Readiness For Work

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# Why?

We have a duty of care to our employees. Occupational Health and Safety Act 2004 (OH&S Act 2004) requires:

“an employer to provide and maintain a working environment that is safe and without risks to health where employees are encouraged to take reasonable care for their own health and that of others”

Aiming to deliver on our safety objectives and to create a culture where we are committed to our principle of:

“No Harm – we are uncompromising in our commitment to the health and safety of our people and the public we interact with”.

The initial goal was to:

* develop a policy to prevent and reduce harm associated with people being impaired by drugs or alcohol at work.
* develop strategies to assist in education and support.
* manage breaches of the policy.
* Its important to note that whilst the initial focus was on drugs and alcohol, upon further research it was agreed that there were other important factors which can contribute to the health and wellbeing of employees i.e. fatigue and fitness for work.

# How?

Safety Manager, HR and Team Development Manager were asked to investigate and draft a report indicating considerations that would need to be taken into account if WGF were to implement a drugs and alcohol policy.

The report was completed and presented to the management team for review in May, June 2007. Agreement was reached that a draft policy / procedure be established for further review.

# Initial discussions regarding content were held with:

* WGF parent organisations - HR and OHS representatives.
* VicRoads OHS representative.
* Baulderstone ‘Return to Work Coordinator’.
* WGF Safety Team.
* Thiess Corporate Group (managing similar process across Thiess).
* Thiess Management currently managing a mining project
* Orica Chemical Services HR Manager (implemented a similar policy/ procedure).
* AWU
* CFMEU
* Representatives of WGF Subcontractors.

# Reference Sources

The following documents and reference material were reviewed for applicability in developing the WGF document:

* Orica Chemical Services Group, ‘Workplace Drug and Alcohol Policy and Operating Procedures’.
* Boral Australian Construction Materials (Vic/Tas) ‘Readiness for Work Policy’.
* Thiess mining projects - ‘Procedures / Policies’.
* Yallourn Mine Alliance - ‘Drug and Alcohol Policy’.
* Tiwest Joint Venture - ‘Fitness for Work’.
* Railcorp case - Dismissal -breach of ‘Railcorp Drugs and Alcohol policy’.
* WMC Resources website.
* Worksafe website.
* Parent organisation procedures / policies (where applicable).
* Safety related websites.

First draft procedure completed July / August 2007.

Further consultation with AWU- minor changes made and go ahead given. Consultation with parent organisations HR and OHS Managers for agreement on content (minimal changes).

# Draft procedure presented to the management team in late November, 2007.

# Discussions centred on a number of key points including:

* Should the policy apply to all team members across the project or only to those working on construction sites?
* The aim of the policy should be around engagement, prevention, education, counselling and rehabilitation rather than trying to police.
* Ensuring we are fair, consistent and transparent for all.
* How do we roll out the procedure i.e. new and existing team members; subcontractors, day labour hire, short term visitors, longer term visitors?
* What sort of an education process are we going to adopt?
* How do we work with the union to ensure we achieve a successful outcome?
* How / when will we conduct testing?
* What will the consumption limits be?
* How do we manage financial costs, positive test results?
* Who is responsible for managing the procedure?

# Key Components

* Education and training
* Fatigue management
* Fitness for work
* Drugs and alcohol:
  + Responsible serving of alcohol
  + Supervisor / team member’s responsibilities
  + Self assessment
  + For cause testing
  + Accidents and incidents
  + Pre-employment testing
  + Existing team member testing
  + Announced testing
  + Alcohol and drug screening devices
  + Prescription and over the counter medication
* Employee Assistance Providers
* Return to work
* Disciplinary action
* Confidentiality
* Smoking

# Rollout

Copies of the document were provided to all Team members – December 2007 to January 2008.

Procedure rolled out to each team separately starting with the Design Team.

Team members were advised that everyone would have to be tested across the project with 1 months notice given. Team members were advised that they may elect not to be tested, if they chose this option or tested positive - they were to return to their parent organisation.

# Some feedback and concerns included:

Invasiveness of testing

Imposition on lunchtime social activities – no alcohol

Privacy issues

What happens with the results

What are the cut off levels for drugs and alcohol

How comprehensive is the testing i.e. will it only show recent intake or how far in the past?

Design staff felt they were not at risk; hence the procedure should not apply and they were not consulted or informed prior to joining the project.

Many had not had to go through testing before on any other project. Why now

Is zero alcohol reasonable when you can drive a car with .05 alcohol reading?

As a result of feedback a recommendation was made to the Management Team to change the testing procedure for existing team members from urine testing to DrugWipe and breathalyser. Recommendation was endorsed. It was agreed that we maintain the zero tolerance for alcohol.

Limited resistance from most areas other than the Design Team, however the change in the procedure for existing team members was positively received.

Where there were further issues raised these were addressed in group discussions or directly in one on one discussions.

Where applicable, contracts include a section on Readiness for Work requirements. The procedure is discussed and a copy provided.

Initially a number of subcontractors contacted the HR and Team Development Manager regarding the procedure however there was a great deal of support rather than a negative response from this group.

Reference to Readiness for Work included in our EBA

Readiness for work requirements discussed at interview and reinforced in induction.

Training sessions conducted for managers and supervisors in how to recognise team members who might be affected by alcohol and / or drugs – February / March 2008.

# Testing devices

* DrugWipe 5+ - based on ease of use and device used by Police in Vic – (cost $50 per device).
* Lion SD400 Breathalyser- for ease of use and accuracy of readings; cost approx $400, recalibration required yearly; straws also required – minimal cost.

# Testing providers

Testing for new team members including sub-contractors and labour hire - Bridge Street Clinic and Health for Industries based on convenience; level of service and costing.

Announced / for cause testing - Melbourne Pathology – only organisation willing to use DrugWipe and breathalyser unit on site and able to conduct further testing on site / their offices at night / during the day if required. The selected testing providers were assessed as adhering to the Australian Standards.

* Training in the use of the drug wipes and breathalyser units also conducted across the project – February / March 2008
* Testing for the existing team – February / March 2008
* Announced testing conducted in August 2008
* Review of announced testing process conducted in early September 2008

At WGF the HR team rolled the process out with support from the Safety Team however once role out was completed it was agreed that initial testing for new team members remain the responsibility of the HR team and ongoing monitoring / testing be transferred to the Safety Team.

# Lessons learnt

* Consider implementation of such a policy / procedure prior to mobilisation of the team
* Ensure all team members are informed during interview / prior to mobilisation by all involved i.e. designers; construction; clients; sub-contractors; labour hire etc
* Need a dedicated resource (with support) to drive and take responsibility for writing policy / procedure; consultation process; training, roll out and ongoing monitoring – don’t drop the ball once implemented
* Testing providers to be sourced and contracts organised early on – invoices should be monitored and checked against records
* Ongoing consultation with the OH&S Manger from the Union early on proved to be beneficial – some good ideas provided and no issues have resulted as yet
* Ensure an extensive consultation process is planned and carried out including representatives from parent organisations
* Provide and display supportive documentation across all sites i.e. posters; handouts etc
* Ensure signage visible prior to entering offices; sites etc regarding alcohol and drug free zones – short message
* When setting up sites ensure a space is established for self testing facilities before people actually come into the site and actively promote self testing
* Be careful how you sell the procedure / policy – it has to be about caring about our people and looking out for their health and safety not we are not the police
* Include reference to Readiness for Work in discussions (and contracts) with sub-contractors etc prior to the signing off of contracts – ensure business team / contract managers are aware of content – perhaps provide a one page overview
* Suggest that organisations pay for positive test results for proposed team members.
* Results should be captured and stored with limited access for negative and positive results.
* Ensuring that new team members are tested prior to attending induction has been successful.
* Random checks on site for access cards also assists the process.
* We have ad adopted a policy across the project where all visitors who are on the project for more than 1 day in total must be tested. Attendance at induction is also compulsory. This strategy has been positive – Delivery Managers and the Project Manager are the only authority that may change the policy in exceptional circumstances .
* Ensure training is provided to new managers / supervisors so they are aware of the procedure and requirements of them.
* Make the procedure / policy easily accessible for all (including crib sheds)
* Manage the announced testing carefully – have testing providers ready to go and decide how / when you are going to test people – we have adopted a transparent process; limited people should know the date / time of testing. Ensure notice period is defined in the procedure.
* Establish a form for people to sign off that they agree to the testing conducted
* Take breathalyser units to all project related functions – encourage people to use them and test before leaving if they are planning to drive – also have cab charges available just in case
* Suggest that an observable impairment assessment checklist (or something similar) is established as a guide for managers / supervisors
* Suggest that the volume sensitivities for drugs is included as an attachment to the procedure and provided and discussed with team members
* Suggest that details regarding the operation of testing devices also be included and provided / discussed with team members