

Policy/Procedure/Guideline**Alcohol and Substance Misuse Policy****Version no:** 1.0**Issue Status:** Approved**Date of Ratification:** April 2016**Ratified by:** Clinical Governance & Risk Board**Policy Author:** Bradley Woods**Policy Owner:** CG&RB**Review Frequency:** 2 Years**Identifiable Document Code:** PTUK001**Last Review:** April 2020**Next Review:** April 2022

POLICY AWARENESS	
People who need to know this policy in detail	All Staff
People who need to have a broad understanding of this policy	All Staff
People who need to know this policy exists	All Staff

CHANGE CONTROL DETAILS			
Date DD/MM/YY	Version	Description	Reason for changes
11/04/2016	1	New policy	New policy

Policy location:

Main documents folder in Crew room and control room.
On the Company Server

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1.0 Introduction

- 1.1 Patient Transport UK (PTUK) recognises and accepts its responsibilities as an employer to provide a safe and healthy work environment for all its employees as required under the Health & Safety at Work Act etc 1974; and to ensure the safety of patients in our care.
- 1.2 Substance abuse is a growing problem in today's society and represents an increasing danger within the workplace. It manifests itself in many forms and is a threat to the wellbeing of companies and their employees. As such, it is in everyone's interests for PTUK to maintain a healthy, safe, and productive substance-free working environment.
- 1.3 Driving vehicles or operating machinery whilst under the influence or effects of alcohol or drugs is dangerous and illegal. Employees who drink excessively or take illegal drugs are more likely to work inefficiently, be absent from work, have work related accidents and endanger themselves, colleagues, patients, the public or clients. It is PTUK policy not to employ persons who use illegal drugs or abuse alcohol.
- 1.4 Accordingly, the following policy aims to provide a suitable framework to bring PTUK and staff the benefits of a substance free workplace.

2.0 Purpose

- 2.1 This policy outlines how PTUK will fulfil its duty of care to protect patients, the public and its employees from others who may be under the influence of alcohol or drugs. It sets out a framework within which PTUK may request drug tests from staff. PTUK may only operate a drug testing regime in accordance with the contents of this policy.
- 2.2 These rules aim to promote a responsible attitude to drink and drugs and to offer confidential assistance to employees who may need it.
- 2.3 This policy does not make a moral judgment and is only concerned with a commercial judgment in the best interests of PTUK and its employees. A commercial judgement will be adopted by all when dealing with alcohol or drug misuse.

3.0 Duties

3.1 Duties of Directors of PTUK

- 3.1.1 The Directors of PTUK have overall responsibility and liability for ensuring the health, safety and welfare of employees, patients, visitors and those affected by PTUK activities. They have overall responsibility for the implementation of this policy, in accordance with legislation and national guidance.

3.2 Duties of Managers of PTUK

3.2.1 Managers are responsible for ensuring they have a comprehensive understanding of their own remit within this policy and any associated procedures and guidelines. They are also responsible for ensuring staff understand and comply with the policy and associated procedures.

3.2.3 All Managers must:

- Be familiar with and enforce this policy.
- Refuse to allow anyone to work who reports for duty under the influence of drugs or having consumed alcohol.
- Intervene effectively when an employee's performance appears to be adversely affected by drugs or alcohol.
- Be aware of the legal implications of drugs in the workplace, including obligations.
- Notify the police of incidents involving possession of or discovery of illegal drugs in the workplace.
- Not make a moral judgment when counselling or interviewing employees.
- Respect the requirement of strict confidentiality.
- Seek advice where problems have been identified and be able to guide the employee concerned to seek help.
- Ensure that contractors working in their area of responsibility comply with this policy.
- Be aware of, and to monitor, changes in performance, attendance, sickness and accident patterns and take appropriate action

3.4 Duties of Employees

3.4.1 All employees (including full time, part time, temporary, bank, managers and agency workers), contractors, subcontractors, agents and visitors will be covered by the PTUK Alcohol and Substance Misuse Policy and it is the responsibility of all managers and supervisors to ensure that the policy is enforced. This includes self employed vehicle crew staff operating on PTUK's behalf.

3.4.2 All staff have the duty to familiarise themselves with and comply with this policy.

4.0 Consultation and Communication with Stakeholders

4.1 New members of staff and contractors/subcontractors will be advised of PTUK's policy at induction and educational material relating to safe levels of drinking.

- 4.2 Existing staff in position at policy inception will be notified by use of internal email and staff notice boards.
- 4.3 The Staff Liaison Officer is a member of the Clinical Governance and Risk Board who will undertake staff consultation through the development process.
- 4.4 National helpline numbers and information on other misused substances are available to all staff.

5.0 Definitions

- 5.1 For the benefit of interpretation, the word 'substance' refers to alcohol, illicit drugs (as covered by the Misuse of Drugs Act 1971), inhalants, prescription and over-the-counter medicine or any other substance which can impair the performance of an employee.
- 5.2 'Abuse' is the term used to describe the use of any substance, (other than medication as prescribed by a Doctor), in such a way as to deliberately alter behaviour or state of mind.
- 5.3 For the purposes of this policy, "Company Premises" extends to all buildings, yards, and company vehicles including ambulances, minibuses, cars and support vehicles.
- 5.4 "Client's" or "Customer" premises include those from or to which PTUK are requested to pick up or deliver patients, including their own homes, hospitals, care homes, military establishments and airports. This extends to such premises visited on company business for reasons other than patient transport. (e.g. Sales visits, meetings, conferences etc.).

6.0 Drugs/Alcohol in the Workplace

- 6.1 It is the duty of each employee/sub contractor to attend work in a sober/unimpaired condition in respect to both drugs and alcohol whether on PTUK or client premises or during working hours. In particular employees must not have a blood alcohol level which exceeds 0.01 Breath Alcohol Content (BAC) reading measured on AL6000 Breathalyser. The alcohol level of 0.01 will be shown as 010% on the AL6000 Breathalyser. Equally, employees should not have levels of illegal drugs in their bodies during PTUK operating hours or on PTUK / client premises. PTUK takes a zero approach to any raised blood alcohol level or raised blood level for drugs.
- 6.2 No illegal drugs may be brought onto or consumed on PTUK / customer premises (including PTUK vehicles) at any time. Supply, possession, sale or use of illegal substances is strictly prohibited and any investigation which establishes proof, will result in summary dismissal. Cases involving possession or use of illicit drugs on PTUK premises must result in the authorities being notified (under the Misuse of Drugs Act 1971). There is no alternative procedure to this.

- 6.3 Alcohol must not be brought onto or consumed on PTUK / customer premises without the permission of an PTUK Director. It is understood that alcohol may occasionally be brought onto PTUK premises by customers or suppliers as gifts, etc, but we ask that in such instances that the alcohol remains sealed and is removed from the premises to your vehicle at the earliest opportunity. Customer premises may have stricter rules and limitations regarding possession of alcohol, so it is essential that you conform to these requirements so as to not undermine the commercial relationship with the customer.
- 6.4 Visitors under the influence of alcohol or drugs will be denied access to or will be required to leave the premises. Contractors, subcontractors, agents or visitors should be informed of PTUK's policy regarding alcohol and substance misuse prior to attending site and/or during the site induction. In particular they are required to conform to the ban of possession, sale, distribution or use of substances and associated equipment on PTUK premises and may be subject to a drugs and/or alcohol test in the event of an accident / incident or for cause situation outlined below.
- 6.5 PTUK explicitly prohibits:
- 6.5.1 The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription or legitimate exemption on PTUK or customer premises or while working for PTUK elsewhere.
 - 6.5.2 Being impaired or under the influence of legal or illegal drugs or alcohol whilst on duty, whether on or away from PTUK or customer premises.
 - 6.5.3 Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from PTUK or customer premises, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk PTUK's reputation.
 - 6.5.4 The presence of any detectable amount of prohibited substances in the employee's system while at work, while on the premises of PTUK or its customers, or while on company business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.
 - 6.5.6 Employees must not have a blood alcohol level which exceeds 0.01% BAC if they are required to drive private or PTUK vehicles on company business. Employees must also not drink alcohol when they are on operational standby or on call.
 - 6.5.7 Employees representing PTUK at business/client functions or conferences or attending Company organised social events outside normal working hours are

expected to be moderate if drinking alcohol and to take specific action to ensure they are well within the legal limits if they are driving.

7.0 Prescribed and Over the Counter Medications

- 7.1 All staff are discouraged from bringing non-prescribed / over the counter medicines onto site which may cause drowsiness and affect their ability to function appropriately. However, where employees are prescribed medication (or have taken over the counter medication) which could adversely affect their safety – for example medication which states that it may cause drowsiness or states that the user should not operate heavy machinery, etc, they should draw this matter to their manager's attention to ensure their safety and the safety of others around them. Although you are not obliged to tell your manager what illness the medication relates to, this may be done in confidence and any processing of personal data necessary for the purposes of the policy will be carried out in compliance with requirements of the Data Protection act 1998.
- 7.2 Any member of staff bringing medication on site which may affect their work performance must follow the procedures in place for bringing/using medicines and prescription drugs on site. PTUK requires all staff to report to their line manager when they are issued a prescriptive drug or medicine which they intend to take during working hours which may affect their performance. Each case will be assessed on an individual basis taking into account health problems, the drug issued, place of work, job activity etc. Appropriate action including temporary exclusion from any particular task/duty or other appropriate measures will be individually agreed and implemented where appropriate.

8.0 Drugs/Alcohol Outside of the Work Environment

- 8.1 Although PTUK does not wish to interfere with staff leisure time, it does feel that substance abuse is totally inconsistent with all of PTUK's activities. Due to the nature of our work and the nature of substance abuse it would be inappropriate to assume that abuse in one's personal time will not affect one's activities at work. Indeed, it is the employee's duty to attend work in a sober / unimpaired condition.
- 8.2 Social drinking after normal working hours and away from PTUK premises is, of course, a personal matter and does not directly concern PTUK. PTUK's concern only arises when, because of the pattern or amount of drink involved, the employee's attendance, work performance or conduct at work deteriorates, or if the employee attends work with a blood alcohol level in excess of the UK legal drink drive limit.

9.0 Non Compliance

- 9.1 This policy constitutes part of every employee's terms and conditions of employment and as such, a breach of these provisions is deemed a disciplinary offence and will be dealt with in accordance with PTUK's Disciplinary Procedure.

Depending on the seriousness of the offence, it may amount to gross misconduct and could result in the employee's dismissal without notice. In the case of contractors or subcontractors, this policy forms part of their terms of service.

- 9.2 PTUK reserves the right in any of these circumstances to arrange for the employee to be escorted from PTUK premises immediately and sent home on full pay, pending a full investigation into the incident. It may be appropriate for health and safety and legal reasons to assist the employee to get home safely. Certainly, in the case of an employee testing positive for alcohol in excess of the legal limit, alternative transportation must be arranged until such point as the individual is safe, fit and legal to retrieve their vehicle. If a potentially intoxicated employee insists on driving, our only available option is to inform the police. There is no alternative procedure to this. In the case of agency staff or visitors, the individual's employer will be contacted to arrange alternative transport.
- 9.3 PTUK would like to develop a culture where any employee who feel they have a problem with drugs or alcohol can come forward to seek assistance in full confidentiality to resolve their problem. In such instances, PTUK will work with an individual sympathetically, to ensure that they get the help they need through the occupational health services available, whilst providing the necessary sick leave, etc to facilitate this. Pay whilst on sick leave is at the discretion of the Operations Director. However, if an employee is discovered to be positive through the testing process outlined in this policy and not by their actively seeking assistance, the same level of assistance may not be available and they may face disciplinary action up to and including dismissal.

10.0 Treatment

- 10.1 Where an employee voluntarily makes it known or it is evident, or suspected, that the work performance of an employee is suffering through alcohol dependency but falling short of intoxication at work then:
- a. The employee will be counselled and advised that they are required to restore their work performance to an acceptable level within a reasonable timescale.
 - b. To assist them they will be offered personal advice, support and where considered appropriate, professional assistance to help restore them to full health. In such instances, the individual concerned will be required to sign a rehabilitation contract which commits them to their course of treatment and aftercare. Deviation from this may result in disciplinary consequences up to and including dismissal.
 - c. Where loss of time from work results from accepting professional assistance, then any such absence will be treated as normal sick leave.
 - d. If an employee refuses to accept assistance, or discontinues any treatment

against medical advice, normal disciplinary procedures will be followed, which may ultimately lead to dismissal.

- e. Employees working in safety or security critical areas who are undergoing treatment or rehabilitation may be assigned alternative duties if this would aid their recovery, or if failure to do so could adversely affect the Company, its customers or its staff.

- 10.2 Whilst these rules are aimed at assisting employees with alcohol or drug problems, action will nevertheless be taken under PTUK's disciplinary procedure if misconduct takes place at work as a result of drinking or taking drugs, or if an employee is found to be under the influence of alcohol or drugs whilst at work.

11.0 Identifying alcohol and drug abuse

- 11.1 PTUK acknowledge the difficulty in identifying employees who may have a problem. The following are characteristic signs, which may merit investigation if occurring frequently. Managers should be aware that there may be other explanations for certain of these characteristics and any investigation should be carried out sensitively.

- Frequently smelling of alcohol
- Deterioration in work performance
- Increases in mistakes and errors of judgement
- Lack of concentration
- Poor timekeeping and frequent absenteeism
- Unexplained disappearances from the workplace
- Moodiness, irritability and argumentativeness
- Frequent minor health disorders
- Hand tremors
- Proneness to accidents

12.0 Employees with a Drug/Alcohol Problem

- 12.1 Where an employee willingly seeks help, for alcohol, drug or substance addiction then:

- a. The employee should be suspended from work immediately, paid until the end of their shift and sent home on sickness absence at which time they will be paid in accordance with the sickness policy for up to five days whilst an assessment is arranged to determine whether their attendance at work constitutes a safety risk either to themselves or to any other person.
- b. That assessment must be made in consultation between their general practitioner and the PTUK appointed Occupational Health Advisor and will ultimately depend upon the degree of addiction, consumption patterns and the nature of their

duties.

- c. The employee will be warned that as alcohol and drug abuse are progressive illnesses, their continued employment depends upon their receiving and responding to treatment. If they refuse to accept, or later discontinue treatment against medical advice, the disciplinary procedure will be invoked which may lead to their dismissal.
- d. Where medical advice is such that the employee concerned is able to continue working, then they should be counselled about the need for treatment, closely monitored by their line manager and required to discuss their progress with the PTUK appointed Occupational Health Advisor at regular intervals.
- e. If medical advice is that they should not be allowed to attend work because of a potential risk to themselves or others, their absence will be treated as sick leave with the appropriate level of statutory or occupational sick pay for a reasonable timescale pending recovery and return to work.

12.2 If specialist treatment is required then it should normally be sought from the National Health Service. PTUK will encourage staff to access their GP in the first instance. However the following organisations will also offer support:

- | | |
|---------------------------|---------------|
| • National Drugs Helpline | 0800 776600 |
| • Alcoholics Anonymous | 0845 769 7555 |
| • Al-anon Family Groups | 0207 403 0888 |

12.3 At the discretion of directors, PTUK may decide to offer financial support towards the treatment of any drug or alcohol related illness. Time off for this treatment will be treated as sickness absence; the reason for this absence will be kept strictly confidential.

12.4 As in any other case of illness, return to work after treatment will depend on confirmation by their general practitioner that they are fit for work. In this context, fitness for work means that their addiction is being monitored and controlled and that they do not pose a risk either to their own safety or to the safety of others. The opinion of the PTUK appointed Occupational Health Advisor advice must be sought before agreeing a return date.

12.5 Following a return to work after treatment for alcohol or drug addiction it is essential that confidential and regular monitoring by the PTUK Occupational Health Advisor should continue. Line management must also be alert for any relapse, particularly in the first few months after treatment. If a relapse should occur then the new situation should be considered on its merits. Further assistance should only be offered where medical opinion is such that there is a realistic prospect of success.

- 12.6 Where stress is a possible contributor to the dependence on drugs or alcohol, PTUK will take the necessary steps to ensure that any work-related causes are identified and addressed.
- 12.7 Where an employee fails to return to fully acceptable performance, or suffers a relapse, then the circumstances should be reviewed in consultation with the Clinical Lead, The Occupational Health Service and PTUK Directors.

13.0 Data Protection & Confidentiality

- 13.1 Information about an employee's health is sensitive personal data. PTUK will, therefore, ensure adherence to the Information Commissioner's Code of Practice when carrying out drug or alcohol testing to avoid breaching the Data Protection Act 1998.

14.0 Process for Monitoring Compliance (Drug/Alcohol Testing).

- 14.1 The Company reserves the right to undertake testing in a number of different circumstances and an employee's failure to comply with the testing process (both in terms of providing consent and giving an adequate sample of breath, saliva and/or urine), may result in disciplinary action up to and including dismissal. For the purposes of clarity, a refusal to consent to a test carries the same consequence as a positive result. The testing process comprises of initial on-site testing, followed by laboratory confirmation which has a level of accuracy accepted by the courts.
- 14.2 Under this policy, alcohol and/or drug screening may be carried out in the following circumstances:

14.2.1 Pre-employment Screening

We reserve the right to screen prospective employees for drugs and alcohol prior to their appointment or as a part of their conditional offer of a position. Prospective employees will be asked specific questions on their occupational health form. These will be reviewed by the occupational health service.

14.2.2 Accident / Incident or For Cause Testing

In some of the cases listed below this process will automatically be undertaken as part of PTUK's accident investigation procedure. The following list, which is not definitive, nor exhaustive, provides examples of a number of situations where it is foreseen that PTUK can invoke "For Cause" testing:

- a. Any accident or incident which involves:
- Any Company vehicle including any cars, support van or ambulance.
 - Any mechanical lifting/handling equipment (e.g. stair climbers, hoists, winches, tail lifts, etc).
 - Working with patients.

- Working with electricity / high voltage.
 - Injury to any individual and/or damage to personnel property, business premises or equipment due to negligence.
- b. Discovery of illegal substances or empty alcohol containers on PTUK / customer property.
- c. Reasonable suspicion relating to issues such as:
- Abnormal behaviour (e.g. irrationality, confusion, aggression, euphoria, hyperactivity or lethargy and tiredness for that person).
 - Difficulty in walking or performing manual functions normally.
 - Incoherent or slurred speech.
 - Smell of alcohol.
 - Bruising and/or injection marks or obvious changes in pupil size.
 - Third party observations from Employees, Contractors, visitors etc.

Note: If an employee is taken to hospital following an accident/incident permission must be obtained from the doctor before any testing is carried out.

14.3 Random Testing

14.3.1 Random testing will be used to detect both alcohol and drugs. This will occur at multiple times throughout the year, at times designated by the Clinical Lead or PTUK Directors.

14.3.2 New starters may be tested before they start work on any project.

14.4 Project-Based Testing or Testing on Client Sites

14.4.1 Employees attending certain client sites may be subject to drug and alcohol screening as a part of the client's own drugs and alcohol policy or prior to attending such a site. PTUK employees are expected to cooperate with this in order to meet our contractual obligations. It may be necessary, (at the discretion of PTUK Directors), for employees, or other agents of PTUK to be screened prior to attending site.

14.4.2 In the event that an employee is tested positive on a client drug or alcohol test, we will ascertain whether this is based upon an initial screen or a full laboratory confirmation. In the event that only an on-site screen has been carried out, we will take steps to obtain the urine sample in question in order to run a full laboratory confirmation upon it. The confirmation test results will be used to either defend the employee's innocence and restore good standing with the client, or to support disciplinary action, depending on the nature of the results.

- 14.4.3 If, for any reason, the sample is unavailable, or the chain of custody has not been maintained, then we will carry out a further test upon the employee at the earliest feasible opportunity.

14.5 Follow-up Testing

- 14.5.1 Employees undergoing treatment or rehabilitation should be aware that substance abuse testing will be necessary as part of a rehabilitation contract.
- 14.5.2 An employee who has voluntarily come forward for confidential assistance for a drugs or alcohol problem may be subject to further periodic testing for a period of 12 months, administered at random by PTUK.
- 14.5.3 The testing will only be done on a 'case by case' basis following medical investigation to ensure that any prescribed course of counselling or rehabilitation is being followed (e.g. where a candidate has completed a counselling or rehabilitation programme and it is necessary to check progress and compliance).

14.6 The Right to Dispute a Drug or Alcohol Test

- 14.6.1 The drug and alcohol testing process is carried out in two stages. An initial on-site screen followed by a laboratory confirmation test (only if the initial screen is positive). The further laboratory test is carried out to differentiate between medication and illicit drug use. If the secondary confirmation test still indicates a positive result, the employee will be invited to attend a disciplinary meeting which may result in their dismissal.
- 14.6.2 At this stage, if the employee still disputes the findings, they may nominate an independent laboratory to undertake further tests at their own expense. If these further tests prove negative, the employee will be reimbursed the cost of the analysis and this new information will be taken into consideration.

14.7 Random Searches

- 14.7.1 PTUK reserves the right to randomly check any employee and his/her property, to rule out the possession of drugs or alcohol. Such checks will be done in the presence of the employee whilst they are entering, on or leaving PTUK premises. PTUK also reserves the right to randomly check vehicles when entering or leaving the premises or parked in the employee car parks. This is a condition of employment.
- 14.7.2 Employees will always be consulted and asked to consent to any random checks. It must be understood that any check held randomly does not imply suspicion and will be carried out as discreetly and courteously as possible by an authorised manager of the same sex. Where a random check is carried out, you will be asked to remove the contents of pockets / bags / vehicles etc. You may of course refuse to be randomly checked, but this may be construed as a breach of contract on your part. Employees

found in the possession of alcohol / drugs will be subject to PTUK disciplinary process which may render them liable to dismissal. PTUK also reserves the right to involve the police at any stage if criminal activity is detected.

- 14.7.3 A refusal to consent to a random drug/alcohol check will be treated in the same way as a positive result.

15.0 Standards/Key Performance Indicators

- 15.1 In particular employees must not have a blood alcohol content which exceeds 0.01 BAC. Equally, employees should not have levels of illegal drugs in their bodies exceeding the internationally recognised SAMHSA urine drug testing cut-off levels during Company operating hours or on Company / customer premises.

There is no room for deviation from set standards and limits.

16.0 Further Information

- 16.1 For further information / clarification please contact the Clinical Lead.
- 16.2 This policy will be subject to continual development and review.

17.0 References

Misuse of Drugs Act 1971. HMSO

Health and Safety Executive (1996) Don't mix it – a guide for employers on alcohol at work
London: HSE www.hse.gov.uk/pubns/idg240.pdf.

Health and Safety Executive (1998) Drug misuse at work – a guide for employers, London:
HSE www.hse.gov.uk

Department of Health (2001) Taking alcohol and other drugs out of the NHS workplace.
London: DH, www.dh.gov.uk

www.drug-aware.com accessed October 2011

18.0 Appendices

Appendix 1 Process for Performing a Drug Test

Appendix 2 Protocol for Performing an Alcohol Breath Test

Appendix 3 Integrated drug test cup instructions

Appendix 4 Multiple Drug / Screening Consent Form

Appendix 5 Information on Drugs of Abuse

Appendix 6 Impact Assessment Tool

Appendix 1 – Process for Performing a Drug Test

The Pre Test Check

Tick box when complete

To ensure you that you are prepared for the urine test ensure that the following checks are carried out before testing commences:

Ensure you have enough drug cups and they are in date (you will need at least two per Test):

Yes No

You require 2 x Consent Forms: Yes No

You require 1 x Donor Information Sheet: Yes No

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Preparing the Test Area

Remove all possible adulterants from the toilet cubicle (**bleach, soap, channel blocks etc**) and check the toilet cubicle for any concealed items.

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Carry out the following steps to secure the toilet area to avoid possible tampering of the sample:

- Seal the taps on any wash basin inside the toilet cubicle to prevent access to water
- Place a coloured toilet block into the cistern and flush the toilet to colour the water in the cistern and the toilet bowl
- If the cistern is hidden behind a secured panel then place a small piece of coloured toilet block or use toilet cleaner directly into the toilet bowl and allow to colour

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Donor Information (before the test)

Ask the donor if they wish to have a co-witness present. Another trained manager should also be present during the testing process (for with cause and random testing only).

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5. Explain the following testing procedures to donor:

Give the donor the "DONOR INFORMATION SHEET": Yes No
 Failure to provide a sample or consent to a sample will be recorded: Yes No
 If a purple-red band does not appear next to one category the test is positive: Yes No
 If the sample is positive the results will be sent to the laboratory for analysis and confirmation: Yes No

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Completing the Consent Form

Complete the employee details and recent medication.
 Ask the employee to carefully read the Patients Statement and then sign and date to confirm their understanding. The Assessor and Co-Assessor should also sign the form.
If the donor refuses to consent to the urine test, ask a second time to avoid any misunderstanding and then ask the donor to sign to that effect. If the donor refuses to sign to that effect then the Assessor and Co-Assessor should note this down and sign to that effect.

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Taking the Sample

5. Offer the donor at least 2 drug cups and ask the donor to select one drug cup for use. ☐
6. Bring the pouch to room temperature before opening it. Remove the cup from the sealed pouch and use it as soon as possible. ☐
7. Pull tab to remove cap, collect specimen in the cup and secure cap by pressing down on all three corners. ☐
8. Check the temperature label (Temp Label) up to 4 minutes after specimen collection. A green color will appear to indicate the temperature of the urine specimen. The proper range for an unadulterated specimen is 90-100 degrees F (32-37 degrees C) ☐
9. If the employee will lose sight of the cup at any time, check the cap for a tight seal, date and initial the security seal label then place it over the cap. ☐
10. Remove one key from the kit, place the cup on a flat surface and push the key into the socket of the cup to begin the test. Start timer. ☐
11. Remove the peel off label covering the test results and wait for the colored line(s) to appear. The results should be **read at 5 minutes**. Do not interpret results after 10 minutes. ☐

Interpreting Test Results**Negative Results**

12. A coloured line in the control region (C) and a colored line in the test region (T) for a specific drug indicates a negative result. ☐
13. The shade of colour in the test region (T) may vary, but it should be considered negative whenever there is a faint colored line. ☐
14. The test is now complete. In the Urine Drug Test Section of the consent form tick the relevant box to confirm the employee was found to be negative for all drugs. ☐

Positive Results

15. A coloured line in the control region (C) but no line in the test region (T) for a specific drug indicates a positive result. ☐
16. In the Urine Drug Test Section of the consent form tick the relevant box to confirm which drug(s) the employee tested positive for. ☐
- You must now complete the Chain of Custody Procedure to send the urine sample to the Laboratory for further analysis. ☐
- If the donor requires a copy of the consent form, photocopy the form and keep the original. ☐

Appendix 2 – Protocol for Performing an Alcohol Breath Test

The Pretest Check

Tick box when complete

1

To ensure you that you are prepared for the alcohol test ensure that the following checks are carried out before testing commences:

Ensure the Alcomate has sufficient battery life (see icon on display):	Yes	No
Check the calibration label inside case to make sure sensor is in date:	Yes	No
Ensure that you have enough mouthpieces (you will need at least six per test):	Yes	No
You require 2 x Consent Forms:	Yes	No
You require 1 x Donor Information Sheet:	Yes	No

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Donor Information (before the test)

2. Ask the donor if they wish to have a witness present. Another trained manager should also be present during the testing process (acting as a co-assessor).

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3. Explain the following testing procedures to donor:

Give the donor the "DONOR INFORMATION SHEET":	Yes	No
Failure to provide a sample or consent to a sample will be recorded:	Yes	No
If the sample reads 000%BAC then the test is negative:	Yes	No
If the sample reads above 000%BAC then further samples will be taken:	Yes	No

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Completing the Consent Form

4. Complete the employee details and recent medication.
Ask the employee to carefully read the Patients Statement and then sign and date to confirm their understanding.
The Assessor and Co-Assessor should also sign the form.
If the donor refuses to consent to the alcohol test, ask a second time to avoid any misunderstanding.

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5. Show the donor and any witnesses the sensor replacement date label inside the black carry case.

☐

Taking the Sample

6. Offer the donor at least 6 sealed mouthpieces and ask the donor to select one mouthpiece for use.

☐

7. Maneuver the mouthpiece within the packet to the corner, and tear the packet open whilst holding the mouthpiece through the packaging. The mouthpiece can then be attached to the unit without handling it.

☐

8. Fully remove the wrapper, then switch on the instrument using the small power button. The unit will cycle down to zero.

☐

9. Ask the donor to stand up, keep their hands by their side, fill their lungs and blow steadily to bring on the continuous beep sound - until a double beep indicates time to stop. ☐

10. The donor will be given 3 attempts to provide a breath sample for testing. If after 3 attempts the donor is unable to provide a breath sample then this constitutes a failure to provide a sample – the consequences of this are the same as a refusal. ☐

A 000%BAC Result

11. When the display shows the result of the sample show to the donor and co-witness(es). ☐

12. Record the time and result of the sample onto the consent form in the Breath Alcohol Test Results Section ☐

13. If the result shows 000%BAC then the result is negative and the test is complete. On the consent form tick the box to confirm the employee was found to be negative for alcohol ☐

14. Having taken the subject's alcohol reading you should remove and discard the mouthpiece. For your own hygiene, you may wish to replace the wrapper over the mouthpiece to avoid touching it. Dispose of the mouthpiece. ☐

15. Confirm to the donor that they have given a negative alcohol test result. ☐

16. The instrument will switch off automatically after 30 seconds. ☐

17. Now go to step 30 to complete the test. ☐

A result over 000%BAC

18. If the result is above 000, record the time and the result on to the consent form. ☐

19. The instrument will switch off automatically after 30 seconds. ☐

20. The donor should remain in the room under supervision for further testing which should be at least 20 minutes later. ☐

21. If the donor refuses to consent to further testing then ask a second time to avoid any misunderstanding. ☐

Preparing to take the Second Sample

22. Complete a further Consent Form as above (steps 4 and 5) ☐

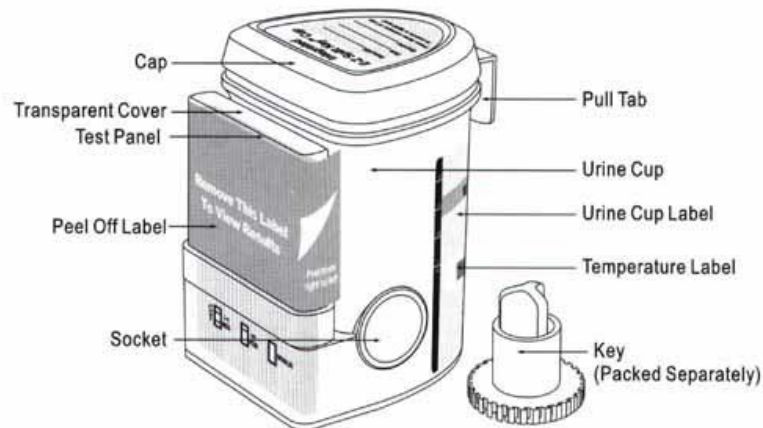
Taking the Second Sample

23. Follow steps 6 to 10 as above ☐

The Second Sample Result

24. When the display shows the result of the second sample show to the donor and co-witness(es) ☐
25. Record the time and result of the second sample onto the consent form in the Breath Alcohol Test Results ☐
26. Having taken the subject's alcohol reading you should remove and discard the mouthpiece. For your own hygiene, you may wish to replace the wrapper over the mouthpiece to avoid touching it. Dispose of the mouthpiece. ☐
27. Confirm to the donor that this stage of the testing process is complete. ☐
28. The test is now complete. The second test is the result the company will use to judge if a further sample needs to be sent to the laboratory for confirmation analysis. In the Breath Alcohol section on the consent form tick the relevant box to confirm the employee was found to be negative (<010) or positive (011 or above) for alcohol. The legal drink drive limit in UK is shown as 080 on the AL6000 Breathalyser. ☐
29. The instrument will switch off automatically after 30 seconds. ☐
30. If the donor requires a copy of the consent form, photocopy the form and keep the original. ☐

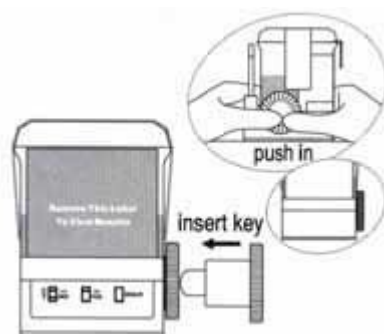
Appendix 3 - Integrated drug test cup instructions.



- 1) Remove the test from the foil pouch.
- 2) Ask the patient to remove the cap using the pull tab, and to provide a urine sample.
- 3) When the sample has been sealed in the cup, the patient should hand the integrated test cup back, at which point the urine sample temperature should be read. The test has a temperature strip affixed to the side which reads body temperature (32 - 37 degrees C). As long as you can see a green coloured square on the temperature strip, this is considered a valid sample temperature - effectively ruling out the substitution or dilution of the urine sample.

[More detailed urine collection procedures.](#)

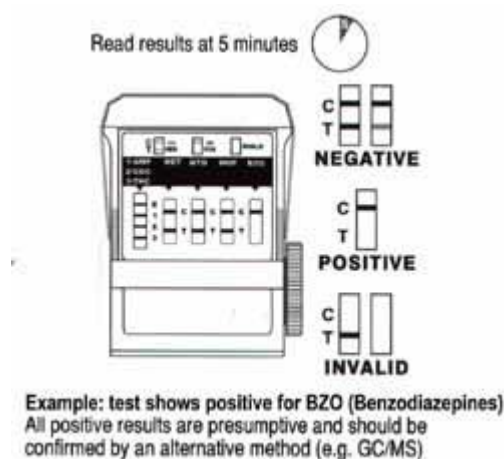
- 4) Placing the test kit on a flat surface, insert the key into the socket, activating the test kit. Start a timer. Drug test results can be read within 5 minutes.



- 5) Peel off the label to see the test results appear.



6) Read the test results. The test is completed and can be read at 5 minutes. Negative results can be determined as soon as a test line starts to appear, but positive results should only be determined at the full 5 minute read time. More detailed information is below:



How to read Drug Test Results

When reading the results on one of our 7 drug integrated test cups you are essentially looking for any test or control lines which may be missing. A fully negative and unadulterated sample will display a total of 12 purple / magenta coloured bands. This will be made up of 4 lines on the left-most test strip - which tests for 3 different drugs, along with 2 lines on every other strip.



You will see a control line at the top of each test strip within the device (marked by a small "C") and a test line below - which is present for each of the drugs tested for (marked with a small "T", or 1, 2, or 3 if on the first strip). If there is any kind of adulterant present from a patient's attempts at contamination of the sample - such as adding bleach - the control lines will not form. If any of the seven classes of drug we are looking for are positive, the test line for that corresponding drug will be absent.

This is because the drug has bound itself to the chemistry within the test and prevented the purple / magenta line from forming where it should have. When this happens, it is obvious. No matter what angle you hold the test, or what light source you use, the line cannot be seen.

In rare cases, where someone has previously used the drug you are testing for, they may show a faint line on their drug test. You must still interpret this as negative. i.e. A line is a line. The reason for this is that this person MUST have abstained from the drug for a number of days before getting to such a low level of drug in

their body to test negative. It is just the last traces of drug leaving their system, so at this point they are technically negative.

Drug Screening Retention Times

How long after taking drugs will you get a positive drug test result? Well, different drugs are detectable in urine for different lengths of time. Factors including age, height, sex, weight, purity of drug, dose, how often the drug is used, etc, will all play a role in how long drugs remain detectable in a patient's urine sample. Please use the following figures purely as a guide, as the upper limit can represent extremes:

Alcohol (Breath / Saliva) - 1 hour per unit consumed

Amphetamines - 2 to 6 days

Barbiturates - 3 to 8 days

Benzodiazepines - 2 to 14 days

Cannabis (THC) - Typically 14 to 28 days but one-off use can be as little as 3 to 5 days

Cocaine - 2 to 5 days

Methadone - 2 to 7 days

Methamphetamines - 2 to 6 days

Opiates - 2 to 5 days

PCP - 2 to 6 days

For some free advice from a friendly expert on drug retention times, [cross reacting medication](#), or any other drug screening issues such as possible false positive test results or false negative test results, please [contact us](#).

Free samples of [drug tests](#) and [alcohol test kits](#) are also available for healthcare professionals or businesses. [Home drug screening test kits](#) are also available to be purchased online or by telephone.

Appendix 4 – Multiple Drug / Screening Consent Form**7 Drug Multi-Test**

Donor/Staff member Name: Staff No:

Sample Collection Date: Date of Test (if different):

Recent medication (covering the last 2 weeks):

.....

.....

STAFF MEMBER (DONOR) STATEMENT:

I hereby consent to both a urine and breath test to detect or monitor the presence of alcohol and drugs (and their metabolites) and accept that these tests do not constitute a violation of my human rights. In the event of a positive result, I understand the policy of PTUK. I accept the interpretation of my test results by the Assessor and Co-assessor, provided their interpretations match identically. I understand that records of the results of these tests will be kept and I agree to this.

Signed:..... Date:

Assessor's Name:..... Position:

Co-assessor's Name: Position:

URINE DRUG TEST RESULTS:

Test start time: Results read at: Drug-Aware Lot Number:

Results in the test area are as follows: (please tick where a magenta line forms – regardless of intensity)

Assessor's Interpretation:

Co-assessor's Interpretation:

C) Valid Control Lines
 1) Amphetamines
 2) Cocaine
 3) Cannabis (THC)
 4) Methamphetamines
 5) Methadone
 6) Opiates (MOP)
 7) Benzodiazepines

C) Valid Control Lines
 1) Amphetamines
 2) Cocaine
 3) Cannabis (THC)
 4) Methamphetamines
 5) Methadone
 6) Opiates (MOP)
 7) Benzodiazepines

Valid results require the presence of all control lines and the complete agreement of the Assessor and Co-assessor.**Where magenta test lines do not form, the patient is considered positive.**

(Please tick as appropriate).

☐

The donor/staff member was found to be negative for all drugs / alcohol. Or,

☐

The donor/staff member was positive for the following drugs / alcohol:

.....

Signed: Signed:

Assessor..... Co-assessor.....

Appendix 5 – Information on Drugs of Abuse

Amphetamines / Amphetamine Information- e.g. Speed, Whiz, Uppers, Dexies:

Amphetamines are central nervous system stimulants that give the user the impression of increased energy, reduced appetite and an overall feeling of wellbeing. Found in the form of white pills or powder, Amphetamines may be inhaled, injected, or swallowed. Street names include uppers, wake ups, bennies, dexies, jollies, speed and whiz. Short-term effects include an increase in talkativeness, aggressiveness, breathing rate, heart rate and blood pressure, reduced appetite, dilated pupils, visual and auditory hallucinations, sweating and compulsive, repetitive actions. Amphetamines are detectable in urine using the [Drug-Aware™ Amphetamines drug test kit](#) (AMP) for 2 to 6 days at a cut-off level of 1000 ng/ml. <<

Barbiturates / Barbiturate Information - e.g. Barbs, Block-Busters:

Barbiturates are prescription sedatives. Commonly abused Barbiturates include amobarbital (Amytal), pentobarbital (Nembutal), and secobarbital (Seconal). Typically in the form of multicoloured tablets and capsules, this class of drug has numerous street names including barbs, red devils, goof balls, yellow jackets, block-busters, pinks, reds and blues. When abused, Barbiturates mimic alcohol inebriation causing mild euphoria, reduction of inhibitions, relief of anxiety and sleepiness. Higher doses cause impairment of memory, judgement and co-ordination, irritability, and paranoia.

Barbiturates are detectable in urine using the [Drug-Aware™ Barbiturates drug test kit](#) (BAR) for 3 to 8 days at a cut-off level of 200 ng/ml. <<

Benzodiazepine / Benzodiazepines (tranquillisers) Information - e.g. Benzos, Tranx:

Benzodiazepines (otherwise known as tranx or benzos) are a group of structurally related drugs widely prescribed for depression and sleeping disorders. They have sedative-hypnotic, muscle-relaxant, anti-anxiety & anticonvulsant effects and are usually administered orally in tablet or capsule form. The family of drugs include oxazepam, temazepam, diazepam (valium), chlorazepam, prazepam, halazepam and chlordiazepoxide.

Please note that even when correctly prescribed by a Doctor, Benzodiazepines may interfere with the ability of some users to perform certain physical, intellectual and perceptual functions. For this reason, people who are prescribed benzodiazepines should consult with their Doctor before they operate a motor vehicle (or heavy machinery) or engage in tasks requiring concentration and good co-ordination. Such activities may become more dangerous if Benzodiazepines are used together with alcohol or antihistamines (found in many cold, cough and allergy remedies).

Benzodiazepines are detectable in urine using the [Drug-Aware™ Benzodiazepines drug test kits](#) (BZD) for 2 to 14 days (depending on the drug) at a cut-off level of 300 ng/ml. <<

Buprenorphine (Subutex, Buprenex, Temgesic and Suboxone):

Buprenorphine is a potent analgesic often used in the treatment of opioid addiction. The drug is sold under the trade names Subutex™, Buprenex™, Temgesic™ and Suboxone™, which contain Buprenorphine HCl alone or in combination with Naloxone HCl. Therapeutically, Buprenorphine is used as a substitution treatment for opioid addicts. Substitution treatment is a form of medical care offered to opiate addicts (primarily heroin addicts) based on a similar or identical substance to the drug normally used. In substitution therapy, Buprenorphine is as effective as Methadone but demonstrates a lower level of physical dependence. Concentrations of free Buprenorphine and Norbuprenorphine in urine may be less than 1 ng/ml after therapeutic administration, but can range up to 20 ng/ml in abuse situations. The plasma half-life of Buprenorphine is 2-4 hours. While complete elimination of a single-dose of the drug can take as long as 6 days, the typical detection window for the parent drug in urine using a [Drug-Aware Buprenorphine drug test kit](#) is approximately 3 days at a cut-off of 10 ng/ml. <<

Cannabis / Cannabinoids / THC / Marijuana Information - e.g. Weed, Pot, Grass, Hash:

Cannabis is the most commonly abused illegal drug. It is a derivative of the hemp plant (*Cannabis sativa*) and can take several physical forms including dried plant material (a green or grey mixture of dried, shredded flowers and leaves), blocks of resin and small containers of Cannabis oil. Slang terms include weed, pot, grass, ganja, hash, hashish, herb, skunk, draw and gangster. Most users roll loose Cannabis into a cigarette called a "joint". It can be smoked in a water pipe, called a "bong", or mixed into food or brewed as tea. If someone is intoxicated by Cannabis, he or she may have balance problems and have trouble walking. Their eyes may appear red and bloodshot and he or she may exhibit memory difficulties. When the early effects fade, over a few hours, the user can become hungry and later sleepy.

The active ingredient of cannabis (THC or Tetrahydrocannabinol) is detectable using the [Drug-Aware™ Cannabis test kit](#) (THC) for typically 14 to 28 days for frequent use of the drug, or around 5 days for a one-off use, at a cut-off level of 50 ng/ml. The reason for this long retention time is that THC binds with the body's fat reserves - and leaches out over a number of days. You will also undoubtedly have patients who claim that they are positive due to passive smoking. Let us assure you that this is not the case. The cut-off level of the test is set at a level much too high for passive smoking to affect the test results.

For more information on Cannabis / Marijuana, please visit our [Cannabis Information - Class, Signs, Symptoms and Effects](#) page. <<

Cocaine Information - e.g. Coke, Crack, Charlie:

Cocaine, otherwise known as coke, charlie, snow, blow, big C, white, nose candy, crack, rock, and freebase is derived from coca leaves whose properties include increased energy and an overall feeling of euphoria. It is a potent stimulant and one of the most powerfully addictive drugs. It comes both in the form of a white powder that is snorted and white crystals (freebase or crack) that are smoked. Visible signs of cocaine use include dilated pupils, increased temperature, heart rate and blood pressure, insomnia, loss of appetite, feelings of restlessness and anxiety. Cocaine's effects are relatively short lived, and once the drug leaves

the brain, the user experiences a "coke crash" that includes depression, irritability, and fatigue. Cocaine is detectable in urine using the [Drug-Aware™ Cocaine drug test kit](#) (COC) for 2 to 5 days at a cut-off level of 300 ng/ml.

Please also see our [Cocaine information - Facts, Signs and Symptoms](#) page for more information. <<

Heroin (a member of the opiate family) Information - e.g. H, Smack, Dope, Junk:

With such street names as H, dope, junk, skag, brown and smack; Heroin is an addictive narcotic drug derived from the opium poppy. It comes in the form of a light brown or white powder that can be heated and injected or smoked in a rolled joint or cigarette. Heroin interferes with the brain's ability to perceive pain and activates the brain's pleasure system.

When injected or smoked, users report a surge of pleasurable sensation or "rush." Often, the rush is accompanied by a warm flushing of the skin, dry mouth, and a heavy feeling in the limbs. Nausea and vomiting may also ensue. Use of Heroin is detectable in urine using the [Drug-Aware™ Opiates / Morphine drug test kit](#) (MOR) for 2 to 5 days at a cut-off level of 300 ng/ml. Other opiates (such as codeine in some pain medication and cough syrups) can also be detected, regardless of the detection method, so please determine any recently taken medications prior to conducting the test.

If you would like more information, please visit our [heroin overdose, withdrawal and addiction](#) page. <<

Inhalants (or solvents) Information:

Inhalants are ordinary household or industrial products that are inhaled or sniffed by solvent abusers to achieve intoxication. There are hundreds of household products on the market today that can be misused as inhalants, including glue, nail polish remover, cleaning fluids, hair spray, petrol, the propellant in aerosol cans and correction fluid. When inhaled via the nose or mouth into the lungs in sufficient concentrations, inhalants can cause intoxicating effects that can last a few minutes or several hours if inhalants are taken repeatedly.

For more information, visit our [solvent abuse information](#) page. <<

Ketamine Information - e.g. Ketaject, Special K, Vitamin K:

Ketamine hydrochloride is a central nervous system depressant and a fast-acting general anaesthetic with sedative-hypnotic, analgesic, and hallucinogenic properties. Used as a general anaesthetic in both human and veterinary medical practice, Ketamine is normally found in injectable form. However, it can be converted into a white powder (for snorting or smoking) and re-packaged in small sealed bags or capsules. Street names include Special K, Vitamin K, new Ecstasy, psychedelic heroin, Ketaject, and Super-K. Ketamine is not detectable using Drug-Aware™ diagnostic tests.

LSD Information- e.g. Acid, Trips:

LSD is the most common hallucinogen and is one of the most potent mood-changing chemicals. It is manufactured from lysergic acid, which is found in ergot, a fungus that grows on rye and other grains. It is often in the form of printed blotting paper that is placed on the tongue. Other forms include coloured tablets, clear liquid, and thin squares of gelatine. Slang terms include Acid, tabs, doses, trips, hits, or sugar cubes. The effects of LSD are unpredictable. They depend on the amount taken, the user's personality, mood, and expectations and the surroundings in which the drug is used. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors. However, sensations and feelings change much more dramatically than the physical signs. The user may feel several different emotions at once or swing rapidly from one emotion to another. LSD is found in the body in concentrations too low to be detected by a visually read diagnostic test kit. Consequently, laboratory tests are needed to screen for LSD.

For more information, visit our [LSD information](#) page. <<

Magic Mushrooms Information - e.g. Shrooms, Caps:

Certain types of naturally occurring mushrooms contain hallucinogenic chemicals that can be released when eaten. The mushrooms produce a syndrome similar to alcohol intoxication (sometimes accompanied by hallucinations). Once ingested, magic mushrooms generally cause feelings of nausea and other physical symptoms before the desired mental effects appear. The intoxication from using mushrooms is mild and consists of distorted perceptions. Effects may include different perceptions of stimuli like touch, sight, sound and taste. The onset of symptoms is usually rapid and the effects generally subside within 2 hours. Physical effects can include sweating, a feeling of nervousness and paranoia. Common nick-names include shrooms, caps and magic mushrooms. Magic mushrooms are not detectable using Drug-Aware™ diagnostic tests. <<

MDMA, or Ecstasy Information - e.g. E, XTC, X:

MDMA or Ecstasy (3-4-methylenedioxymethamphetamine) is a synthetic drug with amphetamine-like and hallucinogenic properties. Known as E, Adam, ecstasy, XTC, and X, MDMA often comes in tablet form that is branded, e.g. Playboy bunnies, Nike logo, Mitsubishi logo, etc. This is commonly considered to be a dance or 'rave' drug used by younger people. External physical symptoms of use include muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, faintness and chills or sweating.

MDMA, or Ecstasy is detectable in urine using the [Drug-Aware™ Methamphetamine drug test kit](#) (MET) for 2 to 6 days at a cut-off level of 1000 ng/ml. Please also be aware that higher doses of Ranitidine (a medication used to control stomach acid) has been known to give a positive result on numerous brands of Methamphetamine test kits. Please determine any recently taken medications prior to conducting the test. A genuine Methamphetamine or MDMA positive sample will frequently prove positive on the Amphetamine (AMP) test as well because Amphetamine is one of the breakdown products of those drugs. <<

Methadone Information:

Methadone is prescribed to people who take heroin (or other opiates) to help reduce the risks of their illicit drug use. Methadone is usually prescribed as a green liquid for oral consumption but it also comes in injectable and tablet forms. When taken, methadone creates a sense of well-being and absence of stress which is much less intense but much longer acting than that produced by heroin. Other side effects include constipation, small pupils, sweating and itchy skin. Please note: if used by someone who is not opiate dependent this drug can prove fatal. Methadone is detectable in urine using [Drug-Aware™ Methadone drug test kits](#) (MTD) for 2 to 8 days at a cut-off level of 300 ng/ml. <<

Phencyclidine / PCP Information - e.g. Angel Dust:

Phencyclidine or PCP is a white crystalline powder with a distinctive bitter chemical taste. It is a drug only occasionally found in Britain and is much more common in America. It is illegally manufactured and sold on the street with such names as angel dust, ozone, wack, peace pill, elephant tranquilizer, dust and rocket fuel. At high doses, there is a drop in blood pressure, pulse rate and respiration. Nausea, vomiting, blurred vision, drooling, loss of balance and dizziness may accompany this. Psychological effects at high doses include illusions, hallucinations and inability to feel physical pain. <<

PCP is detectable using the [Drug-Aware™ PCP drug test kit](#) (PCP) for 2 to 6 days at a cut-off level of 25 ng/ml.

**Information on Test Cut-off levels / Drug Retention Times:**

The cut-off level is the level at which a diagnostic test determines whether a sample is positive or negative. The level at which a sample becomes positive varies from drug to drug but is based upon the research and guidance of SAMHSA in the USA (the Substance Abuse and Mental Health Services Administration). You may have heard of NIDA cut-off levels, which are essentially the same, but were established by the predecessor of SAMHSA (the National Institute on Drug Abuse).

The principle behind the cut-off level is for all laboratories and rapid tests to test at the same level, so that wherever a test is conducted, the patient will be assessed by the same criteria and that results from one region are comparable with those of another.

More importantly, the cut-off levels are set at a point that is high enough to rule out passive smoking and low enough to ensure that a patient must have abstained from the drug to test negative.

Alcohol (Breath / Saliva)	1 hour per unit consumed
Amphetamines	2 - 6 days
Barbiturates	3 - 8 days
Benzodiazepines	2 - 14 days
Cannabis (THC)	Typically 14 - 28 days, but a one-off use may be undetectable in 5 days.
Cocaine	2 - 5 days
Methadone	2 - 7 days
Methamphetamines	2 - 6 days
Opiates	2 - 5 days
PCP	2 - 6 days

Please note: Many factors such as age, height, weight, sex, purity of drug, dose and frequency of use can influence the above drug retention times, so please use these purely as a guide. Urine testing detects drugs for days, [hair testing](#) detects for months and [Saliva Drug Tests \(Oral Fluid Drug Testing\)](#) detect drug use for hours.

Drug Test Kit Cross reactivity data

Cross reactivity is the term used to describe an instance where several drugs can give a positive result on a drugs test.

Cross-Reacting Opiates Information:

There are a number of legally available over-the-counter and prescription medications that contain [opiate-based drugs](#). Opiates are a class of related drugs that are all derived from the Poppy. When an Opiate is taken into the body, it is broken down to be detected in the urine as Morphine. Laboratory screening techniques and rapid drug tests are designed specifically to detect Morphine, so when you get an Opiate positive result, it is not possible to tell which Opiate was originally taken without further tests.

Any of the following opiate-based drugs may create a positive result on an Opiate drug test:

Codeine • Dihydrocodeine • [Heroin](#) • Morphine • Opium

There are many over-the-counter and prescription-only medicines that may contain these compounds or derivatives of them. They vary from pain killers, to cough mixtures, to diarrhoea preparations. When collecting a urine sample to carry out a drug test, it is advisable to list on the patient's consent form which medications they have used in the last 7-14 days.

If you are not sure whether certain medications contain any of the above Opiates, please call Drug-Aware Ltd on **01332 232820** for completely free advice. Drug aware hold comprehensive pharmaceutical listings and are happy to help at any time.

Appendix 6 - Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to Director of Human Resources and Corporate Affairs, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix 7 - Checklist for the Review and Approval of Procedural Document


To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?		
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	CG&RB meetings
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	CG&RB
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes	
7.	Dissemination and Implementation		

	Title of document being reviewed:	Yes/No/Unsure	Comments
	Is there an outline/plan to identify how this will be done?	Yes	Email staff
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	Archived in folder store on server
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	Internal auditor
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

Individual Approval

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name	Bradley Woods	Date	11 th April 2020
Signature			

Committee Approval

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Name	William Corbett	Date	11 th April 2020
Signature	