

NOTICE OF MEETING

Meeting: HR COMMITTEE

Date and Time: THURSDAY, 17 MARCH 2022, AT 10.00 AM*

Place: COUNCIL CHAMBER - APPLETREE COURT, BEAULIEU ROAD, LYNDHURST, SO43 7PA

Enquiries to: Email: andy.rogers@nfdc.gov.uk
Tel: 023 8028 5070

PUBLIC PARTICIPATION:

Members of the public may watch this meeting live on the [Council's website](#).

*Members of the public may speak in accordance with the Council's public participation scheme:

- (a) immediately before the meeting starts, on items within the HR Committee's terms of reference which are not on the public agenda; and/or
- (b) on individual items on the public agenda, when the Chairman calls that item. Speeches may not exceed three minutes.

Anyone wishing to speak should contact the name and number shown above no later than 12.00 noon on 15 March 2022.

Kate Ryan
Chief Executive

Appletree Court, Lyndhurst, Hampshire. SO43 7PA
www.newforest.gov.uk

This Agenda is also available on audio tape, in Braille, large print and digital format

AGENDA

Apologies

1. MINUTES

To confirm the minutes of the meeting held on 23 November 2021 as a correct record.

2. DECLARATIONS OF INTEREST

To note any declarations of interest made by members in connection with an agenda item. The nature of the interest must also be specified.

Members are asked to discuss any possible interests with Democratic Services prior to the meeting.

3. PUBLIC PARTICIPATION

To note any issues raised during the public participation period.

4. APPOINTMENT OF VICE CHAIRMAN OF THE COMMITTEE

To appoint a Vice Chairman of the Committee for the remainder of the municipal year.

5. HR UPDATE REPORT (Pages 3 - 6)

To receive the HR Update Report.

6. MINUTES OF EMPLOYEE SIDE LIAISON PANEL (Pages 7 - 10)

To receive the minutes of the Employee Side Liaison Panel of the 18 February 2022.

7. HEALTH AND SAFETY QUARTERLY UPDATE (Pages 11 - 52)

To note the Quarterly Report.

8. ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT

To:

Councillors

Edward Heron (Chairman)
Hilary Brand
Keith Craze
Jill Cleary

Councillors

Kate Crisell
Michael Harris
Maureen Holding
Mahmoud Kangarani

HR COMMITTEE – 17 MARCH 2022

HR Update

1.0 RECOMMENDATION

- 1.1 That the Committee note the contents of this report.

2.0 BACKGROUND

- 2.1 This report gives an update on HR matters since the last HR Committee. These matters are in addition to the reactive caseload which includes job evaluations, restructuring advice, grievances, disciplinaries and sickness absence matters.
- 2.2 We also continue to provide Payroll and HR Advisory services to the National Park Authority.

3.0 RECOGNITION DAYS

- 3.1 February recognised LGBT+ History month. The Pride flag was flown throughout the month at Appletree Court. Information about the aims and objectives of the awareness month were made available to staff including a link to the local resource 'Hampshire LGBT+ Alliance'. This alliance celebrates and supports LGBT+ communities across Hampshire.
- 3.2 1st February marked Chinese New Year. This was highlighted in the HR Newsletter 'engage' with information about the celebrations including what they mean and links to further information.

4.0 APPRENTICESHIPS

- 4.1 From 1st January 2022, we increased our apprenticeship rate from £4.62 to £6.56 per hour in year one (this is the National Minimum Wage for 18 – 20-year-olds), and then the National Living Wage of £8.91 per hour in any subsequent years, (rates will update as national rates change, normally in April each year).
- 4.2 We have subsequently been able to recruit two new apprentices into the Grounds Maintenance team. Last year despite two campaigns we were unable to attract any candidates, which would indicate that the increase in pay has been effective.
- 4.3 Our Accountancy and Legal teams are currently considering recruiting new apprentices.

4.4 We currently have three existing staff undertaking apprenticeships: Chartered Manager Degree, Level 5 Diploma in Management, and Level 3 Improvement Technician.

5. ITRENT UPGRADE

5.1 Since January, we have been testing a significant mandatory system upgrade to the HR Hub. This has involved the whole Service and required in-depth testing across the system - back office, Manager and Employee self-service.

5.2 Testing is now complete, and we will receive our new live version on 2nd March. There are then some considerable essential system tasks to be completed before it can be used, which mean that the system will be down from 2nd March to 8th March. We have communicated this to all staff.

5.3 Many aspects of the upgrade update the payroll ready for the new tax year, but there are also other back-office aspects, and most notably for staff, Employee Self Service has been updated. It will have the same functionality but will look quite different, to improve user experience especially from mobile devices.

5.4 In May we will require a further upgrade to correct current issues with the Performance Management aspect of the system which have not been addressed in the mandatory upgrade. This will require further significant testing and downtime prior to launching, but this will be minimised as much as possible.

5.5 The password and memorable word logins are often raised as a downside to the system by users. We are working with ICT to enable 'single sign-on' for all users and envisage this should be completed by May. If possible, we will combine the launch of the May upgrade with the launch of single sign-on.

6. RECRUITMENT

6.1 As of 23rd February, we had 15 live vacancies.

6.2 During January and to 23rd February we had 24 vacancies, and 20 new starters.

7.0 EXERCISE AND WELLBEING CLASSES

7.1 Following on from the success of the free trial offered to us we have now taken up the exercise and wellbeing classes through our employee assistance programme for the next 12 months.

7.2 These are currently available to all staff and members until the end of December 2022.

7.3 Class options include:

- Low impact cardio
- Anxiety
- Mindfulness
- Pilates (beginners and intermediate)
- Strength and balance
- And much more

7.4 Employees can use work or personal devices to access the courses using the link provided.

8.0 EMPLOYEE BENEFITS

8.1 A procurement exercise is currently underway in relation to the Shared Cost Additional Voluntary Contributions relating to pension through a salary sacrifice scheme.

8.2 The next steps relating to this will be to evaluate the responses and award the contract. Once awarded we will work with the supplier to roll out this benefit across the workforce

8.3 We have also relaunched our current benefits which are available through KAARP and the CSSC scheme. This has included communications to employees and posters at our depots.

8.4 KAARP Benefits provide access to exclusive offers and discounts for Local Government staff. This includes discounted theme park entry and days out, savings on shopping (e)gift cards, gifts and flowers and deals on holidays, hotels and airport parking. Their service is free to use with no subscription of individual sign up.

8.5 Under the CSSC scheme, employees can join for £4.25 per month. Members benefit from discounts on family fun experiences, supermarket and shopping, fitness, education, gyms, home entertainment and other exclusive member benefits.

9.0 DEAF AWARENESS TRAINING

9.1 We have organised two online half day deaf awareness training sessions in March. These are delivered by signs4life and aims to support our employees in understanding the barriers and challenges faced by those who are deaf or hard of hearing, how to implement positive methods of communication and offer an equal service as well as applying the finger-spelling alphabet.

9.2 We have a range of employees attending these sessions across most service areas of the Council

10.0 EQUALITY AND DIVERSITY TRAINING

- 10.1 All employees are required to complete Equality and Diversity Training on a two-yearly basis. To support the deployment of this to operational employees an online training video was developed by the HR Team, this focused examples based on the nature of their work.
- 10.2 Supported by operational management over the past three months this training has been delivered to the full operational workforce and is part of the new starter induction programme for operational employees.
- 10.3 Office based employees undertake an e-learning module. Since January, an audit of employees who have missed their renewal for this training have been identified and reminded to complete it. This has resulted in a good response and most employees are now up to date.

For further information contact:

Name: Heleana Aylett
Title: HR Service Manager
Tel: 02380 285662
E-mail: Heleana.aylett@nfdc.gov.uk

Employee Side Liaison Panel

18 February 2022 at 11.30am via Teams

Employer Side Attendees:

Cllr Edward Heron
Cllr Jeremy Heron

Employee Side Representative Attendees:

Kevin Beckett
Bertie Russell

Officers Attending

Alan Bethune
Heleana Aylett
Elaine Olden
Spencer Scott
Kate Ryan
Samantha Wills

Advisors to Employee Side Attending:

Neil Duncan-Jordan– Unison

Apologies:

Cllr Hilary Brand
Steve Drodge
Richard White

- 1 Minutes of the last meeting – attached
- 2 Work Programme – attached
- 3 Update on Evacuation Procedure – Samantha Wills to attend ESLP Meeting
- 4 Health and Safety Issues – standing item
Health and Safety Quarterly Update – SS – copy attached
Drug and Alcohol Policy – SS – copy attached
- 5 Proposal for Menopause Policy – BR
- 6 Update to Disciplinary Procedures
- 7 Any other business

NOTES

Cllr Edward Heron introduced himself and started the meeting.

1. **Minutes** were confirmed as the correct record of last meeting.

2. **Work Programme** – Heleana Aylett

Heleana went through the Work Programme to the panel. The Kickstart to be removed as it is now complete and additional items may be added.

Neil asked about the Salary structure Review and if a proposal was likely to be put forward soon and Alan explained it was difficult to put a time on this and they felt they may be waiting for the national pay notification next year before any further development in this area.

3. **Update on Evacuation Procedure – Samantha Wills**

Samantha has recently joined NFDC and one of her tasks is to look at fire safety. Samantha went through a slide to explain the procedures and will circulate the slide in due course.

Fire Wardens have been employed and will be trained in March/April until then the Senior Managers are still default responders at present. Hampshire & IOW Fire and Rescue Service were happy to assist in any areas to get a good Fire Safety Policy in place.

The policy is at present being re-drafted.

Kate appreciates the Fire Wardens for the work they will be doing and would like to meet with them.

The question was asked by Neil, if have a remuneration package for the new wardens and it was advised that there was and there were two types of remuneration – Higher rate (£21.00 per month) and Standard (£12.00 approx. per month).

4. **Health and Safety Issues – standing item**

Health and Safety Quarterly Update – SS – copy attached

Drug and Alcohol Policy – SS – copy attached

25 January 2022 - Report submitted to EMT and Spencer went through the report. He highlighted some of the content for ease.

In the third quarter, there was a total of 42 accidents/ incidents/ near misses reported across the Council, down from 50 in second quarter.

The panel agreed that more details were required to see what areas it affected, staff etc. This would be included in the next report.

Agenda, minutes, and Actions Tables are now being held in one location on the health and safety team ForestNet pages to improve transparency for staff.

Neil enquired where the paperwork went and Kate replied it went to the relevant departments and in turn was incorporated in the annual compliance report.

Drug and Alcohol Policy -

Spencer went through the report briefly as no major changes have been made to this report since consulting with all parties. The unions had previously seen this through the operational union meetings.

5. Proposal for Menopause Policy

Heleana explained that this was suggested by Bertie. Neil then explain about the proposal for a policy. Unison has a national policy and would like to get this introduced in NFDC. It was agreed that a process can be started to get a policy in place. Heleana will add this item into the work programme. If a copy of the policy could be supplied and NFDC will look into this policy and get back to the panel in due course.

6. Update to Disciplinary Procedures

Heleana discussed this matter. We have received external advice and consulted with our own Data Protection Officer to in relation to retention of documents. The proposed update has been circulated to the unions. Heleana asked if the unions were happy with the content of the report. Neil responded on 3 February and had an email conversation, 3.9 and 3.10 issues. Heleana will look into this as a separate matter, but in relation to the retention period the unions were happy.

Kevin – concerned if records are kept for a certain period time (2 years), these cannot be used in any other procedure if one arises.

Sharepoint and the ability to set retention dates will assist to ensure this shouldn't happen.

10. Any other business

Bertie asked if there any plans for the work café to come back for lunch time use. Eating at desks is not good. Spencer and Alan are going to discuss this soon in meetings. They will let people know as soon as possible.

Date of next meeting: 12th May 2022.

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EMT – 25th JANUARY 2022

PORTFOLIO: Finance & Corporate Services

EMPLOYEE SIDE LIAISON PANEL – 18th FEBRUARY 2022

HR COMMITTEE – 17 MARCH 2022

QUARTERLY HEALTH AND SAFETY REPORT (Q3)

1. RECOMMENDATIONS

- 1.1 To note the contents of this quarterly report including incidents, projects, and safety panel feedback that may require monitoring, intervention or further review.

2. INTRODUCTION

- 2.1 This report provides an update on key health, safety and welfare issues during quarter 3. It has been a busy period with the continued response to Covid-19 pandemic. Accidents, incidents and near misses reported have stayed within the normal parameters, down from the last quarter. Six incidents were reported under RIDDOR. All three safety panels met to review incidents and the group action tables in Q3. The Drugs and Alcohol Policy was reviewed, consulted on and updated.
- 2.2 This report highlights the significant health, safety, and welfare work across the Council from October to December 2021. Feedback from the three Safety Panels is covered, and the accident, incident and near miss statistics are detailed in the graphical report in the **Appendix 1**.
- 2.3 The updated Drug and Alcohol Policy is attached as **Appendix 3**. The policy has been discussed at the Operational Unions Meeting and at Safety Panels, with agreement that there is a need to focus on training of managers, and to educate staff on the Policy and the effects of drugs. No significant changes have been made to the updated Policy, and the training for Managers will be provided by DTec in Q4.
- 2.4 On 8th December 2021 the Government announced that the published Plan B response to Covid-19 pandemic would be implemented across England due to Omicron levels doubling every 2 to 3 days, which was putting pressure on the NHS. Covid-19 guidance stated that those who can work from home were asked to do so, which was communicated to staff with an all-staff Communications email on 9th December, which detailed “You can continue to work from N.F.D.C offices if it is essential for the effective delivery of your service, and with the consent of your manager”. This Covid-19 staff guidance has changed on multiple occasions following announcements from the Government, the latest announcement on changes being implement by Government on 19th January.
- 2.5 In December we advertised, interviewed, and offered the vacant Health and Safety Advisor post. Our new Health and Safety Advisor (George Gale) will start on 7th February, which will allow the team to deliver on the Corporate Health and Safety Workplan for 2022/2023.
- 2.6 The new Asbestos Management Working Group met on 16th November which introduced the scope of the groups remit, it will meet quarterly with Officers from all relevant Services. The group and the programme of asbestos management works follows on from the updated Corporate Control of Asbestos Policy 2021, which was drafted in response to the Housing Asbestos Management Audit from 2020. The

Corporate Asbestos Manager role has yet to be filled, which is a key element in responding to the programme of works.

- 2.7 Asbestos removal works at Compton and Sarum House are currently planned to start in April 2022, with project management consultants Ramboll Ltd leading on the CDM elements. The removal works will require a licensed removal contractor and a ASB5 notification will need to be made to the HSE. Works are expected to take several weeks and will require a temporary decant of the residents.
- 2.8 Policies and Procedures: As part of the response to the changing Covid-19 Government guidance an additional Managers Guide to Covid-19 was produced to assist with confirmation of positive cases. Documents which are in the process of being updated include: Accident and incident reporting, and investigations Policy; Health and Safety Policy; Lone Working Policy. The Lone Working Policy review will start shortly, which will also audit relevant staff's knowledge of the Warning Marker Register.

3. SAFETY PANEL FEEDBACK

- 3.1 As discussed during the quarter 2 Health and Safety Report presentation to EMT, the action tables for each of the safety panels has been assessed and standardised so that they are clearer to review. See **Appendix 2** for the significant items in the amalgamated Actions Table for the Safety Panel Groups. All Actions Tables will be reviewed prior to the April meetings for the year ahead. Agenda, minutes, and Actions Tables are now being held in one location on the health and safety team ForestNet pages to improve transparency for staff.
- 3.2 **Operations Panel:** The Drivers Handbook is the one outstanding action which is out of target date, the final draft is expected to be circulated shortly. The other safety related handbooks for staff less in-depth reviews. The significant resource required to manage the mandatory training of staff, across all operational services, was again raised. First-aid kit contents in vehicles recently reviewed to ensure they are sufficient for purposes. PPE provision and procurement raised as an area which could be reviewed, to rationalise the sources. The Service Safety Plans are in the process of being reviewed for 2022/2023 and will be presented at the April meeting.
- 3.3 **Office Based Panel:** Only one incident reported in Q3, a verbally abusive homeless client in the reception area of Lymington Town Hall. Fire Procedures for ATC to be finalised and communicated to staff shortly. The review of the security arrangements for all corporate buildings is ongoing. Fire Safety evacuation procedures have been reviewed and Fire Wardens being sought. Most of the workplace Safety Inspections have been completed, only two areas outstanding which includes LTH.
- 3.4 **Housing Panel:** The Lone Working Policy review will start in Q4, which will also focus on the highlighted areas of concerns with the Warning Marker Register which are still outstanding, the inconsistent staff training. An e-learning module is an option which be a big improvement. The continued focus on the review of risk assessments, safe systems of works, and standard operating procedures is required. Manual handling risk assessments is a specific area of focus following recent incidents – external training provider has been booked. The outstanding audit of CCTV and Community Safety was rolled over from the previous action table (and the Health and Safety Team Workplan)

4. ACCIDENTS, INCIDENTS AND NEAR MISSES

- 4.1 The graphical report in the Appendix details the accidents, incidents, near misses and vehicle incidents occurring in quarter 3. There was a total of 42 accidents/ incidents/ near misses reported across the Council, down from 50 in Q2.
- 4.2 Reportable incidents: there were 6 incidents which were reported under RIDDOR to the Health and Safety Executive, which included two Covid-19 transmissions at work. These and other significant incidents are detailed in the paragraphs below.
- 4.3 Asbestos management incident: 51 Dukeswood Drive, Private Sector Lease property. As part of taking on a PSL property Housing Maintenance trades from Gas Safety and Electrical teams (and an EPC assessment) accessed the property to undertake maintenance works (boiler replacement, etc) from 3rd September 2021 before an asbestos survey had been undertaken on 8th October. The asbestos survey by Allium found damaged asbestos insulation board in the airing cupboard and some debris in the kitchen cupboard below. This resulted in the property being closed down and air reassurance tests being undertaken onsite, all of which passed. Removal and encapsulations works were subsequently undertaken before access was allowed to the property by non-asbestos professionals. A knowledge gap on asbestos management identified, and the practice of trades only being allowed to start onsite once an asbestos survey has been reviewed needs to be reinforced.
- 4.4 RIDDOR (19/10/21): Gas Engineers carrying a boiler pack (approx. 40kg) up the communal staircase to first floor flat, where employee fell on the 2nd step from the top injuring ribs and losing consciousness. Ambulance called to incident and employee was taken to hospital. Work was detailed as a two-person job, so planning improvement required. No manual handling risk assessment in place for the task.
- 4.5 RIDDOR (25/10/21): Re-roofing of garages, where employee was handling new roof sheets and where twisting while manual handling sheets led to a muscle strain injury and pain. Injury led to employee missing from work for several days - 7-day injury under the RIDDOR regulations. No manual handling risk assessment in place for the task.
- 4.6 RIDDOR (16/11/21): While undertaking flooring work the employee was cutting edging with a stanley knife and slipped, cutting the top off their thumb which required hospital treatment. 26 days missed due to the injury. Cut resistant gloves available from stores but not used by employee. Task risk assessment to be reviewed to provide more detailed risk control measures to staff and managers.
- 4.7 RIDDOR (16/11/21) waste employee who strained knee when exiting the refuse vehicle, he continued working on the day, but the injury meant he was not able to work the following day. In total over 7 days away from work (34 lost days in total). No witness to the incident.
- 4.8 There were 14 vehicle incidents during the quarter, and these were reviewed on 6th January as part of the routine vehicle accident review meeting. Significant issues are reviewed by Insurance Officer, Transport Manager and Health and Safety Advisor. Reversing manoeuvres was the cause of most incidents, and additional staff training is to be pursued with the Council insurers.

5. HEALTH AND SAFETY KEY PERFORMANCE INDICATORS PROPOSAL

- 5.1 In order to enhance the performance management of health and safety across the Council, and to focus on critical compliance topics it is proposed to introduce a set of indicators which will be reported on quarterly and reviewed annually. The **F.L.A.G.S.**

compliance system of KPI's would require reporting from Services to the Corporate H&S Team, and would cover the following elements: **Fire Safety**, % FRA remedials actions completed; **Lifting equipment** (statutory examinations under LOLER) and **Legionella compliance**; **Asbestos management**, % of management surveys completed in the housing stock (communal areas & individual units); **Gas Safety**; & **Safety specific risks** such as reporting on mandatory training (% completion) across the workforce. If there is agreement that providing these compliance indicators into the quarterly report is worthwhile, then a more detailed proposal will be brought back to EMT in the Q4 report.

6. HEALTH AND SAFETY TRAINING

6.1 The Health and Safety Team provide 4 mandatory e-learning courses for all staff through the Seminar software system: Office Safety; Fire Safety; Manual Handling; and Display Screen Equipment. Additionally there is Driving on Council Business, and COSHH training for relevant staff. The Seminar software is an old IT package, and because of its age staff are recommended to view the e-learning courses through Internet Explorer rather than the Microsoft Edge system. The current system does not link to a Learning Management System so there is no reporting undertaken on % of new starters successfully completing the training (or refresher training). Microsoft Ltd have confirmed that support for the Internet Explorer system will stop on 15th June 2022.

7. FINANCIAL IMPLICATIONS

7.1 None. No significant changes to the current practices being considered.

8. CRIME & DISORDER IMPLICATIONS

8.1 There are none.

9. ENVIRONMENTAL IMPLICATIONS

9.1 There are none.

10. EQUALITY & DIVERSITY IMPLICATIONS

10.1 No new requirements or issues identified.

11. DATA PROTECTION IMPLICATIONS

11.1 No new requirements or issues identified.

12. EMT COMMENTS

12.1 EMT were supportive of the suggestion to have Service KPI's which cover health and safety elements, but there is a need to review a broader range of KPI's which could be included and ensure there isn't just a focus on one or two Services. Corporate Health and Safety Manager to have discussions with Business Improvements and Elections Service Manager, on how best to take this proposal forward.

12.2 A future HR report will consider a Learning Management System which will assist in identifying and tracking training needs. Part of the system will deliver e-learning training to staff which would include Health and Safety training. The system would integrate with the iTrent system and hold records against staff. This would allow reporting on health and safety training (and other training) to be provided in quarterly reports.

13. EMPLOYEE SIDE COMMENTS

None received

14. Appendix:

- 1. Table of accident, incident and near miss reporting for quarter 3 (2021/2022);*
- 2. Safety Panels Actions Table;*
- 3. Drugs and Alcohol Policy.*

For further information contact:

Spencer Scott
Corporate Health & Safety Manager
023 8028 5435
Spencer.scott@nfdc.gov.uk

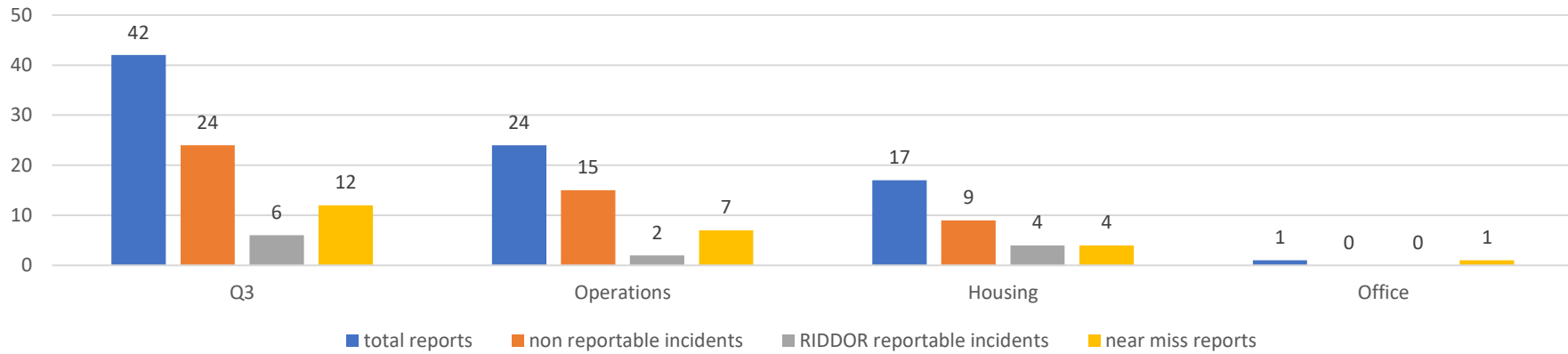
Background Papers:

"None".

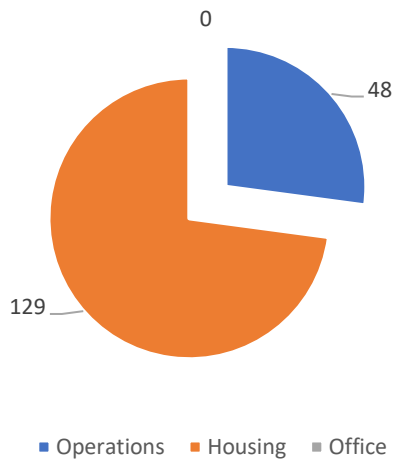
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Corporate Incident and Accident Quarter 3 Report 2021/2022

Total Accident/Incident Reports Per Safety Panel



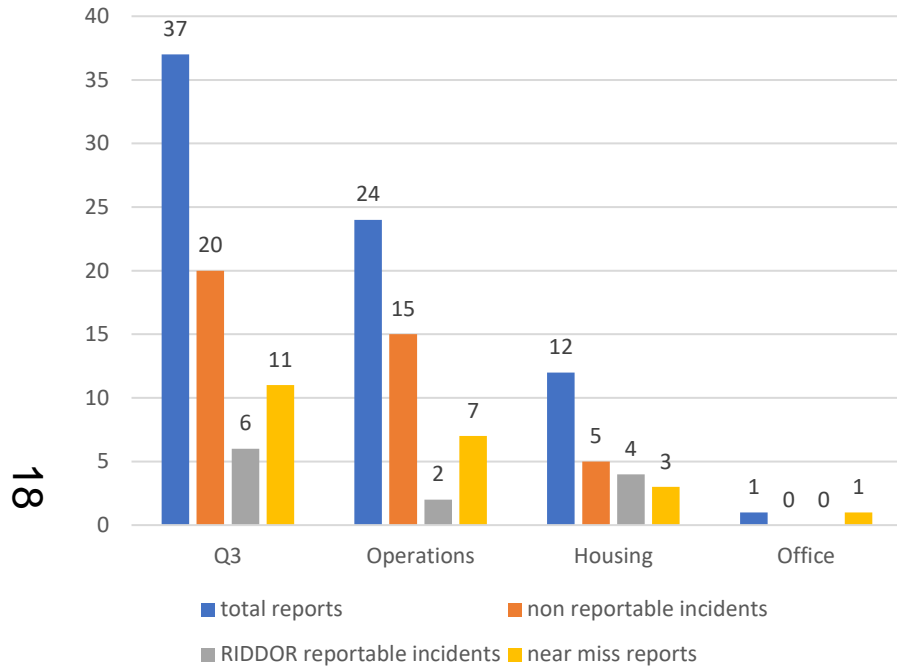
Days Lost



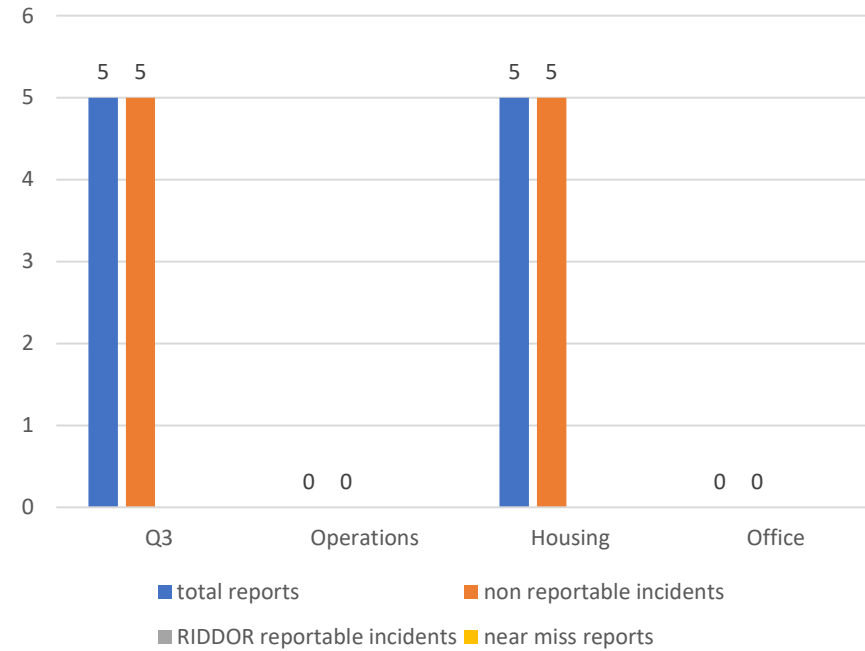
Total days Lost = **177**

APPENDIX 1

Employee Incidents and Accidents Per Safety Panel

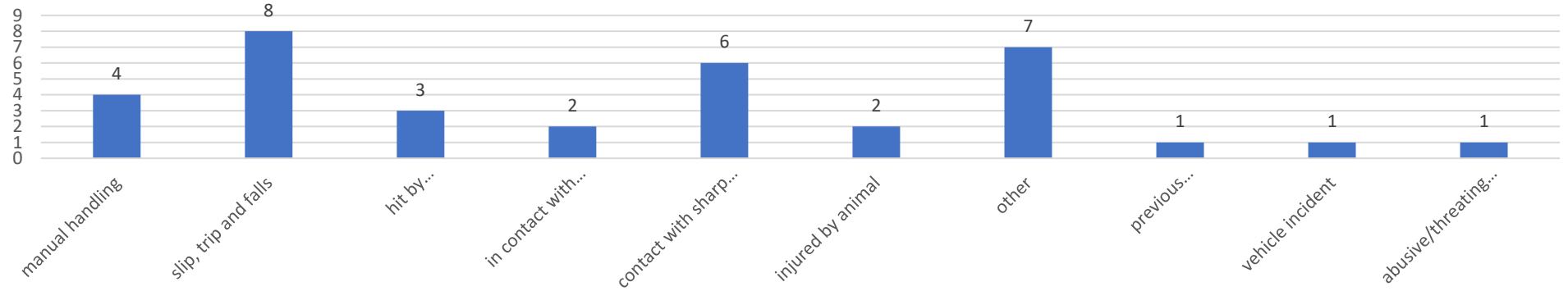


Member of the Public Incidents and Accidents Per Safety Panel

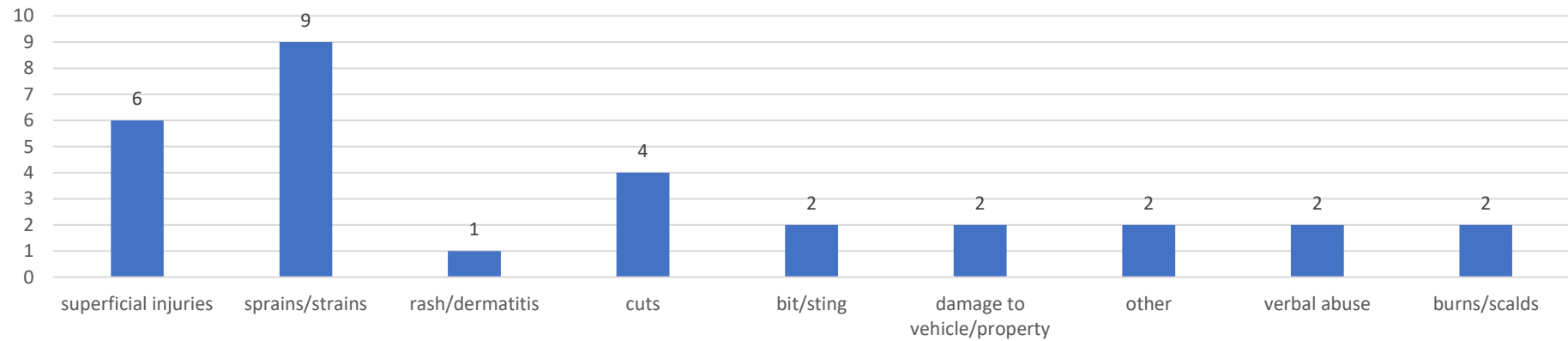


APPENDIX 1

incident and Accident Cause

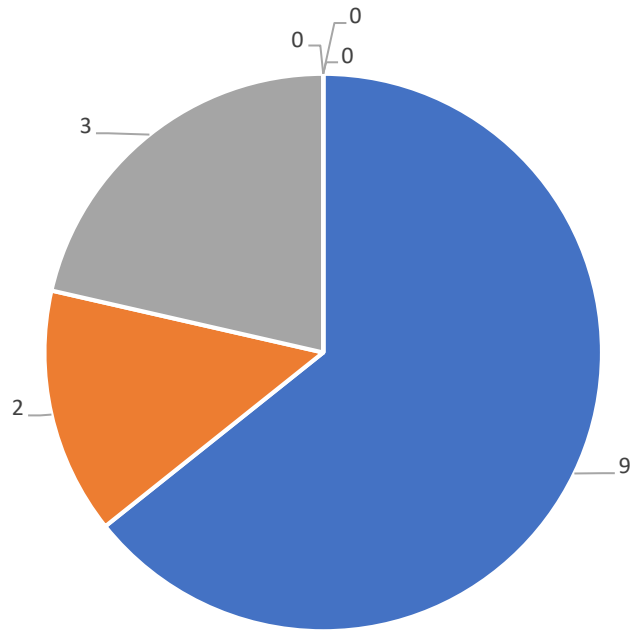


Injury Type



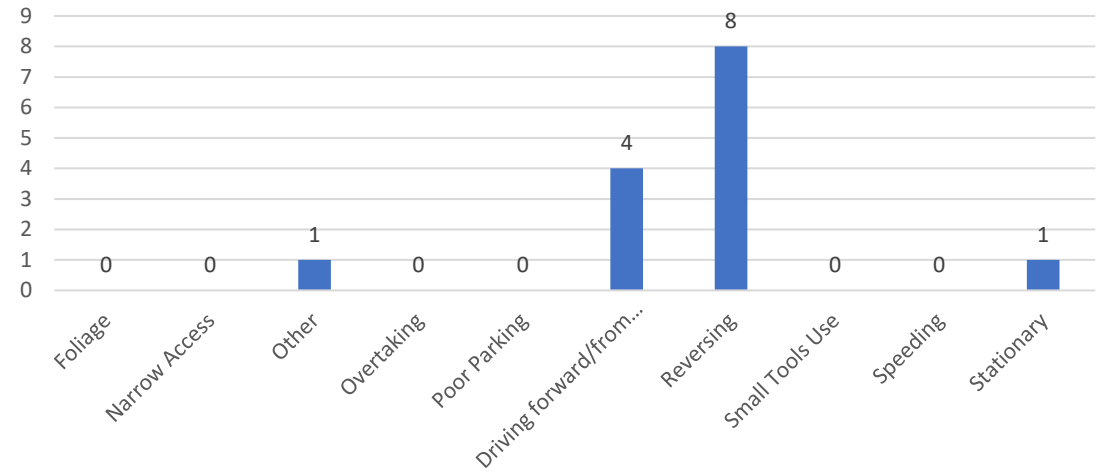
APPENDIX 1

Vehicle Incidents per Service

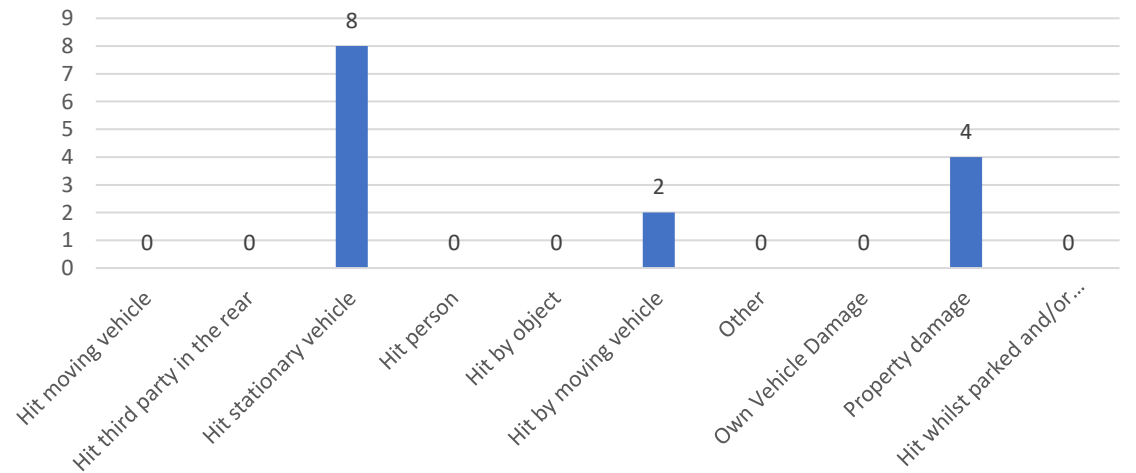


- Waste
- Housing Maintenance
- Streetscene
- open Spaces
- Parking Enforcement
- Transport

Manoeuvre Type



Category



APPENDIX 2

Ref	Items for Action	Owner	Starting Date	Target Date / RAG	Actions/Decision/Comments
ATC1	Create implement and communicate new security arrangements for all corporate buildings and depots. Provide training to employees identified within the arrangements.	SW	Nov 2021	March 2022	Meetings ongoing.
ATC2	Create, implement and communicate new fire safety arrangements for corporate buildings and depots. Provide additional training to all employees and SIOs in relation to the new fire evacuation procedures	SW/AS	Nov 2021	March 2022	Email sent out from asking for Fare Warden volunteers. On track.
ATC3	H&S reps to undertake annual workplace inspections of ATC and LTH. Provide feedback at the Office Safety Panel	Safety Reps/H&S	Nov 2021	Jan 2022	Safety reps have completed workplace inspections of ATC, except for second floor south wing. LTH outstanding but planned.
Ref	Items for Action	Owner	Starting Date	Target Date / RAG	Actions/Decision/Comments
HSP2	Review all risk assessments and safe systems of work within Housing. Identify any risk gaps and implement new risk assessments where gaps have been identified. Update all documents into the new corporate H&S risk assessment templates.	RT/RF/BB/RK/JL	07/04/2020	April 2022	HE/HO – risk assessment requires a review and update into new corporate templates. HM – review all of the risk assessments Matt brown completed and ensure all control measures identified have been implemented by supervisors. Ongoing.
HSP5	Implement new standard operating procedure for the control of contractors, including all associated documentation and templates. present to all members of the Housing Safety Panel	RT/RF/JL	01/12/2021	March 2022	CDM working group has been set up and met on 11 th Jan 2022. SOPs from Housing to be reviewed at April meeting.

HSP6	Set up new asbestos management working group. Undertake a training gap analysis for all post holders who commission or manage maintenance or repair activities	RT/RF/JL	September 2021	Jan 2022	Asbestos working group has been set up and first meeting on 16/11/2021. Training gap analysis of all services is currently being undertaken & will be reported back to working group in Jan 2022.
HSP7	Undertake a H&S management Audit for both CCTV and Community Safety. Present a formal audit report with an action plan to the relevant service managers and line managers.	BB/JL	17/08/2020	June 2022	Original date put back 1 year. To be in H&S Team workplan for 2022/23.
HSP8	Undertake a H&S management audit for the Complex Support team. Produce a formal audit report with an action plan to the relevant service manager and line manager(s).	RK/JL	15/09/2020	June 2022	Original date put back 1 year. To be in H&S Team workplan for 2022/23.
HSP9	Undertake a manual handling risk assessment gap analysis for all tasks undertaken by operatives in Housing Maintenance. Where gaps have been identified create, consult and implement task specific manual handling risk assessments (use of HSE MAC tool).	RT/RF/JL	13/01/2021	April 2022	Focus in Q4, may carry over into Q1 of 2022/23.
Ref	Items for Action	Owner	Start date	Target Date / RAG	Actions/Decision/Comments
OPS1	Drivers (Fleet) Handbook to be revised and re-issued to all relevant staff.	CN/ SC	April 2021	Oct 2021	Almost completed, sign-off awaited from CN shortly.
OPS2	Waste and Recycling Health and Safety Handbook: review and re-issue to relevant staff.	CM	April 2021	March 2022	

OPS3	Street Scene Health and Safety Handbook to be produced, similar to the existing Waste and Recycling version, to be issued to all relevant staff.	AW/SP/TW	April 2021	April 2022	<i>Target date challenging and October target more realistic.</i>
OPS4	Operations Service Safety Plans: service specific actions for 2022/2023 to be drafted and reviewed and approved at April Safety Panel.	CN/ IP	Annual.	April 2022	Annual Safety Plans.

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Drug and Alcohol Policy 2021

DOCUMENT HISTORY	
Name of Policy:	Drug and Alcohol/Substance Misuse - Policy and Arrangements
Purpose of Policy:	New Forest District Council is committed to providing a safe, healthy and productive working environment. This policy and subsequent arrangements set out the Council's aims in reducing and managing alcohol and drug problems in the workplace whilst complying with the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999, the Road Traffic Act 1988 and the Misuse of Drugs Act 1971.
Policy Applies to:	This Drug and Alcohol/Substance Misuse Policy applies to all directly and indirectly employed staff within New Forest District Council and, where appropriate, contractors and agency workers.
First Issued:	January 2001
Latest Update:	October 2021
Update Overview:	<p>2010 – Amendments made to include procedures for reactive alcohol and drug testing on site.</p> <p>2018 – Review following organisational restructure.</p> <p>2021 – Review following organisational restructure.</p>

SECTION 1: POLICY

1.1 INTRODUCTION

Under the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999, the Road Traffic Act 1988 and the Misuse of Drugs Act 1971 the Council has legal responsibilities as well as a duty of care to protect the health, safety and wellbeing of its employees and the public. This includes taking all reasonable steps to resolve drug (illegal, recreational or prescription), alcohol and other substance misuse related problems known within the workplace.

The Council is committed to promoting an understanding of the problems related to substance misuse. It will provide guidance on the identification of such problems and is fully committed to providing confidential support and specialist help, where necessary, to any employee making a disclosure regarding the misuse of substances.

1.2 SCOPE

This policy, and subsequent arrangements, applies to all employees working for or on behalf of New Forest District Council.

External contractors and self-employed personnel are responsible for making sure their own policies and arrangements provide an equivalent standard to that of the Council's. Service Managers are responsible for ensuring contractors comply with the requirements of the Council's policy whilst on Council premises.

1.3 DEFINITIONS

Employees are deemed to have a problem related to substance misuse if their alcohol intake, or use of drugs, interferes with their health and work performance, affects their safety or the safety of others, or reduces attendance at work.

For the purpose of this policy, substance misuse refers to the use and misuse of intoxicating substances which include alcohol, drugs (including heroin, cocaine, ecstasy, LSD, cannabis, barbiturates and amphetamines), legal highs, solvents (including lighter gas refills, aerosols and glues) and other substances such as tranquillisers and anabolic steroids.

Employees may be prescribed specific medications by their doctor, or may be self-prescribing by using over the counter remedies for pain relief or colds etc. These may contain performance inhibiting substances such as, but not limited to, codeine or anti histamines that may also affect employees who drive or carry out safety critical tasks.

SECTION 2: ROLES AND RESPONSIBILITIES

2.1 DUTIES AND RESPONSIBILITIES

2.1.1 Line Managers/Supervisors

Must:

- Make sure all employees are aware of this policy and the support available to them if necessary.

In establishing that a problem exists:

- Be aware of and monitor changes in work performance, attendance, sickness and accident patterns which may be associated with alcohol, drug or substance misuse.
- Investigate any circumstances that they become aware of or that are brought to their attention.
- Be prepared to make a dynamic decision regarding the suitability of an employee to continue with their work if they are suspected, with good cause, to be under the influence of alcohol or drugs and whether that employee should be taken away from their work environment in order to ensure their own and others safety.
- Record all incidents that suggest there is an alcohol or drug problem with dates and time and if necessary collect witness statements.
- Seek advice from Human Resources and the Service Manager if there is evidence to suggest that a problem of alcohol or drug abuse exists.

Investigating a potential problem:

- Ensure that the employee is given an opportunity, in interview, to respond to the record of incidents/poor work performance on which the belief there is an alcohol or substance misuse problem is based.
- Ensure that any interview is held in a private room and allow no interruptions.
- Give the employee reasonable notice of the interview and advise the employee of their right to have a colleague or union representative present.
- Ensure that all information needed is available prior to interview. This will include all records of incidents/poor performance that point to a problem and what sources of help and advice may be available to the employee if alcohol, drugs or other personal problems are admitted as the cause of the work-related concerns.
- Plan the structure of the interview, including the attendance of other persons, in advance. The purpose, structure and reasons for other peoples' attendance should be explained to the employee at the start of the interview.
- Do not accuse the employee of having an alcohol or drugs problem, the purpose of the interview is investigatory. It is the line manager/supervisor's opportunity to explore, with the employee, the reasons behind the incidents/poor performance that have caused concern.
- Ensure that the employee is aware that confidential professional help is available, internally or externally.
- Adopt a supportive approach where an employee has admitted alcohol or drug problems and ensure the privacy and confidentiality of the employee at all times.

- Where an employee has admitted alcohol or drug problems they may be accepted on to the support programme but they will not be able to avoid the possibility of disciplinary action.
- Set a date for a review of progress.
- Place a confidential record of the interview on the employee's personal file.

In managing and monitoring the problem:

- Ensure that employees that have been accepted on to the support programme understand the expected standard of performance/behaviour that must be achieved and confirm to the employee in writing.
- Continually monitor and review the employee's progress within the support programme and if it becomes clear that the supportive approach is not going to secure a satisfactory performance return make it clear to the employee that the matter will be dealt with under the Council's disciplinary procedure.
- At this point carry out any further interviews, warning and actions in accordance with the Council's disciplinary procedure seeking advice and support from Human Resources.

In testing for the use of alcohol or drugs:

- If a need for testing is identified in a safety critical job where there is the likelihood of a breach of safety and danger of harm from the employee's actions the manager/supervisor must seek the advice and agreement from a Service Manager before carrying out any alcohol or drugs testing.
- Ensure the employee's permission is sought before carrying out any alcohol or drugs testing.
- Follow the guidance and flowchart for testing procedures found in *Appendix C*.
- If initial testing proves positive for the presence of alcohol or drugs the employee must not be allowed to continue working that day.
- Contact a Service Manager to obtain the authorisation PIN required for a secondary confirmation test to be carried out by the specialist laboratory.
- The specialist company will arrange for a secondary sample to be collected within 2 hours. Where possible prevent the employee from excessive consumption of water and urinating as this may affect any secondary sample.
- Ensure the employee is aware that refusal to take any of the tests may result in them being subject to disciplinary procedures.

2.1.2 All Service Managers

Must be available to:

- Provide initial advice and, if necessary, make a final decision regarding the testing of an employee to detect the presence of alcohol and/or drugs.
- Provide this authorisation by phone if necessary (for example very early in the morning).
- Sign and date the authorisation form for on-site testing as soon as possible on the same day as the request is made *See Appendix C*.

2.1.3 Authorised Service Managers (HR, Waste & Transport, Environmental & Regulation, Housing Maintenance) or Executive Head of Operations

Must be available to:

- Provide the requesting officer with the confirmatory testing authorisation PIN, following an initial positive test result.

This PIN number (issued separately to all authorised Service Managers and the Executive Head of Operations) is required by the specialist laboratory to authorise a secondary confirmation test. This must be done as soon as the initial test proves positive (via 24-hour number highlighted in document) as the confirmation test must be carried out within 2 hours.

2.1.4 Employees

Must:

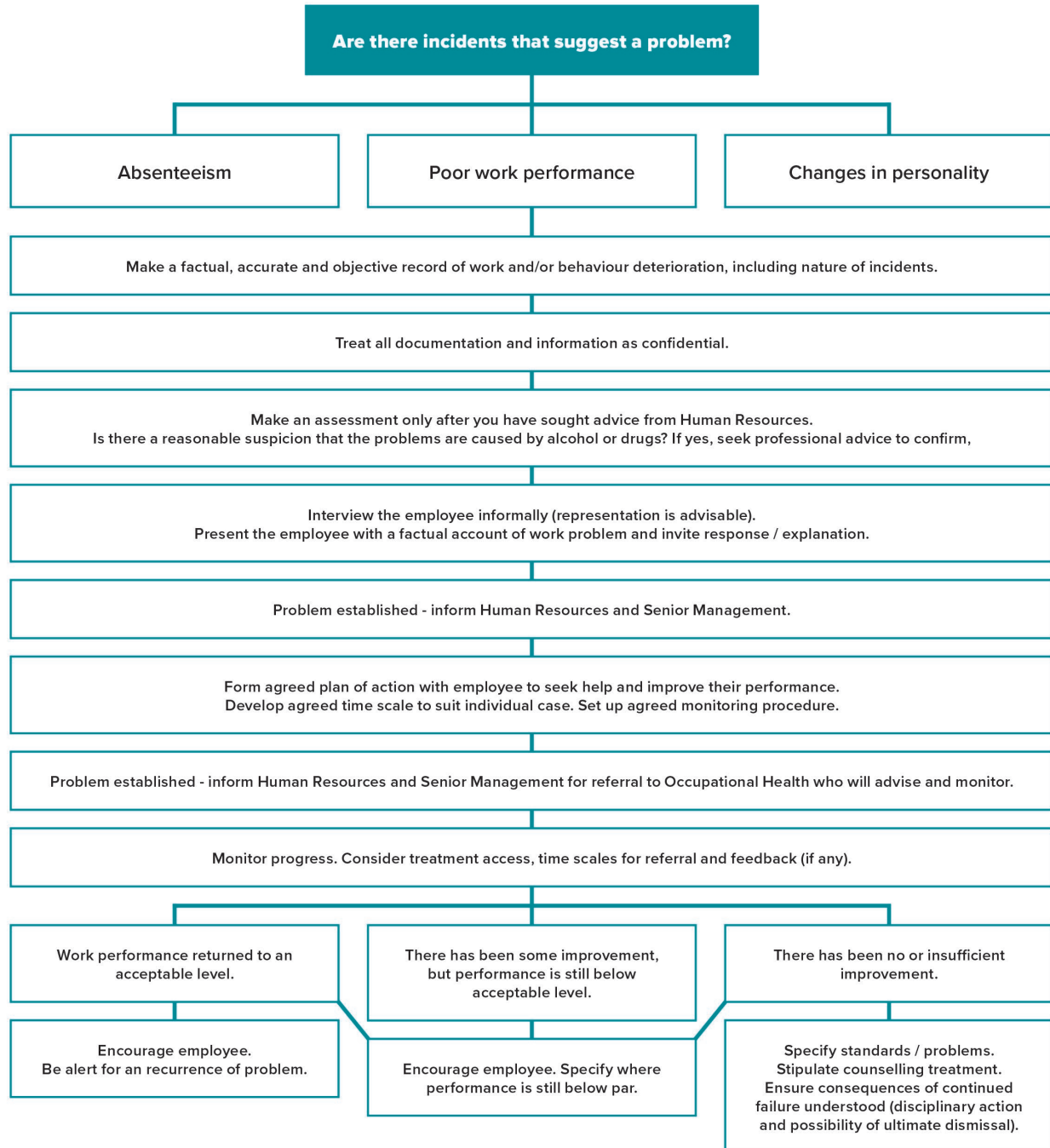
- Understand and accept their responsibilities not to render themselves unfit through alcohol or drugs for the safe, effective and proper conduct of the duties they might reasonably be required to perform.
- Be familiar with all aspects of this policy and the disciplinary implications resulting from any breach of the policy.
- Not bring alcohol or drugs (other than drugs prescribed by their medical doctor) on to Council premises.
- Not accept alcohol or drugs from another person on Council premises.
- Actively seek help if they believe they have an alcohol, drug or substance misuse problem.
- Inform their line manager/supervisor if taking any over the counter or prescription medication that is likely to affect their working performance.
- Inform their line manager/supervisor if they know or suspect that another employee is under the influence of alcohol or drugs.

2.1.5 Human Resources

Will:

- Provide advice and support to line managers/supervisors in relation to this policy and its applications
- Provide advice and support where necessary to employees regarding the operation of this policy and signpost avenues of support available to employees such as Occupational Health and alcohol and substance misuse support services.
- Advise and support line managers/supervisors when an employee is suspected of being under the influence of drugs, alcohol or other substances, although the responsibility for action rests with the line manager/supervisor.
- Support line managers/supervisors at meetings/interviews arising from this policy.

A typical process for dealing with alcohol and drug related problems



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SECTION 3: ARRANGEMENTS

3.1 SUPPORT FOR EMPLOYEES

The Council recognises that alcohol and drug abuse or dependency can be a treatable condition and where employees have such a problem it is the intent of the Council to secure their rehabilitation. Employees who suspect they have a problem are encouraged to discuss the matter with their line manager/supervisor, Human Resources or the Corporate Health and Safety Team.

Employees who volunteer to talk about the issue in this way are likely to be required to undergo a formal assessment to establish the extent of the problem. The employee may then be expected to follow an approved course of rehabilitation. Those employees who follow the approved treatment will be eligible for sickness benefit if they are unable to attend work, subject to the existing Council procedures for manager approval and valid certification.

Failure to participate in an assessment, rehabilitation or aftercare programme when offered, or to respond to treatment in the programme may, according to the circumstances, result in disciplinary action up to and including dismissal.

Employees who do not declare they have a dependency or abuse problem and who then break Council rules will not be able to avoid disciplinary action by then declaring the problem. In such cases disciplinary action may include dismissal, but in cases where it does not, the employee will be required to participate in a programme of rehabilitation as outlined above.

A list of internal and external support services available for employees can be found in *Appendix A*.

3.2 WARNING INDICATORS

No single characteristic exists to identify people who have alcohol or drugs problems, but certain incidents taken together over a period of time could indicate that there is a problem.

3.2.1 Absenteeism

- Frequent and unexplained absences
- Excessive, uncertified sick leave
- Frequent lateness

3.2.2 Poor Work Performance

- Fluctuation and unreliability in performance
- Mistakes and errors of judgement
- Telling lies or disguising mistakes
- Reluctance to accept responsibility

3.2.3 Changes in Personality

- Tendency towards secrecy
- Irritability or mood swings
- Tendency to blame others
- Changes in attitude to authority

3.3 CHAIN OF CUSTODY CONFIRMATION TESTING

If initial testing (*after following the testing procedures found in Appendix C*) proves positive for the presence of alcohol or drugs, an authorised Service Manager must be contacted to obtain the authorisation PIN required for a secondary confirmation test to be carried out by the specialist laboratory (SynLab).

The specialist laboratory will arrange for a secondary (chain of custody) sample to be collected within 2 hours. This sample is returned to the laboratory where adulteration checks are performed and GC-MS (Gas Chromatography – Mass Spectrometry) testing is carried out, which is recognised as the gold standard method of confirmation testing.

The results of the chain of custody confirmation testing will be sent via encrypted email to the Executive Head of Operations, the Service Manager for Human Resources and the Service Manager for Waste and Transport within 7 days (5 days at the laboratory).

There is a 'fast track' option available which will return results within 3-4 days (2 days at the laboratory) but this will incur additional cost.

The results of the chain of custody confirmation test along with the initial drug/alcohol testing result will determine the next course of action.

3.4 CALIBRATION OF ALCOHOL TESTING EQUIPMENT

Calibration of the Alcometers is required every 6 months to comply with the manufacturers recommendations and to fulfil UK workplace legally defensible guidelines.

Calibration of the testing equipment is coordinated by the Corporate Health and Safety Team and carried out by DTec International.

Drug testing kits hold an expiry date which is logged and monitored by the Corporate Health and Safety Team and are replaced before expiry or if used.

3.5 TRAINING

Only authorised, competent and fully trained supervisors will be allowed to carry out alcohol and drug testing within the Council.

Authorised testers will be located at the three main Depots at Marsh Lane, Clay Meadow and Ringwood, and they will be available to assist any supervisor or manager at all sites within the Council should the need arise.

All testers will receive comprehensive alcohol and drug awareness training and specific training in the use of the testing equipment.

Refresher training will be given as appropriate.

In addition to this, all supervisors and line managers must be given alcohol and drugs awareness training to enable them to recognise any relevant signs, as detailed in section 3.2 of this policy, in their employees.

All employees must be given awareness training on this Drug and Alcohol Policy, either at induction or as part of other essential safety awareness training.

SECTION 4: LEGISLATION AND SOURCES OF INFORMATION

4.1 RELEVANT LEGISLATION

- Health and Safety at Work Etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Misuse of Drugs Act 1971
- Road Traffic Act 1988

4.2 INTERNAL SOURCES OF INFORMATION

- Human Resources
- Corporate Health and Safety Team

4.3 EXTERNAL SOURCES OF INFORMATION

- Referral/Support Agencies (*see Appendix A*)

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REFERRAL AGENCIES

EXTERNAL

Options Alcohol and Drugs Counselling	Freephone
Information Services	(0800) 0184309
OPTIONS	(023) 8063 0219
147 Shirley Road SOUTHAMPTON	
INCLUSION Recovery – New Forest Hub	(0300) 124 0103
Hampshire 24/7 Substance Misuse Support	(0800) 599 9591
FRANK (Friendly, confidential Drugs Advice)	(0300) 123 6600
Alcohol Anonymous National Helpline	(0800) 9177 650
General Service Office PO Box 1 10 Toft Green York YO1 7NJ	
Alcoholics Anonymous	(023) 8022 3198
SOUTHAMPTON	
Alcoholics Anonymous	(01722) 323355
SALISBURY	
Alcoholics Anonymous	(01202) 296000
P O Box 570 BOURNEMOUTH	
Narcotics Anonymous (Helpline)	(0300) 999 1212
Health Promotion Service (Information Only)	(023) 80630219
Oatlands House Winchester Road SOUTHAMPTON	
National Drugs Helpline	0800 776600

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**Southampton Drug and Alcohol
Recovery Service (DARS)**

(023) 80 717171

2 The Corronades
New Road
Southampton SO14 OAA

Salisbury Alcohol & Drug Advisory Service

(01722) 820390

Foxley Green
Fountain Way
SALISBURY

Dorset Healthcare Trust – Bournemouth Community Addiction Team

Park Lodge
Gloucester Road
Boscombe
Bournemouth

(01202) 397003

INTERNAL

Corporate Health & Safety Unit
Health Liaison & Policy Development Manager

NFDC
NFDC

APPENDIX B

COMMONLY MISUSED SUBSTANCES IN THE UK

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(Taken from the Health and Safety Executive - Drugs Misuse at Work: a guide for employers)

The **MISUSE OF DRUGS ACT 1971** makes the production, supply and possession of controlled drugs unlawful except in certain specified circumstances (for example when they have been prescribed by a doctor).

If you knowingly permit the production or supply of any controlled drugs, the smoking of cannabis or certain other activities to take place on Council premises you could be committing an offence.

The Act lists the drugs that are subject to control and classifies them in three categories according to their relative harmfulness when misused. The penalties for misuse of Class A drugs are more severe than those for Class B drugs which in turn are more severe than the penalties for Class C drugs. The act also distinguishes, in terms of the penalties that may be imposed, between the offences of possession and drug trafficking or supplying, with the latter attracting higher penalties.

It is possible that in certain circumstances charges may be brought against an employer or an employee under either this Act or the Health and Safety at Work etc. Act or both. It would be up to the courts to decide on the circumstances of each case.

Name (including street/trade names)	How usually taken	Effects sought	Harmful effects include	Legal status (defined by the Misuse of Drugs Act 1971)
HEROIN (Smack, horse, gear, H, junk, brown, stag, scag, jack)	Injected snorted or smoked.	Drowsiness sense of warmth and well-being	Physical dependence, tolerance, overdose can lead to coma and even death. Sharing injecting equipment brings risk of HIV or hepatitis infection	Class A
COCAINE (Coke, Charlie, snow, C)	Snorted in powder form, injected.	Sense of well-being, alertness and confidence.	Dependence, restlessness, paranoia, damage to nasal membranes.	Class A

Name (including street/trade names)	How usually taken	Effects sought	Harmful effects include	Legal status (defined by the Misuse of Drugs Act 1971)
CRACK (Freebase, rock, wash stone)	Smokable form of cocaine	Similar to those of snorted cocaine but initial feelings are more intense.	As for cocaine but, because of the intensity of its effects, crack use can be extremely hard to control. Damage to lungs.	Class A
ECSTASY (E, XTC, doves, disco biscuits, echoes, scooby doos) Chemical name: MDMA	Swallowed usually in tablet form.	Alert and energetic but with a calmness and sense of well-being towards others. Heightened sense of sound and colour.	Possible nausea and panic, overheating and dehydration if dancing, which can be fatal. Use has been linked to liver and kidney problems. Long term effects not clear but may include mental illness and depression.	Class A
LSD (Acid, trips, tabs, dots, blotters, microdots)	Swallowed on tiny squares of paper.	Hallucinations, including distorted or mixed-up sense of vision, hearing and time. An LSD trip can last as long as 8-12 hours.	There is no way of stopping a bad trip which may be a very frightening experience. Increased risk of accidents can trigger off long-term mental problems.	Class A
MAGIC MUSHROOMS (Shrooms, mushies)	Eaten raw or dried, cooked in food or brewed in tea.	Similar effects to those of LSD but the trip is often milder and shorter.	As for LSD, with the additional risk of sickness and poisoning.	Not illegal in raw state but Class A once dried or processed in any way.

Name (including street/trade names)	How usually taken	Effects sought	Harmful effects include	Legal status (defined by the Misuse of Drugs Act 1971)
CANNABIS (Hash, dope, grass, blow, ganja, weed, shit, puff, marijuana)	Rolled with tobacco a spliff, joint or reefer and smoked, smoked in a pipe or eaten.	Relaxed, talkative state, heightened sense of sound and colour.	Impaired co-ordination and increased risk of accidents, poor concentration, anxiety, depression, increased risk of respiratory diseases including lung cancer.	Class B
BARBITURATES (Barbs, downers)	Swallowed as tablets or capsules, injected, ampules.	Calm and relaxed state, larger doses produce a drunken effect.	Dependency and tolerance, overdose can lead to coma or even death. Severe withdrawal symptoms.	Class B
AMPHETAMINES (Speed, whizz, uppers, Billy, sulph, amp)	In powder form, dissolved in drinks, injected, sniffed/snorted.	Stimulates the nervous system, wakefulness, feeling of energy and confidence.	Insomnia, mood swings, irritability, panic. The comedown (hangover) can be severe and last for several days.	Class B
TRANQUILLIZERS (Brand names include Valium, Altivan, Mogadon - (moggies) Temazepam (Wobblies, maxxies, jellies)	Swallowed as tablets or capsules, injected.	Prescribed for the relief of anxiety and to treat insomnia, high doses cause drowsiness.	Dependency and tolerance, increased risk of accidents, overdose can be fatal, severe withdrawal symptoms.	Class C Available only on prescription (Medicines Act). Supply is illegal but, apart from Temazepam, not illegal to possess without a prescription.

Name (including street/trade names)	How usually taken	Effects sought	Harmful effects include	Legal status (defined by the Misuse of Drugs Act 1971)
ANABOLIC STEROIDS (Many trade names)	Injected or swallowed as tablets.	With exercise can help to build up muscle. However, there is some debate about whether drug improves muscle power or athletic performance.	For men: erection problems, risk of heart attack or liver problems. For women: development of male characteristics. Injecting equipment brings risk of HIV or hepatitis infection.	Class C
POPPERS (Alkyl nitrates, including amyl nitrate with trade names such as Ram, TNT, Thrust)	Vapours from small bottle are breathed in through mouth or nose.	Brief and intense head-rush caused by sudden surge of blood through the brain.	Nausea and headaches, fainting, loss of balance, skin problems around the mouth and nose, particularly dangerous for those with glaucoma, anemia, breathing or heart problems.	Not illegal to possess but supply without prescription is illegal and can be an offence.
SOLVENTS (Including lighter gas refills, aerosols, glues). Some paint thinners and correcting fluids.	Sniffed or breathed into the lungs.	Short-lived effects similar to being drunk, thick-headed, dizziness, possible hallucinations.	Nausea, blackouts, increased risk of accidents. Fatal heart problems can cause instant death.	Not illegal to possess but it is illegal for a shopkeeper to sell solvents to anyone under 18, if they suspect they are intended for misuse.

GUIDANCE FOR CARRYING OUT ALCOHOL AND DRUG TESTING

1. Why test for alcohol and drugs?

There is a legal duty to ensure the safety of employees, visitors and members of the public while carrying out Council undertakings. This is required by Section 2 and 3 of the Health and Safety at Work Act 1974.

Section 8 of the Misuse of Drugs Act 1971 makes it an offence for an employer to knowingly permit the use of drugs (if the employer knows of a problem but fails to act it is likely to be seen as permitting the use of drugs).

The Transport and Works Act 1992 requires an employer to demonstrate due diligence in ensuring an offence is not committed.

It should be noted that any argument based on Human Rights legislation as it relates to testing is highly unlikely to hold ground due to the employer's statutory duty under the Health and Safety at Work Act.

The Council's policy on alcohol and drugs misuse makes it clear that testing will be carried out only in certain special and extreme circumstances. These circumstances, usually within individual Service safety critical areas, will be determined by the risk assessment process. Ignoring a known problem may result in the council and/or individual open for prosecution should an accident or incident occur. Application of this policy, in a reasoned manner, could also serve as a deterrent to any employee who may otherwise have taken a chance with the excessive or inappropriate use of alcohol or drugs.

2. How tests are carried out

2.1 Alcohol

The testing equipment that will be used will be built to the same specification as roadside test equipment use by the police. The meter is very easy to use and so requires minimal training in its operation.

There are three stages to the test as follows:

- | | |
|----------------------|---|
| 1 st Test | Meter is held directly in front of the mouth while the person speaks. This will give an initial BAC indication reading. If this test proves negative, there may be no need to continue the process. |
| 2 nd Test | The employee will be asked to blow into the tube for a prescribed time, and a reading will be logged. |

3rd Test The employee will be asked to carry out a repeat of the 2nd test. This will be carried out 20 minutes after the 2nd test.

In the above tests, the lowest reading will always be used.

The Council's policy for deciding an employee's fitness for work will be set at the current legal limit of Blood Alcohol Content (BAC).

Proof of impairment from a positive alcohol test is not required for drivers as this is set in law.

2.2 Drug testing

The drug wipe system is used by the police when arresting for a crime likely to be linked to substance abuse (burglary etc) to see if drugs were a factor in the crime.

The drug wipe will be administered by wiping on the skin at various trigger points to obtain a sample of skin deposit, or by simple saliva wipe test.

The device will test for 5 drugs as indicated below, and could take up to 5 mins to give a result:

- Cannabis
- Amphetamines
- Methamphetamines (XTC)
- Cocaine
- Opiates (heroin etc)

The drug wipe will detect the presence of drugs from the previous 2-4 hours in most cases, and 2-4 days for cannabis. The test will quickly show if the drug is present in the body but cannot tell how much is present. The test is extremely sensitive and can detect drugs in the nanograms per millilitre range.

(It should be noted that after cannabis has been used there is a high risk of behavioural issues three days later due to how the body metabolises the drug. This is commonly known as 'Suicide Tuesday')

If the test shows as positive, then further samples will be required. This will typically be a urine sample in the first case and possibly a blood sample. These tests will be carried out by a specialist, within a 2-hour response time. In this time the person must be isolated and prevented (where possible) from excessive consumption of water and urinating as this may affect the sample. However, the person taking the sample and the laboratory processing the sample will detect if it has been compromised. Failure to comply with the procedure, compromising the sample or failing to give a sample may result in disciplinary proceedings.

There are forms for consent and details of testing at page 7 of this Appendix, which must be used at all times and completed accurately and at the time of testing by the authorised testing officer. This form will be retained by Human Resources for a period of up to six years.

3. Procedures for carrying out tests

If, following a series of incidents, or as a result of an individual's particular behaviour at a single moment in time, a supervisor or manager considers there is due cause to suspect that an employee is under the influence of alcohol or drugs and that there is a real chance it may affect their work in a way that could compromise the competency, judgement and efficiency of the individual or the safety of the employee or others, he/she will take the following actions:

3.1 Proactive measures:

This will normally apply to employees who show some or all the signs detailed in section 3.2 of the Drugs and Alcohol Policy over a period and the manager, in their opinion, believes that a problem exists having followed the guidance given in section 2.1 of the Drugs and Alcohol Policy.

The supervisor or manager will seek the advice of his/her line manager to decide what action may need to be taken. Normally this will result in an appointment being agreed with the employee to discuss the issues at interview. The employee will be asked if they wish another colleague or a Union representative to be present at this interview.

It may be decided, after risk assessing the safety aspects associated with the employee's job, and whether safety of the employee or others will be compromised, that a one-off test at the time, or a series of programmed tests, is appropriate. In this case the employee will be told of this decision at the interview and asked if he/she is willing to take the tests and cooperate with a support programme. If this is agreed a management and monitoring plan will be agreed in line with section 2.1 of the Drugs and Alcohol Policy.

The testing must only be carried out by an officially authorised trained and competent person. The tests will follow a formal procedure as detailed in 2 above. The documentation will be completed and signed off at each stage by the tester and employee. There must be another supervisor or manager in attendance at all times. The employee can request another colleague or a Union representative to be present if one is available at the time.

If the initial test or any future test carried out as part of the plan proves positive for alcohol then consideration must be given as to whether the employee should be removed from work and sent home for rest of the day, as he/she will be deemed to have rendered themselves unfit for work.

If the initial test or any future test carried out as part of the plan proves positive for drugs, then the employee must be referred to the Council's specialist testing laboratory for further tests to establish the extent of the problem. This must be done as soon as the initial test for drugs proves positive, as the further tests must be carried out within 2 hours.

Consideration must then be given as to whether the employee should be removed from work and sent home for rest of the day, as he/she will be deemed to have rendered themselves unfit for work.

If the employee has driven to work, then arrangements must be made to leave their car at work and to take them home by other means.

The employee must be made aware that refusal to take any of the tests may result in them being subject to disciplinary procedures.

3.2 Reactive measures:

This will normally apply to employees who exhibit extreme behaviour that gives rise to suspicion with cause at a given moment in time. This could typically be first thing in the morning when they arrive at work or after lunch, although this is not necessarily the case, if there is an opportunity for the employee to take drugs or alcohol at other times during the day.

If the supervisor or manager has suspicion, with cause, they must initially make sure that the employee is taken away from the workplace into a separate area. The employee should be prevented where possible from excessive consumption of water and urinating as this may affect any sample that may need to be taken.

The supervisor or manager must then contact their, or another, Service Manager as quickly as possible to discuss their suspicions and decide on a course of action. The Service Manager will take the final decision as to whether alcohol and drug testing is appropriate based on all the facts, the risk assessment of any safety critical tasks that may be involved and whether the imminent safety of the employee or others could be endangered. In certain circumstances, e.g. very early morning, this authorisation will have to be obtained verbally by phone. In these cases, the relevant Service Manager will need to sign and date the authorisation form as soon as possible on the same day.

If testing is felt to be appropriate, the employee must be told of this and the reasons for coming to the decision. The employee must be asked to agree to the tests, and this must be recorded and signed off by both the supervisor or manager and the employee. If the employee refuses to agree to the test it must be deemed that he/she has rendered themselves unfit for work. The employee will be sent home for the rest of the day, normally without pay, and will be subject to disciplinary proceedings.

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The testing must only be carried out by an officially authorised trained and competent person. The tests will follow a formal procedure as detailed in 2 above. The documentation will be completed and signed off at each stage by the tester and employee. There must be another supervisor or manager in attendance at all times. The employee can request a colleague or a union representative to be present if one is available at the time.

If the initial test proves positive for alcohol, then consideration the employee should be removed from work and sent home for rest of the day, as he/she will be deemed to have rendered themselves unfit for work.

If the initial test or any future test carried out as part of the plan proves positive for drugs, then the employee must be referred to the Council's specialist testing laboratory for further tests to establish the extent of the problem. This must be done as soon as the initial test for drugs proves positive, as the further tests must be carried out within 2 hours.

Contact must be made with an authorised Service Manager (HR, Waste, Environmental Health, Street Scene or Open Spaces) or the Executive Director for Operations to obtain the PIN number required by the specialist laboratory to authorise the confirmation testing.

The employee should again be prevented where possible from excessive consumption of water and urinating as this may affect any sample.

In almost all cases the employee will be removed from work and sent home for rest of the day, as he/she will be deemed to have rendered themselves unfit for work.

If the employee has driven to work, then arrangements must be made to leave their car at work and to take them home by other means.

The employee must be made aware that refusal to take any of the tests may result in them being subject to disciplinary procedures.

4. Authorised Managers and training requirements

Only authorised, competent and fully trained supervisors will be allowed to carry out alcohol and drug testing within the Council.

Authorised testers will be located at the three main Depots at Marsh Lane, Clay Meadow and Ringwood, and they will be available to assist any supervisor or manager at all sites within the Council should the need arise.

All testers will receive comprehensive alcohol and drug awareness training and specific training in the use of the testing equipment.

Refresher training will be given as appropriate.

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In addition to this, all supervisors and line managers must be given alcohol and drugs awareness training to enable them to recognise any relevant signs, as detailed in section 3.2 of the Drugs and Alcohol Policy, in their employees.

All employees must be given awareness instruction on this Drug and Alcohol Policy, either at induction or as part of essential safety awareness training.

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PROCESS FORM FOR ON SITE TESTING FOR ALCOHOL OR DRUGS

1. Record of the assessment of a situation where an employee is suspected of being under the influence of alcohol or drugs at work.

Full name of employee: _____

If engaged via an Agency state name of Agency: _____

Job title: _____ Service: _____

Reason for the report (what has happened? What has been observed?)

Name of person reporting incident (if applicable): _____

Line Managers assessment

I have reason to suspect that the above person may be under the influence of alcohol or drugs for the following reasons:

The employee:

- | | | |
|----|---|--------|
| 1. | Is smelling of alcohol/ slurring speech | Yes/No |
| 2. | Has change in normal behaviour (brief detail)
(Other observations) _____

_____ | Yes/No |
| 3. | Has difficulty with concentration/coordination | Yes/No |
| 4. | Eyes appear large/staring/unfocused | Yes/No |
| 5. | Appears to be euphoric/drowsy/depressed | Yes/No |
| 6. | Has been involved in an accident/incident (brief detail)

_____ | Yes/No |

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7. Other evidence of alcohol or drug use (e.g. empty bottles or drug paraphernalia found at workplace) Yes/No

8. Were there any concerns of a medical nature: (If yes, what action was taken) Yes/No

Line Manager: _____ Signature: _____

Date and time of assessment: _____

Employee declaration

I confirm that I have read and understood the above.

Employee Signature: _____ Date and time: _____

Service Manager Authorisation for on-site testing for the presence of alcohol or drugs. (Delete the section that is not appropriate, as necessary.)

I confirm that I have consulted with a designated Service Manager by telephone and fully explained the circumstances and content of this report. I confirm that the Service Manager has verbally authorised the relevant tests to be carried out as soon as possible by one of the Council's authorised and trained employees.

Line Manager: _____ Signature: _____

Date and time: _____

I have read the above report and agree that there is good reason to suspect that the above person may be under the influence of alcohol or drugs. I authorise the relevant tests to be carried out as soon as possible by one of the Council's authorised and trained employees.

Service Manager: _____ Signature: _____

Date and time: _____

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2. Record of the testing where an employee is suspected of being under the influence of alcohol or drugs at work.

ALCOHOL:

Employee Declaration: (Delete 1 or 2 as appropriate)

1. I understand that I have been asked to undergo a formal breath testing procedure to establish whether there is alcohol in my blood.

The procedure has been fully explained to me, and I agree to the tests being carried out. I understand that two tests will be carried out, 20 minutes apart, by a trained, competent and authorised member of staff, and I can request that a colleague or union representative be present throughout the process.

I understand that should the tests prove positive, I will be asked to undertake further tests within two hours of the first tests, carried out by the Councils specialist laboratory.

2. I understand that I have been asked to undergo a formal breath testing procedure to establish whether there is alcohol in my blood. The procedure has been fully explained to me. I do not agree to the tests being carried out.

Employee Signature: _____ Date and time: _____

First breath test carried out (time) _____ Result (reading) _____

Second breath test carried out (time) _____ Result (reading) _____

Full Name of Authorised member of staff: _____

Signature: _____ Date and time: _____

Full name of witness: _____ Job Title: _____

Signature: _____ Date and Time: _____

Employee signature: _____ Date and Time: _____

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DRUGS:

Employee Declaration: (Delete 1 or 2 as appropriate)

1. I understand that I have been asked to undergo a formal skin wipe test or a simple saliva wipe test to identify the presence of drugs in my blood.

The procedure has been fully explained to me, and I agree to the test being carried out. I understand the test will be carried out by a trained, competent and authorised member of staff, and I can request that a colleague or union representative be present throughout the process.

I understand that should the test prove positive; I will be asked to undertake further tests carried out by the Council's specialist laboratory.

2. I understand that I have been asked to undergo a formal skin wipe or a simple saliva wipe testing procedure to establish whether there is alcohol in my blood. The procedure has been fully explained to me.

I do not agree to the tests being carried out.

Employee Signature: _____ Date and time: _____

Skin wipe test(s) carried out (time): _____

Part(s) of body tested _____

Result(s) (readings) _____

Full Name of Authorised member of staff: _____

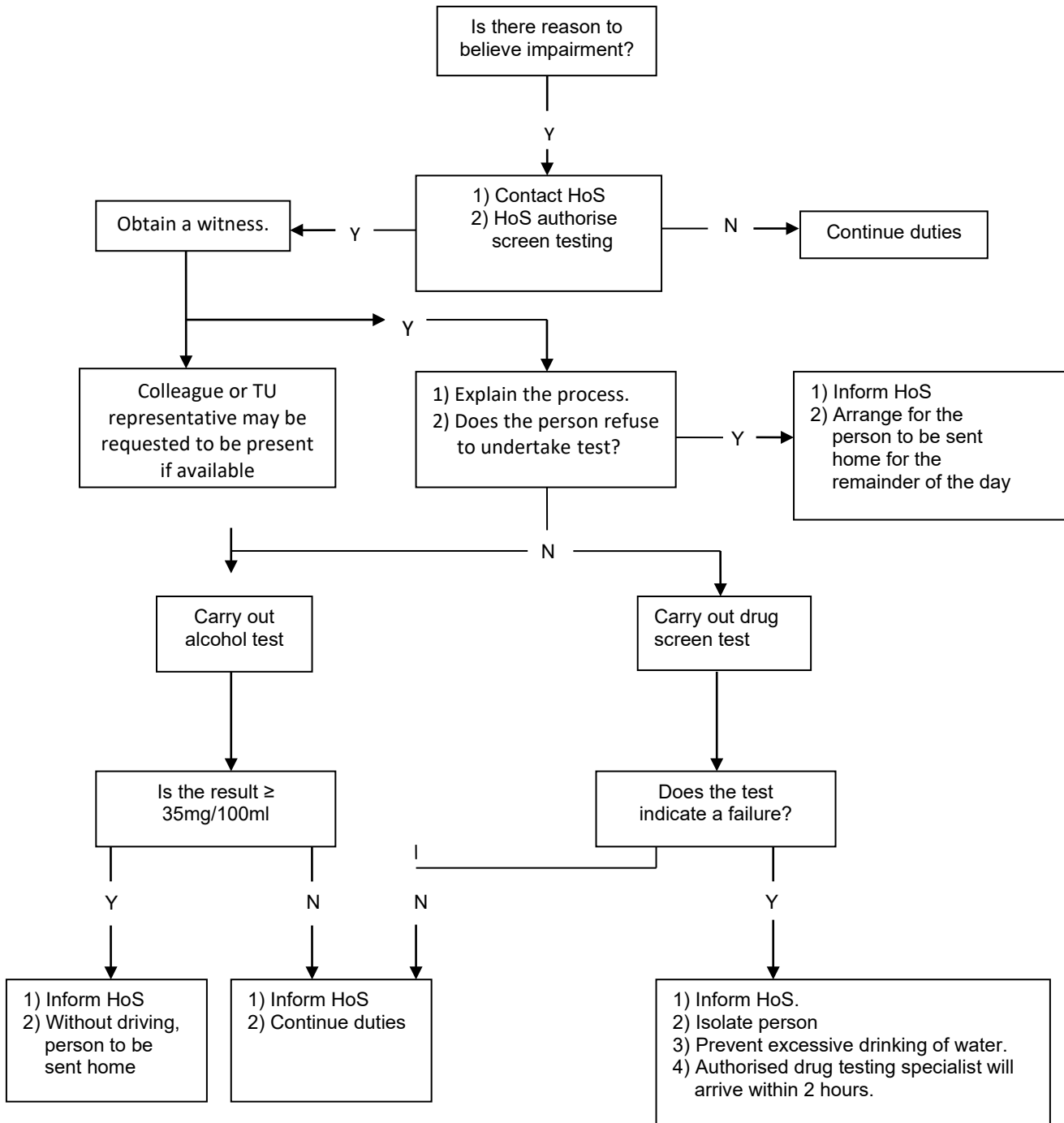
Signature: _____ Date and time: _____

Full name of witness: _____ Job Title: _____

Signature: _____ Date and Time: _____

Employee signature: _____ Date and Time: _____

DRUG AND ALCOHOL TESTING FLOWCHART



New Street Scene Supervisor CMD	Street Scene
Tony Wade (New)	Street Scene
Dave Wheeler-Osman (New)	Waste
????	Engineering Works
Byron McGrail	Open Spaces
Kevin Frenchum (New)	Open Spaces
Mike Bridges (New)	Waste
Luke Cutler	Waste
Kevin Gould	Housing
Scott Bailey (New)	Housing
Michael Roath (New)	Housing
David Hurd	Car Parks and Enforcement
Derek Darling	Car Parks and Enforcement
Karen Standen	Car Parks and Enforcement
Train the Trainer	
Antony Whittle	Health & Safety
James Loring (New)	Health & Safety
Stewart Phillips	Street Scene
Colin Mee (New)	Waste
Wayne Dawkins	Open Spaces
Russell Palmer (New)	Housing
Simon Cooper	Transport
Leigh Nash (New)	Engineering Works