LONDON FIRE BRIGADE

Alcohol and drugs policy

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1 Introduction

1.1 The aims of this alcohol and drugs policy are to safeguard the public and employees, maintain the Brigade's standards of service delivery, and support those members of staff who are tackling alcohol and/or drug misuse. This policy stresses the Brigade's commitment to creating an environment where those employees who suffer with problems of alcohol or drug misuse are able to deal with their condition through seeking advice and treatment. The policy also outlines the action that will be taken, where required, in cases of alcohol and/or drug misuse.

1.2 It is unacceptable for any Brigade's employee to be under the influence of alcohol or drugs at work. Such employees pose unnecessary risks to themselves and to their colleagues. Further, the behaviour of those who work in safety critical roles and safety critical support roles can affect both the safety of members of the public and public confidence in the Brigade. The Brigade has legal obligations under the Health and Safety at Work Act 1974 to take reasonable steps to ensure the safety of its employees, and employees are obliged not to endanger the health or well-being of others by their acts or omissions. The very nature of the Brigade's work coupled with the dangers of working while under the influence of alcohol or drugs to both colleagues and the public are such that the Brigade is entitled to expect high standards of behaviour from its employees.

1.3 This policy applies to all Brigade employees.

1.4 This policy should be applied in line with the Brigade's values:

- Service – We put the public first.
- Courage – We step up to the challenge.
- Learning – We listen so that we can improve.
- Teamwork – We work together and include everyone.
- Equity – We treat everyone fairly according to their needs.
- Integrity – We act with honesty.

2 Standards

Alcohol

2.1 No employee should report for work with a blood alcohol concentration (BAC) level exceeding 30mg or more alcohol per 100 millilitres of blood. This equates to 13µg/100ml BrAC (breath alcohol concentration). The legal limit applicable to drinking and driving is 80mg/100ml. See the Information on alcohol as it affects you guidance on Hotwire for information on this standard.

Drugs

2.2 No employee should report for work with traces of illegal drugs in their body systems. The Brigade has zero tolerance of illegal drug consumption.

3 Responsibilities

Individual responsibilities

3.1 All personnel have a duty to ensure that:

- They are aware of the detail and implications of this policy.

- Their performance is not impaired as a consequence of alcohol or illegal drug use.
- They adhere to the standards set out at paragraphs 3.1 and 3.2 above.
- They do not consume alcohol or illegal drugs whilst on duty (staff 'on call' may consume alcohol, but must remain below 30mg/100ml, and must not consume alcohol once mobilised). See paragraph 12.1 below and footnote.
- They advise their managers if they believe they have an alcohol or drug problem which may potentially affect their capacity to carry out their work safely and effectively.
- They advise their managers if they are taking prescribed or 'over the counter' medicines, which may potentially affect their capacity to carry out their work safely and effectively. See Appendix 2 for a non-exhaustive list of such medications.
- They comply with any advice to refrain from consuming alcohol when taking medication prescribed by a health professional or that purchased from a pharmacy.
- Where they have reasonable cause to believe that the performance of another member of the workforce is impaired by reason of alcohol or drug consumption or dependency, such concerns are brought immediately to the attention of an officer-in-charge, line manager, or outside the line management chain as appropriate. The Brigade's Policy number 0569 - Confidential reporting ("whistle blowing") will apply.

Management responsibilities

3.2 Management will as far as is reasonably practicable ensure that:

- A safe working environment is provided for all employees.
- The policy is enforced and supported in a manner evident to employees.
- The policy is administered fairly and consistently to all.
- When an individual is dependent on alcohol and/or drugs, any necessary management action is taken regardless of their dependency. (Disciplinary procedures, where necessary, will take into account compliance with and response to appropriate treatment).
- The policy is communicated effectively and that employees are made aware of the policy and guidelines and adhere to relevant procedures.

4 Raising awareness

4.1 To supplement this policy the Brigade, in conjunction with the occupational health service, will provide information signposting employees to support services if they require help.

4.2 The Brigade will provide information on sources of support available for those suffering from or wanting assistance relating to alcohol or drug misuse and may from time to time promote work that will help those dealing with addiction, and raise awareness around these issues.

5 Voluntary referral

5.1 Employees suffering from alcohol or drug misuse may make contact with the Brigade's OHS or Counselling and Trauma (CTS) where the matter will be treated confidentially. However, the OHS or CTS may reveal the individual's identity to the Brigade if their alcohol or drug misuse presents a potential risk to themselves or others. In these circumstances, the OHS or the CTS will encourage the individual to inform their manager of the situation, and will give sufficient time for this, and will then make a formal report to the Brigade advising of any potential risk.

5.2 The individual's consent for disclosure will be sought at the outset, but if consent is not given, the occupational physician/nurse may pass on this information without consent if the physician/nurse considers the individual represents a risk at work. However staff will be informed that action will be taken to disclose information to relevant parties.

5.3 Details of the specific problem should remain confidential. The Brigade may have to accept that notification from the OHS may be in general terms, such as acknowledging a "health problem" without naming it, unless the individual gives their consent or the problem is already known to management.

5.4 If it is considered that an individual's alcohol or drug misuse presents a risk to themselves or others, management, following medical advice, will take any necessary management action to ensure that the individual is absent from work until it is safe to return or, temporarily redeployed to other duties that afford a safer environment, as appropriate.

5.5 The Brigade will treat in strictest confidence all dealings with individuals coming within the scope of this policy and any personal records associated with a case will only be seen on a need to know basis. Medical records will remain available only to the OHS under standard confidentiality guidelines, unless the employee consents to their disclosure.

6 Employee support

6.1 The aim will be to provide support to those with dependency problems with a view to the individual achieving a full recovery, thereby allowing a return to work to undertake full duties as appropriate to the individual's position within the organisation. Alcohol or drug misuse may develop for a variety of reasons and over a long period of time. It is further recognised that it will certainly impact on an employee's life and ability to function and carry out work safely, effectively, and without risk to themselves or others and, as far as the problem is treatable it should be considered in a similar way to other health matters. Individuals suffering from such problems are encouraged to seek help and treatment. To this end the Brigade, subject to paragraph 9.4, will provide:

- The opportunity for referral through the Brigade's OHS to appropriate treatment agencies subject to the individual's consent and agreement of the individual's own general practitioner, and for support through CTS.
- Appropriate time off work to attend such treatment as recommended.
- Recognition of those periods of treatment during working hours, as attendance at a general practitioner (GP) as with the recording in relation to any other form of ill health.
- Appropriate modification of duties in line with advice received from the Brigade's medical adviser during any period of treatment and for any agreed period thereafter, in order to fulfil the responsibilities of the Health and Safety at Work etc Act 1974 and other statutory legislation.
- Any other support considered reasonable.

7 Brigade referral to occupational health service and treatment

7.1 A manager of no less than FRS D/station commander/control commander, after consulting with the Professional Standards Unit, may refer an individual to the OHS, where management suspects alcohol or drug misuse.

7.2 When an individual is referred to the OHS, this should be followed up by a management brief, giving the background to the case. The manager should ensure the individual understands the reason for the referral.

7.3 Following the OHS appointment, the OH physician or nurse will provide a formal report to the Brigade. They may advise that no problem exists, in which case the manager will fully reassess the situation which led to the referral to determine appropriate management action.

7.4 Should the OHS advise that alcohol or drug misuse does exist, in appropriate cases, they will take the necessary action to provide support to the individual themselves, to refer the individual to their GP or to refer them directly to an external specialist provider for treatment. The occupational health physician/nurse may recommend restriction of duties or unfitness for work on health and safety grounds. In these circumstances, the OHS will arrange subsequent follow-up checks.

8 Treatment

8.1 When a programme of treatment necessitates time off work, the individual must first discuss this with their line manager, who will in consultation with the Professional Standards Unit (and after taking advice if appropriate from OHS), consider the terms on which any absence from work should be granted.

8.2 During the course of treatment, the OHS may liaise with the treatment provider or the GP to provide progress reports to management. The OHS may undertake or arrange appropriate alcohol or drug testing as part of the treatment monitoring process prior to and during the individual's rehabilitation back to work to ensure the individual is abstaining from alcohol and/or drugs.

8.3 The OHS will report to management if treatment has been successful, or if it has been discontinued, either by the treatment provider because of lack of progress, or by the individual discontinuing treatment themselves.

8.4 If following a period of treatment, or during treatment, the individual suffers a relapse, the case will be considered on its merits and, if considered appropriate, any necessary management action will be taken. The Brigade will reserve the right to apply its disciplinary, capability or attendance procedures at its discretion. The following are examples of circumstances which may lead to action under the relevant procedure:

- Poor/unsatisfactory performance or attendance.
- A relapse occurs, after encouragement and support from the Brigade to seek help.
- The employee, having come to notice as possibly suffering from alcohol or drug misuse, declines to accept referral for diagnosis and/or specialist help.
- If treatment is discontinued before its satisfactory completion, but the employee continues to display an unsatisfactory level of work performance or attendance.
- Misconduct, whether or not related to alcohol/drugs.
- Breaching a management action (rehabilitation) plan during the life of, or shortly after an action (rehabilitation) plan has ended.
- Failure to consent to testing when requested in any of the circumstances set out in the code of conduct section 11.

Note: Alcohol and drug dependency are not considered to be disabilities under the disability provisions of the Equality Act 2010.

9 Testing

9.1 A cornerstone of any alcohol and drugs policy is effective policing and enforcement. This will be achieved by the requirement for all employees (and prospective employees in the case of pre-employment screening) to provide consent and to provide samples for screening when requested to do so in the circumstances outlined in paragraphs 10.2 to 10.5 below.

9.2 Testing is a process in which a sample[1] is collected with the specific aim of determining whether alcohol or drugs may be present.

9.3 Failure to provide consent to testing will normally lead to disciplinary action.

9.4 Failure to provide consent to follow a reasonable instruction for testing e.g. failing to wash hands to avoid contamination will normally lead to disciplinary action.

10 Test categories

10.1 A programme of alcohol and drugs screening will be implemented which will incorporate the following:

10.2 **Pre-employment screening** – candidates selected for employment will be screened for alcohol and drugs. The requirements for any such screening will be included within recruitment literature as appropriate. Any candidate who refuses to be screened will not be employed. Any candidate who tests positive will not be employed.

10.3 **Routine Periodic Medicals (RPM) –** alcohol and drugs screening will form part of the required routine medical assessments of individuals.

10.4 **For cause screening** – where there is reasonable cause to believe that an individual is not adhering to the standards set out at paragraphs 2-3, such individuals will be requested to undertake an alcohol and/or drugs test. This is applicable to all occupational groups within the Brigade. Examples of circumstances where this may be appropriate are:

- Obvious signs of mental and/or physical impairment.
- Recognition by managers, supervisors or colleagues of symptoms affecting work performance.
- Irregular attendance at work/absence from place of duty.
- Following safety events (including 'near miss' incidents) where alcohol and/or drug consumption may have contributed to the event.
- Following receipt of information from the police which indicates the individual may be in breach of the Brigade's drugs and/or alcohol limits.

Where an individual external third party informs the Brigade that an employee may be in breach of the Brigade's drugs and/or alcohol limits, a for cause test will not be conducted unless there is other corroborative information, other than in exceptional circumstances, and these cases will be notified to an appropriate regional*/branch trade union official (*regional for the FBU). These cases should be discussed with a Professional Standards Adviser.

10.5 **Random testing -** The Brigade will conduct a programme of random testing of safety-critical staff, for alcohol and drugs, as determined from time to time, and consulted on with the recognised trade unions.

11 Code of conduct

11.1 Employees will normally be subject to disciplinary procedures which may lead to dismissal in accordance with Policy number 0392 - Discipline conduct procedure, if they:

- Fail an alcohol test with 30 milligrams (mg) or more per 100 millilitres (ml) of blood, or the equivalent in urine or breath.
- Fail a drugs test.

[1] The Brigade will explore alternative sampling methods such as urine, breath, and/or oral fluid.

- Refuse to take an alcohol or drugs test without good cause.
- Report or try to report for duty when unfit through alcohol and/or drugs.
- Consume alcohol or illegal drugs while on duty, or on Brigade premises whether on or off duty[2].
- Purchase or consume alcohol whilst wearing a Brigade uniform or part of the uniform sufficient to be recognised as a member of the Brigade[2]; wear a Brigade uniform or part of the uniform sufficient to be recognised as a member of the Brigade in licensed premises where the selling of alcohol is the primary purpose of the establishment (e.g. public houses, wine bars, private members clubs) irrespective of whether any alcohol is being consumed or not, unless dealing with an operational call or carrying out a programmed fire safety related activity.
- Are found to be in possession of illegal drugs at work.
- Decline or discontinue an approved course of treatment for alcohol or drugs misuse, without good cause.

11.2 If an employee tests positive for an illegal substance; and/or is above the prescribed alcohol limit; or an employee refuses to take a test, they will be deemed as 'unfit for work' and will be placed on excused attendance pending completion of the management actions outlined in Appendix 5.

11.3 In relation to alcohol, and in order for employees to be within the Brigade standard whilst at work at all times, employees will need to:

- Consume no, or very little, alcohol during unpaid meal breaks (FRS staff have unpaid meal breaks). N.B. No alcohol is to be consumed during paid meal breaks (uniformed staff have paid meal breaks).
- Consume no, or very little, alcohol during paid on-call duty. (N.B. No alcohol is to be consumed once mobilised during an on-call duty).
- Consume no, or very little, alcohol prior to reporting for work.

(See the Information on alcohol as it affects you guidance on Hotwire for further information, in particular paragraphs 6-8 for guidance on what 'very little' alcohol means).

12 Records

12.1 Please send records by email to RecordsServices@london-fire.gov.uk. Records will be kept on your electronic personal record file (e-PRF) and retained in accordance with Policy number 0788 - Electronic personal record files (e-PRF) policy. Personal data shall be processed in accordance with Policy number 351 – Data protection and privacy policy.

13 Help and support

13.1 Please contact the Professional Standards Unit on extension 31880 and by email to psu@london-fire.gov.uk or alternatively contact the HR Helpdesk on extension 89100 option 3 and by email to IT.HR@london-fire.gov.uk.

13.2 For further information and confidential advice contact the Counselling and Trauma Services on 020 8555 1200 extension 39555. For advice out of office hours, contact Control Operational Resourcing and Event (CORE) team on 020 8555 1200 extension 88111.

[2] In respect of alcohol, this policy can be relaxed for approved events, e.g. leaving and retirement parties etc. with explicit approval at Director level, where the employees in question are not returning to duty after the event.

13.3 This policy may also be available on request in other alternative accessible formats as set out in Policy number 290 – Guidance note on translation and interpretation. Please contact Communications on extension 30753 and by email to communications.team@london-fire.gov.uk to discuss your needs and options.

13.4 The Brigade invites your engagement so that it can learn so if you have a suggestion that can improve this policy then please submit your idea via the Staff Suggestion Scheme on Hotwire as set out in Policy number 887 – Staff suggestion scheme. Any changes do need to go through the agreed engagement, consultation, negotiation or governance requirements.

Appendix 1 – Guidance on prescription and over-the-counter medications

Introduction

1 Many prescription and over-the-counter (OTC) medications can cause side-effects such as drowsiness, blurred vision, dizziness, loss of coordination, inability to pay attention and slow reaction times. Performance of safety-critical tasks, operating machinery, or driving safely can therefore be compromised by these side-effects.

2 In advance of taking medication, safety-critical employees, which includes all operational staff, should therefore discuss with their GP and/or pharmacist the potential for any medication, whether prescription or OTC, to cause impairment at work. Where there is a risk of impairment, alternative medications or treatments should be sought where possible.

3 Where employees have been taking medication over a long period, abrupt withdrawal may cause harmful side effects; employees should always discuss this with their GP before stopping the medication.

4 It is accepted that there will be occasions where there is no realistic alternative to taking medication which may have the potential to impair performance. Employees taking medication that may potentially affect their capacity to carry out their work safely and effectively should report this to their line manager as soon as possible, including the date they commenced taking the medication, and the dosage. The line manager will contact the HR HelpDesk (020 8555 1200; extension 89100 option 3), and advice will be obtained from Occupational Health, including adjustments to the employee's duties which may be appropriate.

5 For watch-based staff who begin taking medication on an off-duty day, the HR HelpDesk should be notified immediately so that, if possible, OH advice can be obtained prior to the employee reporting for duty.

What kinds of medication have the potential to affect work performance?

6 Medications for a wide variety of conditions have the potential to cause side-effects that could affect work performance. Commonly, these include medications for pain, anxiety/depression/ insomnia, allergies/hayfever, colds/coughs/flu, bowel symptoms. A list of medications is provided in the table below. This is by no means an exhaustive list, and any questions should be addressed in the first instance to the employee's GP or pharmacist. Many of these medications will show up as 'non-negative' or 'positive' in Brigade drug tests.

Interactions to be considered

7 Alcohol can increase the effects of many drugs, and therefore should be avoided while taking such medication.

8 Certain drugs can interfere with others. Employees should check with their GP/pharmacist that they can safely be on drug combinations.

Class/generic name of drug	Found in/other names	Comments
1. Opiates		
Codeine	Solpadol Co-codamol Linctus (for cough)	Prescribed for pain.
Dihydrocodeine	Co-dydramol DF118	Can be combined with other analgesics, e.g. paracetamol. Also found in cough syrups.
Tramadol	Zamadol; Zydol	
Morphine	Kaolin & Morphine mixture	Used to treat diarrhoea.
2. Central Nervous System depressants (i.e. sedatives/anti-anxiety/hypnotic agents)		
Benzodiazepines:		
Diazepam Nitrazepam Temazepam Flurazepam Loprazolam Lormetazepam Alprazolam Chlordiazepoxide Lorazepam Oxazepam	Valium Mogadon; Somnite Dalmane Xanax Librium Ativan	Commonly prescribed for anxiety-related conditions, insomnia, or as muscle relaxants. Classified as either long-term or short-acting, depending on their duration of action and rate at which excreted from the body.
Non-benzodiazepine hypnotics:		
Zaleplon Zolpidem Zopliclone Buspirone Chlormethiazole	Sonata Stilnoct Zimovane Buspar Welldorm	Prescribed mainly for insomnia. Even though taken at night they can have residual daytime effects.
Barbiturates:		
Phenobarbitol Amobarbitol		Less commonly used these days.
3. Anti-depressants		
Tricyclics or related antidepressants:		
Amitriptyline Clomipramine Dusulepin Doxepin Imipramine Lofepramine Nortriptyline Trimipramine Mianserin Trazodone	 Anafranil Dothapax;Prepadine; Prothiaden Sinepin Gamanil; Feprapax; Lomont Allegron Surmontil Molipaxin	These tend to be sedating, but smaller doses (generally 25mg or less) often prescribed for insomnia, anxiety or neuropathic pain.
Other classes of antidepressant:		
Duloxetine Venlafaxine Mirtazepine Trazodone Nefazodone Fluoxetine	 Prozac	

Class/generic name of drug	Found in/other names	Comments
Sertraline Paroxetine Citalopram Escitalopram	Lutral Seroxat Cipramil	
4. Anti-psychotics/tranquilisers		
Benperidol Chlorpromazine Flupenthixol Haloperidol Prochlorperazine Perphenzine Promazine Thioridazine Sulpiride Trifluoperazine Zuclopenthixol Amisulpiride Clozapine Olanzapine Quetiapine Risperidone	Anquil Largactil Fluanxol; Depixol Dozic; Haldol; Serenace Buccastem; Stemetil Fentazin Dolmatil; Sulpor Stelazine Clopixol Solian Clozaril; Denzapine; Zaponex Zyrexa; Zyprexa Seroquel Risperdal	Not only prescribed for psychotic mental illness, but sometimes for severe anxiety or agitation, usually secondary to depression or other psychological condition. They can also be used to treat severe nausea and vomiting, and severe hiccups.
Antimania drugs:		
Lithium Carbamazepine Sodium valproate	Priadel; Camcolit; Liskonum Tegretol; Carbagen Convulex; Epilim; Orlept	Mood stabilisers or anti-epileptics.
5. Antihistamines		
Chlorphenamine/ Chlorpheniramine (hayfever) Promethazine Cyclizine Diphenhydramine Brompheniramine Clemastine Hydroxyzine Alimemazine (trimeprazine) Cinnarizine (for hayfever or nausea) Cetirizine Loratadine Fexofenadine	Piriton; Hayleve Various cough suppressants Phenergan Valoid Various cough suppressants Tavegil Atarax; Ucerax Vallergan Stugeron	Can be prescribed for allergic conditions, as cough suppressants, or for motion sickness. These are 'second/third generation' antihistamines, and are generally less sedating.
6. Miscellaneous		
Phenylephrine Ranitidine	Various cold remedies Various indigestion medications	

Appendix 2 – Alcohol and drug testing for routine periodic medicals

Introduction

1 Under the Brigade's alcohol and drugs policy, testing for alcohol and drugs will take place in respect of uniformed operational staff at all routine periodic medicals (RPM's). This testing will be undertaken by the Brigade's occupational health services (OH) provider, currently Optima Ltd.

Consent form

2 Prior to attendance at the clinic, the individual will be required to complete and sign the 'alcohol and drugs: consent to collection and testing and chain of custody form' (see Appendix 4) and provide this to the clinician. The clinician will check that the form is completed in full, and ensure it is signed and dated by the individual, who will also be required to produce a valid form of photographic identity (staff will be expected to have their London Fire Brigade (LFB) ID card available, for example). In the absence of acceptable ID, OH will seek the employee's consent to take their photograph, for subsequent validation with LFB records (see Alcohol and drugs consent to collection and testing and chain of custody form on Hotwire). If the employee refuses to give consent having failed to produce acceptable ID, this will be treated as failure to give consent to the testing process; see paragraph 4 below.

3 The Alcohol and drugs consent to collection and testing and chain of custody form provides for the individual to disclose any recent consumption of drugs or medication that may interfere with the testing procedure or produce misleading results. These drugs include those prescribed by the individual's GP/hospital doctor or could be purchased 'over the counter' at any pharmacy. If possible, the medication should be described by the pharmaceutical name on the prescription or packaging.

4 If an individual declines to provide consent, the clinician will record this on the RPM outcome form, which will be notified to the Professional Standards Unit. In this instance, provided the outcome of the RPM is that the employee is otherwise fit for duty, the employee will return to work as normal. The line manager will be notified and after confirmation with the Professional Standards Unit, take responsibility to immediately make the necessary arrangements for testing, in line with the information detailed Appendix 5 - 'guidelines for management action (refusal to take an alcohol or drugs test)'.

The testing procedures

Alcohol testing

5 Alcohol testing will involve an alcohol breath test. This will be carried out at the start of the medical, and if positive, it will be repeated at the end of the medical.

6 Individuals will be asked to provide a sample of breath by inhaling deeply and then blowing continuously and directly into the alcohol machine until the machine emits a tone indicating that the individual can stop.

7 After approximately five to twenty five seconds the measured value will be displayed. The clinician will record the result and the test is complete.

8 For the alcohol breath test, a positive test is a blood alcohol level exceeding 30mg/100ml on two attempts at least 15 minutes apart. This equates to 13µg/100ml BrAC (breath alcohol concentration). There is no requirement for further verification.

9 The reading on the alcohol machine will be verified on the Appendix 4 form' when this exceeds 30mg/100ml.

Drug testing

10 Drug testing will require the provision of a fresh sample of urine.

11 All urine samples will be handled in accordance with 'chain of custody' principles. This ensures that the individual and the Brigade are satisfied that the sample cannot be tampered with after production and prior to analysis.

12 Individuals will be asked to remove their coats/jackets etc. and asked to demonstrate that all pockets are empty. Personal possessions will be placed in a locked box, with the key retained by the individual. The possessions will be returned to the individual after the sample has been provided.

13 Individuals will then be asked to select a sealed cup, to unwrap it and take it into the toilet cubicle and produce a sample. This will be tested for temperature immediately, and also checked for possible adulteration and/or dilution with an adulteration test strip. At this stage, a normal dipstick screen of the sample will also be undertaken as part of the routine medical procedure. The sample must remain in the sight of the donor and clinician while it is tested.

14 If the temperature test indicates that the sample is not fresh, the individual will be asked to provide a further sample. If the tests indicate that the sample has been adulterated or is too dilute, the test will proceed, and the sample will be sent for confirmatory laboratory analysis.

15 The clinician will then test the sample to check the presence or otherwise of common drugs of misuse (see list below, paragraph 18), by noting the presence of test lines on the test strip of the cup. The testing process delivers an initial result in approximately 5-10 minutes. If the result is negative, and there is no indication that the sample has been adulterated or is too dilute, the sample will be discarded, and that concludes the testing process. If the result is positive and/or there is an indication that the sample has been adulterated or is too dilute, then the sample will be submitted for confirmatory laboratory analysis, and this outcome will be recorded on the Alcohol and drugs consent to collection and testing and chain of custody form. For the initial drug screen, a positive test is the absence of a test line after 5-10 minutes of development time.

16 If the sample is to be sent for confirmatory laboratory analysis, the clinician will ask the individual to select a sealed kit. This will be opened by the clinician in front of the individual. The cup containing the urine sample will be opened and the sample decanted into the two bottles provided in the kit. Each of these bottles will then be sealed by the clinician with a serial numbered tamper evident seal and the respective numbers recorded on the Appendix 4 form. Both bottles will be placed in the evidence bag and the details of the evidence bag will be recorded on the form. The clinician will detach the receipt on the evidence bag and hand this to the donor for their personal record. The clinician will make two photocopies of the form. The original will be retained by the clinician for the occupational health record, one copy will accompany the samples to the laboratory, while the remaining copy will be given to the donor. The samples will then be sent by courier to the laboratory for analysis.

17 Laboratory confirmatory analysis will be the definitive evidential test for the urine drug screen.

Substances to be tested for in drugs test

18 These will include substances known to be commonly misused, e.g.:

- Amphetamines including Methamphetamines and MDMA;
- Benzodiazepines;

- Cannabis;
- Cocaine;
- Ketamine;
- Methadone;
- Opiates;
- Tramadol.

This list may be varied as notified from time to time.

Positive results

19 Following a positive alcohol test, as confirmed by two alcohol breath tests carried out at least 15 minutes apart, and/or following an initial positive drugs screen which is not on account of prescription/over-the-counter drugs as declared by the employee, the clinician will provide the employee with a letter, advising that they should not return to operational duty, but instead should go home, and that they will be contacted by the Brigade shortly. This will be on full pay. See Appendix 8 - 'guidelines for management action' (failing a test (all)).

Procedure on receiving confirmatory analysis

20 Negative results from the laboratory will be reported to the Professional Standards Unit. The Brigade will notify the employee.

21 A positive result from the laboratory will be referred to an independent occupational health physician (the 'medical review officer' (MRO)) who will conduct a medical review of the result. The MRO may then report a negative outcome to OH, e.g. taking into account medication. The MRO may or may not wish to speak to the individual before reporting the outcome to OH. Where the MRO wishes to speak to the individual, the individual will be provided with an opportunity to speak to the MRO. OH will notify the Professional Standards Unit and the Professional Standards Unit will contact the individual accordingly. The individual will normally only have 48 hrs to contact the MRO; after this time the MRO will report the outcome to OH. Where the MRO does not wish to speak to the individual, the MRO will notify HM of the outcome directly.

22 Following receipt of the test outcome from the MRO, OH will notify the Professional Standards Unit. The Brigade will notify the individual of the outcome, and if the result is positive, see Appendix 5 - 'guidelines for management action'.

Appendix 3 – Alcohol and drug testing – 'for cause' and random testing

Introduction

1 Under the Brigade's alcohol and drugs policy, there is provision for (a) 'for cause' testing for alcohol and drugs in respect of all LFB staff; and (b) random testing for alcohol and drugs in respect of all uniformed operational staff; all control staff; and designated 'safety-critical' FRS and non-operational staff . This testing will be undertaken by an external contractor appointed for the purpose.

'For cause' testing

2 The request for a 'for cause' test shall be initiated as follows:

- For operational watch-based staff, by the officer in charge of the watch at the time.
- For day-duty and Flexible Duty (FDS) staff, by a line manager, no lower than station commander.
- For control staff, by a line manager no lower than control commander.
- For FRS staff, by a line manager, no lower than FRSE.

3 The initiating manager will telephone the Control Operational Resourcing and Event (CORE) team/Officer of the Day (OOD), providing all details including (i) name and rank/grade of initiating manager; (ii) name and rank/grade of employee to be tested; (iii) location of testing; (iv) circumstances which have led to request. See Appendix 5- alcohol and drug testing – information for managers requesting a 'for cause' test.

4 The OOD will then contact the testing company and arrange for the collection technician to be sent to the test location.

5 Staff subject to a 'for cause' test will be removed from safety-critical work pending completion of the testing process; e.g. operational watch-based staff will be taken off-the-run.

Random testing

6 LFB sites/teams/individuals will be selected at random, and the testing officer(s) will arrive on site with no, or minimum, notice. Only senior LFB managers with a need to know will be aware of random testing sites in advance. An officer-in-charge/line manager will be detailed to be in attendance, at no lower than station commander/FRS E/control commander level.

Consent

7 At test locations, the individual (s) will be provided with a donor information sheet. They will then be asked to sign a "donor consent" see the Test results and chain of custody form consent to drugs screening on Hotwire to consent to the testing process.

8 Where there is an initial positive ('non–negative') drugs screen, the sample will be sent for laboratory analysis, and the 'chain of custody' process comes into effect. The individual initials the bottle seals on the Test results and chain of custody form (consent to drugs screening) , see below paragraph 24. This is required to enable a sample which has tested non-negative to be sent for confirmatory laboratory analysis.

9 For 'for cause' testing, if an individual declines to provide signed consent on the form the officer-in-charge/line manager will instruct the individual to leave the workplace, and not to attend any

LFB premises for duty until further advised. This will be on full pay. The officer-in-charge/line manager will notify the Professional Standards Unit of the refusal. See Appendix 4 - 'guidelines for management action' (refusal to take an alcohol or drugs test).

10 For random testing, if an individual declines to provide consent and where the officer-in-charge/line manager judges that there is otherwise no indication of impairment, the individual will be permitted to remain at work until further notice. If an individual declines to provide consent, and where the officer-in-charge/line manager judges that there are, or have been, indications of impairment, the officer-in-charge/line manager will instruct the individual to leave the workplace, and not to attend any LFB premises for duty until further advised. This will be on full pay. See Appendix 4 - 'guidelines for management action' (refusal to take an alcohol or drugs test).

11 The Test results and chain of custody form (consent to drugs screening) provides for the individual to disclose any recent consumption of drugs or medication that may interfere with the testing procedure or produce misleading results. These drugs include those prescribed by the individual's general practitioner/hospital doctor, or could be purchased 'over the counter' at any pharmacy. If possible, the medication should be described by the pharmaceutical name on the prescription or packaging.

The testing procedures

12 In all circumstances, both when a 'for cause' test takes place, and when random testing is carried out, individuals will be required to be tested for both alcohol and drugs.

Alcohol testing

13 Alcohol testing will involve an alcohol breath test. This will be carried out first, and if positive, it will be repeated at least 15 minutes later.

14 Individuals will be asked to provide a sample of breath by inhaling deeply and then blowing continuously and directly into the alcohol machine until the machine emits a tone indicating that the individual can stop.

15 After approximately five to twenty five seconds the measured value will be displayed. The Collection Technician will record the result and the test is complete.

16 For the alcohol breath test, a positive test is a blood alcohol level exceeding 30mg/100ml on two attempts at least 15 minutes apart. This equates to 13µg /100ml BrAC (breath alcohol concentration). There is no requirement for further verification.

17 The reading on the alcohol machine will be recorded on a print-out.

Drug testing

18 Drug testing will require the provision of a fresh sample of urine.

19 Individuals will be asked to remove coats/jackets etc. and asked to demonstrate that all pockets are empty. Personal possessions will be placed in a bag with a security seal, and retained by the individual, who should not re-open the bag until authorised to do so by the testing officer (after the sample has been provided).

20 Individuals will then be asked to select a sealed drugs test kit, and hand it to the collection technician. The donor will then take it into the toilet cubicle and produce a sample. This will be tested for temperature immediately, and also checked for possible adulteration and/or dilution with an adulteration test strip. The sample must remain in the sight of the donor and testing officer while it is tested.

21 If the temperature test indicates that the sample is not fresh, the individual will be asked to provide a further sample. If the tests indicate that the sample has been adulterated or is too dilute, the test will proceed regardless of the result of the drug screen, and the sample will be sent for confirmatory laboratory analysis.

22 The collection technician will test the sample to check the presence or otherwise of common drugs of misuse (see list below, paragraph 26), by noting the presence of test lines on the test strip of the cup. The testing process delivers an initial result in approximately 5-10 minutes. If the result is negative, and there is no indication that the sample has been adulterated or is too dilute, then the sample will be discarded, and that concludes the testing process. If the result is non-negative and/or there is an indication that the sample has been adulterated or is too dilute, the sample will be submitted for confirmatory laboratory analysis. For the initial drug screen, a non-negative test is the absence of a test line after 5-10 minutes of development time.

23 If the sample is to be sent for confirmatory laboratory analysis, the individual is required to sign the 'Donor Consent' box on the chain of custody form (Test results and chain of custody form consent to drugs screening). Medication/drugs recently consumed, should be recorded on this form ('current and recent medication' box). The individual will be given one copy of the completed form. The testing officer will ask the individual to select a sealed kit. This will be opened by the testing officer in front of the individual. The cup containing the urine sample will be opened and the sample decanted into the two bottles provided in the kit. Each of these bottles will then be sealed by the collection technician. Serial numbered tamper evident seals are placed on the sealed pots. A chain of custody label is then placed on each part of the chain of custody form. The individual will be required to sign the bottle seals. Both bottles will be placed in the evidence bag. The samples will then be sent to the laboratory for analysis.

24 Laboratory confirmatory analysis will be the definitive evidential test for the urine drug screen.

Substances to be tested for in drugs test

25 These will include substances known to be commonly misused, e.g.:

- Amphetamines including Methamphetamines and MDMA;
- Benzodiazepines;
- Cannabis;
- Cocaine;
- Ketamine;
- Methadone
- Opiates;
- Tramadol.

This list may be varied, as notified from time to time.

Positive results ('non-negative' for drugs)

26 The collection technician will inform the individual and officer-in-charge/line manager of all initial results. Following a positive alcohol test as confirmed by two alcohol breath tests carried out at least 15 minutes apart, and/or following an initial positive ('non negative') drugs screen, the officer-in-charge/line manager will instruct the individual to leave the workplace, and not to attend any LFB premises for duty until further advised. This will be on full pay; see Appendix 7 - 'guidelines for management action' (failing a test (all)). Positive ('non-negative') results of the initial drugs screen, are recorded on the test results and chain of custody form, Appendix 6.

Procedure on receiving laboratory analysis

27 A negative result from the laboratory will be reported to the Professional Standards Unit. The Brigade will notify the employee.

28 A positive result from the laboratory will be referred to an independent occupational health physician (the 'Medical Review Officer (MRO)') who will conduct a medical review of the result. The MRO may then report a negative outcome to the appointed external testing contractor, e.g. taking into account medication. The MRO may wish to speak to the individual before reporting the outcome to the appointed external testing contractor, and in this case, before any positive outcome is reported to the appointed external testing contractor, the individual will be provided with an opportunity to speak to the MRO. Where the MRO wishes to speak to the individual, the appointed external testing contractor will notify the Professional Standards Unit, and the Brigade will contact the individual accordingly. The individual will normally only have 48 hrs to contact the MRO; after this time the MRO will report the outcome to the appointed external testing contractor.

29 The appointed external testing contractor will then notify the Professional Standards Unit of the test outcome. The Brigade will notify the individual of the outcome, and if the result is positive, see Appendix 5 - 'guidelines for management action'.

Note: The appointed external testing contractor may change forms and procedures to reflect developments in best practice. Changes will be notified to the representative bodies.

Appendix 4 - Guidelines for management action in respect of (1) refusal to take a test; and (2) failing a test

Under the Brigade's alcohol and drugs policy, the following are potentially disciplinary offences:

1 Refusal to take an alcohol or drugs test; and

2 Failing an alcohol test with more than 30 milligrams (mg) per 100 millilitres (ml) of blood, or the equivalent in urine or breath; and/or failing a drugs test.

In addition, where an employee fails an alcohol or drugs test, or there is otherwise reasonable cause to believe an on-duty employee is exceeding the policy alcohol and/or drug limits, issues of work/individual safety arise in terms of their continued attendance at work.

This document provides general guidelines for management action in the above two situations, however every case will dealt with individually on its merits.

1. Refusal to take an alcohol or drugs test

(a) Random testing/RPM testing.

- Where an employee refuses to take a test, then (i) If there is otherwise no indication of impairment, the employee will be permitted to remain at work until further notice. The case will be treated as a potential breach of conduct, and if a disciplinary award is the outcome, it is likely that a 'for cause' test will follow subsequently. (ii) If there is otherwise an indication of impairment, then similar action will follow as 1(b) below.

(b) 'For cause'

- Where an employee refuses to take a test, the employee will be sent home and advised to report for work on their next duty day/shift (for operational staff, this will be on light duties). A 'for cause' test will then be conducted on the employee's return to work. (i) If the employee again refuses to take a test, the employee will be sent home and suspended until the conclusion of a disciplinary process. (ii) If the employee takes a test, and this is negative, the employee will resume work as normal, and the original refusal will be treated as a potential breach of conduct. (iii) If the employee takes a test, and this is positive, see section (2) below.

2. Failing a test (all)

(a) Alcohol only

- Where an employee fails an alcohol test (only), the employee will be sent home and advised to report for work on their next duty day/shift (for operational staff, this will be on light duties). A 'for cause' test will then be conducted on the employee's return to work. (i) If the test is negative, the employee will resume work as normal, and the case will be treated as a potential breach of conduct. (ii) If the test is positive a second time, they will be sent home and suspended; this may be until the conclusion of the subsequent disciplinary process.

(b) Drugs only; or both drugs and alcohol

- Where there is a positive drugs test at an RPM and the initial screen (a) indicates this is on account of prescription/over-the-counter drugs; and (b) is consistent with medication declared by the employee on the consent form; OHS will provide advice as to whether or not the employee can continue at work on full/light duties. In any event, the sample will be subject to laboratory testing and OHS advice will be updated when the laboratory results are received.

- Otherwise, where there is an initial positive drugs screen, the employee will be sent home and advised they will be contacted as soon as the laboratory results are known (should be within 48-72 hours). (i) If the laboratory results are negative, the employee will return to work as normal (unless the alcohol test was positive, in which case see 2(a) above). (ii) If the laboratory results are positive (in respect of illicit drugs), the employee will remain at home and be suspended. This will normally be until the conclusion of the subsequent disciplinary process. (iii) If the laboratory results are positive in respect of prescription/over-the-counter drugs only, further advice will be sought from OHS before determining management action.

3. Status of employees who are sent home

(a) Employees who are sent home under these guidelines will remain on full pay. They should be shown on Stars as 'incomplete' (I) for the remainder of the duty day/shift, and 'excused attendance' (EA) for full days/shifts pending the receipt of the laboratory results.

(b) Where an employee fails an alcohol test and is in excess of the drink-drive limit (80mg of alcohol/100ml of blood), then if they have driven to work, they should be instructed not to drive home.

If necessary, managers should seek advice from People Services.

Appendix 5 – Alcohol and drug testing – information for managers requesting a 'for cause' test

1 Requesting a test

The Brigade's acceptable alcohol limit is 30 mg/100 ml or less of blood. This equates to 13µg (microgrammes)/100ml or less of breath alcohol concentration (BrAC).

The Brigade has zero tolerance of illegal drug consumption.

A manager will request a 'for cause' test when they have a reasonable belief that an employee is in breach of the Brigade's acceptable alcohol and/or drugs limits. Pending the 'for cause' test, the employee will be removed from safety-critical work. For uniformed operational staff, this means the employee will be taken 'off the run'.

The request for a 'for cause' test shall be initiated as follows:

- For operational watch-based staff*, by the officer in charge of the watch at the time.
- For day-duty and flexible duty (FDS) staff, by a line manager, no lower than station commander.
- For control staff, by a line manager no lower than control commander.
- For FRS staff, by a line manager, no lower than FRSE.

To request a test, the manager will ring the Control Operational Resourcing and Event (CORE) team on extension 88111 and ask for the Officer of the Day. The following information should be provided to the OOD/CORE team:

- The name and role of the manager requesting a 'for cause' test.
- The telephone contact details of the manager requesting a 'for cause' test.
- The name, role and pay number of the employee(s) to be tested.
- The full address, including postcode, where the testing is to be conducted.
- The location point at the site where the testing contractor (the 'Collection Technician'') should report to. (This should be a safe and clearly identifiable venue, and the Collection Technician must be escorted from this point onwards.)
- A named point of contact and contact number for the Collection Technician to call upon arrival at the location point.
- A brief indication of any access problems to the site, e.g. car parking, obscured access, gatehouse controls.
- The circumstances which have led to the request.

The OOD will then contact the testing contractor (Matrix Diagnostics) and arrange for a collection technician to be sent to the location. The collection technician should arrive within 2 hours, but this may be longer if there are adverse weather or travel conditions.

The manager should make a note of the time of the request to the CORE team and should subsequently make a note of the time of arrival of the collection technician.

*Out of office hours for station based staff, the officer in charge of the watch should contact Control to request the Officer of the day is paged, and then follow the same procedures laid out above.

2 Awaiting the arrival of the collection technician

Pending the arrival of the Matrix Diagnostics collection technician, the manager should do the following:

- Conduct the employee to be tested to a suitable waiting area and arrange for them to be continually supervised either by the manager, or another non-involved third party.
- Provide medical attention.

Non-alcoholic drinks and other refreshments can be supplied. Ideally these should come from an identifiable third party source (e.g. a machine) rather than, for example, individual lunch boxes.

If the employee needs to use the toilet, *and it is likely to be some time before the collecting officer is expected to arrive*, a check should be conducted to ensure there is no one in the toilet area before allowing the employee normal privacy. This is to prevent any inference that the employee was in some way able to interfere with the normal testing process. **Common sense should prevail.** Keeping a note of food, drink and medicines consumed, and other actions, may prevent later arguments about unnecessary restrictions.

3 Facilities that will be required by the collection technician

The Matrix Diagnostics collection technician will require the following facilities on site:

- Access to a toilet (for urine collection).
- An area where a private conversation will not be overheard.

The manager should therefore ensure that these facilities will be available when the collection technician arrives.

If the employee requests a witness to the testing process, this should be allowed. The witness should be available at the location where the testing is taking place, as the test should not be delayed on account of witness attendance. Otherwise no third party, other than the manager, should be present during the testing process unless specifically requested by the collection technician.

4 When the collection technician arrives

When the collection technician arrives on site, the manager will need to do the following:

- Record the time of arrival, of the collection technician.
- Identify themselves as the contact manager.
- Check the identification of the collection technician. The collection technician will be carrying an identity pass.
- Accompany the collection technician to the employee(s), who should be waiting in a private area.
- Provide the name(s) of the employee(s) to be tested to the collection technician, and formally identify the employee(s) to the collection technician.
- Witness the alcohol breath meter calibration test.
- Witness the second breath test, if one is necessary (it will be necessary if the first test is positive).
- Answer any queries and deal with any problems encountered outside the collection technician's control.
- Sign off the collection technician's call out form and timesheet.

5 Action following test outcomes

If both the alcohol and drugs tests are negative, the employee(s) will resume normal working.

If the employee declines to give consent for the testing process, the manager should send the employee home, and instruct them to report for work on their next duty day/shift (for uniformed operational staff this will be on light duties). The manager should then contact the CORE team, and ask them to arrange for a further 'for cause' test to be conducted on the employee as soon as possible after the commencement of the next duty day/shift.

If the alcohol test is positive, but the drugs test is negative, the manager should send the employee home, and instruct them to report for work on their next duty day/shift (for operational staff this will be on light duties). The manager should then contact the CORE team, and ask them to arrange for a further 'for cause' test (alcohol only) to be conducted on the employee as soon as possible after the commencement of the next duty day/shift.

(Where an alcohol test is positive, and the employee is in excess of the drink/drive limit [80mg/100 ml of blood], the manager should instruct the employee not to drive home.)

If the drugs test is positive, whether or not the alcohol test is positive, the manager should send the employee home, and advise them that they will be contacted as soon as the laboratory results are known (this should be within 48-72 hours). The employee should stay off work until they are contacted.

(In cases where it is suspected that the employee has an alcohol and/or drugs dependency problem, welfare support is available, see sections 6-9 of this policy.)

6 Provision of information to People Services

As soon as practicable after the conclusion of the testing process and initial management action, the following information should be e-mailed to the Professional Standards Unit:

- The name of the manager who requested the 'for cause' test.
- The name and pay number of the employee(s) subject to the testing.
- The reason for requesting the test.
- The location of the test.
- The date and time of the call to the CORE team to request the test.
- The time of arrival of the collection technician.
- The outcome of the testing process (i.e. positive or negative) for (a) alcohol test, and (b) drugs test. (Refusal to give consent should be recorded, if applicable).
- Subsequent management action.
- Whether or not a subsequent test has been ordered (this should arise in cases of either (a) refusal to give consent; or (b) positive alcohol test only).
- Other any relevant information (e.g. problems/issues arising).

Further advice is available from the HR HelpDesk on extension 89100. There is also an out-of-hours People Services rota; the CORE team have the contact details.

Document history

Assessments

An equality, sustainability or health, safety and welfare impact assessment and/or a risk assessment was last completed on:

EIA	26/04/2024	SDIA	25/02/2025	HSWIA	25/02/2025	RA	N/A

Audit trail

Listed below is a brief audit trail, detailing amendments made to this policy/procedure.

Page/para nos.	Brief description of change	Date
Throughout	Professional Standards Unit, Occupational health, external contractor testing provider and substances tested details updated.	02/04/2025
Page 1	Policy ownership changed to Head of Professional Standards Unit.	04/04/2025
Throughout	References to RMC changed to CORE team.	24/07/2025
Page 25	SDIA and HSWIA dates updated.	26/02/2026

Subject list

You can find this policy under the following subjects.

Alcohol	Workplace regulations
Drugs	

Freedom of Information Act exemptions

This policy/procedure has been securely marked due to:

Considered by: (responsible work team)	**FOIA exemption**	**Security marking classification**