

Updated TfNSW Drug and Alcohol Policy and Procedure*

Alcohol and drug testing will commence at this worksite from **6 September 2022**.

To prepare

1. Undertake training in Equip or in your team meeting.
2. Speak with your Health & Safety Business Partner.
3. Identify any medications listed in the updated procedure and submit a medication declaration form if required.
4. Use the QR code to read more on the portal and access relevant forms.

**Does not apply to Sydney Metro, Sydney Trains and NSW TrainLink, as these teams maintain separate drug and alcohol policies and procedures.*

Transport for NSW Medication Declaration Form

July 2022

1. Why do we have a medication declaration form?

To enable TfNSW to have a clear understanding of medication use by workers who undertake high risk activities as part of their roles and to ensure the safety of those individuals, their colleagues and the community in which they work in.

2. Who must complete a medication declaration form?

TfNSW expects workers who conduct high risk work tasks (e.g. plant operation, working at heights etc.) and need to take prescribed or over-the-counter medication that may have an adverse effect on their work performance, or:

- impact on their own health and safety
- that of the workplace to inform their line manager.

If you are rail safety worker or a heavy vehicle operator you must also complete the below medication declaration form and have this reviewed by the Chief Health Officer.

All other staff that are taking a declarable medication are encouraged to complete a medication declaration form and seek sign off by the Chief Health Officer.

3. When taking prescription or over-the-counter medication, what do workers need to do?

TfNSW requires workers who take prescribed or over-the-counter medication to seek medical advice from a doctor or pharmacist about their ability to work safely whilst taking them. Workers must not commence duties after taking drugs if their doctor or pharmacist advises they may affect their ability to safely perform their work.

If the worker performs work duties as a rail safety worker or operates a heavy vehicle, the worker must complete the medication declaration form and provide it to their line manager who will forward it to the Chief Health Officer for review. Once reviewed, the Chief Health Officer will send it back to the line manager who will then forward it to the worker to retain.

Workers must be free from the influence of drugs while on duty, except for prescribed, therapeutic or over-the-counter drugs that do not adversely affect their ability to work safely.

If the drugs affect their ability to work safely, the worker must immediately notify their line manager.

4. What medications must be declared?

The list of medications that must be declared include:

Sativex	Cannabidiol	Medicinal Cannabis	Codeine
Oxycodone	Tramadol	Morphine	Pethidine
Fentanyl	Methadone	Ketamine	Dexamphetamine
Phentermine	Diazepam	Oxazepam	Temazepam
Alprazolam	Nitrazepam	Lorazepam	Any other sleeping tablet

5. If I get tested whilst at work during a testing process (i.e. random testing) and I haven't previously declared medications, what should I do?

At the time of testing, you will be asked by the Authorised Person whether you are currently taking any medication you wish to declare, that will be noted when the confirmatory test sample is submitted for analysis. The nominated medical review officer (from the Authorised Testing Agency) will report to the Chief Health Officer whether the level is consistent with medication or otherwise.

If you are taking any of the medications listed in the above table and have not previously declared them to the Chief Health Officer, you should take a photo of the prescription or of the medication packaging showing the pharmacy label and send it to the Chief Health Officer along with this declaration form.

Medication Declaration Form

Privacy notice

Transport for NSW is committed to protecting your privacy and ensuring your personal and health information is managed according to law. The information will be used by TfNSW to assess your ability to work safely.

TfNSW will not use or disclose your information for any other purpose inconsistent with the *Privacy and Personal Information Protection Act* and *Health Records Information Privacy Act*. For further information on privacy please see the TfNSW Privacy Management Plan or contact us at privacy@transport.nsw.gov.au.

Full Name		
Position Title		
Division and Branch		
Line manager and email address		
Rail safety category (cat 1, 2 ,3 or N/A):		
Contact phone / mobile number		
Email address		
Signature and date		____/____/____

Questions	
If you are a rail safety worker - Have you declared these medications at a previous rail safety health assessment?	Yes No
Has your doctor or pharmacist told you that the medication is safe to take, while performing your role?	Yes No

Name of medication	Dose (e.g. 10mg, 500mg, number of tablets)	Frequency (e.g. daily, twice a day, approx weekly)	Date commenced / length of time taken (e.g. one week, years, not yet commenced)	Side effects yes/no (If yes please describe)



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*It is recommended that a photo of the prescription or of the medication packaging showing the pharmacy label be provided along with this declaration form.

NOTE: Once the form has been completed, please either email it to Dr Armand Casolin, Chief Health Officer (CHO) at chiefhealthofficer@transport.nsw.gov.au or your line manager who will forward it to the Chief Health Officer. Once reviewed, the Chief Health Officer will advise the worker / line manager of approval / non approval of this medication use. The worker is to retain a copy of this approval for future reference. Line Managers are not to retain a copy of this approval / non approval.

The Chief Health Officer may at times be required to forward this approval / non approval to the workers Line Manager.

I consent to this information and approval / non approval of my medication use in relation to my work role to be sent to my line manager.

Worker's name (print):	Signature:	Date:
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Transport Drug Information Guides

July 2022

Most prescription medications are safe to take and will not affect workplace safety or result in a positive drug test. Furthermore, when taken as directed medications treat the underlying condition and reduce the likelihood that the condition will affect work capacity or safety. Some medications, however, can affect workplace safety and/or be detected in a drug test.

Workplace Safety

Medications can affect workplace safety in many ways. For example, by:

- causing drowsiness (for example: sleeping tablets, strong pain killers, some antihistamines and antidepressants)
- causing side effects such as dizziness and fainting (for example: some blood pressure medications when first started)
- increasing the likelihood of seizures (for example: Tramadol, Zyban and sleeping tablets if stopped suddenly)
- interacting with other medications and either causing side effects or reducing the effectiveness of the other medication.

Therefore, when consulting your doctor or pharmacist it is important to inform them that you are a rail safety worker so that they can select the most appropriate and safe medication for you. Where no alternative medication is available, your doctor may be able to advise you on timing the dosage of the medication to minimise the risk of side-effects during work hours.

Drug Testing

In addition to affecting workplace safety, some prescription and over-the-counter medications can be detected by the drug testing program. It is therefore very important that you declare all medications that you have taken so that these can be cross-referenced with the eventual results.

The following medications, including evidence of prescription, must be declared to the Chief Health Officer prior to treatment commencement or as soon as possible thereafter and before starting work:

- all sleeping tablets including alprazolam, diazepam, flunitrazepam, lorazepam, nitrazepam, oxazepam, suvorexant, temazepam, zolpidem and zopiclone
- all opiate drugs including codeine, buprenorphine, fentanyl, hydromorphone, methadone, morphine, pethidine, oxycodone, tapentadol and tramadol
- cannabidiol, medical marijuana and Sativex (TGA approval also required)
- phentermine and dexamphetamine.

Evidence of prescription can be a copy of the prescription, a photo of the medication box showing the pharmacy label or a treating doctor's letter. The Chief Health Officer will determine if the medication or the underlying condition are compatible with safe working or if any further medical information is required to assess work fitness and safety.

Medications that fall into the following classes will be detected on a drug test:

- The **opiate family** of drugs ranges in potency from codeine to morphine and heroin. Codeine is a common pain killer and small doses are present in many pain killers that used to be able to be purchased over the counter in Australia prior to 1 February 2018 but which now require a prescription. Common examples of medications that contain codeine include Panadeine, Mersyndol, Nurofen Plus and some cold and flu preparations. You should avoid taking opiate-containing medications during a shift or for 8 hours before starting a shift. Safety critical workers should particularly avoid the stronger opiates such as Panadeine Forte and oxycodone (Endone).
- **Pseudoephedrine** is a decongestant that is present in many cold and flu remedies that can be purchased over the counter. It can be detected on screening tests for amphetamine type substances and should always be declared at the time of your drug screen. Other medications that will be detected on an amphetamine screen include dexamphetamine, used to treat attention deficit disorder, and phentermine (Duromine) which is used as an appetite suppressant.
- **Benzodiazepines** may be used for the short-term treatment of anxiety and sleeping problems. Examples include Valium, Serepax and Temaze. In addition to causing drowsiness and impaired concentration, benzodiazepines can be addictive. If a benzodiazepine has been taken regularly for some time it cannot be stopped suddenly as this could lead to serious drug withdrawal symptoms, including seizures. For these reasons benzodiazepines are generally incompatible with safety critical work, although when required for the treatment of certain chronic conditions, the medication may be able to be continued subject to medical monitoring and depending on the nature of the work that is being performed. If you are taking a benzodiazepine regularly, or if you are taking a sleeping tablet every night and you are unsure what type of drug it is, it is very important that you do not stop taking it until you have consulted your treating doctor.

Safety Environment Risk
July 2019

Insomnia

Benzodiazepine-class sleeping tablets are commonly prescribed for insomnia, as are newer “Z” drugs such as Stilnox, however in the longer term, these medications make sleep worse. Benzodiazepines causes a number of problems listed on the preceding page and the Z drugs have been associated with potentially dangerous complex sleep related behaviours such as sleep walking, sleep driving and other bizarre behaviours.

These medications should not be used for the long-term regular management of insomnia in safety critical workers.

Strategies to assist with sleep are listed below.

- Don't nap during the day.
- Cut down on smoking and drinking.
- Avoid tea, coffee and other caffeinated drinks before bed.
- Don't exercise strenuously before bedtime.
- Avoid using your phone, or other screen devices, in bed and use your phone's blue light filter in the evenings.
- If you are not a shift worker then get up at the same time every morning regardless of how much sleep you have had.
- Do something to relax, such as meditate or have a warm bath.
- Only go to bed if you feel sleepy.
- Go to bed later.
- Stop reading, worrying or watching television in bed.
- If you can't sleep, get up, go to another room and do something else until you feel sleepy again.

If treatment is required, then interventions such as stimulus control therapy, relaxation training and cognitive behavioural therapy have been shown to be effective and are accepted as first line treatments in the management of insomnia. Also refer to the Sleepfit program, further details of which are available on the Health Services page of the intranet.

Dr Armand Casolin
Chief Health Officer