

SUBSTANCE ABUSE POLICY

1. Definitions

- 1.1 The following definitions must be understood as well as for the effective implementation of this Policy and Procedure for the Management of suspected Persons Under the influence of any intoxicating substances:
- 1.1.1 “**Authorised Official**” means the Safety Officer, Managers and Supervisors employed by Cederberg Municipality.
- 1.1.2 “**Representative**” means any officially elected shop steward or any other permanent employed employee at Cederberg Municipality.
- 1.1.3 “**Medical Practitioner**” means;
(a) Doctors registered with the Health Professions Council of South Africa (HPCSA)
(b) Traditional Healers registered with the Traditional Health Practitioners Council of South Africa.
- 1.1.4 “**Breathalyzer**” means an instrument that is used to establish whether a person has consumed alcohol by measuring the alcohol level detected on the breath of the individual being tested;
- 1.1.5 “**Medicine**” means any medication inclusive of medical treatment which has been issued or prescribed by a registered medical practitioner or pharmacist.
- 1.1.6 “**Operational Area**” means all work areas where activities of Cederberg Municipality are performed.
- 1.1.7 “**Premises**” means any property belonging to Cederberg Municipality, any property where work is being carried out by employees for Cederberg Municipality, and will include the operation of any motorized vehicle belonging to Cederberg Municipality, or any motorised vehicle being operated on Cederberg Municipality’s property.
- 1.1.8 “**Under the influence**” means where alcohol have been consumed and the breathalyser test results are above **0.00mg/100ml**. Where drugs have been consumed and the result of the drug test unit is positive.
- 1.1.9 “**EHS**” means Environmental, Health and Safety;
- 1.1.10 “**CEDERBERG** ” means Cederberg Municipality.
- 1.1.11 “**Drugs**” means intoxicating substance e.g. legal or illegal.

2. REFERENCES

- 2.1 The CEDERBERG Disciplinary Code and Procedure.
- 2.2 The Occupational Health and Safety Act & Regulations, Act 85 of 1993.
- 2.3 The Road Traffic Act, Act 93 of 1996 and;
- 2.4 Code of Conduct for Municipal Staff Members as contained in schedule 2 of the Local Government: Municipal System Act, Act No 32 of 2000

3. PURPOSE

- 3.1 The aim of this Policy is to ensure that the requirements of the Occupational Health and Safety Act with regards to Intoxication are maintained at all times. It serves to ensure that health and safety on the premises is not compromised by persons entering the premises under the influence of any

substance. It also addresses the manner in which persons suspected to be under the influence are identified and tested.

4. APPLICATION

4.1 It applies to all employees and contractors.

5. PREVENTION

5.1 Prevention of alcohol and drug abuse at work is a management responsibility.

6. EMPLOYER AND EMPLOYEE RESPONSIBILITY

6.1 The EHS Department and Authorised Officials must ensure that any person who appears to be under the influence is tested.

6.2 All employees, no matter what position they may hold in CEDERBERG must bring to the attention of their Supervisor any suspicion they may have in terms of any person who appears to be under the influence.

6.3 All Supervisors must ensure that any persons suspected of being under the influence are not allowed to enter, remain at, or return to the workplace.

7. RECORDS

7.1 The following records are required to be maintained at all times.

7.1.1 Annexure A, B, C & D

7.1.2 Records of all calibration certificates for calibrations carried out.

7.2 All records required in terms of this policy and procedure shall be kept by the Human Resource Department.

8. IDENTIFICATION OF PERSONS SUSPECTED TO BE UNDER THE INFLUENCE

8.1 Any person entering, or having entered the premises, on normal duty or who may wish to enter, or having entered into the operational area, which may be suspected to be under the influence of alcohol shall submit to an alcohol breathalyser test carried out by an authorised official.

8.2 Any person entering, or having entered the premises, on normal duty or who may wish to enter, or having entered into the operational area, who may be suspected to be under the influence of an intoxicating substance shall on request by an authorised official, provide his or her own urine/ blood sample to the clinic sister for testing. The Authorised Official must accompany the employee to the clinic for testing.

8.3 Any person failing to submit to an alcohol breathalyser test or to provide his or her own urine sample for testing shall be deemed to be under the influence.

8.4 Any person who may feel aggrieved in terms of the results of the alcohol breathalyser test may request that a blood sample be taken by a medical practitioner and such sample be submitted to a recognised medical test laboratory for confirmation of the result. A person requesting that a blood sample be taken must immediately submit to that sampling. If such person fails to submit a blood sample within two hours, he or she loses the right to such blood test.

8.5 Should a person request that a blood sample be taken for confirmation of the alcohol breathalyser test results, the total cost of such test inclusive of any call out costs that may be incurred, shall be for the cost of the individual unless test proves to be negative

9. RANDOM TESTING

9.1 An authorised official may, at any time, making use of random selection methods identify persons, require such persons to undertake an alcohol breathalyser test or to provide his or her own urine

sample for testing.

10. VOLUNTARY SUBJECTION TO INTOXICATING SUBSTANCE TESTING.

- 10.1 Any person reporting for duty, before entering the operational area and offices may report to his or her supervisor for a voluntary alcohol breathalyser or drug screening test.
- 10.2 Should any person test positive after submitting to a voluntary test as contemplated in terms of 10.1, such person will not be allowed to enter the workplace for that shift and will be required to take one days leave;
- 10.3 Should a person repeatedly(3x times per annum) report for voluntary testing as contemplated in 10.1 and repeatedly test positive, management reserves the right to implement disciplinary action.
- 10.4 Should a person report for voluntary testing as contemplated in 10.1 and the test result be greater than 0.02mg/100ml such person will be deemed to have intentionally come to work under the influence and will be subject to disciplinary action.

11. ACTION TO BE FOLLOWED IN THE CASE OF POSITIVE TEST RESULTS

- 11.1 Should the test result indicate that the person is under the influence of alcohol such person will be refused entry to the premises. The breathalyser or drug screening test shall be carried out in the presence of the Authorised Official.
- 11.2 The person appearing to be under the influence shall be informed that he or she is entitled to request the presence of a representative who is on duty at the time when the test is required to be carried out and, if required, such representative shall be called and shall attend the testing procedure.
- 11.3 If the requested representative is not available another representative may be nominated. However, should no representative be available, the test will be carried out without a representative being present. Should a representative not be available, a second authorised official shall attend the testing.
- 11.4 Should the test indicate a result of greater than 0.00mg/100ml or positive as per drug test, whether voluntary or not, such person will be required to go home and return to work the following day. All persons who have tested positive will only be allowed to operate their private vehicle, when they are in a position to prove that the alcohol measured is below 0.05mg/100ml.
- 11.5 Any person found to be under the influence shall be disciplined in terms of CEDERBERG Disciplinary Code and Procedures and schedule two of the Local Government: Municipal System Act, Act No 32 of 2000

12. TESTING APPARATUS

- 12.1 Breathalyser is the apparatus that is used to establish the level of alcohol which is present in the system of the person who is being tested. It will indicate a level in mg/100ml.
- 12.2 The breathalyzer will be opened in the presence of the person being tested and the test procedure will be clearly explained by the authorized official.
- 12.3 Drug Testing – A normal drug testing kit will be used to establish if any person is positive for intoxicating drugs.

13. USE OF MEDICATION

- 13.1 Should any person be on medication for health reasons, it is their responsibility to establish from the Medical Practitioner or Pharmacist whether such medication could or would affect their senses, their ability to work, their health and safety or health and safety of others.

- 13.2 A person on medication that could affect the health and safety of any individual shall obtain confirmation of such effect in writing from the relevant registered Medical Practitioner or Pharmacist prior to entering the premises.
- 13.3 No person, on providing written confirmation of the risks attached to the medication they are on, shall be permitted to carry out any tasks that could be a health and safety risk to themselves or any other person.
- 13.4 It must be noted that only written confirmation from a registered Medical Practitioner or Pharmacist will be accepted as proof that any medication has an effect on the ability of an individual to work in a healthy and safe manner, before resuming of duties.
- 13.5 It is the responsibility of any individual who is on medication as contemplated in 12.1 to bring this to the attention of their Supervisor in the appropriate manner.

14. DOCUMENTATION PROCEDURE TO BE FOLLOWED

- 14.1 Should a person be under suspicion of being under the influence, the authorised official shall complete the following forms; Annexure A, B & C or D.
- 14.2 The authorised official shall require the person alleged of being under the influence to sign the form Annexure A. Should the person alleged to be under the influence of alcohol refuse to sign, a witness will be required to sign that the test has been carried out;
- 14.3 The Annexure B & C form shall be completed by all the relevant parties and the authorised official shall ensure its completion and submission to the relevant parties;
- 14.4 The Annexure D form shall be completed by a registered Medical Practitioner and the employee shall provide the completed annexure D form to the Employer.
- 14.5 If a person is tested positive for being under the influence, the authorised official shall submit an Incident Report and register the case in the substance register.

15. COUNSELING AND TREATMENT

- 15.1 CEDERBERG reserves the right to evoke disciplinary measures which may include voluntary referral for rehabilitation. The employee may follow the voluntary referral route.
- 15.2 Any offer of assistance does not exempt the employee from standard disciplinary measures.
- 15.3 If an offer of assistance is accepted by the employee he/she must:
- render full support towards assessment;
 - co-operate with recommendations of assessment;
 - take full responsibility for the following up of appointments and treatment as prescribed or deemed necessary.
- 15.4 CEDERBERG will undertake to arrange for the first period of rehabilitation, subject to evaluation by a social worker, and at an Institution determined by the social worker. Any subsequent rehabilitation there after will be arranged by the employee.
- 15.5 Treatment
- 15.5.1 The principles of treatment are:
- Referral – voluntary
 - Assessment on suitable premises
 - Counseling on and off Municipal premises;
 - Education;

ANNEXURE B

(PART 1 and PART 2 MUST BE COMPLETED)

I..... as the Authorised Official, personally observed Employee..... No..... on (date)...../...../.....20..... at (time).....

I requested him / her to undergo an Alcohol Breathalyser Test / Drug Urine Test and this was refused agreed to . The employee was offered the right of having a representative present during the testing.

The following person.....was present / no representative was present when the test was carried out.

The procedure followed was explained to the employee suspected of being under the influence.

The Alcohol Breathalyzer / Drug Test reading was recorded as mg/100ml.

The employee stated above was refused entry into the premises

Signed:..... Date:...../...../..... Time:.....
AUTHORISED OFFICIAL

Signed:..... Date:...../...../..... Time:.....
Employee

PART 2
(Delete where not applicable)

(Authorised Official):.....

The following employee No:.....Name:.....
appeared to be under the influence of an intoxicating substance to such an extent that he/she was required to undergo the relevant testing to establish as to whether he/she was fit to enter or remain on the premises to carry out his/her duties as contracted.

He/she was informed that his/her refusal would result in him/her being deemed to be under the influence and was refused entry onto the premises.

The following observations were made: Tick the option which reflects the state of the employee.

Breath Smells of Liquor	Strongly
	Faintly
	No Smell

Speech is Slurred	Yes
	No

Walking / Balance	Uncontrolled
	Slightly Un-Controlled
	Normal

Eyes Are:	Bloodshot
	Slightly Red
	Normal

Behavior	Overly Aggressive
	Overly Friendly
	Overly Sullen
	Different from Normal
	Normal

Signed: Signed:
Authorise Official Employee Representative

Signed:
Employee

Date:...../...../..... Time:.....

ANNEXURE C

CONSENT FORM FOR SUBSTANCE SCREENING

A

I,.....Employee no:..... give my consent to be tested for intoxicating substances.

Sign employee:Date:.....

Sign Authorised Official:..... Date:.....

Sign Witness:..... Date:.....

B

I,..... Employee no:..... do not give my consent to be tested for intoxicating substances.

What reason is given for his/her refusal to use the breathalyzer or drug kit?

.....
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Sign employee: Date:.....

Sign Authorised Official:..... Date:.....

Sign Witness:..... Date:.....

ANNEXURE D

TEST RESULT FORM OF BLOOD TEST

NAME & SURNAME OF EMPLOYEE	
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NAME OF MEDICAL PRACTITIONER	
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RESULT OF BLOOD TEST	TICK	
	POSITIVE	NEGATIVE

Any additional comments from Medical Practitioner:

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Signature of Medical Practitioner:.....

Date:.....