

Drugs and alcohol testing

Synopsis

This document provides transport operators with the industry-agreed standard for testing safety-critical workers for drugs and alcohol. It contains requirements and guidance on drugs and alcohol policies, testing, support for staff, drugs of most significant concern and testing methods.

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Published by RSSB

Issue record

Issue	Date	Comments
One	02/12/2016	Replaces Railway Group Standard GERT8070 issue three as it could not be retained as a national safety rule and is therefore reclassified as a Rail Industry Standard.
Two	06/03/2022 [proposed]	Issue two is a complete rewrite of RIS-8070-TOM that: <ul style="list-style-type: none">a) Incorporates the contents of GEGN8570.b) Aligns the standard with the regulatory framework, other standards and medical documentation.c) Reflects changing patterns in the use of drugs in the UK and provides clarity on testing practices.

Revisions have not been marked by a vertical black line in this issue because the document has been revised throughout.

Superseded documents

The following documents are superseded, either in whole or in part as indicated:

Superseded documents	Sections superseded	Date when sections are superseded
RIS-8070-TOM issue one	All	06/03/2022 [proposed]
GEGN8570 issue two	All	06/06/2022 [proposed]

Supply

The authoritative version of this document is available at www.rssb.co.uk/railway-group-standards. Enquiries on this document can be submitted through the RSSB Customer Self-Service Portal <https://customer-portal.rssb.co.uk/>

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Part 1 Purpose and Introduction

1.1 Purpose

- 1.1.1 The Transport and Works Act 1992 (TWA) requires transport operators to exercise all due diligence, so staff who perform safety-critical tasks are not unfit to carry out work if under the influence of drugs or alcohol.
- 1.1.2 The Act also prescribes the limits of alcohol permissible in blood, breath or urine. A person could be prosecuted under the Act if found to be above those limits. The railway industry in Great Britain has agreed to stricter alcohol limits because the limits contained in the Act could still impair the performance of safety-critical tasks.
- 1.1.3 RIS-8070-TOM is the industry-agreed standard for testing safety-critical workers for drugs and alcohol. Part 2 contains requirements and good practice in developing, implementing, and reviewing a drugs and alcohol policy for staff who perform safety-critical tasks. Part 3 provides requirements and guidance to help transport operators meet their legal requirements regarding testing for drugs and alcohol contained in the TWA and the Operations and Traffic Management National Technical Specification Notice (OPE NTSN), including the stricter limits for alcohol permissible in blood, breath or urine. Finally, part 4 sets out requirements and guidance to support staff with the drugs and alcohol policy.

1.2 Application of this document

- 1.2.1 Compliance requirements and dates have not been specified because these are the subject of internal procedures or contract conditions.
- 1.2.2 If you plan to do something that does not comply with a requirement in this RIS, you can ask a Standards Committee to comment on your proposed alternative. If you want a Standards Committee to do this, please submit your deviation application form to RSSB. You can find advice and guidance on using alternative requirements on RSSB's website www.rssb.co.uk.

1.3 Health and safety responsibilities

- 1.3.1 Users of documents published by RSSB are reminded of the need to consider their own responsibilities to ensure health and safety at work and their own duties under health and safety legislation. RSSB does not warrant that compliance with all or any documents published by RSSB is sufficient in itself to ensure safe systems of work or operation or to satisfy such responsibilities or duties.

1.4 Structure of this document

- 1.4.1 This document sets out a series of requirements that are sequentially numbered. This document also sets out the rationale for the requirement, explaining why the requirement is needed and its purpose and, where relevant, guidance to support the requirement. The rationale and the guidance are prefixed by the letter 'G'.

- 1.4.2 Some subjects do not have specific requirements but the subject is addressed through guidance only and, where this is the case, it is distinguished under a heading of 'Guidance' and is prefixed by the letter 'G'.

1.5 Approval and authorisation of this document

- 1.5.1 The content of this document will be approved by the Traffic Operations and Management Standards Committee on 7 December 2021 [proposed].
- 1.5.2 This document will be authorised by RSSB on 6 February 2022 [proposed].

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Part 2 The drugs and alcohol policy

2.1 Drugs and alcohol policy

- 2.1.1 Transport operators shall have a drugs and alcohol policy that applies to all staff employed by them who perform safety-critical tasks.

Rationale

- G 2.1.2 The OPE NTSN requires transport operators to control the risk of staff working under the influence of substances that could impair their performance, such as alcohol, drugs, or psychotropic medicine. Having a drugs and alcohol policy helps to mitigate that risk. It also helps staff understand their employer's expectations and consequences for misconduct.

Guidance on the policy

- G 2.1.3 It is good practice to cover in a drugs and alcohol policy as a minimum:
- a) Why the organisation is concerned about alcohol and drug use.
 - b) The policy's scope of application.
 - c) Responsibilities for implementing the policy.
 - d) Restrictions and prohibitions on the consumption of alcohol.
 - e) Prohibitions on the use of drugs.
 - f) Restrictions on the use or abuse of any prescribed or over-the-counter medicine or other substances that could detrimentally affect work performance.
 - g) Arrangements for staff to report the use of prescribed or over-the-counter medicines as early as possible and in any event before a test is carried out.
 - h) Relationship of the policy with the Transport and Works Act 1992.
 - i) Staff safeguards, rights of appeal and confidentiality.
 - j) Help available to those with drugs or alcohol problems.
 - k) Circumstances for taking drugs and alcohol tests, including following an accident or incident that may result in a public inquiry.
 - l) Drugs and alcohol testing arrangements (including arrangements for staff managed remotely and where testing may be required rapidly, and at any time of day or night).
 - m) Test results reporting arrangements.
 - n) Implications for staff who refuse to be tested.
 - o) Circumstances in which disciplinary action will be considered.
- G 2.1.4 The Health and Safety Executive (HSE) publishes guidance developed by the Chartered Institute of Personnel and Development (CIPD) on managing drug and alcohol misuse that contains good practice on developing a drugs and alcohol policy.

Guidance on safety critical staff

- G 2.1.5 The Office of Rail and Road (ORR) publication RSP04 (2007) provides clarification on tasks regarded as being safety critical.

2.2 Policy implementation and communication with staff

- 2.2.1 Transport operators shall inform all staff affected by the drugs and alcohol policy how and when the policy applies to them and inform them of any changes to the policy.
- 2.2.2 Transport operators shall inform applicants for posts involving safety-critical tasks of the details set out in their drugs and alcohol policy.

Rationale

- G 2.2.3 Effective communication with staff is essential for the success of a drugs and alcohol policy. If the policy is not widely known, staff may not be able to comply with its terms.

Guidance

- G 2.2.4 Ways of communicating a policy include:
- a) Briefings for line managers, union officials and other key personnel;
 - b) Displaying the policy on noticeboards;
 - c) Providing copies to staff affected by the policy; and
 - d) Team briefings.
- G 2.2.5 It is good practice to communicate as a minimum:
- a) The existence and operation of the drugs and alcohol policy;
 - b) The adverse effects of drugs and alcohol;
 - c) How to seek help, support and treatment;
 - d) The disciplinary actions if the policy is breached; and
 - e) The roles and responsibilities of employees such as staff who perform safety-critical tasks and their managers.
- G 2.2.6 It is good practice for transport operators to make the testing for drugs and alcohol under the policy a condition of employment for posts involving safety-critical tasks.
-

2.3 Policy review

- 2.3.1 Transport operators shall review the effectiveness of their drugs and alcohol policy at least once every three years and rectify any deficiencies.

Rationale

- G 2.3.2 Reviewing and rectifying the drugs and alcohol policy helps prevent an increase in safety risk, keeps the policy fit for purpose and defensible should a legal case arise. It also means the policy is up to date with:
- a) Changes in the law or drug classifications;
 - b) Changes in the popularity of drugs or user behaviours;
 - c) New discoveries on the effects of drugs; and
 - d) New or better tests available that could have better sensitivity or specificity, are less intrusive, or cheaper.

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G 2.3.3 Three years is a typical review period for health and safety and employment policies.

Guidance

G 2.3.4 Data from drug and alcohol use can complement the review of the policy, including:

- a) Published research or government information;
- b) An increase in accident rates;
- c) Disciplinary cases related to drugs and alcohol;
- d) Number of employees that sought help voluntarily; and
- e) Number of drug and alcohol-related problems reported.

G 2.3.5 Accredited laboratories (see [3.9](#)) can provide advice on changing patterns of drug and alcohol use in the wider population as well as information on new drugs or drug variants that could affect the testing regime.

G 2.3.6 The aim of the review is to evaluate the policy against its purpose. The review can be supported with annual health and safety surveys and audits. Additionally, transport operators can gather information from their staff on:

- a) The clarity of the policy;
 - b) The staffs' awareness of the dangers of drug and alcohol misuse;
 - c) The ability of managers and staff who performs safety-critical tasks to meet their responsibilities; and
 - d) Whether the work environment is conducive to self-referral.
-

2.4 Policy monitoring

2.4.1 Transport operators shall monitor the results of drugs and alcohol testing.

Rationale

G 2.4.2 Monitoring the results of drugs and alcohol testing helps identify trends and patterns, which may indicate changes in risk. It also informs the effectiveness of the drugs and alcohol policy.

Guidance

G 2.4.3 None

Part 3 Tests

3.1 Workplace drug testing

Guidance on 'pre-appointment' tests

G 3.1.1 'Pre-appointment' tests are required by the OPE NTSN as part of the medical assessment of staff appointed to posts involving safety-critical tasks. Such tests occur:

- a) Before staff first undertake safety-critical tasks; and
- b) As part of a periodic age-related medical assessment.

Guidance on 'random' tests

G 3.1.2 'Random' tests are unannounced, which means the testing of staff without them having had prior notice. Where this is not possible, the period of notice is minimised so that the effectiveness of the testing programme is not undermined.

Guidance on 'periodic' tests

G 3.1.3 'Periodic' tests include pre-appointment tests, and unannounced random testing.

Guidance on 'for cause' tests

G 3.1.4 'For cause' testing is a requirement of the OPE NTSN. It occurs when there are reasonable grounds to suspect that a person:

- a) May have contributed to an accident or incident;
- b) Is under the influence of drugs and alcohol; or
- c) Is putting the safety of the operational railway at risk.

G 3.1.5 It is good practice for transport operators to document how the responsible person reached the decision to initiate or not to initiate 'for cause' testing for each member of staff. Appendix B contains a flow chart to help supports such a decision.

G 3.1.6 As the alcohol limits for the rail industry are lower than the TWA, transport operators carry out tests for drugs and alcohol even if the police have tested an individual. This is because the police may not be able to give a written confirmation of the test result.

3.2 Drugs to test for

Guidance

G 3.2.1 Transport operators determine which drugs to test for based on:

- a) Whether a reasonably practicable test exists;
- b) The likelihood of a drug or type of drug being taken; and
- c) The ability of a drug to impair work performance.

G 3.2.2 The term 'drugs' includes controlled drugs as defined by law – sometimes referred to as 'prohibited' or 'illicit' drugs or 'drugs of abuse' – and other substances that can affect a person's ability, including prescribed and over-the-counter medicines.

G 3.2.3 Accredited laboratories can advise on specific drugs to include in the testing protocol and modifications to that protocol.

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- G 3.2.4 The Office for National Statistics produces an overview of the extent and trends of illicit drug use in England and Wales every year.
- G 3.2.5 Statistical analysis of the results of drugs and alcohol testing can help determine which drugs account for a significant proportion of positive results and improve the testing protocol.
-

3.3 Confirmation of a positive test result

- 3.3.1 A Medical Review Officer shall confirm a 'positive result' after discussion with the individual tested and the accredited laboratory.
- 3.3.2 Transport operators shall treat a refusal to be tested for drugs and alcohol to be the same as if the individual had a 'positive result'.
- 3.3.3 Transport operators shall not regard as a 'positive result' the detection of medicine disclosed by an individual, providing:
- a) The medicine was disclosed before the test sample was collected; and
 - b) There is a legitimate explanation for the use and quantity of the drug that has been detected.
- 3.3.4 Transport operators shall inform the person leading an investigation of the result of any relevant test for drugs and alcohol.

Rationale

- G 3.3.5 The result of the drug testing procedure may have consequences for the future employment of the individual tested. Therefore, a discussion is necessary to establish whether there is a legitimate medical explanation for using the drug or the quantity of the drug detected.
- G 3.3.6 Gathering evidence is crucial to an investigation. The result of drugs and alcohol tests form part of the evidence and help investigators establish causes of adverse events.

Guidance

- G 3.3.7 A 'positive test' is the detection of any amount of a drug that is being tested for, in an appropriate laboratory test.
- G 3.3.8 A 'positive result' is the confirmation (after requirement [3.3.1](#) has been met) that there is no legitimate medical explanation for the use of the drug or the quantity of the drug detected.
- G 3.3.9 Doctors with specific competence in this field, known as a Medical Review Officer (MRO), manage the process of deciding whether a 'positive test' constitutes a 'positive result'. The Association of Rail Industry Occupational Physicians (ARIOPS) can offer guidance on the appropriate level of training and competence for MROs.
- G 3.3.10 The MRO works closely with the testing laboratory and the sample donor to determine whether a positive laboratory test constitutes a 'positive result'. The MRO communicates the outcome to the employer.

- G 3.3.11 A person who returns a 'positive result' at pre-appointment testing may be permitted to retake the test later if they can satisfy the result was not an indication of habitual and continuing abuse of drugs or alcohol. Habitual and continuing abuse of drugs can only be detected using hair samples.
- G 3.3.12 It is good practice for transport operators to inform donors of the drugs and alcohol test result as soon as possible.

3.4 Positive result for drugs and alcohol testing

- 3.4.1 A 'positive result' shall be confirmed when a test on an individual performing safety-critical tasks shows:
- a) The presence of drugs with no legitimate medical need for their use or the quantity of their use;
 - b) More than 29 milligrams of alcohol in 100 millilitres of blood;
 - c) More than 13 micrograms of alcohol in 100 millilitres of breath; or
 - d) More than 39 milligrams of alcohol in 100 millilitres of urine.

Rationale

- G 3.4.2 The OPE NTSN requires transport operators to apply national rules with regards to defined limits for drugs and alcohol.
- G 3.4.3 Alcohol is well recognised as a cause of impaired performance, which correlates with specific blood concentrations that form the basis of a positive test. The limits for the GB mainline railway are lower than those defined in the TWA. They are based on medical advice that alcohol above these limits can impair the performance of safety-critical tasks and increase the likelihood of errors, where sustained concentration and alertness are needed.

Guidance

- G 3.4.4 Individual transport operators may choose to adopt more restrictive levels than those in clause [3.4.1](#).
- G 3.4.5 Some controlled drugs have no legitimate medical use in any quantity.

3.5 Testing procedure

- 3.5.1 Transport operators shall collect samples for testing in a manner such that:
- a) It protects the safety, health, and dignity of those who conduct the sample collection and those whose sample is being collected;
 - b) The safety duties of those being tested are not affected;
 - c) Those being tested have the opportunity to disclose any medicine they have taken; and
 - d) The integrity of samples is safeguarded.

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Rationale

- G 3.5.2 Protecting the safety, health and dignity of individuals prevents transport operators from breaching human rights.
- G 3.5.3 Medicines may affect the test result. Individuals who declare medicines after a 'positive test' may find it very difficult to prove that its use was legitimate, which would be necessary to avoid a 'positive result' reported to the employer.
- G 3.5.4 Safeguarding the integrity of samples ensures they can be related to the correct individual, are tamper-proof, correctly labelled, securely transported to the laboratory and securely stored before analysis.

Guidance

- G 3.5.5 Some commonly eaten foods, such as poppy seeds, hemp-based products and many medicines, may result in a false positive drug test. Laboratories are aware of this and can take steps to interpret the drug test correctly. For that reason, donors are asked about foods they have eaten and all medicines they are taking. Accredited testing laboratories can advise. Appendix A provides guidance on testing individuals who eat poppy seed products or consume cannabidiol oil.
- G 3.5.6 It is good practice for transport operators to have a documented chain of custody for the collection of drugs and alcohol samples to safeguard the integrity of samples. Safeguards include escorting and supervising the individual until the sample collection is complete and obtaining from the individual:
 - a) A form of identification, such as the staff identity card; and
 - b) A signature as confirmation of identity.
- G 3.5.7 When an individual is admitted as a hospital patient, transport operators obtain permission from the doctor in charge before testing for drugs and alcohol.
- G 3.5.8 It is good practice for transport operators to have an in-house arrangement or a contract to use an external testing agency, so tests are completed within two hours, or four hours for remote locations, from call out.
- G 3.5.9 It is good practice to keep records of all testing for drugs and alcohol for at least three years from the date the test was carried out.
- G 3.5.10 The TWA mentions situations in which a police member may carry out 'for cause' testing.
- G 3.5.11 As part of the testing procedure, the donor's specimen is divided into two samples. The first sample is for the immediate test. The laboratory retains the second sample for independent testing.

3.6 Testing facilities

- 3.6.1 Transport operators shall make available suitable facilities to allow the testing for drugs and alcohol to take place.

Rationale

- G 3.6.2 Suitable facilities provide privacy and hygiene for the individual being tested, minimises the potential for sample contamination, and help maintain the integrity of the tests.

Guidance

- G 3.6.3 The selection of suitable facilities (such as toilet, wash hand basin, office) depends on the test's nature.
- G 3.6.4 Good illumination is essential for night-time testing.
-

3.7 Testing methods

Guidance

- G 3.7.1 Tests methods that meet industry needs and are suitable for testing regimes exist for more controlled drugs. Transport operators determine the most appropriate methods of testing for alcohol and drugs based on their particular operational requirements. Accredited laboratories can advise on which tests methods are appropriate.
- G 3.7.2 A breath based alcoholmeter can be used to test alcohol. However, urine alcohol testing can be used for those who may find such testing problematic, such as severe asthmatics.
- G 3.7.3 RSSB research report T133 (2004) provides information on common drug sampling and the suitability of different testing methods. It can assist transport operators in choosing suitable and cost-effective methods to fit their organisation's needs.
- G 3.7.4 RSSB research report T865 (2009) provides views on drugs to test for and the availability of tests for each drug.
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3.8 Random testing

- 3.8.1 Transport operators shall:
- a) Test a statistically valid sample of their safety-critical workers for drugs and alcohol every year;
 - b) Use a statistically valid method for the selection of candidates for random testing; and
 - c) Minimise the length of warning to the selected candidates.
 - d) Have safeguards in place so the testing activity does not compromise operational safety.

Rationale

- G 3.8.2 The TWA states that the responsible operator (or employer) is guilty of an offence if a person who performs safety-critical tasks is unfit to carry out their work due to drugs or alcohol unless the operator (or employer) exercises all due diligence to prevent it. The purpose of unannounced random testing is to deter staff who perform safety-critical tasks from drug use and alcohol misuse while performing their duties. It is an

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effective means to remove staff engaged in such use from performing safety-critical tasks.

- G 3.8.3 Testing a statistically valid sample size of staff who perform safety-critical tasks helps transport operators get insights into drugs and alcohol use that represent the population of safety-critical workers. It also helps identify which drugs are of greater use and concern.
- G 3.8.4 Using a statistically valid method for selecting candidates ensures that each staff member who performs safety-critical tasks has an equal chance of being tested each time a selection is made.
- G 3.8.5 The length of the warning is as short as possible to maximise the effectiveness of the test.

Guidance

- G 3.8.6 A statistically valid sample means a random sample of staff that is large enough to be able to confidently draw conclusions about the effectiveness of the drug and alcohol policy. For example, the mandated random testing rate for drugs is between 25 % and 50 % in transport sectors in the United States.
- G 3.8.7 It is good practice to document, apply consistently and communicate with staff the criteria used to select candidates for random testing.
- G 3.8.8 A statistically valid method for selecting candidates can be a random-number table or a computer-based random number generator.
- G 3.8.9 Where testing cannot be at the workplace, the person to be tested will likely be informed through notice of a change to rostered duties and be asked to attend a testing site elsewhere.

3.9 Laboratories for drugs and alcohol testing

- 3.9.1 Transport operators shall use laboratories for drugs and alcohol analysis that are:
- a) UKAS accredited to BS EN ISO/IEC 17025:2017 and BS EN ISO 15189:2012; and
 - b) Subject to blind analysis testing under an external quality assurance scheme.

Rationale

- G 3.9.2 UKAS is the national accreditation body in the UK. Accreditation to BS EN ISO/IEC 17025:2017 and BS EN ISO 15189:2012 proves that laboratories operate a quality system, are competent and can generate valid results for testing.

Guidance

- G 3.9.3 None.
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Part 4 Support to staff and disciplinary action

4.1 Support for managers

4.1.1 Transport operators shall provide managers and supervisors of staff who perform safety-critical work with:

- a) Training and support on the implementation of the drugs and alcohol policy; and
- b) Access to advice from a competent medical authority on the likely effects of medicine on a person's capability to undertake safety-critical tasks.

Rationale

G 4.1.2 Managers and supervisors may have responsibilities under the drugs and alcohol policy to ensure the safety of work. They are most often those who provide day-to-day support and take disciplinary action. Therefore, they need to understand the transport operator's policy fully.

G 4.1.3 Having access to advice from a competent medical authority allows managers to:

- a) Understand the likely effects of medicine on a person's capability to undertake their tasks;
- b) Recognise impaired workplace performance or behaviour likely to be caused by the effects of drugs or alcohol; and
- c) Encourage staff to ask for advice and help in respect of problems caused by drugs or alcohol.

Guidance

G 4.1.4 The access to advice can be the contact details of the transport operator's occupational health service provider.

4.2 Support for staff who perform safety-critical tasks

4.2.1 Transport operators shall inform staff who perform safety-critical tasks on:

- a) Their roles and responsibilities under the drugs and alcohol policy;
- b) The effects of drugs and alcohol on performance; and
- c) Factors that lead to dependency on drugs and alcohol.

Rationale

G 4.2.2 Staff who perform safety-critical tasks need to fully understand the transport operator's drugs and alcohol policy to prevent them from inadvertently breaching it.

Guidance

G 4.2.3 Transport operators can incorporate this information into the induction programme for staff employed to perform safety-critical tasks or bring it to their attention before they first commence safety-critical tasks. It is good practice to include:

- a) The units of alcohol and the average time it takes for its effects to diminish to a point where it will not impair performance.

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- b) The likelihood that some drugs could be associated with impaired performance for several days after being consumed.
 - c) Reminders that it is the individual's responsibility to tell their doctor or pharmacist about the nature of their work before medicine is prescribed and ask for information about any side effects. The illness or condition for which drugs are prescribed may also have the potential to impair work performance.
-

4.3 Maintaining a safe working environment

- 4.3.1 Transport operators shall not allow an individual to carry out safety-critical tasks if:
 - a) A 'positive result' for drugs or alcohol is confirmed; or
 - b) The medical authority advises that such a course of action is necessary.
- 4.3.2 Transport operators shall not allow an individual who is to be or has been 'for cause' tested for drugs and alcohol to resume safety-critical tasks unless:
 - a) A negative result for drugs and alcohol is confirmed; or
 - b) It can be demonstrated that the individual is not suspected to be under the influence of drugs or alcohol and did not contribute to the accident or incident.
- 4.3.3 Transport operators shall prevent staff from avoiding tests without a valid reason.

Rationale

- G 4.3.4 The OPE NTSN and the Health and Safety at Work etc Act 1974 (HSWA) requires both employers and employees to maintain a safe working environment. The employer, the employee, or both could be guilty of an offence if a drug-related or alcohol-related accident occurs at work. This requirement mitigates the risk of an accident occurring at work due to impaired performance caused by drugs or alcohol.

Guidance

- G 4.3.5 If the medical authority has advised not to allow an individual to carry out safety-critical tasks because of the individual's use of medicine, then transport operators can:
 - a) Suggest the individual considers alternative medicine that will not affect their performance (reminding the individual to consult their prescriber before making changes). It may be helpful for the prescriber to be able to discuss work requirements directly with the employer's health service provider; or
 - b) Implement special measures to permit the individual to carry out their regular duties.
 - G 4.3.6 Transport operators can allow staff subject to periodic testing to continue their duties whilst awaiting the test results unless there are reasonable grounds to suspect that they are unfit for duty at the time of testing.
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4.4 Employment after a 'positive result' for drugs and alcohol testing

- 4.4.1 Transport operators shall not re-employ an individual to perform safety-critical tasks who has previously returned a 'positive result' for drugs or alcohol testing unless:

- a) A minimum period of three years have elapsed since they returned a positive result;
- b) The individual is subjected to a drugs and alcohol test, with negative results, before resuming safety-critical tasks; and
- c) For a period, they are subjected to an individually tailored regime of unannounced testing.

Rationale

- G 4.4.2 This requirement helps transport operators control the risk of employing individuals with an increased probability of future drug or alcohol misuse.

Guidance

- G 4.4.3 None.
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Appendices

Appendix A Guidance on testing

A.1 The content of this appendix is intended as guidance.

A.1 Testing individuals who eat poppy seed products

A.1.1 Studies have shown greater levels of morphine than the usual cut-off in oral fluid and urine samples in those eating foods containing poppy seeds. For example, the experiments showed that an individual eating two rolls covered with poppy seeds (equivalent to 4 grams of seeds) produce a positive oral fluid sample for up to one hour after ingestion and a positive urine sample for up to eight hours after ingestion. However, samples from individuals who have only ingested poppy seeds are never positive for 6-acetyl morphine, which is a breakdown product of heroin.

A.1.2 Thebaine is a natural constituent of poppy seeds. Although thebaine occurs naturally, it is destroyed in the manufacture of street heroin. Consequently, the presence of thebaine in a sample is a strong indicator that the sample is positive due to poppy seed consumption. Therefore, thebaine will most probably be absent when an individual has taken street heroin.

A.2 Testing individuals that consume cannabidiol oil

A.2.1 Tetrahydrocannabinol (THC) is the main psychoactive component of cannabis. Other cannabinoids include cannabidiol (CBD).

A.2.2 Typical workplace drug tests look for THC and its metabolites, the compound responsible for the 'high' associated with cannabis.

A.2.3 Only medicinal cannabis products licensed or approved for off-licence use by the UK Medicines and Healthcare products Regulatory Authority (MHRA) can be in the legal possession of the patient they were prescribed for. Possession of cannabis prescribed for someone else is illegal and is treated in the same way as possession of recreational forms of cannabis.

A.2.4 Some medicinal cannabis treatments may have undesirable side effects or may be detectable in drug screening tests, as with other medicines. However, existing policies and procedures can be applied, just as they would be with other medicines that are also drugs of abuse, like opiates.

A.2.5 Many cannabis-based products are available online without prescription, but their quality and content are unknown. As a result, they may be illegal and potentially dangerous.

A.2.6 Some products claiming to be medical cannabis, such as CBD oil or hemp oil, are available to buy legally as food supplements from health stores. But there is no guarantee these are of good quality or provide any health benefits. It is possible some of these products – even those called CBD oils – will be illegal to possess or supply. In addition, there is a chance they will contain THC and may not be safe. Health stores sell certain types of 'pure CBD'. However, there is no guarantee these products will be of good quality, contain a known concentration of CBD or be free

from THC. Licensed medicinal cannabis may increasingly be prescribed in the future, albeit to a small number of patients with significantly disabling conditions.

Drugs and alcohol testing

Appendix B 'For cause' testing

B.1 **Note:** The content of this appendix is intended as guidance.

B.1 **Decision to initiate 'for cause' testing**

B.1.1 The decision flowchart in Figure 1 aims to help responsible persons, such as managers and supervisors, decide whether to initiate 'for cause' testing when there are reasonable grounds to suspect that a person:

- a) May have contributed to an accident or incident;
- b) Is under the influence of drugs and alcohol; or
- c) Is putting the safety of the operational railway at risk.

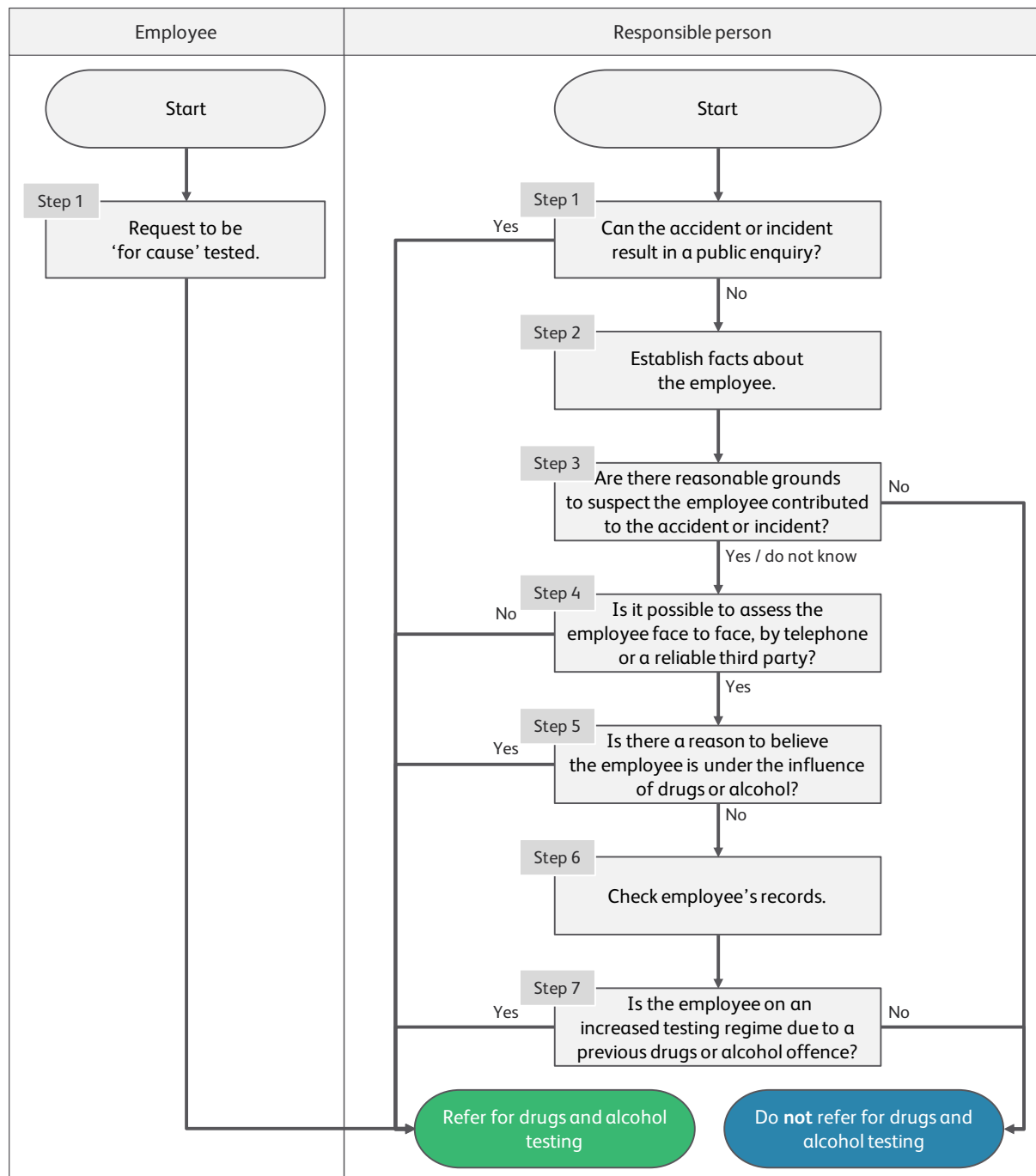


Figure 1: 'For cause' testing decision flow chart.

Step 1

B.1.2 The responsible person can immediately reach the decision to refer an employee for a drugs and alcohol test if:

- a) The employee expresses a wish to be tested; or
- b) The nature or severity of the accident or incident may result in a public inquiry. See [k\)](#).

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Step 2

- B.1.3 The responsible person establishes as many facts about the employee as possible, such as their job role and involvement in the accident or incident.
- B.1.4 If the responsible person is unable to attend the site of the accident or incident, they can use reliable information from third parties, such as:
- a) Reports related to an employee a group of workers or a work location; or
 - b) Evidence of drugs or alcohol consumption found on a site of work, train or other premises.

Step 3

- B.1.5 The responsible person, determines if the employee contributed to the accident or incident:
- a) If there are no reasonable grounds to suspect the employee contributed to the accident or incident, there is no need to test.
 - b) If there are reasonable grounds or they are not possible to determine then Step 4 is carried out.

Step 4

- B.1.6 If the responsible person is not able to attend the scene of the accident or incident and they are not able to establish face to face or telephone discussions with the employee or they are not able to use reliable evidence from third parties, then good practice is to initiate 'for cause' testing. Otherwise they follow Step 5.

Step 5

- B.1.7 The responsible person may determine whether the employee is under the influence of drugs and alcohol by detecting possible signs. If there are reasonable grounds to believe the employee is or was under the influence of drugs or alcohol, refer the employee for drugs and alcohol testing, otherwise follow Step 6.
- B.1.8 Section [B.2](#) contains a non-exhaustive list that can assist in detecting behavioural and physical signs of a person that may be under the influence of drugs or alcohol.

Step 6

- B.1.9 If there is no reason to believe that the employee may be under the influence of drugs or alcohol, the responsible person should check the individual's records while complying with company data protection arrangements to establish whether the employee is subject to an increased testing regime due to a previous drugs and alcohol-related issue.

Step 7

- B.1.10 If the employee is on an increased testing regime due to a previous drug and alcohol-related offence, that is sufficient grounds for initiating 'for cause' testing.
- B.1.11 It is not necessary to initiate 'for cause' when:
- a) Records are not available; or

- b) The records do not indicate a previous problem with drugs and alcohol.

B.2 Drugs and alcohol symptoms

B.2.1 This section contains possible signs present in someone under the influence of drugs or alcohol. However, is vital to note that shock can also lead to signs.

B.2.2 Behavioural signs may include:

- a) Moodiness
- b) Aggressiveness
- c) Memory confusion
- d) Poor attention level
- e) Inappropriate responses to questions
- f) Irritability
- g) Sudden temper tantrums, or resentful behaviour.

B.2.3 Physical signs may include:

- a) Cold, sweaty palms, shaking hands
- b) Slurred speech
- c) Puffy face, blushing or paleness
- d) Red, watery eyes, pupils larger or smaller than usual, blank stare
- e) Smell of substance on breath, body or clothes
- f) Sucking on mints, using mouth wash, spraying aftershave/perfume or drinking large quantities of water or other liquids
- g) Extreme hyperactivity; excessive talkativeness
- h) Nausea, vomiting or excessive sweating
- i) Tremors
- j) Slowed or staggering walk; poor physical co-ordination
- k) Sleepiness.

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Definitions

accident	An unwanted or unintended sudden event or a specific chain of such events which have harmful consequences; accidents are divided into the following categories: collisions, derailments, level-crossing accidents, accidents to persons caused by rolling stock in motion, fires and others. Source: <i>Railway Safety Directive</i>
chain of custody	It is a legal term that refers to the ability to guarantee the identity and integrity of the specimen from collection through to reporting of test results. In addition, it is a process used to maintain and document the chronological history of the specimen.
GB mainline railway	'Mainline railway' has the meaning given to it in the Railways and Other Guided Transport Systems (Safety) Regulations 2006 (as amended) and the associated exclusions. 'GB mainline railway' is the mainline railway network excluding any railway in Northern Ireland, the Channel Tunnel, the dedicated high-speed railway between London St Pancras International Station and the Channel Tunnel, and any other exclusions determined by the Secretary of State.
good practice	A process or method that has been shown to work well; succeeds in achieving its objective(s); is widely accepted; and therefore can be recommended as an approach.
incident	An unplanned, uncontrolled or unintended event which under different circumstances could have resulted in an accident.
infrastructure manager (IM)	'Infrastructure manager' has the meaning given to it in the Railways and Other Guided Transport Systems (Safety) Regulations 2006 (as amended), save that for the purpose of the Code, the term is limited to those infrastructure managers who hold a safety authorisation issued in respect of the mainline railway. Source: <i>ROGS</i>
public inquiry	Public inquiries are major investigations – convened by a government minister – that can be gifted special powers to compel testimony and the release of other forms of evidence. Source: the Institute for Government.
railway undertaking (RU)	Has the meaning given to the term 'transport undertaking' in the Railways and Other Guided Transport Systems (Safety) Regulations 2006 as amended, but is limited to any private or public undertaking the principal business of which is to provide rail transport services for goods and/or passengers, with a requirement that the undertaking must ensure traction. Source: <i>ROGS</i>
safety critical task	As defined in <i>ROGS Regulation 23</i> .
transport operator	An infrastructure manager or railway undertaking.

References

The Standards catalogue gives the current issue number and status of documents published by RSSB: <http://www.rssb.co.uk/railway-group-standards>.

RGSC 01	Railway Group Standards Code
RGSC 02	Standards Manual

Documents referenced in the text

RSSB documents

T865 RSSB (2009)	Updating drug and alcohol policies & testing methods
T133 RSSB (2004)	Review of drug testing methodologies

Other references

BS EN ISO 15189:2012	Medical laboratories - Requirements for quality and competence
BS EN ISO/IEC 17025:2017	General requirements for the competence of testing and calibration laboratories
	Managing drug and alcohol misuse at work - A guide for people management professionals. Chartered Institute of Personnel and Development. 2007.
HSWA	The Health and Safety at Work etc Act 1974
OPE NTSN	Operation and Traffic Management National Technical Specification Notice (OPE NTSN). Published by the Secretary of State on 1 January 2021 pursuant to regulation 3B of the Railways (Interoperability) Regulations 2011. This NTSN replaces and substantially reproduces the provisions of Commission Decision 2012/757/EU of 14 November 2012 (the OPE TSI), and includes relevant amendments made by Commission Regulation (EU) 2015/995 of 8 June 2015 and Commission Implementing Regulation (EU) 2019/773 which came into force in June 2019.
TWA	The Transport and Works Act 1992
ROGS	The Railway and Other Guided Transport Systems (Safety Regulations 2006 (as amended) – A guide to ROGS, Office of Rail and Road, April 2018.
RSP4	Railway Safety publication 4, Safety Critical Tasks - Clarification of ROGS Regulations Requirements, ORR. 2007.