|  |
| --- |
| **Organisation Name: will be kept confidential** |
| **Question** | **Yes?** | **No?** | **Comments, don’t know or not applicable** |
| 1 Do you have a policy and/or procedure? | Yes |  | If ‘no’ please just tick the box and return the questionnaire not completed. Thank you. |
| When was your policy originally written? | it was updated 18.12.09 |
| 2 Are you able to send a copy/copies back by email with the completed questionnaire? |  |  | Yes, please see attached. |
|  |
| 3 What was the catalyst for the original Policy and Procedures? |  |  | We are unable to establish this. |
| Please tick as many as are valid, thank you. | Management concern about certain individuals? |  |  |  |
| Staff concern about certain colleagues? |  |  |  |
| An incident or accident caused by the influence of alcohol, drugs or other substances? |  |  |  |
| A new role which required – or was felt to require – clear rules? |  |  |  |
| Other – please specify |  |  |  |
|  |
| 4 How was your Policy originally written? |  |  | We are unable to establish this. |
| Please tick as many as are valid, thank you.Comments would be helpful | I/We wrote it from scratch – bearing in mind what we wanted to cover and the legal requirements. |  |  |  |
| I/We took it from elsewhere/similar organisation(s) doing a ‘find and replace’ to ensure it had our organisation’s name on it. |  |  |  |
| I/We used a template model policy from our legal advisors/a professional organisation/the HSE or similar website/a H&S advisor or consultant. |  |  |  |
| I/We negotiated it with our workforce/trade union H&S representatives. |  |  |  |
|  |
| 5 Does your Policy include the following? |  |  | It is assumed that introduction, definitions, legal requirements, policy aims, and ‘who has responsibility for what’ are covered. |
| Please tick as many as are valid, thank you. Comments would be helpful | Scope – who, and which substances the Policy covers |  |  | Please see the attached policy for this area. |
| Signs and symptoms of drug and alcohol influence, and abuse |  |  |  |
| Sources of help with substance abuse or addiction – internally and externally |  |  |  |
| Do you mention ‘zero’ tolerance – if so, how do you define and specify the meaning? |  |  |  |
| Do you differentiate between legal limits, and your own organisation’s limits? |  |  |  |
| How do you deal with substances where there are no specified legal limits? |  |  |  |
| Do you have the same ‘rules’ for everyone? |  |  |  |
|  |
| 6 When was your Policy last reviewed? | 18 December 2009 |
|  | Were many changes made as a result of the review? |  |  | We were unable to establish this information. |
| 7 Do your procedures specify when use of these substances are permitted in relation to work? |  |  | Please see attached policy for this area. |
| Please answer each of these questions if they are relevant. Thank you. | Are all workers covered regardless of their role? |  |  |  |
| Do you use risk assessments to determine acceptable levels? |  |  |  |
| If someone has a problem, how do you deal with it? |  |  |  |
| If someone is under the influence at work but doesn’t have an addiction or medical problem, how do you deal with it? |  |  |  |
| Do you divide between welfare, deterrent, dealing with issues (capability and disciplinary procedures)? |  |  |  |
| What aspects, if any, are considered ‘unfair’ about your policy scope and procedures? |  |  |  |
|  |
| 8 Do you test workers for alcohol or drugs? If yes, is this testing: | No |  | It has not been deemed necessary. |
| Please tick as many as are valid, thank you | Pre-employment? |  |  | Comments:  |
| Post incident/for cause? |  |  |
| Employee compliance? |  |  |
| Random? |  |  |
| If yes, are the samples: |  |  |  |
| Please tick as many as are valid, thank you | breathalyser |  |  | Comments: |
| saliva |  |  |
| urine |  |  |
| hair |  |  |
| blood |  |  |
| other |  |  |
| If yes, what evidence do you have that this leads to the outcomes you have set as the reason for the testing? |  |
| What do you do if someone refuses to take the test? |  |
| If a test comes back non-negative, do you always |  |  |  |
| Please tick as many as are valid, thank you | Suspend on full pay? For how long? |  |  |  |
| Retest – if so, how? |  |  |  |
| How do you deal with the possibility of false positives? |  |  |  |
| Is the testing done externally? |  |  |  |
| Is the testing done internally, by: |  |  |  |
| Please tick as many as are valid, thank you. | Managers or team leaders |  |  |  |
| HR |  |  |  |
| Health and Safety person |  |  |  |
| How frequently is the testing done? |  |
| 9 Did you implement the Policy and Procedures originally by: |  |  |  |
| Please tick as many as are valid, thank you. | Imposing it regardless, by management decision? |  |  |  |
| Putting it into new contracts? |  |  | If yes, how did you cope with having some people covered by the policy and others not? |
| Negotiating with trade unions or worker reps? |  |  |  |
| Adding it to the staff guide without negotiation? |  |  |  |
| Tell staff about it and where they could access it? |  |  |  |
| Advertise it on your intranet? |  |  |  |
| Advertise it in an internal newsletter |  |  |  |
| Through management briefing and/or team meetings? |  |  |  |
| Through training sessions? |  |  | If yes, who ran these? |
| Through drop-in sessions? |  |  | If yes, who ran these? |
| Measurement – how do you measure whether the Policy is achieving its aims? |  |
| Do you offer information and education for workers in relation to drugs, alcohol and other substances? |  |  | If yes, what kind of information? |
| Please add any further comments or advice you have based on your experiences with drug and alcohol policies | Comments: We could potentially request a test is done by our Occupational Health provider, but we do not currently have a policy in place covering this. |