****

**Contents**

[**1.0** **INTRODUCTION** 3](#_Toc27740407)

**[2.0](#_Toc27740409)****[IDENTIFYING AND DEALING WITH A DRUG, ALCOHOL OR SUBSTANCE](#_Toc27740409)**

 **[MISUSE PROBLEM IN THE WORKPLACE](#_Toc27740409)** [3](#_Toc27740409)

[**3.0**  **DEALING WITH AN INCIDENT OF SUSPECTED IMPAIREMENT** 4](#_Toc27740410)

[**4.0** **PRINCIPLES** 4](#_Toc27740412)

[**5.0** **INTRODUCTION TO ASSESSMENT TECHNIQUES** 5](#_Toc27740413)

[**6.0**  **THE ASSESSMENT GUIDELINES** 5](#_Toc27740417)

[**7.0** **ACCEPTING THE TEST** 6](#_Toc27740426)

[**8.0** **FAILURE TO CONSENT TO TESTING** 7](#_Toc27740427)

[**9.0** **TESTING PROCEDURES - ALCOHOL** 7](#_Toc27740428)

[**10.0** **AFTER THE COLLECTION PROCESS – ALCOHOL** 7](#_Toc27740429)

[**11.0** **TESTING PROCEDURES – DRUGS AND SUBSTANCES** 8](#_Toc27740430)

[**12.0** **AFTER THE COLLECTION PROCESS – DRUGS AND SUBSTANCES** 8](#_Toc27740431)

[**13.0** **COLLECTION SERVICE PROCEDURES** 8](#_Toc27740432)

[**14.0** **MANAGER INTERVENTION PROCESS FLOWCHART** 10](#_Toc27740433)

[**15.0** **SUPPORTING AGENCIES AND CONTACT NUMBERS** 11](#_Toc27740434)

[**16.0** **LOW RISK DRINKING GUIDELINES** 12](#_Toc27740435)

[**Appendix 1 - ALCOHOL AND/OR DRUG TEST ASSESSMENT FORM** 14](#_Toc27740436)

[**Appendix 2 - Alcohol and/or drug TEST COLLECTION CONSENT FORM** 18](#_Toc27740437)

# **INTRODUCTION**

Excessive drinking and/or drug misuse can be a serious problem not only for the misuser but also for the Council and, sometimes for their colleagues. The possession of some drugs is illegal, exposing the misuser to the risk of criminal charges as well as causing harmful effects to their health. At work, drug, alcohol and/or substance misuse can result in:

* poor work performance.
* poor time-keeping.
* increased short-term sickness absence.
* unexplained absences.
* poor concentration.
* mood changes.
* deterioration in relationships with colleagues, customers and managers.
* presenteeism (being at work but not working to full capacity).
* increased health and safety risks for the employee and others.

The Drug, Alcohol & Substance Misuse Policy promotes the general wellbeing of all employees and safety for clients, service users, colleagues and others.

Where an alcohol or dependency/addiction problem is disclosed by an employee contact should be made in the first instance with the HR Case Adviser.

Depending on the nature of an employee’s job, temporary redeployment to a different work location or redeployment to alternative duties may be appropriate to ensure the safety of all employees and the wider community. This decision will be based on the manager’s assessment of the risk involved in consultation with the HR Case Adviser, Health & Safety and possibly Occupational Health where deemed appropriate.

Management referrals will be made either to the East Dunbartonshire Alcohol and Drugs Service or the employees local addictions team.

1.

# **IDENTIFYING AND DEALING WITH A DRUG, ALCOHOL OR SUBSTANCE MISUSE PROBLEM IN THE WORKPLACE**

When a manager does become aware of an issue, there are a number of steps that should be taken:

* Take advice from the HR Case Adviser on the approach to be followed.
* Keep accurate, confidential records of instances of poor performance or other problems.
* Speak to the employee in private as early as possible.
* Focus on the 'change' in the person, for example the poor performance or the change in appearance.
* Ask the employee for reasons for the change in their behaviour/poor performance/poor attendance. Ask whether it could be due to a health problem.
* If appropriate, discuss the Council’s Alcohol, Drugs and Substance Misuse Policy and the support available inside and outside of the Council.
* Agree future action/s.
* Arrange regular meetings to monitor progress and discuss any further problems if they arise.

# **3.0 DEALING WITH AN INCIDENT OF SUSPECTED IMPAIREMENT**

If a drug, alcohol or substance misuse problem is identified or you have received a Whistleblowing allegation, it is the Line Manager’s responsibility to manage the situation at work appropriately in line with the Council’s Drug, Alcohol and Substance Misuse Policy.

If we have reasonable cause to test for drugs, alcohol and substances, the testing will be carried out professionally by a specialist independent provider. Legal highs and steroids can be tested for as part of an enhanced analysis.

1.

# **4.0 PRINCIPLES**

Bear in mind the following points before embarking on such an assessment:

* The assessment/testing must be carried out in a private area with access to toilet facilities. Every effort will be made for the assessment to be carried out away from the employee’s work area. However, in some cases, this might not be possible and the assessment may have to be carried out at the employee’s place of work.
* You will need to have the necessary documentation for the assessment forms (see Appendix A). Advice and support is available from the HR Case Advisers and where possible contact should be made with the HR Case Adviser prior to conducting the meeting.
* Ask a team leader/manager to assist you for a second opinion and to take notes at the meeting.
* The employee must be offered the opportunity to have a witness with them. The witness must be onsite and available to attend immediately, this could be a colleague or a Trade Union representative.
* The focus of the assessment should be to establish the cause of the impairment and/or substantiate any allegation including whistle blowing. Do not accuse the employee of being drunk/under the influence of alcohol or drugs as the impairment could be caused by medication or a medical condition.
* Your interest is purely in the facts as they affect the employee’s ability to perform their job. You are not there to judge or moralise about the employee’s lifestyle.
* Ensure the assessment does not become confrontational and remain calm.
* If impairment is suspected or confirmed by you and your colleague as either related to alcohol or drugs, then you will need to record using the ALCOHOL AND/OR DRUG TEST COLLECTION CONSENT FORM (see Appendix 2) and if the employee consents, a test for alcohol and/or drugs will need to be arranged immediately. The employee will need to be made aware of the consequences of either refusing the test or failing the test.

# **5.0 INTRODUCTION TO ASSESSMENT TECHNIQUES**

This toolkit is designed to help you prepare for and conduct an assessment with an employee whom you suspect of being impaired due to drug, alcohol and substances.

As a result of the assessment you will need to decide what course of action to take. A successful assessment will elicit the relevant information to help you make the decision that is most appropriate for both the employee, worker and the Council.

You may see an emotive, perhaps defensive response. It is often difficult for people to remain objective when being asked to discuss their behaviour or conduct. It is therefore essential that you remain calm and objective when basing the discussion on facts rather than feelings

1.
2.
3.

# **6.0 THE ASSESSMENT GUIDELINES**

There is an Assessment Form to use, Appendix 1, to record the conversation and this should be used as part of the assessment.

Inform the employee that they are being assessed because they have been displaying signs of impairment or where we have received a whistleblowing allegation. Even if you suspect it is alcohol or drugs causing the impairment, at this stage do not accuse them of either. Your concerns will need to be confirmed by your colleague.

Ask the employee if they would like a witness. If they decline explain that the assessment will continue. If they choose a witness that is not available or onsite, ask them to choose another, (this is not a disciplinary assessment).

Remind the employee of the Drug, Alcohol and Substance Misuse Policy and that you are assessing the employee in line with this policy.

All information divulged during the assessment will be confidential in line with the General Data Protection Regulation (GDPR). Inform the employee that the information will be passed to HR Case Adviser and/or Occupational Health. You will need to inform the employee what your concerns are. The following list is not exhaustive but could include:

* Smell of alcohol or drugs.
* Unsteady on their feet.
* Slurring of words and having trouble communicating.
* Appearing uncoordinated.
* Lethargy and extreme tiredness.
* Unusual aggression.
* Excessive hyperactivity.
* Claims through Whistleblowing.

Remember some of the indicators could be due to factors unrelated to alcohol or drugs therefore, avoid accusing the employee of being drunk/under the influence of alcohol or of taking illegal drugs.

Even if the issue appears to be alcohol or drug related you would still need to ask the questions and record the responses on Appendix 1 of this document as it may be medication taken for a medical condition or even lack of sleep causing the problem. The important factor is to establish the impairment and undertake the necessary action.

**Example questions to ask regarding medication taken or a medical condition**

* Are they taking prescribed medication or over the counter medication?
* If they take medication for a condition for example epilepsy or diabetes, have they taken their medication?
* Is there anything else that could be affecting them?

If it is confirmed by you and your colleague that the information given by the employee is due to medication and not alcohol or illegal drugs, then inform the employee that we would continue to carry out the assessment to confirm your fitness for work. Please seek advice from the appropriate HR Adviser or Occupational Health.

If it is confirmed by you and your colleague that it is none of the factors above causing the impairment, inform the employee that it is suspected the impairment could be alcohol or drug related and that they will be requested to undertake to an alcohol and/or drug test.

1.
2.
3.
4.
5.
6.
7.
8.

# **7.0 ACCEPTING THE TEST**

You will need to complete the ALCOHOL AND/OR DRUGS TEST COLLECTION CONSENT FORM **(Appendix C2) before** contact is made with the collection service Hampton Knight who will carry out the alcohol and/or drugs test. The Technician will be on site normally within 2 hours of the call out and you will be informed of their estimated time of arrival by Hampton Knight when you arrange the test.

The employee will need to be kept under observation and away from their work area until the Technician arrives on site.

They can have a drink and use of the toilet is allowed however a urine sample will be required so should be avoided nearer the time of arrival of the Technician.

# **FAILURE TO CONSENT TO TESTING**

If the employee refuses to comply with the test then ask them a second time to avoid any misunderstanding. Where an employee refuses to take the test you will have to inform the employee that this will be treated in the same way as failing an alcohol and/or drug test. They will be precautionary suspended from work and provided with a safe method of leaving site. The employee will then be subject to a fact finding investigation and this may then lead to disciplinary action up to and including dismissal.

Suspensions can only be applied by a third tier manager or above. In the case of teachers the suspension would be applied by the Head Teacher or, in his/her absence, a member of the school Senior Management Team, acting on their behalf as per Procedure Manual 2/18.

Complete the ALCOHOL AND/OR DRUG TEST COLLECTION CONSENT FORM (Appendix 2) .

# **9.0 TESTING PROCEDURES - ALCOHOL**

The Technician will explain the process to the employee and the witnesses present before commencing the alcohol test. The employee will be required to consent to the test before any test is carried out, should they refuse then the TECHNICIAN will ask the employee to complete a Failure to Provide form and the testing process will end. Should the employee consent to the test then the TECHNICIAN will take the breath sample and record the reading on the form. The TECHNICIAN will carry out the alcohol test using the calibrated digital alcolmeter similar to the Police roadside instrument.

If the test shows a breath alcohol level of zero, the alcohol test will be deemed a negative result.

If the test shows a breath alcohol level above zero, whether over or under the legal alcohol limit of 22 micrograms per 100 ml breath alcohol concentration a further test will be performed at least 20 minutes later to validate the first test result.

# **10.0 AFTER THE COLLECTION PROCESS – ALCOHOL**

If the second test is over 22 micrograms per 100 ml breath alcohol concentration and therefore confirms the accuracy of the first test, the employee will be provided with a safe method of leaving site and precautionary suspended on full pay pending the implementation of disciplinary proceedings.

If the second test is not in the ascendancy and the second test is below 22 micrograms per 100 ml the result will be recorded and the Council will review the test result before determining the next stage of the investigation. For example, where the employee has been at work for more than one hour the Council reserves the right to use the test result to determine whether the employee would have been above the legal limit of 22 micrograms per 100 ml when attending work.

Employees will not be allowed to resume any work which the Council considers to be safety critical or otherwise likely to be affected by the consumption of alcohol and will be precautionary suspended and arrangements made to ensure a safe method of leaving site.

# **11.0 TESTING PROCEDURES – DRUGS AND SUBSTANCES**

The Technician will explain the process to the employee and the witnesses present before commencing the drug test. The Technician will require the employee to provide a urine sample. The employee will be required to consent to the test before any test is carried out, should they refuse then the Technician will ask the employee to complete a Failure to Provide form and the testing process will end. Should the employee consent to the test then the Technician will ask the employee to provide the urine sample in a toilet that has been prepared by the Technician to ensure the integrity of the sample. The employee will give the sample in private.

Once the sample has been taken it will be tested on site using an approved rapid urine test cup. Where a non-negative (positive) reaction is obtained the sample will be split into two further samples (A and B). Both will be delivered to an approved laboratory following a strict chain-of-custody procedures, where it will undergo confirmation analysis to ascertain the exact identity of the substance(s) found following the onsite test. The laboratory confirmation analysis can identify the exact substance found and can differentiate between illegal and legal drugs.

Alternative methods of testing will be explored where an employee has highlighted a medical condition for example an oral fluid test (mouth swab).

# **12.0 AFTER THE COLLECTION PROCESS – DRUGS AND SUBSTANCES**

If a sample is sent to the laboratory for analysis, the employee will be precautionary suspended and will be offered a safe method of travel home. The result of the laboratory test will be conveyed to the HR Adviser and these results will provided to the Fact Finding Investigation Officer. Results will normally be communicated within 6 working days.

All relevant paperwork must be sealed in an envelope and addressed or given to the HR Adviser for any further action if necessary.

# **13.0 COLLECTION SERVICE PROCEDURES**

The collection service is available 24 hours a day, 365 days per year.

**Contacting the Collection Services**

In the first instance contact your HR Adviser. Contact should be made directly with Hampton Knight out with office hours.

To contact Hampton Knight call: **01827 65999**

Alternative numbers can also be used should the above number be engaged:

**07973 681315**

**07714 335030**

**07775 635191**

Your Security PIN Number is: **0784**

This number should only be used by staff authorised to call out the collection team

The collection team will not respond without the Security PIN Number

When calling out the collection team, the following details will be required to ensure prompt activation of the service:

* Council Name
* Your Name Site Name (where the test is to be carried out)
* Security PIN Number (0784)
* Has the Alcohol and/or Drug Test Collection Consent Form been completed?

**Breath Testing**

It is essential that the breath collection site is suitable and secure. A private room will be required to carry out the alcohol testing. The room must not be a walk through, as the entire collection process will need to be completed in private and without interruptions. The Technician will not carry out a collection where the facilities compromise the employee, the Council, Occupational Health or the Technician.

**Urine Testing**

For a urine collection to be completed correctly, the urine collection site has to be suitable and secure. The location of the testing must ensure privacy for the employee and allow access only to authorised persons. For urine collections there must be a toilet and washbasin. Technician will advise you about the fine detail and take precautions in accordance with best practice.

When the Technician arrives on site you will need to meet them and show them to the testing facility. They will ensure that the sampling process can be carried out correctly.

A private room will be required so that the documentation can be completed in private. The Technician will not carry out a collection where the facilities compromise the employee, the Council, Occupational Health or the Technician.

Before the Technician takes the sample, he/she will seek positive identification from the employee or by asking the Line Manager to confirm their identify.

# **14.0** **MANAGER INTERVENTION PROCESS FLOWCHART**



# **15.0 SUPPORTING AGENCIES AND CONTACT NUMBERS**

**East Dunbartonshire Alcohol and Drugs Service** (EDADS) is the statutory team that fulfills the role of Community Addictions Teams in other areas of the country. EDADS assesses people’s needs and delivers evidence-based , recovery-focused interventions. EDADS is a partnership between East Dunbartonshire Council Social Work and NHS Greater Glasgow and Clyde. Employees can find out more about [EDADS here](https://www.eastdunbarton.gov.uk/residents/communities-wellbeing/advice-and-services/addiction-service), or they can speak to them by calling 0141 232 8211.

**Alcoholics Anonymous** is the original 12-step recovery programme for people who want to stop drinking. Anyone is free to attend a meeting, and access to the service / membership is free at the point of contact. To find a local meeting, call the national helpline on 0845 769 7555, or you can visit the [Alcoholics Anonymous website](http://www.alcoholics-anonymous.org.uk/) and click on ‘Find a meeting’.

**Narcotics Anonymous** is an abstinence-based programme using the same 12 steps as AA to help people stop their problem drug use. Anyone who thinks they have a drug problem can attend a meeting, and they are free at the point of contact. You can find a local NA meeting by calling the national helpline on 0300 999 1212, or visiting the [Narcotics Anonymous website](http://ukna.org/) and click on ‘Find a meeting in your area’.

**Al-Anon** provides support to the families and other people affected by someone else’s drinking, regardless of whether that person is still drinking or not. Al-Anon holds meetings along the same sort of model as AA and NA, to find a local meeting you can call 0207 403 0888 or visit the [Al-Anon website](http://www.al-anonuk.org.uk/) and click on ‘Find your nearest Al-Anon meeting’.

**Time for Talking -** The Council’s EAP provider is **Time For Talking** and theyoffers:

* A 24 hour helpline for one-to-one support/advice service which can be accessed whenever you need it;
* Telephone Counselling
* Face-to-face Counselling (Referral through your Line Manager or Case Advisor)
* **Website -** Variety of tools and resources including podcasts to help employee’s self-manage life’s challenges
* Secure online chat application, allowing 24/7 real-time access to a counsellor

The EAP can be accessed by all East Dunbartonshire Council Employees as follows:

Tel: 0800 970 3980

Website: [https://www.timefortalking.co.uk/ (link is external)](https://www.timefortalking.co.uk/)

Password for live chat: TfTnow – please note the password is case sensitive.

# **16.0 LOW RISK DRINKING GUIDELINES**

The Chief Medical Officers' (CMO) guideline for both men and women states that:

* To keep health risks from alcohol to a low level it is **safest not to drink more than 14 units a week** on a regular basis
* If you regularly drink as much as 14 units per week, it's best to spread your drinking evenly over three or more days. If you have one or two heavy drinking episodes a week, you increase your risk of death from long-term illness and injuries
* The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis
* If you wish to [cut down the amount you drink](http://www.drinkaware.co.uk/advice/how-to-reduce-your-drinking/how-to-cut-down/), a good way to help achieve this is to have several drink-free days a week.

**Single Occasion Drinking:** The Chief Medical Officers' (CMO) advice for men and women who want to keep their short term health risks from single occasion drinking to a low level is to reduce them by:

* Limiting the total amount of alcohol you drink on any single occasion
* Drinking more slowly, drinking with food, and alternating with water
* Planning ahead to avoid problems; an example of planning ahead is making sure you can get home safely or that you have people you trust with you.

The sorts of things that are more likely to happen if you do not understand and judge correctly the risks of drinking too much on a single occasion can include:

* Accidents resulting in injury; causing death in some cases
* Misjudging risky situations
* Losing self-control (for example, engaging in unprotected sex)

Some groups of people are more likely to be affected by alcohol and should be more careful of their drinking on any one occasion. For example those people at risk of falls, on medication that may interact with alcohol or where it may exacerbate pre-existing physical and mental health problems.

If you are a regular weekly drinker and you wish to keep both your short and long term health risks from drinking low, this single occasion drinking advice is also relevant for you.

**How much is 14 units of alcohol?:** One unit is 10ml of pure alcohol. Because alcoholic drinks come in different strengths and sizes units are a good way of telling how strong your drink is. It’s not as simple as one drink, one unit. The alcohol unit guidelines are equivalent to six pints of average strength beer or six 175ml glasses of average strength wine.

**Drug, Alcohol and Substance Misuse: The Paperwork**

# **Appendix 1 - ALCOHOL AND/OR DRUG TEST ASSESSMENT FORM**

|  |
| --- |
| **ALCOHOL AND/OR DRUG TEST ASSESSMENT FORM**(complete the assessment with the employee using the following questions) |
| **Employee’s name:** |  | **Manager’s** **Name:** |  |
| **Date of Assessment:** |  | **Time of Assessment:** |  |
| **Starting the Assessment**“The assessment is being carried out because \*you have been displaying signs of impairment or we have received a whistleblowing allegation and I need to establish your fitness for work.”(\*delete as appropriate)“You are aware that we have Drug, Alcohol & Substance Misuse Policy and the assessment is being carried out in line with this policy.“The HR Adviser/Manager is here to offer his/her opinion and take notes.” |
| **Witness**“Before we begin the assessment, would you like someone to join you - either a TU Representative or a colleague?” |
| If **YES** make contact with the named TU Representative or work colleague to join the meeting. If that person is not available, please ask them to select another.When they arrive, explain the purpose of the assessment. They are not there to form opinion but to act as a witness to the assessment.Continue with the assessment. | If **NO** record below & continue with the assessment.**I was offered the opportunity to have a witness present and I declined this:****Employee Name:****Employee Signature:** |
| **Information**Inform the employee and witness (if present) that the conversation within the meeting will be recorded in writing and treated as confidential. However, as part of the investigation it will be passed to the relevant HR Adviser.  |
| **Stating your concerns**“My concerns regarding your fitness for work are…”The following list of signs and symptoms is non-exhaustive, but could include:* I believe I can smell alcohol on your breath
* I believe I can smell cannabis on you
* You appear unsteady on your feet
* You appear to be slurring your words and seem to be having trouble communicating
* You seem lethargic and/or tired in the extreme
* You seem to be acting aggressively, which is unusual for you
* You seem unusually agitated
* You appear to have dilated/pinned pupils
* You are demonstrating unusual behaviour (explain your reasons)
* We have received information with regards to your fitness for work
 |
| **Questions to investigate your concerns**“Can you explain your behaviour & what may be causing these signs/symptoms?”(record their response below) |
| If they **admit** to being impaired due to alcohol or illegal drugs, ensure you have recorded their response above.Do not continue with the assessment but you must complete the declaration at the end of this form and complete the ‘ALCOHOL AND/OR DRUG TEST COLLECTION CONSENT FORM’ on Appendix C2 | If they **do not admit** to being impaired due to alcohol or illegal drugs, ensure you have recorded their response above and continue the assessment.  |

|  |
| --- |
| **Medication/Medical Condition**“Are you taking or have you taken prescribed medication or over the counter medication that could be the cause of your impairment?” |
| If **YES** “What medication are you taking and do you believe this could be the reason for your impairment?”Record their response below. If you need advice regarding their medication contact Occupational Health. If they declare they have taken medication but do not wish to declare it to you, then record their response below and continue with the assessment. | If **NO** Ask them if they can think of any other reason that could be causing impairment.Record their response below. |
| **Medication Details** | **Other Reason** |
| If **NO** “Do you have a medical condition that I need to know about and would this be the reason for your impairment?” |
| If **YES** “Should you be taking medication for your condition and if you haven’t why not?”Record their response below. If you need advice regarding their medication contact Occupational Health. If they declare they have a medical condition but do not wish to declare it to you, then record their response below and continue with the assessment. | If **NO** Ask them if they can think of any other reason that could be causing impairment.Record their response below. |
| **Medical Condition** | Other Reason |
| **Conclusion** |
| **Impairment due to Medication/Medical Condition**If you are certain that the impairment is due to medication/medical condition, suspend the meeting and seek advice from your HR Adviser or Occupational Health Do not allow the employee to return to work.If their medication is not onsite you may be required to take them home to take their medication.Complete the declaration below. | **Impairment due to Alcohol or Drugs**If you are certain that the impairment is related to alcohol or drugs, even if they have declared they are taking medication, then inform them that although they have declared medication, this has been noted but is not considered the cause of the impairment. In addition, that they will be suspended from work on full pay pending further investigation and taken home safely. Complete the declaration below and complete theAlcohol and/or drug TEST COLLECTION CONSENT FORm Appendix C2 of this document. |
| **Declaration****I declare that the information recorded on this assessment form is a true representation of the conversation and the responses given during the assessment. I also understand that the information will be passed to the HR Case Adviser and I consent to this.**  |
| Employee Name: Signature: Date: |
|  Manager Name: Signature: Date: |
| Colleague Name: Signature: Date: |
|  Witness Name: Signature: Date: |

# **Appendix 2 - Alcohol and/or drug TEST COLLECTION CONSENT FORM**

|  |
| --- |
| **Alcohol and/or drug TEST COLLECTION CONSENT FORM** |
| **Employee’s Name:** |  | **Site Location:** |  |
| **Manager’s Name:** |  | **Date:** |  |
| **Manager’s reasons why testing is considered necessary.**You will need to inform the employee what your concerns are (see notes on Dealing with an Incident). My reasons, which have been confirmed with my colleague for requesting an alcohol and/or drug test are: |
| Manager’s Name: Signature: |
| Colleague’s Name: Signature:  |
| For the reason(s) noted above an alcohol and/or drug test is considered necessary to establish your fitness for work. This is in line with the Council’s (EDC) Drug, Alcohol & Substance Misuse PolicyBefore the OHN/approved collection service is activated you are requested to consent to the activation of the service.Once your consent has been given you will be placed under supervision by your manager until the OHN/collector arrives on-site, where further consent will be requested by the OHN/collector before an alcohol and/or drug test is carried out.Failure to consent to the activation of the collection service or to the test when requested by the collector will be treated in the same way as you failing an alcohol and/or drug test.Please sign and date this form to give/or refuse your consent to the activation of the collection service and your consent to the testing programme.If you have any queries please discuss these with the Manager before signing this form. |
| **I give my consent to EDC’s request for the activation of the collection service. I understand that I will be required to give further consent before an alcohol and/or drug test take place.****Employee Name: Signature: Date:** |
| **I do not give my consent to EDC’s request for the activation of the collection service and subsequent test. The implications of my actions have been explained to me and I understand that following an investigation a decision on possible action will be based on the facts available. This may include disciplinary action up to and including dismissal.****Employee Name: Signature: Date:** |

**Other Formats & Translations**

This document can be provided in large print, Braille or on audio cassette and can be translated into other community languages. Please contact the Council’s Corporate Communications Team at:

East Dunbartonshire Council, 12 Strathkelvin Place, Southbank

**Kirkintilloch G66 1TJ Tel: 0300 123 4510**