Guidance on the Management of Drugs and Alcohol

Issue record

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<td>One</td>
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<td>• Deletion of the first sentence of GN47 in issue 1, which will be transferred to GE/RT8070 (requirement to inform the person appointed to lead a formal or local investigation of the result of any test for drugs and alcohol).</td>
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<td>• Deletion of GN43 in issue 1 (guidance to regard all accidents and incidents requiring formal investigation, as specified in GO/RT3119, as reasonable grounds for ‘for cause’ testing)</td>
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<td>• The document has been transferred to a new guidance note template.</td>
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Revisions have not been marked by a vertical black line in this issue because the document has been revised throughout.

Superseded documents

The following Railway Group documents are superseded, either in whole or in part as indicated:

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Supply

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# Guidance on the Management of Drugs and Alcohol

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Guidance on the Management of Drugs and Alcohol

Part 1  Introduction

G 1.1  Purpose of this document

G 1.1.1  This document gives guidance on interpreting the requirements of Railway Group Standard GE/RT8070. It does not constitute a recommended method of meeting any set of mandatory requirements.

G 1.1.2  Relevant requirements in GE/RT8070 are reproduced in the sections that follow. Guidance is provided as a series of sequentially numbered clauses prefixed ‘G’ immediately below the boxed text to which it relates. Where there is no guidance given, this is stated.

G 1.1.3  Specific responsibilities and compliance requirements are laid down in the Railway Group Standard itself.

G 1.1.4  This document has been drafted to give guidance to railway undertakings and infrastructure managers in managing the risks created by drugs and alcohol.

G 1.1.5  This guidance is intended to help railway undertakings and infrastructure managers meet the requirements of:

a) GE/RT8070, which contains measures notified by the UK government to the European Commission as National Safety Rules (NSR) under the Traffic Operation and Management TSI (OPE TSI).


G 1.2  The structure of this document

G 1.2.1  All requirements from Railway Group Standard GE/RT8070 are reproduced in boxed text in this document.

G 1.2.2  Guidance is provided as a series of sequentially numbered clauses prefixed ‘G’ immediately below the boxed text to which it relates.

G 1.2.3  Specific responsibilities and compliance requirements are laid down in the Railway Group Standard itself.

G 1.3  Background

G 1.3.1  Impairment of work performance caused by drugs or alcohol has the potential in the railway industry to lead to errors in safety critical tasks, with catastrophic consequences. This is recognised in the Transport and Works Act 1992 (TWA) which created two new criminal offences:

a) Carrying out safety critical work on the railway while under the influence of drugs or alcohol (section 27).

b) Where the employer of a person who has committed an offence under section 27 cannot show they exercised ‘all due diligence’ in trying to prevent their employee’s offence (section 28).

G 1.3.2  The use of drugs and alcohol is relevant to fitness for work. The Railways and Other Guided Transport Systems (Safety) Regulations 2006 (ROGS) requires that employees are assessed as fit to carry out safety critical tasks (Regulation 24).

G 1.3.3  A structured drugs and alcohol policy, including a testing regime for drugs and alcohol, is an important element in demonstrating due diligence in this context. This document provides a framework for such a policy and its implementation.
G 1.3.4 Research has been carried out on behalf of the Health and Safety Executive (HSE) to determine the scale and impact of illegal drug use by workers. The project showed that recreational drug use may reduce performance, efficiency and safety at work. Drug use was shown to produce impairment even in those who use lower classified drugs, those who use drugs infrequently and even those who have abstained from drugs for up to seven days. This indicates that it is not only actual intoxication in the workplace that may have an impact on the performance of drug users, the detection of recent use may also be relevant. Concurrent drug and alcohol use was shown to produce even greater impairment. HSE Research Report Series RR193 (The scale and impact of illegal drug use by workers) provides further information.

G 1.3.5 The HSE has also published the results of research into the effects of psychotropic medication on performance efficiency and human error in a working sample. HSE Research Report Series RR282 (The scale and impact of psychotropic medication use by workers) provides further information.

G 1.3.6 A survey of policies relating to alcohol and substance abuse in a range of industries can be found in Rail Safety and Standards Board (RSSB) research report T050.

G 1.3.7 The extent of illicit drug use among 16-59 year olds, and trends in drug use since 1996, is described in the Home Office report: Drug Misuse Declared: Findings from the 2009/10 British Crime Survey, which can be found at www.homeoffice.gov.uk.

G 1.3.8 The Home Office report: Drug Misuse Declared: Findings from the 2009/10 British Crime Survey gives an indication of which drugs are most likely to be taken but may not be directly relevant to a working population in the rail industry. Cannabis is used by significantly more people and more frequently than any other illicit drug. Other commonly used drugs include ecstasy, cocaine and amphetamines. Opiate (for example heroin) misuse is relatively less common.

G 1.3.9 Updates to the Home Office report (described above), have previously been published on the findings of the characteristics and lifestyle factors associated with adults who have taken illicit drugs. It also presents trends in drug use by key demographic factors since 1996. Updates of the extent and trends in polydrug use are included, as are preliminary findings from the British Crime Survey (BCS) measures of drug use.

G 1.3.10 Drug misuse varies with age, gender, geographical area and other social factors, which may be relevant to particular railway undertakings or infrastructure managers.

G 1.3.11 In addition to research and survey information, drug testing laboratories will be able to advise which drugs are responsible for the greatest proportion of positive results, and therefore should be considered for inclusion in any drug testing regime.

G 1.3.12 In addition to controlled or illicit drugs, there are many medicines that may cause impairment and may be misused, such as strong painkillers, benzodiazepines and other psychotropic medication, which may necessitate their inclusion in a drug testing protocol.

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G 1.5  Approval and authorisation of this document

G 1.5.1 The content of this document was approved by Traffic Operation and Management Standards Committee on 18 September 2012.

G 1.5.2 This document was authorised by RSSB on 29 October 2012.
Part 2  Guidance on drugs and alcohol policy

G 2.1 Determining who is covered by a drugs and alcohol policy
G 2.1.1 Railway undertakings and infrastructure managers should apply the requirements of an agreed drugs and alcohol policy to all staff employed by them who carry out safety critical tasks [the scope of safety critical work, as defined in The Transport and Works Act 1992, has been extended and amplified by the Railways and Other Guided Transport Systems (Safety) Regulations 2006, regulation 24]. It is recommended that the scope of a drugs and alcohol policy includes, as a minimum, the safety critical tasks shown in ROGS.

G 2.1.2 Regulation 23 of ROGS provides the meaning of ‘safety critical tasks’ in relation to:
   a) A vehicle used on a transport system.
   b) A transport system.

G 2.1.3 Railway Safety Publication 4: – Safety Critical Tasks - Clarification of ROGS Regulations Requirements provides clarification on tasks that should be regarded as being safety critical.

G 2.1.4 The safety critical tasks performed within the railway undertaking or infrastructure manager will have been identified in its risk assessments and other work contributing to its safety management system.

G 2.2 Establishing a drugs and alcohol policy
G 2.2.1 Railway undertakings and infrastructure managers should document their drugs and alcohol policy with regard to staff:
   a) Use of drugs.
   b) Use or abuse of any prescribed or over-the-counter medication or other substances that could detrimentally affect work performance.
   c) Consumption of alcohol before and/or during working hours.

G 2.2.2 Railway undertakings and infrastructure managers should give information to staff on the following:
   a) The effects of drugs and alcohol on performance.
   b) Factors that lead to dependency on drugs or alcohol.
   c) Information that can prevent them from inadvertently breaching the drugs and alcohol policy.

G 2.2.3 Railway undertakings and infrastructure managers should incorporate this information into the induction programme for staff employed to carry out safety critical tasks, or otherwise bring it to their attention before they first commence safety critical tasks.

G 2.2.4 The material provided for induction and briefing of staff should include information about units of alcohol and the average times taken for the effects of alcohol to diminish to a point where it will not impair performance and the person would be fit for duty. It is recommended that, as a general principle, staff are advised not to consume alcohol in the period 12 hours before attending work.
G 2.2.5  Staff should be made aware of the likelihood that some drugs could be associated with impaired performance for several days after being consumed (see section G 2.5).

G 2.2.6  Staff should be informed of the ways in which they can inform their manager or supervisor that they are taking prescribed and/or over-the-counter drugs, and any information provided by their doctor or a pharmacist on likely effects on work performance.

G 2.2.7  Staff should also be reminded that they should tell their doctor or pharmacist about the nature of their work before medication is prescribed and/or ask for information about any side-effects. Further information can be found in GO/GN3655 Guidance on Medical Fitness for Railway Safety Critical Workers Appendix D.

G 2.2.8  Staff should be warned that they should inform their manager, supervisor or person collecting a sample for drug testing purposes, before a test is carried out, of any prescribed or over-the-counter medicine they are taking, in case the medication affects the test result. Further information can be found in GO/GN3655.

G 2.3  Contents of a drugs and alcohol policy

G 2.3.1  A Drugs and alcohol policy should contain, but not be limited to, the following:

a)  Definition of the scope of its application.

b)  Allocation of responsibilities for implementing and maintaining the policy.

c)  Information on what constitutes misuse of drugs or alcohol.

d)  Reporting arrangements for staff using prescribed and/or over-the-counter medication.

e)  Restrictions and prohibitions on the consumption of alcohol.


g)  Information on individual safeguards, rights of appeal and confidentiality.

h)  Information on help and support available to those with drugs or alcohol problems.

i)  Circumstances in which disciplinary action will be considered.

j)  Arrangements for undertaking drugs and alcohol testing.

k)  Circumstances under which drugs and alcohol testing will take place.

l)  Arrangements for reporting the results of drugs and alcohol testing.

m)  Arrangements for staff who are remotely managed.

G 2.3.2  It is important that the drugs and alcohol policy provides for the declaration of medication by staff, but also that they understand that any declaration must be as early as possible after the medication has been prescribed, and in any event before a test is carried out.

G 2.4  Access to advice from competent medical authority

G 2.4.1  Railway undertakings and infrastructure managers should provide managers and supervisors with access to advice from a competent medical authority on the likely effects of the medication on a person’s capability for safety critical tasks. This could be the contact details for the railway undertaking’s or infrastructure manager’s occupational health service provider.
Guidance on the Management of Drugs and Alcohol

G 2.5  Determining which drugs to test for

G 2.5.1  Railway undertakings and infrastructure managers should determine which drugs they should test for. Consideration should be given, but not limited, to the following factors:

  a)  Whether a reasonably practicable test exists.
  b)  The likelihood of a drug or type of drug being taken.
  c)  The ability of a drug to impair work performance.

G 2.5.2  The term ‘drugs’ should include controlled drugs as defined by law (sometimes referred to as ‘prohibited’ or ‘illicit’ drugs or ‘drugs of abuse’) and other substances that can affect a person’s ability to perform their duties, including prescribed and over-the-counter medicines.

G 2.6  Testing where a reasonably practicable test exists

G 2.6.1  The Health and Safety Executive (HSE) provides information about alcohol and drugs at work (Alcohol and Drugs at Work, found at www.hse.gov.uk). The Office of Rail Regulation (ORR) has information on drug and alcohol testing in the railway industry (Drugs and Alcohol testing, found at www.rail-reg.gov.uk).

G 2.6.2  Tests exist for most controlled drugs that will meet rail industry needs and are suitable for use in testing regimes. Drug testing laboratories will also be able to advise which tests are appropriate for the purpose of a drugs and alcohol policy.

G 2.6.3  Infrastructure managers and railway undertakings should determine the most appropriate method of testing for alcohol and drugs, based on their particular operational requirements. Urine testing is currently widely used across the rail industry and is believed to be both accurate and reliable.

G 2.6.4  Where laboratory urine testing is used, it should be used in conjunction with ‘instant results’ urine tests. There are a variety of proprietary ‘instant results’ urine tests available. When an ‘instant results’ urine test is to be used it should first be run alongside back-to-lab urine testing, to confirm the reliability and validity of the ‘instant results’ test.

G 2.6.5  When testing only for alcohol, a breath based alcoholmeter can be used. For those persons who may find such testing problematic, for example, severe asthmatics etc, then urine alcohol testing can be used.

G 2.6.6  Suitable facilities (for example, toilet, wash hand basin and office) should be made available to allow the testing to take place, in order that privacy for the person being tested, and security for the tests, can be maintained. Electric light is essential for night-time testing. Screening tests should be conducted in a safe place.

G 2.6.7  The Person in Charge of screening should obtain some form of identification from the person being tested (for example, staff identity card), or alternatively some form of corroborative confirmation of identity, prior to screening. The person being tested should provide a signature as confirmation of identity, when the screening sample is obtained.
G 2.6.8 When a decision is made to carry out a screening test, the employee should be escorted to a suitable waiting area and be continuously supervised until the screening sample collection is completed, in order not to compromise the integrity of the chain of custody.

G 2.6.9 All railway undertakings and infrastructure managers need to have an in-house arrangement or a contract for the use of an external screening agency, in order that screening tests can be completed within a maximum of two hours (four hours for remote locations) from call out.

G 2.6.10 As a normal part of screening, the original specimen provided by the employee should be subdivided into two samples. The first sample will be used for the immediate test and the second sample retained by the laboratory to be made available for independent testing, if requested.

G 2.6.11 Research (T133 Review of drug testing methodologies) was commissioned by RSSB on behalf of its members, to investigate common drug sampling and testing methods and to report on their suitability. The report findings provide the industry with an evaluation of the four key drug testing methods (urine, saliva, oral mucosal transudate (OMT) and sweat), compared with blood testing. The aim was to assist managers in choosing a suitable and cost-effective method to fit their organisation’s needs, while meeting the legal requirements. Individuals who are responsible for introducing a drug and alcohol policy and for designing a testing protocol are advised to read the full report which is available at www.rssb.co.uk.

G 2.6.12 T133 Review of drug testing methodologies should be read in conjunction with research report T865 Updating drugs and alcohol policies and testing methods, both available electronically at www.rssb.co.uk.

G 2.7 The ability of alcohol to impair work performance

G 2.7.1 Alcohol is well recognised as a cause of impaired performance, which correlates with specific blood concentrations that form the basis of a positive test. Specific limits are mandated for the rail industry (see section 2.3.1 of GE/RT8070), but individual railway undertakings and infrastructure managers may choose to adopt more restrictive levels.

G 2.8 Decision not to allow staff to continue carrying out safety critical tasks

G 2.8.1 Railway undertakings and infrastructure managers should not allow a person to carry out safety critical tasks if the medical authority advises that such a course of action is necessary.

G 2.8.2 Railway undertakings and infrastructure managers, where the decision has been taken not to allow a person to carry out safety critical tasks on the advice of the medical authority, may:

a) Suggest that the person considers the use of alternative medication that will not affect performance. In case of prescribed medication the person should consult the prescriber before making changes. It may be helpful for the prescriber to be able to discuss work requirements directly with the employer’s health service provider.

Or

b) Implement special measures to permit the person to carry out their normal duties.
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G 2.9  **Implementation and review of a drugs and alcohol policy**

G 2.9.1  Railway undertakings and infrastructure managers should inform all staff of the drugs and alcohol policy when it is first implemented, and after any changes.

G 2.9.2  Railway undertakings and infrastructure managers should inform supervisors and managers of staff carrying out safety critical tasks of their responsibilities under their employer’s drugs and alcohol policy, including:

a)  The recognition of impaired workplace performance or behaviour likely to be caused by the effects of drugs or alcohol.

b)  The potential effects of medication on the ability of staff to undertake safety critical tasks.

c)  Encouraging staff to ask for advice and help in respect of problems caused by drugs or alcohol.

G 2.9.3  Effective communication with follow up action to reinforce the message is important for the success of a drugs and alcohol policy. The rail industry experience since 1993 has been that good information and peer group pressure have contributed to the reduction in the number of accidents or incidents where drugs or alcohol was a relevant factor.

G 2.9.4  Railway undertakings and infrastructure managers should review their drugs and alcohol policy at least once every three years.

G 2.10  **Pre-appointment testing**

G 2.10.1  Railway undertakings and infrastructure managers should inform applicants for posts involving safety critical tasks, and who are likely to be offered employment, of the details set out in their drugs and alcohol policy.

G 2.10.2  Railway undertakings and infrastructure managers should test all persons appointed to posts involving safety critical tasks (including by promotion from within the infrastructure manager or railway undertaking) before they first undertake safety critical tasks.

G 2.10.3  Pre-appointment tests are usually part of a pre-arranged appointment which includes medical assessment. The important element in such a test is detection of any drugs rather than alcohol.

G 2.11  **Periodic testing for drugs and alcohol**

G 2.11.1  Railway undertakings and infrastructure managers should periodically test staff carrying out safety critical tasks including both pre-planned testing as part of a periodic age related medical or random and unannounced testing.

G 2.11.2  The selection of candidates for random and unannounced testing is normally achieved by the generation of randomly selected names using a computer programme.

G 2.11.3  Unannounced testing is the testing of a person without them having had a prior notice. As a consequence, it is usually carried out in the workplace, for example a train crew booking-on point or depot. Safeguards should be in place to ensure that the testing activity does not compromise operational safety.

G 2.11.4  Arrangements for testing in the workplace should take account of the nature of the tests to be used and the facilities available (privacy; hygiene; potential for contamination).
Guidance on the Management of Drugs and Alcohol

G 2.11.5 Where testing cannot be at the workplace, it is likely that the person to be tested will be informed through notice of a change to rostered duties and be asked to attend a testing site elsewhere. The length of warning period should be as short as possible, and preferably almost equivalent to the unannounced procedure, in order to maximise the effectiveness of the test.

G 2.11.6 Railway undertakings and infrastructure managers should test a minimum of 5% of their staff carrying out safety critical tasks each calendar year.

G 2.11.7 Railway undertakings and infrastructure managers should prevent staff from avoiding tests, without a valid reason.

G 2.11.8 Railway undertakings and infrastructure managers are permitted to allow relevant persons that are subject to periodic testing to continue their duties whilst awaiting the results of tests, unless there are reasonable grounds to suspect that they are unfit for duty at the time of testing.

G 2.12 ‘For cause’ testing – behaviour

**GE/RT8070 Testing Railway Safety Critical Workers for Drugs and Alcohol**

2.1.1 Infrastructure managers or railway undertakings shall undertake ‘for cause’ drugs and alcohol testing on any member of their staff engaged in safety critical tasks, on receipt of a reasonable request from another infrastructure manager or railway undertaking; where there are reasonable grounds to suspect:

a) That the person is under the influence of drugs or alcohol

b) That the safety of the operational railway is at risk.

G 2.12.1 Railway undertakings and infrastructure managers should test staff carrying out safety critical tasks whose behaviour gives cause to suspect that they are unfit for work due to the effects of drugs or alcohol. Such a person should not be allowed to resume work or safety critical tasks until the result of the drugs and alcohol test is known.

G 2.12.2 Clause 2.1.1 of GE/RT8070 will apply when railway undertakings or infrastructure managers have grounds for suspecting a person, who is not their employee, may be performing safety critical tasks under the influence of drugs or alcohol (for example, a train dispatcher at a station used by more than one railway undertaking).

G 2.12.3 Clause 2.1.1 of GE/RT8070 enables railway undertakings and infrastructure managers to carry out their duty to co-operate under ROGS regulations 22 and 26, in the event of an accident or incident involving staff employed by more than one transport operator, where ‘for cause’ drugs and alcohol testing is justified by the requirements of 2.1.1 of GE/RT8070.

G 2.13 ‘For cause’ testing – accidents and incidents

G 2.13.1 Responsible persons should initiate ‘for cause’ drugs and alcohol testing when they have reasonable grounds to suspect that a person carrying out safety critical tasks:

a) May have contributed to an accident or incident,

And

b) Is under the influence of drugs and / or alcohol.
G 2.13.2 Responsible persons should not allow a person who is to be tested, or has been tested, for drugs and alcohol under these circumstances to continue to undertake, or resume, safety critical tasks unless:

a) A negative test result is obtained.

Or

b) It can be demonstrated that the person concerned did not contribute, either through their actions or by their omission, to the accident or incident.

G 2.13.3 Appendices A and B to this document provide guidance on how to determine whether to carry out ‘for cause’ testing and an ‘immediate post incident ‘for cause’ testing decision flow chart’ which should be used by responsible persons to support their decisions on whether to initiate ‘for cause’ testing.

G 2.13.4 In the case of a person who would normally be tested in compliance with this section of the standard but has been admitted as a hospital patient, the railway undertaking or infrastructure manager involved should obtain the permission of the doctor in charge, before undertaking drugs and alcohol testing.

G 2.13.5 Railway undertakings or infrastructure managers should test a person for alcohol and drugs in accordance with the requirements of this document even if the person has been tested by the police. This is because the maximum permitted limits for alcohol applied by the rail industry are lower than those set out in The Transport and Works Act 1992 section 2.11, and the police may not be able to give a written confirmation of the test result.

G 2.14 Collection and analysis of test samples

G 2.14.1 Railway undertakings and infrastructure managers should use a documented chain of custody for the collection of drugs and alcohol samples. Samples should be collected by suitably trained collection officers and there should be safeguards to ensure that reported results can be related to the correct individual. This will involve procedures to ensure that the samples are tamper proof, correctly labelled, securely transported to the laboratory and securely stored before analysis – this is part of what is known as the ‘chain of custody’.

G 2.14.2 Railway undertakings and infrastructure managers should conduct sample collection in a manner such that:

a) The safety, health and dignity of those people carrying out the sample collection, and of the persons whose sample is being collected, are protected.

b) Samples are collected at a time when the safety duties of the person being tested are not affected.

c) Persons being tested are given the opportunity to disclose any medication they have taken.
G 2.15 Laboratories for drugs and alcohol testing

GE/RT8070 Testing Railway Safety Critical Workers for Drugs and Alcohol

2.2 Laboratories for drugs and alcohol testing

2.2.1 Infrastructure managers and railway undertakings shall only use laboratories for drugs and alcohol analysis that are:

a) UKAS (or European equivalent) accredited to ISO/IEC 17025:2005

b) Subject to blind analysis testing under an external quality assurance scheme.

G 2.15.1 Accreditation of laboratories is based on ISO 17025:2005 and ISO 15189:2003. Accredited laboratories will be able to advise on the specific drugs to be included in the testing protocol and modifications to that protocol from time to time. Statistical analysis of the results of drugs and alcohol testing will help to determine which drugs account for a significant proportion of positive results and may assist with improvements to the testing protocol.

G 2.16 Positive results of drugs and alcohol testing

GE/RT8070 Testing Railway Safety Critical Workers for Drugs and Alcohol

2.3 Positive result

2.3.1 Infrastructure managers or railway undertakings shall regard a test result for drugs or alcohol, on a member of their staff engaged in safety critical tasks, as being positive if it shows:

a) The presence of drugs for which there is no legitimate medical need for either their use or the quantity of their use.

b) More than 29 milligrams of alcohol in 100 millilitres of blood.

Or

c) More than 13 micrograms of alcohol in 100 millilitres of breath

Or

d) More than 39 milligrams of alcohol in 100 millilitres of urine.

G 2.16.1 The limits shown in clause 2.3.1 of GE/RT8070 are based on medical advice that alcohol in excess of these limits (even if still below the limits defined in the Transport and Works Act 1992) could impair performance of safety critical tasks and increase the likelihood of errors, in the rail and other industries, where sustained concentration and alertness is needed for safe performance of the task.

G 2.16.2 The OPE TSI clause 4.7.1 requires railway undertakings and infrastructure managers to apply the national rules of the member state in which a train is operated with regards to defined limits for drugs and alcohol.

G 2.16.3 In the case of drugs, the result is positive if drugs are present in the person and there is no legitimate medical need for their use or quantity. Some controlled drugs have no legitimate medical use in any quantity.

G 2.16.4 Railway undertakings and infrastructure managers should inform the person being tested of the result of drugs and alcohol testing as soon as possible.
G 2.17 Positive test and positive result

G 2.17.1 It is important to distinguish between a positive test and a positive result because the result of the drug testing procedure will be reported to the employer and may have consequences for the individual’s future employment.

G 2.17.2 A positive test is the detection, in an appropriate laboratory test, of any amount of a drug that is being tested for. Testing is a complex process that includes tests for the breakdown products of some drugs.

G 2.17.3 A positive result can only be confirmed after discussion with the employee tested and the accredited laboratory to establish that there is no legitimate medical explanation for the use of the drug or the quantity of the drug that has been detected.

G 2.17.4 Legitimate use of prescribed or over-the-counter medicines must be declared at, or before, the time of drug testing. Staff should be warned of the possible consequences of failing to do so.

G 2.17.5 The illness or condition for which these drugs are prescribed may also have the potential to impair work performance.

G 2.17.6 Detection of declared medicines need not be considered a positive result providing their use and quantity are legitimate. Subjects who declare medication after a positive test may find it very difficult to prove that its use was legitimate, which would be necessary to avoid a positive result being reported to the employer.

G 2.17.7 Consideration should be given to an individual’s dietary intake which can affect the results of an alcohol and drugs test. For example; the consumption of poppy seeds in various foods may lead to a positive opiate result in urine when subjected to testing for drugs of abuse.

G 2.17.8 Thebaine is a natural constituent of poppy seeds; it can be viewed as a marker for poppy seed consumption. Although Thebaine occurs naturally, it is destroyed in the manufacture of street heroin. Thus the individual’s sample will be positive for Thebaine with poppy seed consumption or similar dietary causes, but Thebaine will most probably be absent when an individual has taken street heroin.

G 2.17.9 Many laboratories routinely measures the level of Thebaine in samples that are positive for opiates. Although testing for Thebaine occurs naturally, it is destroyed in the manufacture of street heroin. Thus the individual’s sample will be positive for Thebaine with poppy seed consumption or similar dietary causes, but Thebaine will most probably be absent when an individual has taken street heroin.

G 2.17.10 The process of deciding whether a positive test constitutes a positive result, which should be reported to the employer, is managed by a doctor with specific competence in this field, often known as a Medical Review Officer (MRO). The Association of Rail Industry Occupational Physicians (ARIOPS) (www.ariops.org.uk) can offer guidance on the appropriate level of training and competence for MROs.

G 2.17.11 The MRO works closely with the testing laboratory and the sample donor to determine whether a positive laboratory test constitutes a positive result. The MRO will be responsible for ensuring that the result is communicated to the employer in the appropriate manner.
G 2.17.12 Railway undertakings and infrastructure managers should treat a refusal by a person, of a reasonable request to be tested for drugs and alcohol, to be the same as if that person had tested positive for drugs or alcohol.

G 2.17.13 Railway undertakings and infrastructure managers should not regard medication disclosed by a person as a positive result providing it was disclosed before the test sample was collected and there is suitable evidence that the medication was being used correctly.

G 2.17.14 Railway undertakings and infrastructure managers should not permit a person who returns a positive result after pre-appointment drugs testing to carry out safety critical tasks.

G 2.17.15 A person who returns a positive result at pre-appointment testing may be permitted to retake the test at a later date if they can satisfy the railway undertaking or infrastructure manager that the previous positive result was not an indication of habitual and continuing abuse of drugs or alcohol. Habitual and continuing use can only be detected using hair samples.

G 2.17.16 Railway undertakings and infrastructure managers should not permit a person who returns a positive result after drugs and alcohol testing to undertake any safety critical task unless the guidance within G 2.17.10 has been met.

G 2.17.17 Railway undertakings and infrastructure managers should not re-employ for safety critical tasks a person who has previously returned a positive result for drugs or alcohol testing unless:

a) A period of three years has elapsed since they returned a positive test result.

b) They are subjected to a drugs and alcohol test, with negative results, before resuming safety critical tasks.

c) They are subjected to an individually tailored regime of unannounced testing, for a period to be determined by the responsible railway undertaking or infrastructure manager.

G 2.18 Records, monitoring and review

G 2.18.1 Railway undertakings and infrastructure managers should keep records of all testing for drugs and alcohol for a period of not less than three years from the date the testing was carried out.

G 2.18.2 Railway undertakings and infrastructure managers should monitor the results of drugs and alcohol testing to identify trends and patterns which may indicate changes in risk to their operations.

G 2.18.3 Railway undertakings and infrastructure managers should periodically review the effectiveness of their drugs and alcohol policy, using data collected from monitoring and other data on drug and alcohol abuse, such as published research or government information.

G 2.18.4 Railway undertakings and infrastructure managers should consult the accredited laboratory, which provides their testing service, for advice on changing patterns of drug and alcohol use in the wider population. This includes obtaining information about new drugs or drug variants which could affect the testing regime.

G 2.18.5 Railway undertakings and infrastructure managers should rectify any deficiencies identified in their drugs and alcohol policy to prevent any increase in risk.
### Appendix A  Guidance on how to determine whether to carry out ‘for cause’ testing

**G A.1  For Cause’ testing for drugs and alcohol**

**G A.1.1  Introduction**

Occasionally staff carrying out safety critical tasks may be asked to have a ‘for cause’ drugs and alcohol test. A responsible person will have to make a decision to initiate the test based on a number of factors, including, but not limited to:

- a) An employee’s acts or omissions may have contributed to an accident or incident
- b) An employee’s conduct, behaviour and physical signs leading up to, at the time of, or following the accident/incident (where this is known).
- c) Where a check of an individual’s records following an accident/incident indicates the individual is on an increased testing regime due to a previous drugs and alcohol related offence as described in G A5.5.

**G A.1.2  Responsible persons should make every effort to attend the scene of an accident/incident.** There may be occasions, however, when they will need to make decisions about whether to initiate ‘for cause’ testing from locations remote from the incident itself. In these circumstances they may well be reliant on second hand information and reports from either staff at the scene, the signaller or control. Such information may be supplemented by the individual’s records where they are available.

**G A.1.3  The following guidance has been developed to help responsible persons reach a decision about whether to initiate ‘for cause’ testing.** Appendix B contains an ‘Immediate Post Incident ‘For Cause’ Testing Decision Flow Chart’ that should be used in conjunction with this guidance to support the decision on whether to initiate ‘for cause’ testing.

### G A.2  Considerations when deciding to implement ‘for cause’ screening

**G A.2.1  Is there reasonable grounds to suspect that a person carrying out safety critical tasks may have contributed to an accident or incident?**

**G A.2.1.1  Question 1 of the decision flow chart asks ‘are there reasonable grounds to suspect that an employee may have contributed to the incident or accident?’** The responsible person should establish as many facts about the incident (individual’s job role, involvement in the accident/incident etc) as possible to be able to make this decision.

**G A.2.1.2  If, from the available information and any reports from third parties, the answer is ‘no’, it will not be necessary to initiate ‘for cause’ screening.** If the answer is ‘yes’ or ‘don’t know’ it will be necessary to answer 2 which asks ‘does the conduct, behaviour or physical signs of the individual give you reason to believe that they are under the influence of drugs and/or alcohol?’

**G A.2.1.3  A decision on whether an individual may have contributed to an accident or incident may be based on information from third parties such as controllers and signallers.** Such information needs to be considered in the context of the work the individual was supposed to be carrying out. Care should be taken when considering an employee who, although part of a team, did not have the competence to carry out the work that led to the accident or incident as it is possible they may have been acting outside the level of their authority.
G A.3  Responsible person able to attend site of accident/incident

G A.3.1  Responsible persons should make every effort to attend the scene of an accident/incident. Where this is possible, the following non-exhaustive lists may be used to assist in detecting possible signs that indicate an individual may be under the influence of drugs or alcohol and assist in answering question 2 of the flow chart contained within Appendix B of this guidance note:

a) The conduct or behaviour of the individual concerned leading up to, at the time of, or following the accident/incident (where this is known):
   i) Moodiness.
   ii) Aggressiveness.
   iii) Memory confusion.
   iv) Poor attention level.
   v) Inappropriate responses to questions.
   vi) Irritability.
   vii) Sudden temper tantrums, or resentful behaviour.

b) Physical signs leading up to, at the time of, or following the accident/incident (where this is known) that may suggest an individual is under the influence of alcohol or drugs:
   i) Cold, sweaty palms; shaking hands.
   ii) Slurred speech.
   iii) Puffy face, blushing or paleness.
   iv) Red, watery eyes; pupils larger or smaller than usual; blank stare.
   v) Smell of substance on breath, body or clothes.
   vi) Sucking on mints, using mouth wash, spraying aftershave/perfume or drinking large quantities of water or other liquids.
   vii) Extreme hyperactivity; excessive talkativeness.
   viii) Nausea, vomiting or excessive sweating.
   ix) Tremors.
   x) Slowed or staggering walk; poor physical co-ordination.
The following additional guidance provides a list of drug specific symptoms:

a) Cannabis: Glassy, red eyes; loud talking and inappropriate laughter followed by sleepiness; a sweet burnt scent; loss of interest, motivation; weight gain or loss.

b) Alcohol: Clumsiness; difficulty walking; slurred speech; sleepiness; poor judgment; dilated pupils.

c) Depressants (including barbiturates and tranquilizers): Seems drunk as if from alcohol but without the associated odour of alcohol; difficulty concentrating; clumsiness; poor judgment; slurred speech; sleepiness; contracted pupils.

d) Stimulants: Hyperactivity; euphoria; irritability; anxiety; excessive talking followed by depression or excessive sleeping at odd times; may go long periods of time without eating or sleeping; dilated pupils; weight loss; dry mouth and nose.

e) Inhalants (Glues, aerosols, and vapours): Watery eyes; impaired vision, memory and thought; secretions from the nose or rashes around the nose and mouth; headaches and nausea; appearance of intoxication; drowsiness; poor muscle control; changes in appetite; anxiety; irritability.

f) Hallucinogens: Dilated pupils; bizarre and irrational behaviour including paranoia, aggression, hallucinations; mood swings; detachment from people; absorption with self or other objects, slurred speech; confusion.

G A.3.3
Where the responsible person is unable to attend the scene of the accident/incident, reliance may need to be placed on third party reports, including those from signallers, control staff and other staff involved in the accident/incident. This is covered within section G A.3.4 of this guidance note.

G A.3.4
When assessing the individual for any of the signs shown above, consideration should be given to the extent to which shock may have contributed to conduct, behaviour or any of the physical signs demonstrated by the individual.

G A.3.5
Where the individual is demonstrating any of the conduct, behaviour or physical signs shown in ‘question 2’ (Appendix B), or it has not been possible to establish this by discussions with the individual face to face, by telephone or by reliable evidence from a third party, ‘for cause’ testing should normally be initiated.

G A.3.6
If the decision is made to initiate ‘for cause’ testing, the facts should be such that there are reasonable grounds for believing that the employee’s actions were influenced by drugs or alcohol.

G A.3.7
If there are reasonable grounds for believing that the employee’s actions were influenced by drugs or alcohol, the responsible person should not attempt to judge the degree of intoxication. This should be left for the testing procedure to determine.

G A.4
**Responsible person unable to attend site of accident/incident**

G A.4.1
For cause testing should be initiated where there is justifiable suspicion of drug or alcohol use such as:

a) A report relating to an individual, a group of workers or a work location.

b) Evidence of drugs or alcohol consumption found on a site of work, train or other premises.
G A.4.2 Reports of possible drugs or alcohol use may be made in confidence but, without the identity of the individual suspected of being in breach of drugs and alcohol policies it will not be possible to be dealt with in accordance with this guidance.

G A.4.3 Third party reports may have a bearing on the decision to initiate ‘for cause’ testing by providing information on:

a) The conduct or behaviour of the individual concerned.

b) The physical signs shown by an individual that may suggest they are under the influence of alcohol or drugs.

G A.4.4 When dealing with third party reports it is important to consider them in the context of the circumstances arising at the time and whether such persons have sufficient skills and experience to correctly interpret the conduct or behaviour of staff.

G A.4.5 When dealing with third party reports, consideration should be given to the likelihood of them being vindictive, victimising or unreliable.

G A.4.6 Any considerations based on third party reports need to recognise the likelihood that signs of shock may well be present in the individual at the time.

G A.5 **Access to an individual’s records**

G A.5.1 Where an individual who may have contributed to an accident or incident is not demonstrating conduct, behaviour or physical signs that give reason to believe they may be under the influence of drugs or alcohol, the responsible person should check their records, where these are available, and answer question 3 of the flow chart.

G A.5.2 The following factors may indicate an increased risk that an individual is under the influence of drugs and/or alcohol:

a) The individual is on an increased testing regime due to a previous drugs and alcohol related offence.

b) Multiple instances of unauthorised leave.

c) Excessive sick leave.

d) Frequent absences on days following rest days or annual leave.

e) Excessive lateness, for example: Monday mornings, returning from lunch.

f) Leaving work early.

g) Peculiar and increasingly improbable excuses for absences.

h) Unusually high rate of symptoms such as colds, flu, gastritis, etc.

i) Frequent unscheduled short-term absences, with or without explanation.

j) Repeated absences from post, more than the job requires.

k) Overlong breaks and unexplained absences from place of duty.

l) Frequent single days of absence with no reason given.
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m) Increasing general unreliability and unpredictability.

n) Increasing unkempt appearance/lack of hygiene.

o) Domestic and financial problems.

G A.5.3 The responsible person should exercise care when using staff records to support a decision to initiate ‘for cause’ testing. It is important to recognise that the factors shown in G A.5.2 will not usually, on their own, provide sufficient evidence that an individual may be under the influence of drugs or alcohol as they may have arisen from entirely unrelated matters which may give rise to a discriminatory decision being made.

G A.5.4 It should be remembered that information about an individual’s health may be considered sensitive under the Data Protection Act 1998 and may not be readily available without specific consent from the individual. Specific consent provisions are contained within the Data Protection Act 1998.

G A.5.5 Where an individual who has contributed to an accident or incident is not demonstrating conduct, behaviour or physical signs that give reason to believe they may be under the influence of drugs or alcohol but their records indicate the individual is on an increased testing regime due to a previous drugs and alcohol related offence, this should be considered sufficient grounds for initiating ‘for cause’ testing.

G A.5.6 Where an individual who has contributed to an accident or incident is not demonstrating conduct, behaviour or physical signs that give reason to believe they may be under the influence of drugs or alcohol and their records do not indicate there has been a previous problem with drugs and/or alcohol, ‘for cause’ testing will not normally be necessary.

G A.5.7 Where an individual who has contributed to an accident or incident is not demonstrating conduct, behaviour or physical signs that give reason to believe they may be under the influence of drugs or alcohol and their records are not available, ‘for cause’ testing will not normally be necessary.

G A.6 Employee requesting to be ‘for cause’ tested

G A.6.1 Where the circumstances are such that ‘for cause’ testing would not normally be required but the employee expresses a wish to be tested, the responsible person should arrange for this to be carried out.

G A.6.2 In such circumstances, box 4 of the Immediate Post Incident ‘For Cause’ Testing Decision Flow Chart should be completed.

G A.7 Where the severity of an accident influences the decision to ‘for cause’ test

G A.7.1 Infrastructure managers and railway undertakings should consider, as part of their drugs and alcohol policy, including a requirement to carry out ‘for cause’ testing of those employees who contributed to an accident or incident when there is a likelihood that the nature or severity of an accident may well result in a public inquiry.

G A.7.2 If a decision to initiate ‘for cause’ testing is taken on the basis of the nature or severity of an accident, box 5 of the ‘Immediate Post Incident ‘For Cause’ Testing Decision Flow Chart’ should be completed.
G A.8  Keeping records

G A.8.1  The responsible person should keep a full record of all information provided and the results of the 'Immediate Post Incident 'For Cause’ Testing Decision Flow Chart' that led to the decision whether to carry out ‘for cause’ testing.
Appendix B - Immediate Post Incident ‘For Cause’ Testing Decision Flow Chart

The following flow chart should be followed for each individual involved in the accident:

1. Are there reasonable grounds to suspect that an employee may have contributed to the incident or accident?

   If the answer is NO, testing is not necessary.

   If ‘YES’ or ‘DON’T KNOW’ then answer 2 below.

2. Does the conduct, behaviour or physical signs of the individual concerned leading up to, at the time of, or following the accident/incident (where this is known) give you reason to believe that they may be under the influence of drugs and/or alcohol? These may include the following:

   a) Conduct or behaviour
      i) Moodiness
      ii) Aggressiveness.
      iii) Memory confusion.
      iv) Poor attention level.
      v) Inappropriate responses to questions.
      vi) Irritability.
      vii) Sudden temper tantrums, or resentful behaviour.

   b) Physical signs
      i) Cold, sweaty palms; shaking hands.
      ii) Slurred speech.
      iii) Puffy face, blushing or paleness.
      iv) Red, watery eyes; pupils larger or smaller than usual; blank stare.
      v) Smell of substance on breath, body or clothes.
      vi) Sucking on mints, using mouthwash, spraying aftershave/perfume or drinking large quantities of water or other liquids.
      vii) Extreme hyperactivity; excessive talkativeness.
      viii) Nausea, vomiting or excessive sweating.
      ix) Tremors.
      x) Slowed or staggering walk; poor physical co-ordination.

3. Is the individual on an increased testing regime due to a previous drugs and alcohol related issue? See G A.5.5

4. Employee requests to be ‘for cause’ tested

5. Nature or severity of accident may well result in a public inquiry

   YES
   - Employee requests to be ‘for cause’ tested
   - Nature or severity of accident may well result in a public inquiry
   - Yes
   - Don’t know
   - No
   - Test

   NO

   YES
   - Employee requests to be ‘for cause’ tested
   - Nature or severity of accident may well result in a public inquiry
   - Don’t test
Definitions

Chain of custody
A process used to maintain and document the chronological history of a (drugs and/or alcohol) sample in order to guarantee the identity and integrity of the sample from collection through to reporting of the test results, and which leads to the production of a legally defensible report.

Drug
For the purpose of this document, a drug means a ‘controlled drug’ as defined in the Misuse of Drugs Act 1971 and its subsequent modification orders, or other substance that could affect a person’s ability to carry out safety critical tasks safely. The term also includes medication, either prescribed by a medical practitioner or purchased over-the-counter, which can have similar effects.

Drugs and alcohol testing
Testing to identify whether or not drugs or alcohol are present in a person (see also definition of ‘for cause’ drugs and alcohol testing).

‘For cause’ drugs and alcohol testing
Drugs and alcohol testing to identify whether or not drugs or alcohol are present in a person:

i) Whose behaviour gives cause to suspect that they are unfit for work due to the effects of drugs or alcohol.

Or

ii) There are reasonable grounds to suspect that a person carrying out safety critical tasks may have contributed to an accident or incident because their performance was affected by drugs or alcohol.

Medical Review Officer (MRO)
A physician who can issue a negative report for a positive analytical result based on consultation with the donor in question, the donor’s GP, the laboratory toxicologist and information supplied by the donor at the time of sampling (for example, prior medication).

Person in Charge
The manager with the responsibility for the location at the time when unannounced random screening is taking place.

Responsible person
The manager or supervisor with the responsibility for taking decisions about whether to initiate ‘for cause’ testing following an accident or incident.

Psychotropic medicines
Medicines that are capable of affecting the mind, emotions or behaviour.

Safety critical task

Staff
For the purpose of this document a member of staff includes:

a) An employee of a railway undertaking or infrastructure manager.

i) A contractor to the railway undertaking or infrastructure manager.

ii) An employee of a contactor to the railway undertaking or infrastructure manager.
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References

The Catalogue of Railway Group Standards gives the current issue number and status of documents published by RSSB. This information is also available from www.rgsonline.co.uk.

RGSC 01 Railway Group Standards Code
RGSC 02 The Standards Manual

Documents referenced in the text

Railway Group Standards
GE/GN3655 Guidance on Medical Fitness for Railway Safety Critical Workers
GE/RT8070 Testing Railway Safety Critical Workers for Drugs and Alcohol

Other references

Alcohol and Drugs at Work: www.hse.gov.uk

Conventional Rail Traffic Operation and Management Technical Specification for Interoperability (CER-OPE-TSI)

Drugs and alcohol testing, available at: www.rail-reg.gov.uk


ISO 15189:2003: Medical laboratories -- Particular requirements for quality and competence.

ISO/IEC 17025:2005: General requirements for the competence of testing and calibration laboratories.

Misuse of Drugs Act 1971


RR193 The scale and impact of illegal drug use by workers, available at: www.hse.gov.uk

RR282 The scale and impact of psychotropic medication use by workers, available at: www.hse.gov.uk

Transport and Works Act 1992 (TWA)

T133 Review of drug testing methodologies, available at: www.rssb.co.uk

T050 Survey of policies relating to alcohol and substance abuse in a range of industries, available at: www.rssb.co.uk

T865 Updating drugs and alcohol policies and testing methods, available at: www.rssb.co.uk
Other references

RSSB documents
GO/RT3119 Accident and Incident Investigation

Other references
Alcohol Concern: www.alcoholconcern.org.uk
Drugscope: www.drugscope.org.uk