

Policy Statement

[Provided below is a draft example. Please update with details specific to your policy]

The alcohol and other drugs policy clause for prescription and over the counter drugs and self-disclosure states:

At all times it is the personal responsibility of the Employee to ensure that they are fully fit for work and that any medication they are taking does not impact their fitness for work.

Employees' who are required to take medications, such as over the counter medications or prescription drugs that may impact their ability to safely perform their role are required to notify their manager or Supervisor. An Employee may also be required to seek a Fitness for Work clearance from their treating medical practitioner to confirm that they are medically fit to perform their role while taking the medication.

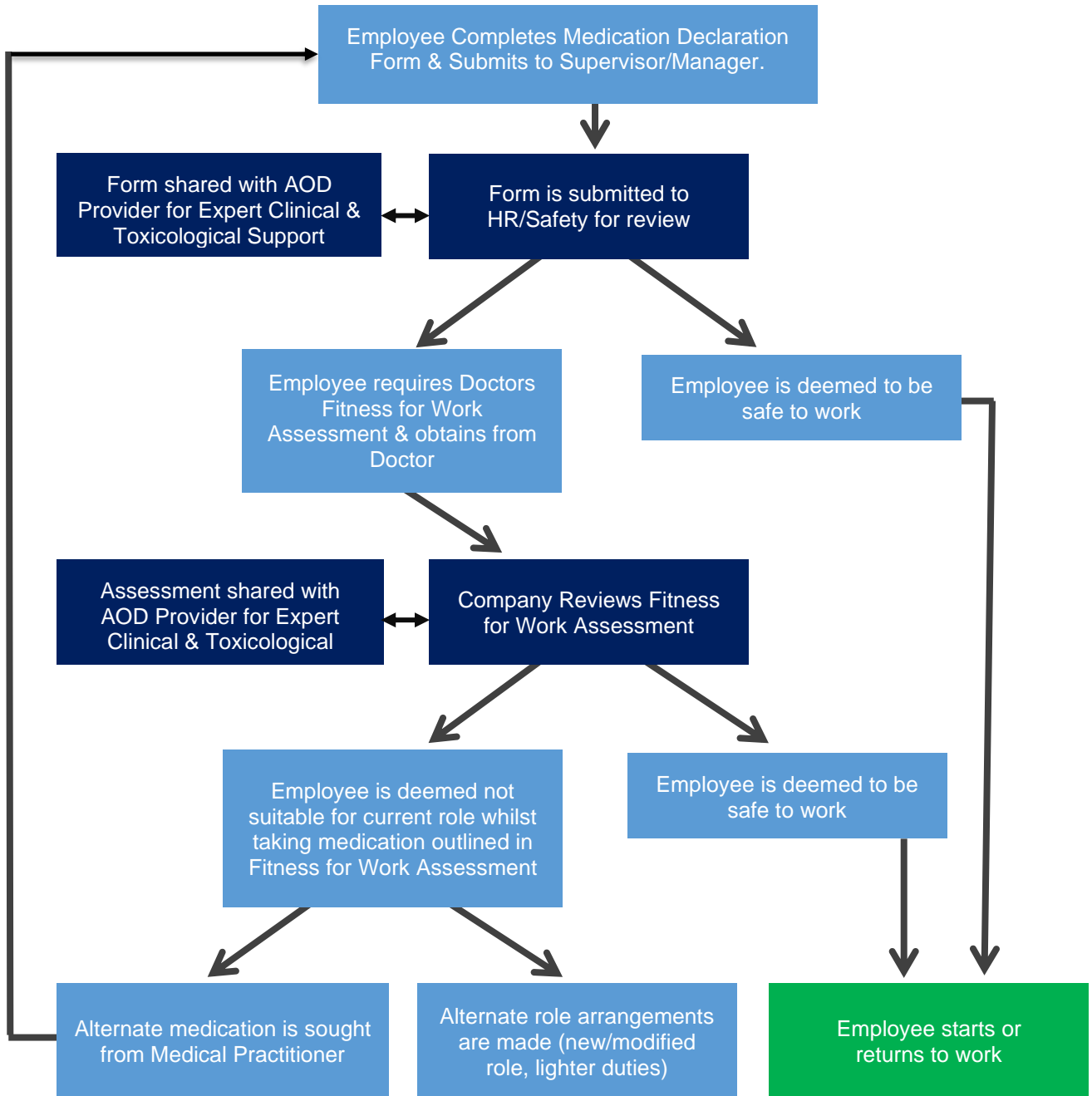
Responsibilities

When a medical practitioner, pharmacist and/or health care professional prescribes a prescription or over the counter medication it is the workers responsibility to:

- Advise the medical practitioner, pharmacist or health care professional of the type of work they do at the time of obtaining the prescription or medications and obtain relevant information about the possible side effects and whether the drug could affect their ability to safely perform his or her job task.
- Whether the drug may register on a drug test.
- Inform their Supervisor or HR prior to commencing work if:
 - The over the medication or prescription drug may impair their ability to safely perform their role i.e. drugs that warn of drowsiness or caution regarding the operation of a motor vehicle or machinery or
 - May create an actual or potential threat of harm to the individual or others.
- In the above cases it is a requirement for the employee to complete the medication declaration form and have their doctor complete the fitness for work certificate.
- The employee may be stood down with pay while the declaration & certificate are assessed.
- It is a requirement that a copy of the original script be included to validate the information provided. Please note, this would require the patients consent.
- Where the employee is taking over the counter medication, they must provide the type and dosage being taken.
- It is not a requirement to disclose the purpose of the medication. Information regarding an employees use of medications and drugs and any other information provide by appropriate medical professionals will be kept strictly confidential and will only be disclosed in accordance with all applicable laws and regulations.
- If an employee returns a positive laboratory drug test result & has not completed the Medication Declaration process or provided a Medication Declaration on the drug test chain of custody form, they will be required to have their doctor complete a 'Non-negative drug test result fitness for work certificate'. This process includes the doctor verifying that the laboratory test result is consistent with the medication prescribed.
- As the Medication Declaration is part of policy, employees who do not complete this process will be dealt with in accordance with the 'Breaches of this Policy' section of the Drugs & Alcohol Policy.

Workflow

This workflow is to be utilised for Employee Medication Declarations:



Medication Declaration Form

This form is to be completed by the employee to disclose prescription or over the counter medication that may affect their ability to safely perform their role. The Supervisor/Manager is to record the completed form to the AOD Employee Disclosure Log and provide to HR.

Section 1 - Employee Details	
Name:	
Staff Number:	
Date Advised:	

Section 2 – Medication Details	
Name of the Medication being taken:	
Is the medication prescribed or an over the counter medication?	
Dosage of the medication taken:	
Commencement date of medication being taken:	
Completion date of the medication being taken:	
Does the medication impact your ability to safely perform your role?	
Have you completed the Fitness for Work assessment from a medical provider, confirming that you can safely perform your role? <i>If yes please attach a copy to this form.</i>	

Section 3 – Declaration	
I declare that the above is true and accurate and I will co-operate if further clarification is required:	
Employee Name:	
Signature:	
Date:	
Supervisor / Manager Name:	
Signature:	
Date:	

Fitness For Work Certificate

I Dr..... acting as the registered medical practitioner for the patient

Mr/Mrs/Ms and hereby state that on (insert date);

I prescribed the following medication in the following quantities;

Medication:

Dosage:

Directions for use:

.....

.....

I also hereby state that the patient is safe to work in a safety sensitive environment, including the following duties:

(Write the Employees Job duties in a list or attach employees role description)

Name

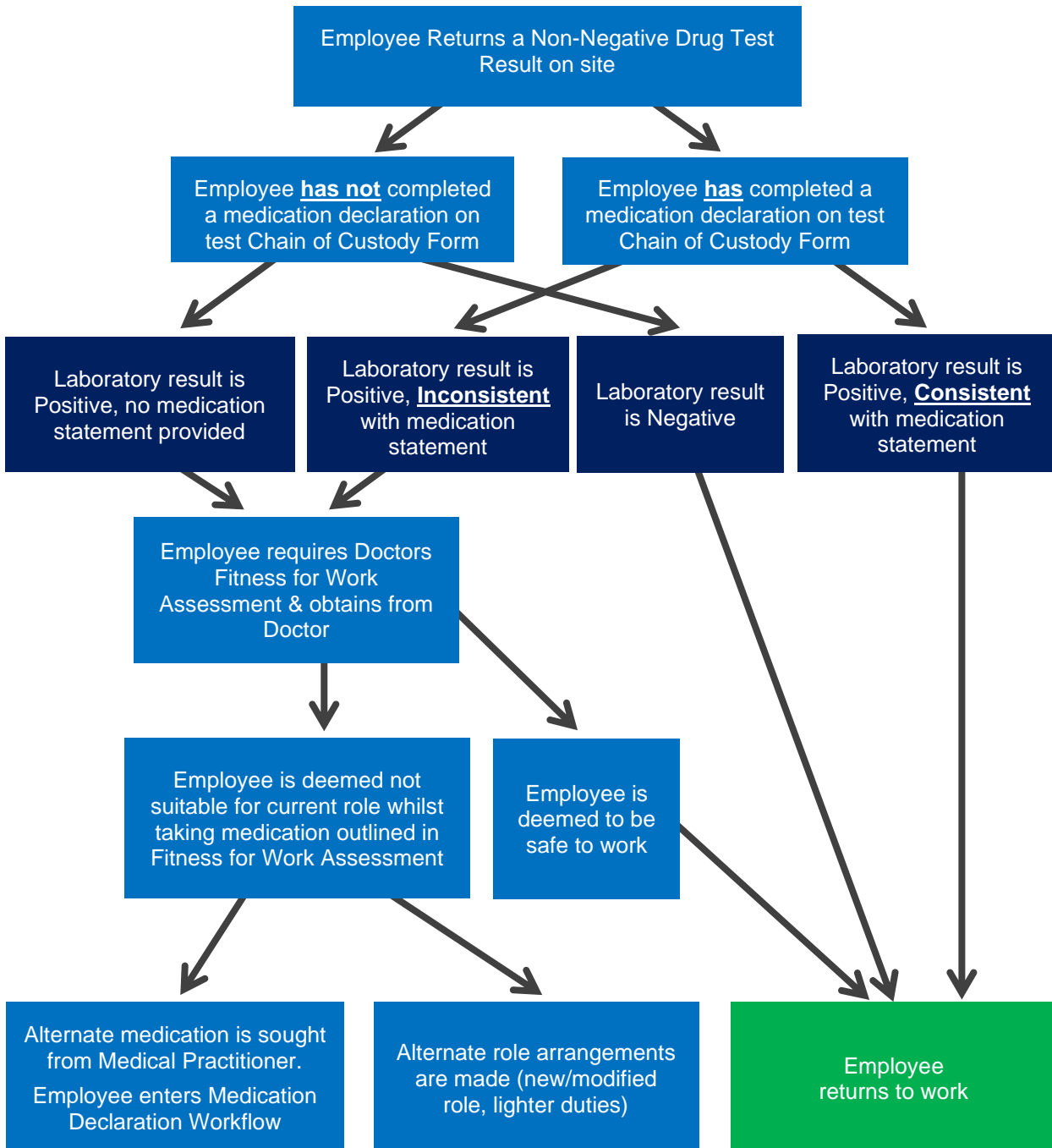
Signed Dated...../...../.....

Contact Phone Number

Stamp:

Workflow

This workflow is to be utilised for onsite non-negative drug test detections:



Non-Negative Drug Test Result Without Medication Declaration

When an onsite drug test provides a non-negative result, the donor will be stood down pending laboratory confirmation.

On receipt of a positive laboratory report the employee will be required, if this has not previously been provided, to obtain a letter/medical certificate from their doctor stating that the drug substance and level detected in the report is consistent with the medication prescribed to the donor and stating that they are safe to carry out their normal duties at work.

Non-Negative Drug Test Result Fitness for Work Certificate

I Dr..... acting as the registered medical practitioner for the patient

Mr/Mrs/Ms and hereby state the drug substance and level detected in the attached Laboratory report is consistent with the medication prescribed to the patient.

I prescribed the following medication to this patient on in the following quantities;

Medication:

Dosage:

Directions for use:

.....

.....

I also hereby state that the patient is safe to work in a safety sensitive environment, including the following duties:

(Write the Employees Job duties in a list or attach employees role description)

Name

Signed Dated...../...../.....

Contact Phone Number

Stamp: