

## AGENDA

### STAFF COMMITTEE

MONDAY, 25 MARCH 2019

2.30 PM

ROOM 38, FENLAND HALL

Committee Officer: Linda Albon  
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- 1 To receive apologies for absence.
- 2 Previous Minutes (Pages 3 - 6)  
  
*To confirm and sign the minutes of the meeting of 12 November 2018.*
- 3 To report additional items for consideration which the chairman deems urgent by virtue of the special circumstances to be now specified.
- 4 To receive members' declarations of any interests under the Local Code of Conduct or any interest under the Code of Conduct on Planning Matters in Planning Matters in respect of any item to be discussed at the meeting.
- 5 New Alcohol and Drugs at Work Policy (Pages 7 - 32)

*The purpose of this report is to inform the Staff Committee of a new proposed Alcohol and Drugs at Work Policy.*

### CONFIDENTIAL - ITEMS COMPRISING EXEMPT INFORMATION

To exclude the public (including the press) from a meeting of a committee it is necessary for the following proposition to be moved and adopted: "that the public be excluded from the meeting for Items which involve the likely disclosure of exempt information as defined in the

paragraphs of Part I of Schedule 12A of the Local Government Act 1972 (as amended) as indicated.”

6 Proposal for CCTV Shared Service - Shared CCTV Manager (Pages 33 - 50)

*To consider a proposal to create one CCTV manager for a new shared CCTV service for Peterborough City Council and Fenland District Council.*

7 Implementation of National Pay Spine Changes (Pages 51 - 60)

*The purpose of this report is to provide the Staff Committee with an overview of the Council’s proposed new pay spine and grading boundaries, which the Council is required to implement as a result of agreed changes to the national pay spine.*

8 Request for Flexible Retirement (Pages 61 - 64)

*The purpose of this report is to provide the Staff Committee with an overview of an employee’s request for flexible retirement and the considerations around recommendations.*

Thursday, 14 March 2019

Members: Councillor Mrs M Davis (Chairman), Councillor R Butcher (Vice-Chairman), Councillor Mrs V Bucknor, Councillor S Clark, Councillor D Connor, Councillor A Hay, Councillor P Murphy and Councillor D Oliver

## STAFF COMMITTEE



**MONDAY, 12 NOVEMBER 2018 - 2.00 PM**

**PRESENT:** Councillor Mrs M Davis (Chairman), Councillor R Butcher (Vice-Chairman), Councillor Mrs V Bucknor, Councillor D Connor, Councillor Mrs A Hay and Councillor P Murphy

**APOLOGIES:** Councillor S Clark

Officers in attendance: Linda Albon (Member Services & Governance Officer), Sam Anthony (Head of HR and OD) and Phil Hughes (Head of Leisure Services)

### **S9/18      PREVIOUS MINUTES**

The minutes of the meeting of 10 September 2018 were confirmed and signed.

### **S10/18      OVERVIEW OF SICKNESS ABSENCE**

Sam Anthony provided an overview of the Council's sickness absence policy and an update on current absence information.

Members made comments, asked questions and received responses as follows:

- Councillor Murphy asked how stress is measured as this is different to each individual? Sam Anthony agreed it is difficult to measure but there is a stress awareness policy and a stress risk assessment can be undertaken by trained staff or HR on individuals who state they are experiencing stress. There are six factors determined by the Health and Safety Executive to help identify what those stressors are. She stated that most of the time it is always something outside the organisation that is contributing to the stress. There are various methods of support available to help the individual and mitigating actions that can take place, but it is the responsibility of the individual as well as the organisation to manage those stressors.
- Councillor Mrs Hay asked for clarification on absence from conditions covered by the Equality Act. Sam Anthony confirmed these included conditions such as cancer and diabetes or a defined disability as covered by the Act. They are categorised separately because it would not be reasonable to put staff through the same process to manage their absence in these cases.
- Councillor Mrs Bucknor asked how Fenland compares with other councils in respect of sickness absence. Sam Anthony replied that the Council compares favourably with other organisations of similar size and characteristics.

**The Staff Committee agreed to note the information.**

### **S11/18      OVERVIEW OF STAFF SURVEY**

Sam Anthony provided an overview of the Council's most recent staff survey results.

Members made comments, asked questions and received responses as follows:

- Councillor Mrs Hay asked for elaboration on the three things staff identified that they felt would improve the quality of life at the Council. Sam Anthony advised that these were around issues such as management effectiveness, ICT improvements and housekeeping, i.e. general hygiene

and air conditioning.

- Councillor Butcher commented that as 46% of staff replied to the survey, this meant half the staff had not responded, therefore the high percentage rates of satisfaction only related to the half who did respond. Sam Anthony agreed this was correct, but advised that action was taken to encourage participation and this year's survey had one of the highest response rates.
- Councillor Butcher noted a higher female to male response. Sam Anthony advised that this reflected the general workforce demographic.
- Councillor Mrs Hay suggested that an email be sent to all staff to ask those that did not respond the reasons why. Sam Anthony advised that although the Management, Trade Union and Staff Partnership (MTSP) are doing some work to capture this information, she will take that idea forward. However, the question can only be asked generally as the survey is anonymous so the individuals who did not respond cannot be identified.
- Councillor Mrs Bucknor stated that whilst people are generally satisfied, almost 20% of staff had stress-related absence which is not reflected in this report. She is keen to get more feedback from staff not working at the Base or Fenland Hall as she believed these were more customer-facing and wondered if staff did not respond from other sites because they are less engaged or do not feel their views are valid. She asked if a separate, independent survey could be undertaken for customer-facing staff at these sites. Sam Anthony responded that 36% of the 175 responders are based off-site, which is a healthy amount and hard copies were given to staff to encourage them to complete the survey. Also, there are actually many front line staff working at the Base and Fenland Hall who did respond to the survey. In response to the comment about stress-related absence, she commented that this is a separate report, but clarified that only 20% of the total number of absent staff in the last year were off for stress-related factors, not 20% of the whole workforce. Councillor Mrs Hay said it was worth noting that stress is not always necessarily work-related.
- Councillor Butcher noted that two-thirds of those who completed the survey are long term employees, which means they are happy enough to stay with the Council.

**The Staff Committee agreed to note the information contained within the report.**

### **S12/18      TRANSFER OF LEISURE CENTRE STAFF TO FREEDOM LEISURE FOLLOWING LEISURE CONTRACT AWARD**

Phil Hughes informed the Committee regarding the transfer under TUPE of FDC leisure staff following the recent award to Freedom Leisure of the contract to operate and manage the leisure centres.

Members made comments, asked questions and received responses.

**The Staff Committee agreed to note the confidential report and the transfer of leisure staff under TUPE regulations.**

*(Members resolved to exclude the public from the meeting for this item of business on the grounds that it involved the disclosure of exempt information as defined in Paragraphs 1, 2 and 4 of Part 1 of Schedule 12A of the Local Government Act 1972)*

### **S13/18      CONTRACT MANAGEMENT ARRANGEMENTS REVIEW**

Phil Hughes presented a report highlighting proposed changes within the Council's Open Spaces and Leisure Services Teams to ensure that the Council manages contracts with Freedom Leisure and Tivoli (grounds maintenance) effectively.

Members made comments, asked questions and received responses.

**The Staff Committee agreed to:**


- **note the confidential report**
- **note the savings achieved and short term costs incurred as a result of the proposal**
- **approve the proposals as outlined in the report**
- **approve the deleted/new posts**
- **approve any resultant redundancies of Fenland staff as a result.**

(Members resolved to exclude the public from the meeting for this item of business on the grounds that it involved the disclosure of exempt information as defined in Paragraphs 1, 2 and 4 of Part 1 of Schedule 12A of the Local Government Act 1972)

2.56 pm

Chairman

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Agenda Item No:	5	
Committee:	Staff Committee	
Date:	25 May 2019	
Report Title:	New Alcohol and Drugs at Work Policy	

## Cover sheet:

### 1 Purpose / Summary

The purpose of this report is to inform the Staff Committee of a new proposed Alcohol and Drugs at Work Policy

### 2 Key issues

- The Council has a comprehensive framework of people and health and safety policies in place. These policies are reviewed in accordance with an ongoing programme of reviews
- The Council is committed to the health and wellbeing of its employees, and has an over-arching Health and Wellbeing Strategy to support employees at work. As part of this strategy, the Council has developed a new Alcohol and Drugs at Work Policy.
- This new policy relates to the misuse of alcohol and drugs at work, which might have a detrimental impact on the business and the confidence of our customers in the safety of our services. The aim of the policy is:
  - To positively encourage and assist employees to seek help when their drinking, or use of other substances, is affecting their life or work performance.
  - To ensure that employees use of substances does not affect the health and safety of the individuals themselves, their fellow workers or others with whom they come into contact with during the course of their work.
  - To ensure that employees use of substances does not affect the efficient and effective operation of the Council's business.
  - To set out the Council's rules on the use and misuse of substances.
  - To ensure that employees understand that it may be a serious offence to drink alcohol or misuse drugs or other substances whilst on duty, or be affected by substances when reporting for work or whilst working.
  - To minimise the danger of substance misuse by promoting responsible attitudes to substances through education and awareness programmes.
  - The Council may carry out testing during employment in accordance with the terms of this policy. Any drug and alcohol testing of employees carried out on behalf of the Council in accordance with the terms of this policy is a necessary measure to ensure the health, safety and welfare of all who are engaged in work activities or whom may be affected by the Council's undertakings. All testing will be undertaken by a qualified third party provider.

- The policy is shown at Appendix 1.
- A comprehensive consultation process has also been undertaken on this revised policy with CMT and also with the Management and Trade Union and Staff Partnership group (MTSP, who have endorsed the changes. The Council have also consulted with the wider workforce. The consultation comments and responses are shown at Appendix 2.
- This policy is now being recommended for formal adoption and communication to staff.

### 3 Recommendations

It is recommended that Staff Committee notes the attached policy and approves the adoption of the new Alcohol and Drugs at Work Policy.

<b>Wards Affected</b>	All
<b>Portfolio Holder</b>	Councillor Mrs Anne Hay, Portfolio Holder for Finance
<b>Report Originator and Contact Officer</b>	Sam Anthony - Head of HR & OD <a href="mailto:santhony@fenland.gov.uk">santhony@fenland.gov.uk</a> 01354 622268  David Vincent - Health and Safety Manager <a href="mailto:dvincent@fenland.gov.uk">dvincent@fenland.gov.uk</a> 01354 622353





# **Alcohol and Drugs at Work Policy**

Issue Status: Draft  
Date of Issue: 15/03/19  
Revision Date: 15/03/19

## **1. INTRODUCTION**

Fenland District Council has a responsibility to provide safe working environment for its employees; and therefore has a clear policy on the possession and/or consumption of drugs (unless for legitimate medical reasons) and alcohol in the workplace, on attending work whilst under the influence of drugs and/or alcohol; and on the use of any prescription drugs that have not been prescribed for the user (or have been taken in inappropriate amounts). If taking medication that may affect an individual's behaviour/work performance, the employee will be required to inform their Manager about such medication.

Any person working for the Council who works anywhere in the Council whilst affected by any substance compromises Council's interests, endangers their own health and safety, and the safety and welfare of colleagues, and members of the public.

The Council will employ the facilities of a commercial accredited collection company and a properly accredited and experienced laboratory to undertake the workplace drug and alcohol testing process.

The misuse of drugs, alcohol, solvents or any other substances may have adverse physical, psychological or behavioural effects which may impair health, impair job performance, create unsafe working conditions, and compromises the Council's health, safety, environmental or security arrangements and which could render the Council or the individual concerned liable to prosecution.

## **2. SCOPE**

The Council is committed to the health and wellbeing of its employees, and has an over-arching Health and Wellbeing Strategy to support employees at work.

This policy relates to the misuse of alcohol and drugs at work by employees, (this includes individuals paid directly by the Council, and others working on behalf of the Council (i.e. agency) referred to in this policy as 'employees, of any substance that might have a detrimental impact on the business and the confidence of our customers in the safety of our services.

The aim of the policy is:

- To positively encourage and assist employees to seek help when their drinking, or use of other substances, is affecting their life or work performance.
- To ensure that employees use of substances does not affect the health and safety of the individuals themselves, their fellow workers or others with whom they come into contact with during the course of their work.
- To ensure that employees use of substances does not affect the efficient and effective operation of the Council's business.
- To set out the Council's rules on the use and misuse of substances.
- To ensure that employees understand that it may be a serious offence to drink alcohol or misuse drugs or other substances whilst on duty, or be affected by substances when reporting for work or whilst working.
- To minimise the danger of substance misuse by promoting responsible attitudes to substances through education and awareness programmes.

This policy will be supported by a programme of ongoing health promotion and educational events available to all employees, which will include the harmful effects of drugs and/or alcohol, and signposting to the appropriate support mechanisms. Full details of this programme will be posted on the Council's intranet.

- Testing for drugs and alcohol will be used to ensure compliance. All testing will be undertaken by the nominated third party provider.
- The Council expressly prohibits the use of any drugs (unless for legitimate medical reasons). It is a criminal offence to be in possession of, use or distribute an illicit substance. If any such incidents take place on Council premises, in Council vehicles or whilst on Council duty, they will be regarded as gross misconduct and will be referred to the Council's disciplinary policy, which could result in disciplinary action including dismissal.

This policy will apply to all employees irrespective of level or status and contractors who are involved with activities which arise out of or in connection with Council undertaking to include agency employees.

### **3. RESPONSIBILITIES**

#### **Managers**

The Corporate Management Team (CMT), Heads of Service, managers and supervisors are responsible for ensuring that the aims of this policy are fully implemented and that there is a commitment to effectively induct and continually educate on the effects of substance misuse.

#### **All Employees**

All employees share the responsibility for ensuring the safety and welfare of others in the workplace which entails:

- Not to report (or attempt to report) for work having consumed drugs or alcohol likely to render him/her unfit or unsafe for work.
- Not to store drugs (unless for legitimate medical reasons) or partially consumed or opened alcohol in personal areas such as lockers and desk drawers, vehicles or on their person.
- Not to consume or be under the influence of alcohol or drugs (unless for legitimate medical reasons) or misuse any other substance whilst at work.
- Follow guidance and training provided.
- Encourage colleagues to seek help if appropriate, either through GP or the Council's EAP.
- Be aware that collusion, protection, denial or concealment of alcohol, drugs or substance misuse is unacceptable. Deliberate concealment etc. will be considered a disciplinary offence.
- Employees who are taking prescribed or other medication must inform their manager if they believe that the medication that they are taking may have an adverse effect on their ability to carry out their duties e.g. cause drowsiness.
- Any information obtained with regard to an individual's misuse of substances will be treated in strict confidence.

Any employee who believes or suspects that he/she or a colleague may have such a problem is encouraged to come forward to either their line manager or alternatively the HR team to discuss the problem in confidence. It is the Council's policy to offer support to any employee who has a

problem associated with the misuse of alcohol or drugs. The employee will be offered support including, as appropriate, referral for advice, medical treatment and counselling.

### **3.1 Rules on Alcohol and Drugs misuse at work**

The Council has a policy that the working environment be free from the influence of any substance which might affect performance. This will help to ensure the health and safety of our employees and others with whom they come into contact and to maintain the efficient and effective operation of our business. For these reasons the following rules will be strictly enforced.

No employee (regardless of their role and position within the Council) shall:

- Report or attempt to report, for duty having consumed drugs or alcohol likely to render him/her unfit and/or unsafe for work.
- Store drugs (unless for legitimate medical reasons) in personal areas such as lockers and desk drawers, vehicles or on their person.
- Consume or be under the influence of alcohol or drugs or misuse any other substance whilst at work.
- Attempt to sell or give drugs to any other employee or other person on Council premises or whilst being at work.

Failure to adhere to the above rules will be regarded as gross misconduct and will be referred to the Council's disciplinary policy, which could result in disciplinary action including dismissal.

### **3.2 Voluntary Referrals**

The Council will seek to provide reasonable support for employees who have, or believe they may have a substance misuse problem, such as drug or alcohol dependency. In such cases, employees are advised to seek medical advice to ensure that it does not affect their performance or conduct at work.

This advice may be sought by either the employee going to their own doctor, self-referring through our Employee Assistance Programme (EAP) or by seeking help through their line manager or the HR team, who will arrange for the employee to see Occupational Health or encourage the employee to contact our EAP helpline.

### **Treatment**

Any support or help will be for a designated period and each case will be reviewed on an individual basis.

- The employee will be required to adhere to and be willing to participate in any appropriate treatment regime determined by their doctor and/or specialist, in conjunction with Occupational Health.
- There will be a requirement for a regular review by Occupational Health who will provide a report to the Council detailing progress.
- If required, the Council will consider moving the employee to alternative duties or seek modified duties to help with recovery.
- Following initial recovery, should a subsequent relapse occur, provision of further support will be entirely at the Council's discretion.

- Failure to comply on the part of the employee with any of the above requirements will lead to the case being considered in accordance with the Council's normal disciplinary procedure.
- It is likely that retesting will form part of the process.

## **4 TESTING**

### **4.1 Cause Testing**

The Council may carry out testing during employment in accordance with the terms of this policy. Any drug and alcohol testing of employees/individuals carried out on behalf of the Council in accordance with the terms of this policy is a necessary measure to ensure the health, safety and welfare of all who are engaged in work activities or whom may be affected by the Council's undertakings.

The Council reserves the right to require any employee or worker to submit to a drug or alcohol test in accordance with the policy on the following occasion:

- where the Council has grounds to believe or suspect that an employee is or may be under the influence of alcohol or drugs

Refusal to provide a sample for either alcohol and/or drug testing; or any attempt to interfere with the test process will be regarded as gross misconduct and will be referred to the Council's disciplinary policy, which could result in disciplinary action including dismissal.

### **4.2 Testing Failure levels**

Testing positive for drugs or alcohol will be regarded as gross misconduct and will be referred to the Council's disciplinary procedures, which could potentially result in disciplinary action including dismissal.

#### **4.2.1 Alcohol**

It is against this Policy if an individual/employee provides a breath specimen at or above the following concentrations:

Alcohol - 35 µg (micrograms) per 100 mls in breath (legal Driving Limit)

#### **4.2.2 Drugs**

A urine sample will be required for the drug test. A screening result will be available on-site for cause testing. A positive drug test result will be a laboratory positive result for which no legitimate explanation can be found. The cut-off levels applied in the laboratory are consistent with the European Workplace Drug Testing Society Guidelines.

### **4.3 Legal obligations**

Controlled drugs, often referred to as illegal drugs, are defined by the Misuse of Drugs Act 1971 and subsequent regulations made under this Act. In general, it is a criminal offence for a person to produce, supply, and offer to supply or be in possession of controlled drugs other than in accordance with the direction of a practitioner such as a registered doctor or dentist.

Possession of or dealing in illegal drugs on company premises will, without exception be reported to the police. In the event of a positive alcohol result that is over the legal limit permitted by law, or a non-negative screen test result for drugs, the employee will be requested not to drive any vehicle and offered transport to their home.

**4.4 Refusal or interference with testing without good reason**

Refusal to provide a sample for either alcohol and/or drug testing or any attempt to interfere with the test process will be deemed as Gross Misconduct, and will be referred to the Council Disciplinary Policy and Procedure, which could potentially result in dismissal.

**5.0 REVIEW**

This Policy will be reviewed at intervals to ensure that it remains fit for purpose.

*Please contact Human Resources for further information.*

<b>Author</b>	<b>Human Resources</b>
<b>Date</b>	<b>15/03/2019</b>
<b>Status</b>	<b>Draft</b>
<b>Date of revisions (if applicable)</b>	
<b>Date agreed</b>	
<b>Date for revision</b>	
<b>Links to other People Policies</b>	Health and Wellbeing Strategy, Access to Occupational Health COP, Sickness Absence Policy, Disciplinary Policy

**6. TESTING PROCEDURE**

See appendices for ‘Cause Alcohol and Drugs Testing Procedure’

## Appendix A

### DEFINITIONS

**Drug** - Any substance that affects the way in which the body functions physically, emotionally or mentally. This includes, but is not limited to, alcohol, solvents, over-the-counter and prescribed medicines, new legal highs and illegal substances.

**Substance use** - the taking of medically prescribed drugs, over the counter medicines, alcohol or other substances that may affect an individual's behaviour and work performance.

**Substance misuse** - the taking of any drug, alcohol or other substance which does adversely affect an individual's behaviour and work performance and which has not been medically prescribed or advised.

**Non-negative** - a test result for a screening test that requires further laboratory testing to confirm the presence of a drug (or breakdown product).

**Positive** – a test result that has gone through laboratory testing and confirms the presence of a drug (or breakdown product).

**EAP** - the Council's Employee Assistance Programme.

**Unfit for work** – a person will be considered unfit for work through substance use or misuse if they have consumed drugs or alcohol in a quantity and at a time that would cause them to test positive in a drug or alcohol test in accordance with this policy.

## **Appendix B – Alcohol and Drugs Testing Process.**

### **INTRODUCTION**

To undertake Fenland District Council Workplace Drug and Alcohol Testing Programme, the Council will employ the facilities of a commercial accredited collection company and a properly accredited and experienced laboratory working to stringent quality standards that provide confidence in the analytical results obtained.

The alcohol test will consist of an on-site breath analysis using a calibrated electronic meter.

Drug testing is a multi-stage process in which a urine sample is collected and submitted for laboratory analysis. Comprehensive details of how the drug and alcohol testing process will be carried out are outlined in Appendix C.

All individuals to be tested will be tested for **both** drug and alcohol consumption irrespective of suspicion or admission to impairment by either drugs or alcohol.

#### **1. Alcohol**

Alcohol as a substance is legal, freely available and socially acceptable. However, if it is taken in excess it can affect an individual's health, mental well-being and job. The focus of this policy is on drinking patterns that may create problems in the workplace.

##### **1.1 Alcohol Testing Limit**

A positive alcohol result is where the level of alcohol concentration in the sample is greater than the Council's alcohol testing limit.

The Council's alcohol testing limit is as set out below and follows the drink-driving limit used by the Police in England:

Alcohol - 35 µg (micrograms) per 100 mls in breath (legal Driving Limit).

All employees and agency workers must not:

- Report for work (at the start of the working day or when returning to work after a rest/meal break) with a level of alcohol in the body which exceeds the legal limit.
- Consume alcohol at work.

#### **2. Drugs**

The illicit use of substances or any of their derivatives is not in any circumstances acceptable. A positive drug result is where the drug concentrations in the sample are greater than the internationally accepted cut off levels for drug testing.

##### **2.1 Legitimate Medication**

Some prescribed and proprietary medicines have side effects which can be dangerous, particularly under working conditions. These include loss of concentration, dizziness, drowsiness and even temporary loss of consciousness. Individuals must inform their doctor of the nature of their job



before medicines are prescribed and follow the advice/ instructions of the prescribing doctor and/or manufacturer and they must inform their manager of potential known side effects.

Individuals should notify the collector during drug testing of any prescribed medication taken, which may affect the outcome of the test.

To preserve medical confidentiality, the medication declared by the donor will not be visible on the employer's copy of the Chain of Custody form.

### **3. Test Categories**

Testing will be carried out for Cause Testing:

#### **3.1 For Cause**

For cause testing will apply to any employee or agency worker across all areas of the Council. When there is cause to believe that an individual's behaviour and/or performance at work are impaired by drugs/alcohol, they may be required to undertake the drug/alcohol testing procedure. See Appendix D for the procedure to be followed.

Some examples of circumstances where this may be appropriate are:-

- Obvious signs of mental and/or physical impairment.
- Recognition by managers, supervisors or colleagues of symptoms affecting work performance.
- Complaints from the public indicating that alcohol/drugs may be a factor.
- The discovery of items in the possession of an individual that could indicate involvement with alcohol/drugs.
- After an accident or incident.

### **4. Refusal to donate a sample for a drug or alcohol test**

In the event that an individual refuses to take a test, an initial discussion will be held with the individual and their manager/supervisor to ascertain any reasons for non-compliance, and every effort will be made to explain the procedure and address any concerns raised. Prior to the discussion the individual to be tested will be advised that a Trade Union representative or other work colleague may accompany them. This individual will only be acting as a witness not a representative.

If the individual to be tested requests a Trade Union representative to act as a witness and no such representative is available at the time, the procedure will not be delayed to accommodate this. The individual to be tested will be reminded that a work colleague may also be asked to attend as a witness. At the conclusion of this meeting the individual will be reminded of the likely consequences (see below) and given a 15 minute waiting period to reflect on the situation. If at the conclusion of the 15 minutes waiting period, the individual still refuses to take a test, they will be asked to sign a declaration indicating their refusal to comply with the procedure.

In the case of a refusal to undertake a drug or alcohol test, the following action will be taken:

Employee:

Refusal to provide a sample for alcohol and/or drug testing or any attempt to interfere with the test process will be regarded as gross misconduct and will be referred to the Council's disciplinary policy. The employee will be suspended on full pay pending the investigation process.

Agency worker / contractor:

The issue will be immediately referred to the employing company to deal with in accordance with their employment conditions and the terms of our procurement contract with them. The individual will not be re-engaged.

## **5. Results of Analysis**

### **5.1 Negative Results**

Cause Tests will be subject to on-site screening which provides an immediate result for both drug and alcohol testing. Negative on-site screenings for drug testing will not be subject to confirmatory analysis at the laboratory. Individuals will be notified verbally of the negative result by the on-site collector. The result will also be communicated to Human Resources and the line manager who originated the request for a for cause test.

### **5.2 Non-Negative Results**

Cause Tests are a two-stage process; the first stage is on-site screening which provides an immediate result for both drug and alcohol testing. Any individual screening non-negative at Stage 1 will be verbally notified of the preliminary non-negative (for drug testing) or the conclusive result (for alcohol testing) as well as the manager. The following action will also be taken:

Employee - if the non-negative result is due to alcohol consumption, the employee should be suspended with full pay pending the conclusion of a disciplinary investigation.

If the non-negative result is due to the potential of drugs consumption, consideration will be given to giving the employee a period of leave with pay or temporary allocation of suitable alternative work if appropriate pending confirmation of the non-negative result.

Agency/Contractor - the individual concerned will not be permitted to return to site and the issue will be referred to the employing company to deal with in accordance with their employment conditions and the terms of our procurement contract with them.

The second stage is confirmatory analysis (and applies only to drug testing), which requires the urine sample to be sent to the laboratory under chain of custody conditions. A confirmed positive result is usually available within five working days from receipt at the laboratory. A positive result from confirmatory analysis will not be announced as such until the result has been subject to medical review. On receipt of notification from the medical review officer of a positive result the HR Team will notify the individual's line manager of the confirmed positive result.

If, as a result of confirmatory analysis and medical review, the sample is positive, the following action will be taken:-

Employee - the employee will be suspended on full pay or will be required to undertake suitable alternative work if this is appropriate, pending the outcome of an investigation of the incident and the Disciplinary Policy and Procedure will be invoked. In the event that the employee admits prior to the day when the test takes place that they have an issue with either drugs or alcohol, the

Council will provide support via the Occupational Health Provider and other support mechanisms (as listed in this policy) available to the individual at the time.

Agency worker / Contractor - the individual concerned will not be permitted to return to site and the issue will be referred to the employing company to deal with in accordance with their employment conditions and the terms of our procurement contract with them.

## **6. Challenging Test Results**

If an individual wishes to undertake a formal challenge to a positive drug or alcohol test they must put their request in writing to the HR Team within 14 calendar days of receipt of notification of the confirmed positive result.

The individual must specify the name and address of the independent laboratory they wish to transfer their "B" specimen for re-analysis. The specimen will be transferred to the independent laboratory under Chain of Custody conditions. It will not be returned to the donor to make their own arrangements. This will be at the cost of the employee.

Any complaints about the administration of the drug and alcohol tests, e.g. selection, treatment during the test, etc., should be dealt with in accordance with the Council's Grievance Policy.

## **7. Trade Union Representation**

In all cases the individual to be tested will be advised that they may be accompanied by a Trade Union representative or other work colleague. This individual will only be acting as a witness not a representative. If the individual to be tested requests a Trade Union representative to act as a witness and no such representative is available at the time, the procedure will not be delayed to accommodate this. The individual to be tested will be reminded that a work colleague may also be asked to attend as a witness.

The witness must not interfere in any way with the sample collection and testing process, and the urine sample will be given in absolute privacy. The declaration of medication taken should be given in total privacy unless the donor permits the presence of someone other than the collector.

## Appendix C

### 1 The Drug Testing Process

#### (a) The Process

The drug testing process may involve up to six stages depending upon whether a positive result is obtained, all of which are very strictly controlled by a process known as 'Chain of Custody'.

#### (b) Chain of Custody

The 'Chain of Custody' is the name given to the procedures which ensure that the sample travels in an intact and secure manner from the collection of the sample from the individual to the laboratory and all the way through the analytical process up to and including the reporting of the laboratory results and medical review, through to the eventual destruction of the sample.

#### (c) Sample Collection

Sample collection is the only part of the drug and alcohol testing process that is seen and experienced by the individual and as such will be carried out sensitively and properly.

The collector will properly prepare the collection area, supervise the sample collection and ensure that the 'Chain of Custody' procedures are strictly adhered to. Before sample collection begins the Collecting officer will have taken steps to ensure that the urine samples cannot be contaminated or tampered with. The donor provides the sample in the privacy of a toilet cubicle.

The collector will ensure that the individual is fully aware of what is happening and what is required of them. Informed consent is essential. The donor will be given an information sheet to read explaining what will happen to the sample, and the Collecting officer will use a checklist to reassure the donor that procedures are followed.

Checks will be made to ensure that the donor cannot be accused of interfering with the test process – these include showing that pockets are empty, and recording the temperature of the freshly voided sample.

The collector will prepare the collection site taking all proper precautions to minimise the risks of sample adulteration, contamination or swapping whilst allowing the individual privacy during the provision of the sample.

The Council chosen service provider will provide specially designated certified drug-free kits for urine sample collection and analysis which meet the stringent requirements demanded to provide a secure 'Chain of Custody', and therefore produce a result that can be relied upon.

The sample collected is split into two portions in front of the donor. The bottles are sealed with tamper evident seals.

The bottle seals and Chain of Custody paperwork are identified by barcodes unique to each sample. The donor will be asked to give a signed consent form for the provider to analyse the sample. Without this consent the sample cannot be analysed.

(d) The Collection Process

When the collector is conducting a test the sample will be screened on site, this provides an immediate preliminary result which allows all those who test negative to return to work immediately. If however the on-site screen proves non-negative the sample will be divided between two containers, labelled and sealed with tamper-evident security seals.

One sample, the 'A' sample, is used for laboratory analysis, whilst the second 'B' sample is retained at the laboratory under secure temperature controlled conditions for future reference in case the individual wishes to challenge the laboratory results.

In the case of a challenge to a positive result the 'B' sample may be sent directly under Chain of Custody conditions to an independent laboratory of the individual's choice. Alternatively, the 'B' sample will be retained, in the case of a positive result, by the laboratory for one year after the test result is known.

All paperwork relating to the sample will be completed in the presence of the donor. The donor will be required to sign the 'Chain of Custody' form to verify that they have seen the samples properly divided, labelled and sealed and that they give consent for the sample to be analysed and for the results to be communicated to the Council. If they refuse to sign, it will be treated as a refusal (see Appendix B.).

Copies of the 'Chain of Custody' form are retained by the donor, the Council, the Company's chosen service provider and the medical review officer, and further copies are forwarded with the specimen to the laboratory. They will be stored securely in accordance with data protection legislation and best practice.

During the collection process the individual is given an opportunity to declare any drugs or medication which they have taken in the days leading up to the collection of the sample. This is an important part of the medical review process. If a positive test result is indicated, it will ensure that the individual is not accused of drug abuse when they have only taken legitimate medication in the correct dosage.

(e) Adulteration Testing

The collection process is designed to minimise the risks of an individual successfully adulterating or tampering with the sample.

The analytical procedures employed by the laboratory include a number of additional tests to detect adulteration and/or attempted sample tampering.

(f) Laboratory Procedures

On arrival at the laboratory the specimens and their packaging are examined to check that they have not been tampered with that the security seals are intact and that the Chain of Custody has been preserved.

Sample 'A' is then opened for analysis. The urine is subject to initial analysis to exclude adulteration and then screened for the presence of the agreed range of drugs using immunoassay-screening tests. If the immunoassay tests prove negative the analysis is terminated and a report is produced and forwarded under confidential cover to the Council.

If a positive immunoassay-screening test is given by the sample, a second sample of urine is analysed by a very sophisticated and specific analytical process known as gas

chromatography/mass Spectrometry (GC/MS). GC/MS is often referred to the 'Gold Standard' test and not only confirms the exact identity of any drug present but also indicates how much is present.

(g) Cut-Off Levels

Cut-off levels for both the screening and confirmatory analysis will be utilised. These cut-off levels, which are internationally accepted, are set in order to:-

- (i) permit the detection of recent drug use,
- (ii) exclude claims that the positive result was due to inadvertent or passive exposure to the drug,
- (iii) eliminate the risk of 'false positive' results due to analytical noise or sample matrix.

(h) Reporting of Results

All stages of the analytical process are continuously monitored by a suitably experienced and qualified toxicologist and all results are checked by them prior to release.

The checking procedure involves a thorough quality audit. After the toxicologist is satisfied with the quality of the results they are reported confidentially.

Positive results are reported to an independent medical review officer who is not employed by the laboratory undertaking the analysis.

(i) Medical Review

The independent preliminary medical review is used to explore the reasons for the positive result and may involve a discussion with the individual tested to determine whether there is any legitimate reason for a positive result. For example, a presumptively non-negative result will be declared as negative if it can be demonstrated that the donor has taken the correct dosage of medication prescribed for the donor or purchased over the counter. The overriding principle behind medical review is that if there is any doubt about the result, the beneficiary of that doubt will be the donor.

## **2. The Alcohol Testing Process**

The alcohol test will consist of an individual being asked to blow into a hand held electronic device configured to give blood alcohol readings which is the key indicator of possible impairment. The device has various functions built in to ensure that the subject provides a satisfactory breath sample while the result is produced on a digital display, normally with options to send the result to a printer. The breath test result will be available immediately.

A calibration check will be made on the breath test machine to confirm that it is reading accurately. The donor will be asked to confirm that he/she has not taken anything by mouth in the previous 20 minutes. This ensures that no medication or food or non-alcoholic drink can affect the result.

The donor will be asked to confirm that he/she has not smoked in the previous 10 minutes. Tobacco smoke does not have any effect on the result, but can reduce the working life of the machine.

If the result of the initial breath test is zero, there will be no further breath testing. However, if it is positive (at or above the company's cut-off level) a second sample will be collected immediately. If this gives a result at or above the cut-off level the test will be reported as positive, if below the cut-off level on the second test, it will be reported as negative.

The donor will be asked to sign the test record confirming that they accept the result.

## Appendix D

### FOR CAUSE TESTING

If a manager or supervisor has reasonable cause to suspect that an individual is unfit to carry out the full duties and responsibilities of their post through the effects of drugs/alcohol while on duty or when reporting for duty, the following steps will be taken:-

- (i) The manager or supervisor will speak to the individual privately, inform them of the suspicion that they may be unfit to work through the effects of drugs/alcohol and arrange for them to be relieved of duty immediately.
- (ii) A further discussion will then take place. If after this discussion the manager still has cause for concern the individual will be requested to undertake a drugs/alcohol test by the Council's authorised agency. Even if the individual admits to using drugs and/or alcohol a test for both drugs and alcohol should be undertaken.
- (iii) The manager or supervisor should contact the testing provider who will arrange for a collection officer to attend the designated site/offices, details are available from the HR Team.
- (iv) The collection officer will have a target time for arrival on site of two hours. The individual will be asked to remain on site for a reasonable period dependant on the circumstances in order to be available to the collection officer on their arrival.
- (v) All for cause tests will be subject to on-site screening which allows all individuals who test negative to be informed accordingly and allowed to resume work immediately.
- (vi) If, however, the urine sample or breath test(s) screen non-negative for drugs or alcohol, the individual will be informed of the initial screen results and informed that the urine sample for drug testing will be sent away for confirmatory analysis and medical review. Consideration will be given to the use of suspension with pay or temporary allocation of suitable alternative work pending confirmation of the non-negative result, particularly if the individual occupies a safety critical post.
- (vii) All individuals to be tested will be tested for **both** drug and alcohol consumption irrespective of suspicion or admission to impairment by either drugs or alcohol.



## Appendix E

### REFERRAL TO OCCUPATIONAL HEALTH

Employees who, outside of the testing process have admitted or who have declared prior to testing that they are experiencing problems resulting from the use of alcohol, drugs or other substances should be offered the opportunity to obtain specialist help via referral to the Council Occupational Health Provider.

A manager may also wish to discuss with the HR Team if they have any concerns regarding an individual employee's behaviour at work and action that should be taken.

#### Indicators

The following characteristics, especially when occurring in combination, **MAY** be indicative of an alcohol, drug or substance related problem. However, it should be noted that these characteristics **ARE NOT** confined to such problems and caution should be exercised in their interpretation. The Occupational Health Provider is available to offer help and advice as requested.

#### Absenteeism

- Multiple instances of unauthorised leave.
- Excessive sickness absence.
- Frequent absences occurring on the same day, e.g. Mondays and/or Fridays.
- Excessive lateness, e.g. Monday mornings or returning from lunch.
- Leaving work early.
- Unusual and increasing improbable reasons for absence.
- Frequent unscheduled short-term absence, with or without explanation.
- Unusually high absenteeism rates for diarrhoea, colds, flu, gastritis etc.

#### High Accident Rate

- Frequent accidents at work.
- Accidents elsewhere, e.g. at home, travelling to work.

#### Difficulty in Concentration

- Work requires greater effort.
- Tasks take longer than normal to complete.

#### Confusion

- Difficulty in recalling instructions, details etc.
- Increasing difficulty in dealing with complex assignments.
- Difficulty in identifying/recalling own mistakes.

#### Sporadic Work Patterns

- Alternating periods of high and low productivity.
- Increasing general unreliability and unpredictability.
- Repeated unnecessary absences from post.

- Frequent trips to the toilet etc.
- Extended tea/coffee breaks.

### **Reporting to Work**

- Reporting to work in an obviously inebriated condition, or apparently under the influence of drugs or other substances.
- Smelling of alcohol.
- Hand tremors.
- Deteriorating personal hygiene/appearance.

### **Deterioration in Job Efficiency**

- Missed deadlines.
- Mistakes due to inattention/poor judgement.
- Poor decision making.
- Implausible excuses for poor work performance.

### **Deterioration in Interpersonal Skills**

- Overreaction to real or imagined criticism.
- Unreasonable resentments.
- Irritability.
- Complaints from colleagues.
- Avoidance of supervisors, colleagues or other staff.

### **Referral Process**

A referral can be made for specialist help at any time via the Council's Occupational Health Provider should the employee or managers identify a problem with which it could help.

However, if a manager or supervisor has reasonable cause to suspect that an individual is unfit to carry out the full duties and responsibilities of their post through the effects of drugs/alcohol while on duty or when reporting for duty, the manager should invoke the Workplace Drug and Alcohol Testing Procedure outlined within Appendix C.

### **Help Accepted**

If the employee comes forward at any time prior the day when the test is conducted and self refers for support through their line manager or the HR Team, a referral to Occupational Health will normally be conducted by the manager.

The Occupational Health Provider will refer the employee to an appropriate course of treatment or agency.

It is the employee's responsibility to ensure that the treating agency provides the Occupational Health Provider and then the Council with an update at the end of the agreed period indicating the employee's progress.

If the employee has not been performing their normal duties and if after a medical assessment from the Occupational Health Provider the employee is considered fit to return to normal duties then they may do so. It may be that employees who are fit to return are still engaging with their treatment agency. The Council will, where operationally viable, support reasonable time off for this.

If the employee is not fit to return to work at the end of the agreed period then they may be subject to action under the Council's Disciplinary Policy, the outcome of which could be dismissal.

In the event that the Occupational Health Provider is unable to secure feedback from the treating agency at the end of the agreed period the Occupational Health Provider will inform the HR Team accordingly. The manager will seek guidance from HR Team and may decide to proceed to take action under the Council's Disciplinary Policy with the information available at the time.

The Council aims to ensure that the confidentiality of any member of staff experiencing alcohol or drug-related problems is maintained appropriately. However, it needs to be recognised that, in supporting staff, some degree of information sharing is likely to be necessary.

If an employee seeks help with an alcohol or drug-related problem directly from Human Resources [or Occupational Health] and they wish to keep matters confidential from their manager/colleagues, this will be respected unless there is reason to believe that this could put the employee, their colleagues or anyone else at risk or carries some other material risk for the business. In those circumstances the Occupational Health Nurse or HR Team will encourage the employee to inform their manager and will give them sufficient time to do so before discussing the matter with them.

### **Help Rejected**

If the employee rejects an offer of help, the manager (in consultation with HR Team) should make a full assessment of the situation and decide whether it is appropriate to instigate action under the Council's Disciplinary Policy at this stage, or whether to allow the employee to continue at their place of work on the understanding that the situation will be kept under review. During the interview the manager should establish the future acceptable standards of work performance and pattern of behaviour. If at any time the employee should unreasonably fail to meet these requirements formal action will be taken. A further offer of a referral to the Occupational Health Provider for help will not be made in the event that drug or alcohol use is suspected or discovered. However should an employee volunteer on a separate occasion that they have a problem, a request for help will be considered.

### **Recovery Programme Discontinued**

If an employee should prematurely discontinue a recovery programme, the manager should arrange to speak with the employee and determine what action should be taken (advice should be sought from HR Team).

### **Occupational Health Provider Unable to Assist**

In some circumstances the Occupational Health Provider may be unable to help the employee. For example the provider may not perceive a problem for which it can provide help, the employee may deny the existence of a problem and may reject the need to undertake a recovery programme. Employees may also agree to a recovery programme in order to avoid disciplinary action and may not be committed to the programme. In these circumstances, the Occupational Health Provider will inform the HR Team and manager that it is unable to help and it will then be for the HR Team and manager to assess what action should be taken.

### **Alternative Working Arrangements During Recovery Programme**


Should a return to work and/or continuation at work carry with it the risk of a recurrence of the problem or of jeopardising the health and safety of other employees, clients or third parties, a suitable alternative working arrangement should be provided if available.

## **Reintegration**

The manager has a key role to play in helping the employee to re-adjust to the work environment after their treatment. On successful completion of a recovery programme, the manager should arrange to interview the employee to congratulate them. At the interview the manager should explain their expectations of future work performance and behaviour and to offer continuing support.

Consultation on Alcohol & Drugs policy proposals – 03.2019

Submission/comment	Response
<p>The policy refers to agency staff but what about contractors (Tivoli/Freedom as examples).</p> <p>Am presuming their own policies apply but would we have any jurisdiction?</p>	<p>Thank you for your comment</p> <p>The policy does state on page 2, “This policy will apply to all employees irrespective of level or status and contractors who are involved with activities which arise out of or in connection with Council undertaking to include agency employees”.</p> <p>Whilst we would not necessarily have the jurisdiction to test contractors, we would remove them from site if we had a suspicion that they were under the influence of alcohol and/or drugs whilst operating in the workplace.</p>
<p>I believe the introduction of this new policy is a welcome addition to the existing health and safety policies; it should also be viewed as a supportive approach for employees that may need it.</p> <p>I do think there remains a risk by not looking to do random testing, certainly within teams where there is a greater risk to both Fenland and employees alike. I think the policy could be further enhanced to include random testing for all critical job roles, e.g. driving jobs, jobs working with machinery/heights etc, and jobs working on the public highway. The policy could look to include either a list of teams that are classed as critical or a list of specific jobs. Accepting that this approach might be seen to treat some parts of the organisation differently, this can be balanced with the fact there is greater risk in some teams if issues</p>	<p>Thank you for your comment.</p> <p>Your positive comments are noted and welcomed.</p> <p>This is a valid point. We have worked closely with our UNSION and Management and Trade Union Partnership (MTSP) colleagues on developing this policy. It is acknowledged that there is the additional option of ‘Random’ testing which was debated at length, and the preferred approach is to move forward with ‘Cause’ testing only at this point.</p> <p>‘Cause’ testing will pick up those concerns and risks that you refer to, and it will apply to the whole workforce including those critical job roles and teams where there is a greater risk/</p>

Submission/comment	Response
<p>with drugs and/or alcohol go undetected.</p> <p>The Council has a responsibility to act on concerns and implement the with cause element, which is fine if there is an apparent concern, but I would hate for something serious to happen before the risk is taken seriously. If the council introduced random testing to critical services/jobs then I also believe any occasional drugs/alcohol users would be a lot more mindful of the impact this might have and be less likely to take any chances.</p>	<p>Please do be assured that the Council will review the policy, post implementation, to monitor its effectiveness to ensure that it remains fit for purpose.</p>
<p>Thanks for distributing the attached to all staff, very informative.</p> <p>I hope you don't mind, but I have highlighted three separate paragraphs which I feel don't make sense (on page 1 &amp; 2)</p>  <p>Alcohol and Drugs at Work Policy 2019 - Fir</p>	<p>Thank you for your comments, and for highlighting the sections that required further clarity. These have now been reviewed and updated.</p>
<p>-Everyone should be tested irrespective of any suspicion; this would be a fair and consistent approach.</p> <p>-Would an option be to test all new starters before positions offered.</p> <p>- Police use swabs for roadside drug testing, why would we</p>	<p>Thank you for your comment</p> <p>This is a valid perspective, and as has been stated, the option of Random testing has been fully explored with our UNISON colleagues, and the preferred approach is to move forward with 'Cause' testing only at this point. Your view about testing all new starters is acknowledged, however it is felt that this would not be proportionate and would be costly to implement.</p> <p>The urine test is the national one used by all such testing</p>

Submission/comment	Response
<p>use urine tests when the swab test is used by Police?</p> <p>- If staff were to be suspended how would we cover their work, would we test agency staff who would be used to cover the positions?</p> <p>- If staff were to admit drug use outside of work what would be there position before the testing came in/how could they get any support without declaring a problem?</p> <p>- Would training be available to identify signs of Alcohol/drug misuse?</p>	<p>organisations, and is therefore the standard for workplaces.</p> <p>If there is a need to suspend a member of staff following such a test, we would need to ensure that cover is provided to maintain the delivery of the service affected</p> <p>The Council will be having a phased implementation approach, which will be as follows: Once the policy is approved, we will be commencing a 12 week programme of education and support for all service areas, signposting staff to help should they have any drug or alcohol dependency issues. After this period of time, the Council will formally implement the new policy.</p> <p>This is an excellent idea, and we will incorporate this in the activated within the initial 12 week period</p>

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of the Local Government Act 1972.

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