, liver, heart and stomach.

Alcohol is broken down by the liver at a rate of approximately 0.015% per hour. Nothing can speed up the work of the liver – not black coffee, cold showers, exercise, and vomiting or any other remedy.

## **4.2 MEDICATIONS (OVER THE COUNTER AND PRESCRIBED)**

Some medications that may be prescribed by a doctor or obtained over the counter may cause impairment. In the event that an employee is on a medication that may cause impairment, they should either seek a certificate from their doctor indicating that they are not impaired or advise their supervisor, manager or OHS representative, who can conduct an impairment assessment.

Medication should be taken as per the directions on the label or as advised by the pharmacist or doctor.

Employees should outline the duties of their job to their doctor and seek advice as to whether they will be impaired or affected by the medication they are taking.

### **4.2.1 MINOR TRANQUILLISERS**

These are drugs usually prescribed by a doctor for treatment of anxiety and sleeplessness. They may cause drowsiness and impair motor coordination, judgement reaction time and intellectual capacity. The effects are greatly increased when mixed with alcohol. These drugs come under the name of benzodiazepines and include Valium, Serapax, Mogadon and Normison. Daily use over time can lead to dependence, and withdrawal symptoms may include increased anxiety, agitation, disturbed sleep, pain and flu like symptoms.

Other prescription medications that can affect performance in the workplace are barbiturates and other sedative hypnotics, which include Amytal, Nembutal, Seconal, and Sodium Pentothal.

#### **4.2.2 CANNABIS**

Known as pot, dope, marijuana and hashish. Technically, it can be classified as a depressant with hallucinogenic properties. In the short-term cannabis use can impair motor coordination, short-term memory, tracking ability, sensory functions and perception. Long-term use of it may cause lasting memory impairment, decreased sperm count and motility in males, interfere with ovulation in females and impair immune responses.

#### **4.2.3 OPIATE ANALGESICS**

These drugs are used to relieve pain. They may also produce a euphoric effect and impair the ability to drive and operate machinery. They can cause nausea and vomiting, constipation, and depress breathing. Long-term effects include tolerance, dependence and withdrawal symptoms. Intravenous use of these substances may pose a serious danger from life threatening infections e.g. Hepatitis, HIV and other blood borne diseases.

- Opium (illegal).
- Morphine.
- Codeine (on prescription and over the counter mixed with aspirin or paracetamol).
- Heroin (illegal).
- Pethidine.
- Methadone.

#### **4.2.4 NON-OPIATE ANALGESICS**

This group includes aspirin and paracetamol. In recommended doses, this group has no effects that could affect the capacity to work safely.

#### **4.2.5 VOLATILE SUBSTANCES**

Volatile substances are commonly known as inhalants or solvents and include butane gas, petrol, paint thinner and alcohol.

Volatile substances are classified as a central nervous system depressant and may impair an employee's ability to safely perform their duties.

## **5. RESPONSIBILITIES**

### **5.1 ORGANISATIONS**

- Integrate the objectives of this Policy into work practices
- Take measures to achieve a workplace culture that supports an alcohol and drug free environment
- Reduce the effects on the workplace of the misuse / abuse of alcohol and other drugs (eg absenteeism, accidents and low productivity)
- Provide practical guidelines to managers for dealing with employees whose work performance or conduct is affected by the misuse / abuse of alcohol and other drugs
- Consult and reach agreement with employees and their unions at all stages of the implementation of this policy and the development of practical guidelines.

#### **5.1.1 MANAGERS/SUPERVISORS**

- Ensure that employees are not exposed to risks.
- Conduct a risk assessment in consultation with employees.
- Implement and monitor this Policy.
- Understand and provide information to employees on the organisation's education program.
- Provide appropriate supervision.
- Monitor workloads.
- Monitor and manage changes in work performance and conduct.
- Maintain safe work practices.
- Make sure that employees are okay to work safely (including when employees are being recalled for duty).

- Foster an environment of open communication.
- Make appropriate workplace adjustments to support the rehabilitation of employees.
- Encourage employees to use the Employee Assistance Program to support them and their families with issues of drug and alcohol misuse.
- Provide information about counselling, treatment and rehabilitation services where appropriate (see Employee Assistance in this Policy).

### **5.1.2 EMPLOYEES**

- An employee must take reasonable care for the health and safety of their co-workers in the workplace and cooperate with the employer to enable compliance to the OHS Act 2000 and OHS Regulation 2001.
- Employees must report all workplace hazards to the OHS Representative, Manager/Supervisor.
- Report for duty free of the influence of drugs and alcohol.
- Check with your doctor that you are safe to work in your current job while taking prescription medicine.
- Check with your pharmacist that you are safe to work in your current job while taking over the counter medication.
- Talk to the manager/supervisor, Occupational Health and Safety representative or Union representative if you are concerned about working with other employees because of a perceived safety risk due to drug/alcohol use or abuse.

## 6. LEGISLATIVE REQUIREMENTS

The following legislation must be referred to

- The NSW OHS Act 2000
- The NSW OHS Regulation 2001
- The NSW Privacy Legislation
- The Federal Privacy Legislation
- WorkCover Guidelines

### 6.1 OCCUPATIONAL HEALTH AND SAFETY REQUIREMENTS

#### 6.1.1 OHS ACT 2000 & OHS REGULATION 2001

The *Occupational Health and Safety Act* and the *OHS Regulation 2001* place a firm obligation on employers to ensure the health, safety and welfare at work of all employees, contractors and visitors to the workplace.

Employers are also responsible for ensuring that risks to health and safety in the workplace are identified, assessed, and then eliminated or controlled, and that information, instruction, training, and supervision needed to ensure employees' health and safety in the workplace is provided.

The Act also places an obligation on individual employees to take reasonable care for the health, safety and welfare of others, and to cooperate with employers in their efforts to comply with occupational health and safety requirements, follow workplace policies and report all incidents to the employer.

**Section 13 of the NSW Occupational Health and Safety Act 2000 prescribes the employers' duty to consult with their employees.** Employers must consult with their employees to enable their employees to contribute to the making of decisions affecting their health, safety and welfare at work. This includes the risk identification, assessment and control process and the development of workplace policies and procedures.

**Section 14 of the OHS Act prescribes the nature of consultation. Under this division requires the employer to share relevant information about OHS with their employees.** Allow the employees to express their views, and contribute to the resolution of OHS issues at their place of work and take into account and value the views of the employees.

**Section 15 of the OHS Act prescribes when consultation is required.**

*Consultation under this Division is required:*

- (a) When risks to health and safety arising from work are assessed or when the assessment of those risks is reviewed, and*
- (b) When decisions are made about the measures to be taken to eliminate or control those risks, and*
- (c) When introducing or altering the procedures for monitoring those risks (including health surveillance procedures), and*
- (d) When decisions are made about the adequacy of facilities for the welfare of employees, and*
- (e) When changes that may affect health, safety or welfare are proposed to the premises where persons work, to the systems or methods of work or to the plant or substances used for work, and*
- (f) When decisions are made about the procedures for consultation under this Division, and*
- (g) In any other case prescribed by the regulations.*

**This Policy has been developed in full consultation with all unions and their employees and therefore meets the consultation legislative requirements.**

## **7. EMPLOYER/OPERATOR COMPLIANCE**

The Drug and Alcohol Programs require that the employer must consult with their employees and unions at all stages of the Policy/Program

To comply with all of the abovementioned legislation for the purposes of drug, alcohol and fatigue policies, the employer must comply with the following steps outlined below.

1. The employer must identify the interested parties who need to be consulted
2. Consult with these parties (this must be documented)
3. Reach agreement with the parties on protocols for fair procedures
4. Ensure that there is sign off by all parties to the agreement. Note: (this will be incorporated in all awards and registered industrial agreements)
5. Review of these policies and procedures as designated by the parties or when required.

## **8. INFORMATION, EDUCATION AND TRAINING**

Employers should inform all employees of their responsibility in relation to consumption of alcohol or other drugs which may adversely affect their work performance or conduct as part of an overall healthy lifestyle program.

Employers must also provide practical guidelines and training to managers and supervisors for dealing with employees who may be affected by alcohol or other drug including the disciplinary sanctions and maintaining strict confidentiality.

It is important to develop a workplace culture through education where workers are prepared to encourage each other to be safe and not impaired at work. Employees should be aware of the need to refer incidents likely to pose a safety hazard to their supervisor, and if the problem is ongoing to the chairperson of the OHS committee or OHS Representative. The Policy should be well communicated within the workplace and provide for a suitable information and education program for all staff.

Employers should introduce drug and alcohol training programs into a broader health lifestyle program, which deals with fitness for work, nutrition and wellbeing.

### **8.1 PROVISION OF EDUCATION AND TRAINING**

No matter what type of workplace the focus must be on:

- Health and safety.
- Impairment and how to recognise impairment.
- Providing strategies to encourage changes in attitude so that it becomes accepted that work and alcohol and drugs don't mix. For example, the responsible serving of alcohol at work functions.
- Helping supervisors and managers deal appropriately with employees who are intoxicated.
- Helping people who are misusing alcohol and drugs from developing further problems.
- Helping people who have problems to seek effective solutions and treatment.
- Providing information enabling people with alcohol and drug problems to have a choice about solutions and treatment.
- The establishment of proper employee assistance and referral programs.

## **Education and training for all employees should:**

- Be tailored to the particular circumstances and culture of the workplace;
- Outline the importance of being unimpaired;
- Cover what constitutes unacceptable alcohol or other drug use;
- Provide details of the workplace's Policy on dealing with the misuse of alcohol and other drugs, both in respect of long term addiction and isolated incidents;
- Provide education and information on how to maintain a healthy lifestyle and promote well-being;
- The effects of the misuse of alcohol and other drugs on health, safety and performance in the workplace;
- Ways of dealing with the misuse of alcohol and other drugs;
- The counselling, treatment and rehabilitation services available in the workplace and externally;
- The appropriate person/s to approach for assistance with a problem related to the misuse of alcohol and other drugs;
- The legal position (rights) of employees and management in relation to alcohol and other drug testing, including their obligations in respect of privacy and confidentiality; and
- How an employee who has a problem can self disclose.

### **8.1.1 SPECIALIST TRAINING**

Training for managers, supervisors, OHS representatives and committee members and other designated people must include:

- Their role and responsibility for implementing this Policy;
- How to identify and approach employees who are affected by alcohol or other drugs in the workplace;
- Dealing with the long-term user and those intoxicated in one-off situations;
- How to sensitively refer an employee to specialist counselling and treatment and to avoid taking on the counselling role themselves;

Observation of people suspected of being under the influence of a substance, using the impairment based assessment developed by Dr Judith Perl for the NSW Police Service and mirror the training provided to NSW Police;

### **8.1.2 TRAINING PACKAGE**

Dr Perl, who is a consultant to the Unions NSW, has developed a training package based on the impairment assessment checklist, which is used by the NSW Police Service for impairment assessment of drivers. This is attached as Appendix A.

Unions NSW has worked closely with the NSW Police, who have had an effective Drug and Alcohol Program in place since 1987 for testing NSW drivers. The Policy follows very closely the methodology used by the NSW Police.

Dr Judith Perl, who is responsible for the NSW Program has assisted in the development of this Policy and has developed a training package for the Unions NSW, which is modelled on the training package for NSW Police.

Unions NSW is prepared to conduct accredited "Train the Trainer" programs for all organisations.

## **8.2 INDUCTION PROGRAMS**

Information on the Alcohol, Other Drugs and Fatigue Policy must be provided in induction and on-going training and posted on notice boards for all employees to refer to.

Under Clause 13 of the OHS Regulation 2001 employers are required to provide all new employees with induction training and it is recommended that the drug and alcohol and fatigue Policy and procedures be incorporated into this training.

## **9. DISPUTE RESOLUTION AND APPEALS**

Where there is a dispute regarding this Policy or Program of alcohol, other drugs or fatigue, the following steps must be followed. The status quo shall remain in place whilst this procedure is being followed.

The matter is referred to the relevant union or unions or the peak workplace OHS Committee.

If the matter cannot be resolved then it will be referred to the Unions NSW

If the matter cannot be resolved then it will be referred to the NSW Industrial Relations Commission.

## 10. SELF IDENTIFICATION

Employers should encourage any employee who is having difficulty controlling their use of drugs or alcohol to self identify and enter into a recognised drug rehabilitation program. If a person self identifies, the employer will support and assist the employee to return to work within a reasonable period of time.

An employee who self identifies notifies their manager, human resources manager, the Manager Workplace Conduct (within the Human Resource Policy Unit) or any occupational health and safety or workplace safety personnel. The employee's manager is informed and the person is taken off safe working duties and found alternative duties. The employee is paid at his or her base pay rate. A six months period will apply to these arrangements.

The employee then either:

- Consults his or her own doctor and enters into a recognised rehabilitation program.
- Consults with the human resources area or health services area to help identify a recognised rehabilitation program.

Provides:

- Evidence from the provider that the employee has entered into treatment
- Regular progress reports

Where an employee is absent due to rehabilitation then they will have access to accrued leave while in a rehabilitation program on production of a doctor's certificate.

The employer will need to have confidence that the program and the provider have:

- A record of success in dealing with people with drug and/or alcohol problems
- The ability to conduct and organise random urine tests
- The willingness to provide:
  - \* A reasonable estimate of the time required for the employee to be suitable to return to work
  - \* A statement outlining the employee's inability to return in the short term (if required)
- The capacity to identify:

- \* When an employee is ready to return to work
- \* The level of responsibility to which the employee can return

A return to work program would be arranged and agreed to, along the lines of other rehabilitation programs, and can be gradual or total depending on:

- The advice of the provider
- The advice of the employee's doctor
- The criticality of the work performed by the employee

A gradual return to work:

- May or may not include ultimate return to a railway safety worker position
- Would always include random blood and/ or urine tests

## **12. DISCIPLINARY ACTION, FAIR PROCEDURES, EDUCATION AND ASSISTANCE**

An alcohol and other drug Policy must clearly set out the:

- (a) Protocols for fair procedures agreed with employees and their representatives,
- (b) Education and assistance available to an employee who self identifies as someone whose consumption of alcohol or other drugs could impair his or her ability to safely undertake work,
- (c) Protocols for fair procedures, education and assistance available to an employee who is found to be impaired.

## **13. DISCIPLINARY PROCEDURES**

The WorkCover Guidelines recommend employers include a fair and reasonable disciplinary and counselling approach in their workplace Policy on drugs and alcohol. The procedure for performance counselling and, if necessary, discipline of employees who may be a safety hazard should be consistent with the following procedures or other agreed established performance counselling and disciplinary measures applying in the workplace.

**The employee should be encouraged to seek counselling, otherwise they may face disciplinary action or termination.**

### **13.1 WORKCOVER/LABOR COUNCIL PROCEDURES**

Outlined below is WorkCover and Labor Council's recommended performance counselling/disciplinary procedures.

#### **13.1.1 INTERVIEW ONE**

The first interview should be held between the employee and supervisor and a general support person of the employee's choice. This could be a union delegate or an OHS site representative. The following should be discussed:

- Details relating to drug and alcohol use; and
- The standard of performance required.

The employee should be asked if there are any workplace factors contributing to poor work performance.

The employee should be offered professional counselling for personal or workplace factors with time off work to attend.

An agreement should be reached about the time it will take for the employee to return to satisfactory performance. If in reviewing performance it is found that the employee has regained satisfactory performance there is no need to go any further. Refer to Clause 17.

#### **13.1.2 INTERVIEW TWO**

The second interview should be held between the employee, supervisor and union representative. At the second interview, any additional details relating to drug and alcohol use and the standard of performance required should be stated.

The employee must be informed that they risk discipline and possible dismissal for failing to improve performance, and the offer of assistance through professional counselling should be repeated.

If in reviewing performance it is found that the employee has regained satisfactory performance no further interviews will be required, subject to continued good performance.

The employer should provide details in writing (Refer to clause 19).

### **13.1.3 INTERVIEW THREE**

Interview three should be held between the employee, supervisor and union representative. All details relating to drug and alcohol use should be stated or restated. The employee must be informed that they risk losing their job if their performance continues to be unsatisfactory.

The offer of professional counselling should be repeated. The performance of the employee should then be reviewed on an on-going basis.

The employer should provide details in writing (Refer to clause 19).

### **13.1.4 INTERVIEW FOUR**

Interview four should be held between the employee, a union representative and the supervisor with the authority to take disciplinary measures and terminate employment. It is convened to arrange appropriate disciplinary measures, which may include termination of employment.

**Reference: This information has been reproduced from WorkCover's Guidelines on Managing Alcohol and Other Drugs in the Workplace.**

The employer should provide details in writing (Refer to clause 17).

## **14. IMPAIRMENT ASSESSMENT INCLUDING FATIGUE**

### **14.1 WHAT IS IMPAIRMENT?**

Impairment is an inability to perform at your normal level of concentration and focus on safety. After a shortened or disturbed sleep rest break a person's ability to function and coordinate is substantially reduced. For example, after a disturbed sleep with a sick child, shift work or a heavy social calendar.

It is important to recognise that impairment can be associated with a range of factors including, but not limited to the following:

- Fatigue
- Drug and alcohol misuse
- Psychological (stress and anxiety, etc.)
- Physical (injury or functional fitness, etc.)
- Workplace environmental factors (heat, dust, noise, chemicals, etc.)
- Design of work

A person who is on certain medication may be impaired, and this may give the impression of being drug or alcohol related.

Anyone who is impaired, no matter what the cause, should not be involved in safety critical tasks, i.e. operating heavy plant and machinery or driving vehicles.

Research indicates that a fatigued person's performance maybe similar to concentration 0.1% BAC, which is twice the legal driving limit – Dr Judith Perl.

Whilst such symptoms may suggest possible alcohol or drug affects, many of these indicators may also be present as a result of fatigue, stress or health issues.

#### **14.1.1 PRESCRIBED OR OVER THE COUNTER MEDICATION WHICH MAY CAUSE IMPAIRMENT**

The employer will not test for prescribed medication, however the employee has than obligation under the OHS Act 2000 to inform the employer if there are impaired by medication.

There are some medications (whether over the counter or prescribed) that have side effects, which may cause impairment in an individual. Often the

information on the label indicates whether the medication can cause impairment or fatigue.

An employee does not have to disclose to the employer the type of medication that has been prescribed by their doctor or over the counter. The Employee needs to follow the instructions and if the medication affects their ability to perform a safety critical task they should advise the OHS Representative.

Employees should seek advice about their ability to work safely from:

- Their doctor for prescribed drugs
- Their pharmacist for over the counter drugs

Employees must not commence duties if their doctor or pharmacist indicates that they are not safe to do their job.

Employees should outline the duties of their job to their doctor and seek advice as to whether their safe performance will be affected by taking the medication.

Depending on individual circumstances, employees who are unable to perform normal duties due to medication are entitled to access accrued leave or should be taken off safe working duties and found alternate duties.

## 15. FATIGUE

One of the major emerging OHS issues not only in Australia but overseas is the issue of fatigue. Particularly where workers are required to work longer hours and travel substantial distances to get to and from work.

It is a major issue in the rural sector, where a number of people are fatally injured traveling home from work. 35% of motor accidents are linked to speed, 20% to drugs and alcohol and 45% to fatigue. Fatigue is a much larger problem than drugs and alcohol.

Clause 9 of the NSW OHS Regulation 2001 makes particular reference to fatigue related hazards and requires employers to identify hazards that may arise from fatigue.

Clause 11 of the NSW OHS Regulation 2001 requires employees to eliminate hazards and in the event that they are unable to eliminate the hazards put in place control measures to minimise the risk.

The NSW OHS Act 2000 requires employers to consult with their employees in all aspects of the risk assessment process and whenever this process is reviewed.

The following factors need to be taken into account when risks associated with fatigue are being identified and assessed:

- Time of day
- Length of shift
- Amount of sleep in the past 48 hours
- Nature of the task – physical or mental
- Other factors that would enhance or exacerbate i.e. drugs and/or alcohol
- Environmental factors including, noise, dust and heat, etc.

A person who is fatigued, ill or suffering from sleep disturbances can give the appearance of being affected by drugs and alcohol. There are many causes of sleep disturbances and fatigue, which may or may not be work related. This is about overall safety in the workplace and focusing on a person's impairment on a daily basis.

Fatigue is a serious workplace issue, which should be addressed in the risk assessment process and Policy level, for example, allowing for:

- Impairment Awareness Program, similar to message "Stop, Revive, Survive"
- Regular breaks

- Sufficient time for sleep
- Avoid repetitive tasks
- Training for OHS Representatives and Managers to recognise the signs of fatigue

A person who is heavily fatigued could have the same reflex response rate as a person who is intoxicated

A person who is fatigued and consumes alcohol, even a minute amount, can display exaggerated effects of impairment.

## **15.1 INSOMNIA**

Insomnia is a very common condition, which can seriously affect a person's workplace performance and safety.

## **15.2 RISK ASSESSMENTS RELATING TO FATIGUE**

The Drug and Alcohol Policy Guidelines require that policies are to be developed and risk assessments carried out using the following Australian Standards:

- AS/NZS4804: 2001, Occupational health and safety management systems – General guidelines on principles, systems and supporting techniques, as amended from time to time,
- AS/NZS4801: 2001, Occupational health and safety management systems – Specification with guidance for use, as amended from time to time,
- AS/NZS4360: 1999, the Australian Risk Management Standard, as amended from time to time,
- Another equivalent Standard, as amended from time to time.

## **15.3 EACH WORKPLACE TO ASSESS RISKS RELATED TO FATIGUE**

Each individual workplace and designated workgroup pursuant to clause 23 of the OHS Regulation 2001 should conduct a risk assessment on fatigue and consider all the risk factors outlined above.

## **15.4 OHS REGULATION 2001**

All employers in NSW are required by the OHS Regulation 2001 to identify, assess and eliminate or control workplace risks arising out of workplace hazards. The Regulation refers to fatigue as a particular hazard.

## 16. Impairment Assessment – Identifying Possible Factors of an Employee who may be under the influence of a substance

The misuse of alcohol or other drugs may result in an observable decline in work performance. While it is not the responsibility of supervisors or managers to diagnose personal or health problems, they should be aware of the common indicators that suggest that an alcohol or other drug problem may exist. Refer to the following list, which includes but is not limited to:

- Habitual lateness or excessive absenteeism;
- Extended lunch breaks;
- Aggressive outbursts;
- Problems with
  - Coordination;
  - Forgetfulness;
  - 'Near miss' incidents;
- Possible time management issues;
- Clear intoxication at work or signs of drinking prior to commencement of work. Signs of this may include:
  - strong smell of alcohol on the breath
  - slurred or incoherent speech
  - unsteadiness on their feet
  - red, bloodshot or watery eyes
  - flushed or ruddy face
  - noticeably smaller or larger pupils
  - lack of (or poor) muscle coordination
  - person may be aggressive or argumentative
  - person may be overexcited or agitated
  - simple instructions may not be followed
  - drowsiness or asleep on the job or on work breaks
  - difficulty in concentrating on a task or a conversation
  - poor balance and coordination
  - loss of inhibitions

**Managers must take into account the possibility that a decline in work performance could be the result of illness, disability, or other personal factors not related to drug and alcohol use. In such cases the above list is inapplicable.**

## 16.1 WHEN APPROACHING AN EMPLOYEE WHO IS SUSPECTED OF HAVING A PROBLEM

The employee must have the right to have a union representative present during an impairment assessment or any discussion arising out of an assessment.

The employees should elect the union or OHS Representatives at each workplace.

The union representative will be trained and responsible for conducting impairment assessments.

Each workplace should specify the chain of responsibility for approaching the affected employee in cases where initial contact produces a negative or hostile response.

When approaching an affected employee it can be more constructive and less confronting to talk in terms of their approach to safety and general work performance rather than their alcohol or other drug use.

Causes of impairment and intoxication must be included in a proper and endorsed training program for person/s involved in workplace impairment assessments.

## 16.2 CONDUCTING AN IMPAIRMENT ASSESSMENT

An impairment based assessment process is useful in identifying the suitability of a person to carry out work. This process effectively allows the employer to assess an employee's ability to safely undertake his or her work duties without relying solely on expensive drug testing.

There is little or no correlation between levels of impairment and the level of a drug detected in a person's system by urine testing. Literature exists (Web and Prester 1994).

Dr Judith Perl of the NSW Police has developed an impairment assessment checklist for the Unions NSW to incorporate into this Drug, Alcohol and Fatigue Policy; this checklist is attached as Appendix A.

The impairment assessment can be carried out by a trained supervisor or manager who has reason to believe that the employee is impaired by a substance or fatigued.

All impairment assessments must be conducted by union delegates or OHS Representatives who have been properly trained and are considered to be competent to conduct the impairment assessment.

**An independent assessment** must be carried out by a person who has been properly trained in impairment assessments, i.e. the elected OHS or

union representative (Dr Perl has developed a training package for Unions NSW for impairment assessments and this should be followed). In addition, the training needs to include:

1. How to properly conduct impairment assessments
2. Confidentiality and record keeping

### **16.2.1 EMPLOYEE ASSESSED AS NOT BEING IMPAIRED**

If an independent impairment assessment is conducted and the employee is deemed fit to continue duties, no further testing is required.

### **16.2.2 EMPLOYEE ELECTED OHS REPRESENTATIVES TRAINING REQUIREMENTS**

Each worksite or workgroup has the right to elect their own OHS representative.

All OHS reps, supervisors and managers must be trained. The OHS Representative(s) have the right to be present during these assessments and conduct and/or verify the impairment assessment. These representatives need to receive training in identification of symptoms, which may affect an employee's work performance. The OHS representative(s) should at this time determine whether the employee is performing a safety critical task, such as operating machinery. The OHS representatives should conduct the independent assessment unless the employee agrees to another mechanism, for example a first aid officer, or a nurse.

### **16.3 EMPLOYEE FAILS IMPAIRMENT ASSESSMENT**

If the employee fails the impairment assessment, the employee must not commence duty until they are assessed as being fit to commence work.

The employee elected OHS or union representative should conduct further assessments.

### **16.4 RESPONSIBILITIES OF THE MANAGER OR SUPERVISOR**

Whenever a manager or supervisor observes, or is advised of, a health or safety risk as a result of possible intoxication, they should contact the designated OHS or other Representative, to carry out an independent assessment.

**It is the Manager or supervisor's duty to**

- Inform the employee of the perceived risk to their own health or safety or the health or safety of others;
- Depending on the employee's duties, it may be appropriate for the person to leave or be accommodated at the workplace, however if the employee poses a risk to themselves or others, direct the employee to alternative work areas or duties if appropriate;
- Ensure that any employee who appears to be intoxicated or a risk to others either leaves the workplace for the day (or shift) in the company of a responsible person;
- Arrange safe transport for the employee; and
- Advise the employee that they have right to be represented during the interview.

**Following the above the manager or supervisor should:**

- Document the incident;
- Interview the employee with their union representative or OHS Representative at the beginning of the next work period and ask them to provide an explanation of the incident;
- Respect any requests of the employee to see a counsellor acceptable to the employer;
- Attempt to determine, with the employee, an agreed course of remedial action;
- Without breaching confidentiality, implement any other procedures to ensure that ongoing safety risks are eliminated (e.g. relating to dealing with machinery, access to vehicles etc);
- Treat any subsequent incidents that are the result of the misuse of alcohol or other drugs according to the workplace's performance counselling and disciplinary procedures.

## **17. REFERRAL AND REHABILITATION**

**Note: Not every employee will require referral and assistance, for example it could be a one off incident.**

### **17.1 REFERRAL**

In most cases, it is better that the employee chooses to attend the EAP (Employee Assistance Program) or their general practitioner or a counselling service, because this helps them to recognise, acknowledge and ownership of the problem. This improves the likelihood of a successful treatment outcome.

Managers, supervisors, union delegates or colleagues should encourage an employee to seek counselling when they are aware that he or she has a problem.

As counselling is voluntary, employees may decline to attend. If an employee refuses counselling and there is no improvement in work performance, the normal procedures for managing poor work performance (workplace discipline/performance management and/or procedures) should be followed where a suspected alcohol or other drug-related problem exists.

Unions NSW recommends that the employee with problems in this area discuss possible options and referral for assistance with his or her general practitioner. Unions NSW also recommends that employers use the Drug and Alcohol services provided by the relevant Area Health Service in the first instance and they should be able to help with the assessment and refer the person on to appropriate treatment.

### **17.2 SELF DISCLOSURE**

Employees should be encouraged to self disclose if they have a problem. Any employee who is having difficulty controlling their use of drugs or alcohol should be encouraged to self identify and referred to rehabilitation or counselling and supported during this process.

The employee can then either:

- Consult their own doctor and enter into a recognised rehabilitation program;
- Consult with the human resources area or health services area to help identify a recognised rehabilitation program.

## **17.3 REHABILITATION**

Organisations should aim to ensure that all employees are fully productive and are able to perform their work effectively. Assistance with rehabilitation should be available to any employee who is seeking to overcome an alcohol or other drug-related problem. It is important, however, to be aware that employees undergoing rehabilitation from dependence on alcohol or other drugs will take time to recover and that there may be relapses on the way.

Organisational support for a rehabilitation program requires the employee's cooperation. The affected employee and their manager should reach a mutually agreed position on work adjustments and progress reviews so that there is a clear understanding of expectations on both parts.

Adjustments to work arrangements will depend on the situation, but may include some measures such as:

- Removal from work with risk of personal injury;
- Work in a less stressful role;
- Temporary transfer to different work;
- Temporary removal from a customer contact role if appropriate;
- Flexible work arrangements, as appropriate, to enable the employee to return to full time work gradually;
- Work in a role with less risk.

Where an employee is absent due to rehabilitation then they will have access to accrued leave while in a rehabilitation program on production of a doctor's certificate.

## **17.4 EMPLOYEE ASSISTANCE PROGRAMS**

Employers should support employees in effectively addressing alcohol and drug problems by referring them to employee assistance services. These include EAPs, in house counsellors, one-off referral to counselling, treatment and rehabilitation services, or the utilisation of specialist area health services i.e. drug and alcohol clinics.

As part of a commitment to achieving and maintaining safe, healthy, equitable and productive workplaces, organisations should consider establishing employee assistance services to help employees resolve personal and work-related problems and associated stresses.

An EAP is a confidential service that helps employees deal with a variety of personal problems that may be interfering with their work experience. Managers, supervisors, nominated employees, (safety committee or OHS

representatives), and union delegates should encourage an employee to seek counselling and treatment.

Attendance of counselling should be voluntary for an employee. Employers and managers have legal obligations to protect the privacy of the employees. EAPs should be reviewed and monitored.

#### **17.4.1 PROVIDING AN EMPLOYEE ASSISTANCE SERVICE**

These services are normally provided free of charge to employees without a limit on the number of counselling sessions. However, some organisations limit the number of cost free counselling sessions available, after which employees may choose to continue counselling with the organisation's provider at their own expense or to be referred to a counselling service in the community.

While employee assistance is normally available to employees, organisations might consider extending the services to the employees' immediate families.

Organisations may provide employee assistance services in a number of ways, depending on the size of the organisation and other factors. While some large organisations employ their own counsellors who work within the organisation, it is also possible for organisations to enter into contracts with employee assistance providers.

Organisations in selecting EAP providers should do so in consultation with the employees and their union. Further information can be obtained through the Department of Health or on Unions NSW OHS website [www.labor.unionsafe.net.au](http://www.labor.unionsafe.net.au)

EAPs need to be agreed.

## 18. PRIVACY

### 18.1 CONFIDENTIALITY

Confidentiality is fundamental to dealing with problems in the workplace that are related to the misuse of alcohol and other drugs in order to protect the privacy of individuals and to encourage employees' acceptance of prevention and treatment measures.

The practices to be followed to ensure that the highest levels of confidentiality are maintained are:

- Conversations relating to work performance or the misuse of alcohol or other drugs must be conducted in private;
- All documentation relating to the implementation of this policy must be kept confidential;
- When employees seek counselling or treatment in their own time, management would normally not know, nor need to know, that this is occurring; and
- It is the responsibility of organisations to ensure that all counsellors providing services to their employees are aware of the confidentiality requirements relating to client information.

Employers must respect the rights of employees to privacy in matters relating to the use of employee assistance or other counselling services, and communicate those rights to employees. The practices to be implemented are:

- Information relating to counselling must be treated as confidential.
- Psychologists are bound by their code of conduct to respect the confidentiality of information obtained in the course of their work. They may disclose such information to others only with the consent of the client or the client's legal representative except in those cases where failure to disclose information would result in a clear danger to the individual or another person.
- Counsellors who are not psychologists are not required to be registered with a professional association and therefore may not be bound by a code of conduct. It is the responsibility of organisations to ensure that all counsellors providing services to their employees are aware of the confidentiality requirements relating to client information.

In view of these requirements, it would clearly be improper for anyone in the organisation to request an employee's personal information from a counsellor without the appropriate consent. Anyone who breaches confidentiality should be faced with disciplinary action.

Employees may wish to have their manager liaise with their counsellor. In this case, the employee must give written permission for the information to be disclosed. The information that can be disclosed in such circumstances shall only be work-related, in order to support the most effective management of a performance-related problem and the reintegration of the employee into the workforce.

A manager may wish to know, for example, whether counselling is progressing satisfactorily, whether adjustments are needed to the employee's work and whether the counselling is likely to lead to an improvement in performance. A counsellor without divulging information of a personal nature can provide this information.

## **18.2 RECORD KEEPING**

The privacy of any records relating to work performance and counselling, treatment or rehabilitation must be protected. The following practices should be applied to the treatment of records:

- Case notes generated by employee/counsellor discussions are confidential and must not be shown to anyone in the organisation.
- For organisational purposes, counsellors should record only the fact that an employee was counselled and the date.
- Following a formal interview relating to a decline in work performance, a formal record should be prepared by the manager or supervisor and a copy given to the employee. If work performance improves, the records should be destroyed after an agreed period of no more than six months.
- If an employee's work performance due to the misuse of alcohol or other drugs does not improve, and the employee is unwilling to undertake counselling or treatment, the existing documents relating to work performance should be included in the on-going personnel, performance management or discipline file.
- Work performance reports should only refer to an employee's personal problems contributing to their misuse of alcohol or other drugs if the employee has given permission for such problems to be taken into account in the management of work performance issues.
- Where a matter does not progress to disciplinary procedures, the manager need only make a record of the fact that a discussion took place without recording details.

The disciplinary procedures outlined in this Policy should be followed.

## 19. RESOURCES

### INFORMATION REGARDING RULES, REGULATIONS

#### UNIONS NSW

L10, 377 SUSSEX STREET  
SYDNEY NSW 2000  
PHONE: (02) 9264 1691  
FAX: (02) 9261 3505  
E-MAIL: [MAILBOX@LABOR.NET.AU](mailto:MAILBOX@LABOR.NET.AU)  
WEBSITE: [WWW.UNIONS SAFE.ORG.AU](http://WWW.UNIONS SAFE.ORG.AU)

#### WORKCOVER NSW

92-100 DONNISON ST., GOSFORD 2250  
POSTAL ADDRESS:  
LOCKED BAG 2906, LISAROW 2252  
ASSISTANCE SERVICE: 13 10 50  
PHONE: (02) 4321 5000  
FAX: (02) 4325 4145  
WEBSITE: [WWW.WORKCOVER.NSW.GOV.AU](http://WWW.WORKCOVER.NSW.GOV.AU)  
*INFORMATION ON OCCUPATIONAL HEALTH AND SAFETY,  
WORKERS COMPENSATION AND REHABILITATION.*

#### NSW DEPT OF INDUSTRIAL RELATIONS

1 OXFORD ST, DARLINGHURST, 2010  
POSTAL ADDRESS: PO BOX 847, DARLINGHURST  
NSW 1300, AUSTRALIA  
PHONE: (02) 9243 8888  
FAX: (02) 9243 8771  
WEBSITE: [WWW.DIR.NSW.GOV.AU](http://WWW.DIR.NSW.GOV.AU)  
ENQUIRY SERVICE 131628 (ANYWHERE IN NSW)  
*AWARD, EMPLOYMENT PRACTICES, RIGHTS AND  
RESPONSIBILITIES*

#### NSW HEALTH DEPT

73 MILLER STREET, NORTH SYDNEY NSW 2060  
POSTAL ADDRESS:  
LOCKED MAIL BAG 961, NORTH SYDNEY NSW 2059  
PHONE: 02 9391 9000  
WEBSITE: [WWW.HEALTH.NSW.GOV.AU](http://WWW.HEALTH.NSW.GOV.AU)  
E-MAIL: [NSWHEALTH@DOH.HEALTH.NSW.GOV.AU](mailto:NSWHEALTH@DOH.HEALTH.NSW.GOV.AU)  
*PUBLIC HEALTH SERVICES, DEVELOPS POLICY,  
MANAGES PUBLIC HEALTH ISSUES, AND MONITORS THE  
PERFORMANCE OF THE HEALTH SYSTEM.*

### INFORMATION ABOUT DRUGS AND ALCOHOL

#### ADIS

**ALCOHOL AND DRUG INFORMATION SERVICE**  
366 VICTORIA STREET, DARLINGHURST  
PHONE: (02) 9361 2111,  
COUNTRY AREAS FREECALL 1800 422 599.  
24/7 CONFIDENTIAL SERVICES, INCLUDES ADVICE,  
INFORMATION AND REFERRAL TO LOCAL AGENCIES.  
*COUNSELLING, ASSESSMENT, REFERRAL*

#### MACS

**METHADONE ADVICE AND COMPLAINTS SERVICE**  
FREECALL: 1800 642 428  
*ADVICE ON HOW TO DEAL WITH COMPLAINTS AND  
ISSUES RELATING TO METHADONE TREATMENT IN NSW*

### OTHER INFORMATION SERVICES

#### ADCA

**ALCOHOL AND OTHER DRUGS COUNCIL OF  
AUSTRALIA**  
17 NAPIER CLOSE, DEAKIN ACT 2606  
PHONE: (02) 6281 0686  
WEBSITE: [WWW.ADCA.ORG.AU](http://WWW.ADCA.ORG.AU)  
*INFORMATION, EDUCATION, MEDIA*

### WELFARE AND SOCIAL SERVICES

#### LIFELINE SYDNEY

15 BELVOIR ST, SURRY HILLS  
POSTAL ADDRESS:  
LOCKED BAG 2700, STRAWBERRY HILLS 2012  
24 HR COUNSELLING PHONE: 13 11 14  
YOUTHLINE: (02) 9951 5522  
FACE-TO-FACE COUNSELLING: (02) 9951 5577  
WEBSITE: [WWW.LIFELINESYDNEY.ORG](http://WWW.LIFELINESYDNEY.ORG)

### OTHER CONTACT DETAILS

#### NEWCASTLE TRADES HALL COUNCIL

SUITE 1, LEVEL 1, DEVONSHIRE HOUSE  
406-408 KING STREET,  
NEWCASTLE WEST NSW 2302  
PHONE: (02) 4929 1162  
FAX: (02) 4926 1177  
WEBSITE: [WWW.NEWTRADES.HALL.COM](http://WWW.NEWTRADES.HALL.COM)  
EMAIL: [GARY@NEWTRADESHALL.COM](mailto:GARY@NEWTRADESHALL.COM)

## **20. REFERENCES**

- **Unions NSW Drug and Alcohol Fact Sheets**
- **WorkCover Authority of NSW**
- **Dr J Perl, Consultant from NSW Police**
- **NSW Dept of Health**
- **St Vincent's Drug and Alcohol Clinic**
- **The Building Trades Group**
- **Kathryn Heiler, ACIRRT**

# **Appendix A - Impairment Checklist for Drug and Alcohol**



**IMPAIRMENT CHECKLIST FOR DRUG AND ALCOHOL**

POINTS TO LOOK FOR

(Please tick appropriate boxes and complete where necessary)

**BREATH:** Smell of intoxicating liquor – Nil  Slight  Strong   
Other: .....

**COLOUR OF FACE:** Flushed  Pale  Other: .....

**SKIN:** Pale  Needle marks  Ulcers  Abscesses  Excessive perspiration   
Other: .....

**CLOTHING:** Orderly  Soiled  Disarranged  Other: .....

**ATTITUDE:** Co-operative  Talkative  Anxious  Excited  Dreamy  Relaxed  Indifferent  Hallucinating   
Sedated  Hostile  Irritable  Cocky  Depressed  Antagonistic   
Unable to follow instructions  Other: .....

**ACTIONS:** Swearing  Belching  Vomiting  Fighting  Drooling  Hiccapping  Restless  Runny nose   
Itching  Constant scratching  Loss of emotional control   
Other: .....

**EYES:** Bloodshot  Watery  Glazed  Eyelids drooping  Pupils enlarged  or Pinpoint   
Other: .....

**BREATHING:** Normal  Short  Jerky  Rapid  Shallow  Slow   
Other: .....

**SPEECH:** Incoherent  Slurred  Confused  Fast  Slow   
Other: .....

**BALANCE:** Unsteady  Swaying  Sagging  Falling  Staggering   
Other: .....

**MOVEMENTS:** Manner of Walking – need for support   
Overall performance of actions – Clumsy  Jerky  Sluggish  Tremor   
Other: .....

**OPINION:** (Based on observations as to sobriety) Slightly  Moderately  Well affected   
Due to Drug  and  or  Liquor

**ADDITIONAL NOTES AND INFORMATION**

List type and quantity of drugs consumed by subject .....

.....  
.....

At what time were these drugs consumed? .....

List type and quantity of drugs located on subject or in workplace .....

.....  
.....  
.....