

Drug Monitoring and Control Programs in Queensland Coal Mines

A report of a survey conducted between April
and June 2013 by the Queensland Mines
Inspectorate on the fitness for work management
of illicit and other performance affecting drugs.

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Abbreviations

AOD	Alcohol and Other Drug
C&M	Care and Maintenance
CHPP	Coal Handling and Preparation Plant
CMSHA	Coal Mining Safety and Health Act 1999 ('the Act')
CMSHR	Coal Mining Safety and Health Regulation 2001 ('the Regulation')
CMW	Coal Mine Worker
CBE	Competency Based Education/Training (C)
CEMW	Contractor Employee Mine Worker
CoA	Criteria of Assessment
DNRM	Department of Natural Resources and Mines
D&A	Drug and Alcohol
EAP	Employee Assistance Program/Provider
FFW	Fitness For Work (Duty)
FTE	Full Time Equivalent
HPI	High Potential Incident
KBE	Knowledge Based Education (K)
OEMW	(Mine) Operator Employee Mine Workers
MOP	Mine Operating Procedure
MW	Mine Worker
NMA	Nominated Medical Adviser
OSPAT	Occupational Safety Performance Assessment Technology
RS	Recognised Standard
SC	Synthetic Cannabinoids ('sythetics')
SHMS	Safety and Health Management System
SOP	Standard (Safe) Operating Procedure)
SSE	Site Senior Executive
TAMS	Training and Access Management System
THC	TetraHydroCannabinol

Introduction

During the period of April/June 2013, the site senior executives of all operating coal mines in Queensland (including three mines under construction and two standalone CHPPs), were invited to participate in a survey, coordinated by the DNRM Mines Inspectorate, on the fitness for work management of illicit and other performance affecting drugs.

The intent and structuring of the questioning was twofold. Firstly, to demonstrate compliance with the various relevant subsections within section 42 of the Coal Mining Safety and Health Regulation 2001 ('the Regulation'); and secondly, to gain an insight of the systems that each mine has in place within their safety and health management system (SHMS), to adequately discharge their obligations with regard to 'fitness for work' associated with drugs.

In controlling the risks associated with the improper use of drugs, subsection 42(4) of the Regulation states that the coal mine's SHMS *must provide for the following about drug consumption or ingestion for persons at a mine -*

- (a) *an education program;*
- (b) *an employee assistance program;*
- (c) *an obligation of a person to notify the site senior executive for the mine of the person's current use of medication that could impair the person's ability to carry out the person's duties at the mine;*
- (d) *an obligation of the site senior executive to keep a record of a notification given to the site senior executive under paragraph (c);*
- (e) *the following assessments to decide a person's fitness for work—*
 - (i) *voluntary self-testing;*
 - (ii) *random testing before starting, or during, work;*
 - (iii) *testing the person if someone else reasonably suspects the person's ability to carry out the person's duties at the mine is impaired because the person is under the influence of drugs.*

Subsection 42(5) states that the SSE *must consult with a cross-section of workers at the mine in developing the fitness provisions* and, as stated generally in subsection 42(6), that in developing the fitness provisions, the SSE must comply with section 10 of the Regulation (with some exceptions).

A key issue is the establishment of the *criteria for assessment* for controlling the risks at the mine associated with *the improper use of drugs* [subsection 42(1)(c)]. Subsection 42(7) of the Regulation generally states that for the improper use of drugs, the SSE *must make a reasonable attempt to establish the criteria for the assessment in agreement with a majority of workers at the mine.*

If the mine workers disagree with the criteria proposed by the SSE, subsection 42(7A) states that *the criteria for assessment in a recognised standard apply until an agreement is reached.* The recognised standard referred to is [RS-07 \(Criteria for the assessment of drugs in coal mines\)](#).

The purpose of this report is to present the consolidated responses from the respondent mines (as detailed in Appendix 1) in a way that provides for insight as to legislative compliance and as well as an assessment of the effectiveness of the various mine site risk management systems.

However, probably the most significant benefit is that it should promote benchmarking opportunities amongst stakeholders.

Purpose of Survey

The Chief Inspector of Coal Mines stated a requirement that all operating coal mines in Queensland provide information on their risk management of improper use of drugs and, at a minimum, demonstration of compliance with subsections 42(1)(c), 42(4), 42(7) and 42(7A) of the Regulation.

As part of an overall risk management approach to improper use of drugs, it is also important to address the implementation and systems to review the effectiveness of a site's SHMS in controlling the risk to mine workers from illicit and other performance affecting (or enhancing) drugs. This should be considered both from a health and a safety perspective.

Respondents to Survey

A total of 59 survey questionnaires were distributed and 53 responses, representing 90% of Queensland coal mines and one separate CHPP facility, were returned. In total, 38 open-cut mines, 15 underground mines and one separate CHPP facility are represented in the results. Two of the underground and one open-cut mines were under construction at the time of the survey.

The respondents are listed in Appendix 2 by mine/facility type and region.

Summary of Issues

- All respondent mines demonstrated compliance with the legislation
- Drug awareness education of mine workers, should focus on competency based education programs
- An investigation is required as to the most suitable competencies to be held by persons responsible for medications in accordance with sub-sections 42(4)(c&d) of the Regulation
- A mine site's employee assistance program must be made available to **all** mineworkers including contractors and subcontractors [s42(4)(b)]
- The ability to have an effective method of testing for synthetic cannabinoids
- Some mines state that the "criteria of assessment" imposed on them by legislation is a major inhibitor for the effective screening of the 'newer' drugs (such as 'synthetics')
- It would appear that urine testing; using "new generation synthetic test kits" is the most effective of current means (as at June 2013) for the detection of 'synthetic' cannabinoids

Comment on Responses

A compilation of survey responses is presented in Appendix 1. A consolidated response is given for each survey question supported by individual respondent responses and comments where relevant. The identity of the individual respondents is coded by the number in the () brackets.

(1) Education Programs on drugs [s42(4)(a)]

Due to the obvious confusion that the term “competency based education/training” caused respondents, the education descriptor was split to ‘competency based education’ (CBE) and ‘knowledge based education’ (KBE). The intent of the question was to determine if the respondent’s minesite had in place a formal education program to ensure that all persons were made aware on the risks due to the improper use of drugs on a minesite.

The majority (90%) of respondents stated ‘Yes’, they had either a competency based (25%) or a knowledge based (65%) education/training system in place. For the remaining 10%, either they stated ‘No’ they did not have an adequate education/training system in place, or that there was insufficient information with which to make a determination.

The newer mines/projects have a greater tendency to utilize formalised Competency Based Education packages for illicit drug awareness training.

(2) Employee Assistance Programs on Drugs [s42(4)(b)]

In response to Q. 3 virtually all (98%) mines responded that they had an employee assistance program (EAP) within their fitness for work procedures. 86% of respondents stated that the EAP provider service was made available to **all** coal mine workers on site.

For the 10% of respondents who marked ‘**Not all**’, the common comment was that they could not verify that **all** ‘short term’ or ‘small’ contractors working on site provide their employees with access to an EAP. If this was that case, most mines stated that it would be to the SSE’s discretion should the situation warrant it.

As part of their contract with the mine operator, any contractor (or subcontractor) shall be required to have an arrangement in place for an EAP provider for their employees.

Almost all (98%) of respondents stated that they had the belief that the EAP provider has the necessary competency and expertise in dealing with persons affected by illicit or performance affecting/enhancing drug use.

(3) System for Declaration of Medication [s42(4)(c & d)]

All (100%) of the respondent mines have a system (of a type) in place for a person to declare the current use of medication that that may cause impairment. This includes prescribed and ‘over the counter’ medications.

Q. 6 asked if the person responsible for reviewing the use of medication on site has the appropriate competency/s to do so. That is, to determine medication interactions

or likelihood of an unacceptable level of impairment to a person caused by use of a particular medication. To this, 66% of respondents stated 'Yes' and 34% stated 'No'.

The associated respondent comments to this question outline a variety of competences held by these persons. Professional opinion would be required to ascertain what are relevant and what are not

A number of respondents, particularly those with the smaller mines, stated that their people consult references such as MIMS Online (drugs database – prescribing and interactions), and /or seek advice from their nominated medical advisor (NMA).

A person onsite should have the appropriate competency/s to enable them to identify medications that may cause impairment.

Again, all respondents stated that they had a record system in place for dealing with mineworker declared medications. These ranged from a hard copy entered in the mineworker's personnel file, to the use of MEDGATE, a confidential electronic medical records system.

(4) Methods to Determine Impairment due to Drugs [s42(4)(e)]

The majority of respondents (84%) stated that they had a facility/procedure for *voluntary self-testing* for drugs in place. The general consensus is that they are little used (for obvious reasons).

All respondent mines have systems in place for *random testing; testing under suspicion*, and almost all (94%), have a system in place for *mandatory testing* for drugs (including alcohol) to involved persons post-accident, HPI, serious or fatal injury. A listing of the number and/or the basis of mandatory testing over a 12 month period is listed in response to Q. 8E. However in most cases, this was not expressed as a percentage of the total workforce, thus making the result rather inconclusive.

Methods used for random drug testing selection are many and varied, ranging from the 'marble in the bag' concept (favoured by the smaller mines and for visitors) to sophisticated electronic entry sentinels incorporating random number generators. These are outlined in Q. 14 and Q. 15.

Responses for the methods of testing conducted are given in Q. 13. 52% of respondents stated that they tested urine only, 21% saliva (oral fluids) only and 25% tested both urine and saliva.

In response to Q.17, a significant majority (98%) of the respondents confirmed that the limits stated in the relevant Australian Standards (AS4308 for urine and AS4760 for oral fluids) were used to assess fitness'. There is no AS for 'synthetic' drug limits.

(5) Criteria of Assessment [s42(7 & 7A)]

As stated in the responses to Q. 9, 69% of respondents have in place a criteria of assessment (CoA) where the majority of CMWs agreed to that proposed by the SSE (Option A); 17% where they opted for a CoA as stated in Recognised Standard 07

(Option B); and, 8% opted for a variant to RS 07 (Option C). 6% of respondents did not respond or stated that their system is under review.

(6) Detection of Synthetic Cannabinoids

Prior to this survey being conducted, there was significant media publicity with regard to illicit drugs on coal mine sites and mining camps. Of particular note was the alleged increased in the use of so-called 'synthetic cannabinoids' (SC).

In Q. 10, respondents were asked if their testing program (criteria) included testing for 'synthetics'. The collective response was that 17% stated that they did and 83% didn't. There a number of common reasons stated why so many mines don't have testing for 'synthetics'.

A comment that typifies the situation is quoted. *"There are no specific tests available on the market currently to specifically test for synthetic cannabinoids as the producers of the synthetic drug can change the (chemical) composition of the drug, resulting in the specific test being obsolete. We continue to consult with 'experts' to determine options and reliability of testing"*

On the other hand, an organisation that has a belief that they have the answer is quoted *"Yes - As part of random test process, we use the 'Lane Worksafe One Step Synthetic Cannabinoids' test, screening for the two main substances known as JWH018 and JWH073"*

A common theme to the difficulty for testing for 'synthetics' is not only a chemical problem but one stemming from the current legislation, requiring a mine to establish it's CoA by the required process, which may not be that most suitable for the drug of interest. For example, a site's CoA may state that drug tests be carried out by saliva testing only. This is good for detecting THC in natural cannabis, but near to useless for detecting or measuring 'synthetics' or other chemical substances causing impairment'.

It would appear that urine testing; using "new generation synthetic test kits" is the most effective of current means (as at June 2013) for the detection of 'synthetic' cannabinoids.

(7) Competencies of Persons involved with Drug Testing

All respondents confirmed that the taking of (administration of) and subsequent handling of test samples was conducted by competent persons. Typical competencies on sites are mentioned in the comments to Q.11.

In response to Q. 12, 65% of respondents advised that specific training was provided for supervisors to be able to recognise drug impaired persons and the subsequent procedure to follow.

(8) Drug Tests Conducted and Results

In Q. 18 respondents were asked to provide information on what percentage of FTE mine workers were drug tested in the previous 12 months. There was a large variation in results with no identifiable trend or conclusive results evident.

The results of such tests as provided by the respondents are listed in Q.19 results table.

(9) Drug Disciplinary Procedure

There were variable responses to Q. 20; however, most were along the theme of 'three strikes and out'.

The responses to Q. 21 provide a 'bit of an idea' of the disciplinary process. The comments are probably more informative than the numbers.

(10) Self-Assessment of Performance

The respondents were asked to self-assess the effectiveness of their program against a five level rating chart (Q. 22). It is believed that with the inclusion of 'synthetics' at level 4 and 5 tended to skew the results downward by at least half to one level. This is with consideration to the fact that only 17% of respondents stated that they had a synthetic drug control program in place.

(11) Additional Comment

At the end of Appendix 1, there are two pages of 'additional comments'. These include the problems and challenges they are facing to have an effective control system in place against the 'ever moving target' of synthetic drugs.

(12) Acknowledgement

A thankyou and appreciation is given to the 52 respondent SSEs, who contributed to this survey.

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APPENDIX 1

Survey of drug monitoring and control programs at coal mine sites – Consolidated response and associated comment by individual respondents

Note: The number in the () brackets is the coded number of the responding coalmine

Query	General comment on overall survey responses and/or where appropriate, a selection of 'informative' mine response comments			
<p>[Qu 1] Is there a competency based education program in place to make all persons at a mine aware of the SHMS for improper use of drugs?</p> <p>If 'yes', name the competency. If 'no', what alternative?</p>	Yes (CBE)	25%	The term "competency based education" was interpreted differently by respondents. The intent of the question was "does your mine have a formal education program for improper use of drugs in the workplace". An interpretation was made to the responses split to 'Yes competency based education', (CBE) 'Yes - knowledge based education' (KBE). and 'No' (little, no education or not stated)	
	Yes (KBE)	65%		
	No or lack of information	10%		
	(1) Yes (K) - Site induction and refresher			
	(2) Yes (C) - Mine operator Core Induction Process and mine site Specific Induction provides a competency based education program for the awareness of improper drug use under the SHMS for all persons entering the mine			
	(4) Yes (C) – The mine has an assessed MOP (<i>Improper Use of Drugs</i>) Used in induction refresher training for all employees and permanent contractor mine workers. Whole of site completed Feb 2012.			
	(5) Yes (K) – A 1 hour annual presentation is given to all CMWs (or those present at the mine at that time). Supplemented with education material, posters etc BBS fitness for work training given (supervisor and workforce packages)			
	(6) Yes (K) - All employees are required to be trained in relevant site procedures including those that deal with fitness for work "Fitness for Work - Improper use of Drugs"			
	(7) Yes (C) Competency based on site procedure xxx Fitness for duty - Drugs			
	(10) Yes (K)– SHMS.xxx.042C <i>Fitness for Duty – Drugs</i> with reference to education, tester training etc. Notice boards with drug information			
	(11) (17) (36) (37) (51) Yes (K) – SHMS. Fitness for duty - Drugs (or similar) at induction or refresher training			
	(13) Yes (C) – The mine has an assessed MOP (<i>Improper Use of Drugs</i>) Used in induction refresher training for all employees and permanent contractor mine workers. Whole of site completed Feb 2012.			
	(14) Yes (K) – Site induction + Project work rules			
	(15) (21) Yes (K) – Part of an 'awareness' package' included in the site induction			
	(16) (50) (55) No – No comment			
	(18) Yes (K) - SWP-131 <i>Alcohol and Drug Education</i> Currently no assessment for this SWP			
	(19) Yes (C)- The site does not have competency based education in place though assessment of improper use of drugs is captured in the induction process and RRTO Standard 11 which is undertaken by all CMW. Education and awareness is also ongoing via toolbox talks			
	(20) (28) Yes (K) – Included in induction and refresher training. Conduct of annual toolbox talks. Education material – posters, handouts. BSS Training (supervisor and workforce packages)			
	(22) Yes (K) - Employees attend a 2 day Fitness for Work Training with 1 day dedicated to drugs, alcohol and detecting impairment in others. This is not technically 'competency based', but is highly participative and only performed in small groups. All coal mine workers complete induction training for site (operator and minesite specific). This covers the improper use of drugs and whilst there are 1-2 questions, it would not be considered strictly 'competency based'.			
	(23) Yes (K) - The mine does not undertake a formal competency based education program. It undertakes a knowledge based education program as part of the site's induction and refresher training program for the awareness and improper use of drugs. This highlights the processes used on site to manage the 'drug problem'.			
(24) Yes (K) – As part of the Induction, all CMWs are trained and assessed in the FFW procedures – in particular "drugs".				
(25) Yes (K) – All personnel undertake the site induction that covers the requirements of the site's SHMS, including drugs. The education covers the basic awareness of improper use only.				
(26) Yes (C)- Procedure assessment is mandatory requirement of site induction process.				
(29) Yes (C) - All employees and contractors attend an accredited course in Fitness for Work (30855QLD)				

Query	General comment on overall survey responses and/or where appropriate, a selection of 'informative' mine response comments
	(30) Yes (C) – A presentation and assessment is conducted at the mine operator employee and contractor inductions to ensure all workers are aware of the improper uses of drugs. This presentation also explains the mine operator’s testing policy and requirements. An assessment is conducted to test workers awareness. In the past 12 month period, the mine has inducted 242 new employees and around 800 contractors. All undertook the competency based drug education program
	(31) Yes (K) – Site FFW Standard with a written assessment. Operator business Standard – <i>Drug and Alcohol in the Workplace</i>
	(32) Yes (K) - Standard 11 inductions. Site policy and procedures covered in site inductions. Regularly covered within toolbox topics. Mineworkers sign off on site SOP
	(33) Yes (K) + (C) - On-site D&A Screeners - 30807QLD – Accredited AS/NZS4308:2008 Coal Mine Workers – In-house training for FFW-Drugs Procedure with questionnaire plus general awareness training provided by Dr Robertson, Australian Workplace Drug Testing Services (AWDTS). Onsite screeners are accredited to 30807QLD. All contract screeners must also hold the competency.
	(34) Yes (K) - Training and awareness material is provided at a minimum annually through site wide communication meetings, health education and memos. This package is reviewed and updated based on input from Counsellors from our Employee Assistance Programme and from the HSE team at the Corporate office. There is no competency assessment for this awareness training.
	(35) Yes (K) – Induction covers on and off site policy and awareness information on drug and alcohol. Assessed.
	(38) Yes (K) – A knowledge based program is in place where the FFW SOP is rolled out to personnel on site including contractors and visitors.
	(40) Yes (K) - Induction to site requires all personnel to have completed Standard 11 which details fatigue management and the use of illicit drugs. This is re-enforced during the site induction conducted onsite prior to the employee being able to work onsite.
	(41) Yes (K) – The mine have provided additional information sessions to workforce during 2012 / 2013 via consultants, toolbox meetings, State of Nation addresses, and updated Fitness for Duty – Alcohol & other Drugs booklets
	(42) Yes (K) - There are several that are run by different providers as part of the employer’s training to meet the requirements of the SHMS. There is a training component in the induction
	(43) Yes (K) – Covered by SOP 50100 training at induction and 2 yearly under the Training Day Regime
	(44) Yes (K) – Relevant information contained in the Drug, Work Safety and Fit for Work Procedure briefings
	(45) No – Site specific and visitors induction
	(46) Yes (C) – A site fitness for work training and assessment package used for all coal mine workers and visitors as part of induction / refresher that supports generic induction training
	(47) Yes (K) – A familiarisation process is in place. We have engaged an external provider to train our personnel over the next 12 months.
	(48) Yes (C) - All (100%) employees and contractors are trained in the requirements of site procedure MOP0041SUR <i>Drugs and Alcohol</i> and complete a written assessment to demonstrate their understanding of the procedure. Information sessions are also conducted from time to time at HSEC Meetings
	(49) Yes (K)- The site induction, (identical for employees and contractors) covers Fitness for Work and details Physical and Psychological Impairment and its definition, Alcohol and its effects, Medication declarations, Substance Testing and Fatigue. The induction process includes provision to advise all coal workers of the availability of the Employee Assistance Program and how to make contact. All persons inducted for work at the underground section also complete this module as part of their Scenario competency listed as either: <ul style="list-style-type: none"> • Induction, Contractor, Surface (2 year) or • Induction, Employee Permanent
	(52) (56) Yes (K) – The mine uses the Induction process to make all CMWs aware of the SHMS for improper use of drugs. An additional targeted Fitness for Work training package which includes Drugs & Alcohol (effects of abuse and details of the testing process etc.) has been developed to educate the workforce about changes (including “synthetics”) to the reviewed FFW Plans and is in the process of being rolled out to all employees and major FTE contractors

Query	General comment on overall survey responses and/or where appropriate, a selection of 'informative' mine response comments				
	(53) Yes (C) Competency based FFW forms part of the induction process which all (100%) employees and contractors must complete				
	(57) Yes (C) – RIIOHS201A wrt <i>Maintain Personnel Wellbeing</i>				
	(58) No – Ethos will be using an NMA to provide some educational information				
	(59) Yes (C) - CMW educational program is provided within the mine site induction and refresher training. Also authorised site drug testers underwent initial or refresher training in the unit of competency ADT002B <i>Perform On Site Testing for the Presence of Drugs of Abuse - Human Body</i>				
[Qu 2] How many (%) operator employee mine workers (OEMW) and contractor employee mine workers (CEMW) have undertaken the education program in the past 12 Months	% of OEMW		% of CEMW		*A major contributor to the 'not stated' is assumed to be the fact that the respondent answered 'No' to Question 1, thus was not required to answer Question 2
	100%	38%	100%	47%	
	76 - 99	18%	76 - 99	27%	
	51 - 75	11%	51 - 75	2%	
	26 - 50	2%	26 - 50	2%	
	1 - 25	11%	1 - 25	2%	
	Nil	4%	Nil	4%	
	Not stated*	16%	Not stated*	16%	
	(4) OHS Awareness Training for improper use of drugs conducted on site for 100% of permanent employees contractors are covered in the Site induction.				
	(6) Current site documentation is under review as part of SHMS improvement plan. All coal mine workers will be required to undertake training in revised procedure within next 6 months.				
	(11) All coal mine workers are trained and assessed against Fitness for Duty – Improper use of Drugs, during Site Induction. Majority of contractors and mine employees completed retraining in 2012 when new SHMS was introduced and SHMS.xxx.041.1. Fitness for Duty – Improper use of drugs, was one of the elements of training and assessment that was completed.				
	(12) OHS awareness training for improper use of drugs conducted on site for all (100%) employees and permanent contractors in Nov 2012.				
	(13) See response for Question 1				
	(20) All CMWs undertake an annual refresher in the FFW procedure. Further education via tool box talks.				
	(21) 1800 CMW have been through the mine site induction in past 12 months. All were assessed through challenging on FFW.				
	(35) Every CMW (contractors and full time employees) undertake the same induction. A total of 2600 persons.				
	(36) After a review of the procedure all CMW are now scheduled for refresher training				
	(41) See response to Question 1				
	(42) There has been no training this year as there was a campaign targeting every CMW in 2011. A new round of training is to commence later in the year to include new information				
	(46) All mine employees and contractors do the same induction course that includes fit for work – drugs. Total for inductions for 2012 was 595 – no separate record of how many permanent and how many contractors kept				
	(53) 100% of all new employees and contractors receive the training during induction				
	(58) We had a safety day session where the crews were stopped and we went through a fatigue (drug) education training DVD we also put out booklets in October 2012 that has topics like nutrition, alertness, exercise and sleeping guide.				
	(59) All existing employees and contractors underwent induction refresher training within last 12 months				
Qu 3 - Is there an employee assistance program (EAP) in place for employees of all site employer organisations who are at risk of or susceptible to having problems with illicit or performance affecting/enhancing drugs?	Existence of a EAP?		Is the EAP service available to all MW?		
	Yes	100%	All	63%	
	No	Nil	Not all	10%	
	No response	Nil	No response	27%	
	(2) Mine engages Gryphon Psychology as it's EAP provider. Specific provisions				
	(5) Gryphon Psychology is contracted for operator's employees. As part of contractual arrangements contractors are required to provide an EAP provider to their employees.				
	(6) All mineworkers made aware of their ability access EAP. Additional information and signage posted around site.				
	(10) EAP used on site is Converge International				

Query	General comment on overall survey responses and/or where appropriate, a selection of 'informative' mine response comments		
	<p>(18) (19) (25) (57) EAP provided for all CMW by operator</p> <p>(29) In the contractual obligations requirements under the employee relations plan there is a requirement for all contractors to provide an EAP for employees. Site paramedic is also available for consultation and assessment. The SSE and H&S team, including contractors, recently attended a QPS information seminar in relation to illicit and performance enhancing drugs*. The seminar was focused on synthetic drug use.</p> <p>(33) Our EAP is outsourced to a contract provider. All permanent employees and long-term contractors have access to the programme. Other short-term contractors do not automatically have access.</p> <p>(41) Additional handouts sourced from EAP and specialist providers</p> <p>(44) EAP for all operator employees and their families. Is discretionary for contractors – determined on a case by case basis</p> <p>(46) ERAP is for all CMW for any reason. Reason is confidential</p> <p>(51) All operator employees, and families have access to EAP (Gryphon Psychology) Contractors and other 3rd parties have access at the discretion of the SSE</p> <p>(52) (56) All operator employees have access to an EAP. All major contractors working on site have an EAP. We cannot verify that all 'short term' or 'small' contractors working on site provide their employees with access to an EAP. In the event that there is a significant incident on our site involving a contractor who does not have access to an EAP, BMC has in the past extended the offer to use Gryphon Psychology when the situation warrants it.</p>		
Qu 4 - If 'yes' (to Qu 3), does the EAP provider have expertise in dealing with illicit or performance affecting/enhancing drug use in your population?	Yes No No Response*	98% Nil 2%	*It is assumed that the non- response was due to lack of knowledge of the EAP provider's competency
	<p>(2) (5) (43) (51) (52) (56) Organisations such as Gryphon Psychology and BSS Corporate Psychology Services provide training, consulting and case management in fitness for work (FFW) issues such as drug and alcohol management, fatigue management and psychological impairment.</p> <p>(10) (21) (24) Have a range of (tertiary) qualified counsellors available to address numerous drug problems/concerns including illicit or performance affecting / enhancing drug use</p> <p>(19) Assure Programs our EAP have qualified psychologists to deal with these issues.</p> <p>(25) Mine uses the services of PPC www.ppconline.info/au) for its EAP. PPC have worldwide have professionals with expertise in alcohol and drug related issues and can help CMWs in these areas</p> <p>(31) Counsellors have specialised training in drug and alcohol abuse</p> <p>(33) (34) (35) (45) (The provider has expertise (or has access to it) in all areas of drug and substance abuse, and other hazardous addictions, which can create an at risk behaviour.</p> <p>(46) The local provider for EAP is knowledgeable about coal fields problems across the range of likely consultations.</p> <p>(47) (58) The mine operator uses Assure Programs that engages providers from all over the country depending on the location of the individual and the need. The EAP cannot guarantee expertise in remote areas for performance affecting/enhancing drug use however, they are able to utilise other methods of assistance over the phone.</p>		
Qu 5 - Is there a system in place where a person has an obligation to notify the SSE (or SSE's representative) of their current use of any medication that could impair their ability to carry out their duties at the mine?	Yes No	100% Nil	
	<p>(2) (33)The process implemented is identified in the Fitness for Work Interview a declaration form which supports the site's procedure – Drug & Alcohol Management</p> <p>(10) (18) (19) (34) (35) Via a medical declaration form as per site procedure</p> <p>(20) Via a Supervisor assessment sheet</p> <p>(25) (29) Yes, a requirement of the FFW Standard that all mineworkers declare any medication. This is notated (by the paramedic) on a Medical Declaration form and Register</p> <p>(44) Complete Medical Declaration form – hand to Supervisor and then onto safety and training department</p> <p>(45) <u>Disclosure: Over the Counter Medication</u> CMWs are encouraged to notify their supervisor as soon as practical however, must complete a declaration form prior to any random testing. <u>Disclosure: Prescribed medication</u> CMWs taking prescribed medication that will give a positive result in a drug test should notify their supervisor as soon as practicable and must have a letter from their treating doctor stating the type of medication and if it will have any effects on the ability to perform their normal duties. This letter must be produced prior to any random testing.</p> <p>(51) Medication declaration form to notify SSE of a CMWs use or ceasing of use of medication</p>		

Query	General comment on overall survey responses and/or where appropriate, a selection of 'informative' mine response comments		
	(52) (56) An employee's obligation to notify the SSE or delegate of current medication use is outlined in the FFW Drug & Alcohol Plan All medication (prescribed and non-prescribed) taken that has the potential to affect fitness for work, must be reported to the SSE (or representative – Registered nurse) and a confidential written record (declaration form) filled out and kept on file		
	(57) Medication declaration form as part of the SHMS. The use of the form is communicated at induction.		
	(58) Declaration form, and when logging onsite for mine employees and access for contractors on approval from the SSE on case by case basis		
Qu 6 - If 'yes' to Qu 5, does the person responsible for reviewing the use of medication on site have appropriate competencies to determine medication interactions or level of impairment caused by use of these medications?	Yes	66%	If 'Yes' – State the competencies or qualifications held
	No	34%	
	No – (17) (18) (19) (31) (32) (38) (45) (46) (50) (55)		
	(1) (11) Yes - Where required we seek the advice of our NMA, a Doctor		
	(2) Yes – P3 Advanced Care Paramedic. Diploma or above in Paramedical Science		
	(5) (20) (28) (51) Yes - Paramedics - Advanced Care Paramedic (P3) and/or Intensive Care Paramedic (P4), Drug Testing in the Workplace (30851 QLD), access to Medical Practitioner, MIMS online and Occupational Therapists / Health Advisor.		
	(6) Yes – Qualified onsite Paramedics with access to MIMS		
	(7) (10) (13) (15) (24) Yes – Registered nurses (access to Dr if necessary)		
	(14) Yes – Medication initially reviewed between MW and supervisor. If concerns, the medication then reviewed with the onsite qualified paramedics.		
	(16) Yes – Queensland Ambulance Service Paramedic ACP2 Ripen trained.		
	(21) Yes – Paramedics (P3), Diploma Pre Hospital Care, Bachelor of Nursing (RN)		
	(22) Yes - Review completed by qualified paramedic and / or site health advisor. Site health advisors are registered allied health professionals. Telephone support is also available via the Paramedic's medical officer if required.		
	(23) Yes – The person reviewing the use of medication has formal nursing qualifications. The site system requires clarification of the (FFW) effects with the subscribing medical practitioner if there is any doubt regarding the effect or impairment.		
	(25) No – The SSE has access to MIMS Online to determine potential medical interactions and impairment, including side effects. Any concerns are referred to the site's NMA for further advice and determination.		
	(29) Yes - The site paramedic has the appropriate competencies to identify medications that may cause impairment. The site also has engaged a qualified medical practitioner for advice through consultation. This is managed by the CPA Group.		
	(30) Yes – The mine's Paramedics have Advanced Life Support competencies with a minimum of 5 years on road experience as well as being a Certified Drug and Alcohol Screening Officer.		
	(33) Yes – All medical declarations are investigated by the RRTWC (Rehabilitation and Return To Work Coordinator), with particular attention to side effects & warnings. Where necessary, reference is made to our NMC (Nominated Medical Advisor) or AWDTS (Australian Workplace Drug Testing Services) for advice.		
	(34) (35) Yes - This is managed primarily through the health and wellness advisor who is a RN. Where additional information is required, we consult with other allied health professionals, lab technicians and our Corporate office team. Support is also sought from NMA or other medical practitioners, and the MIMS database.		
	(36) No - Reliance on information received by the CMW or via medical certificate.		
	(37) Yes - MDT01A – Drug and Alcohol Sample Screening; BSB41407 – Cert IV OHS Diploma OHS		
	(40) Yes - The Safety Advisor and Paramedic review the declarations and their qualifications are Diploma Paramedical Science and Cert IV Emergency Medical Technician.		
	(41) Yes - Initial screen undertaken by S&T Superintendent, with additional information sourced from the National Prescribing Service (NPS) Medicine wise. If additional information required, person is referred to prescribing doctor for additional information.		
	(42) Yes - The paramedics provide advice to the approver. The Paramedics hold qualifications consistent with those specified under the Health Act for Intensive Care Paramedics (ie P4)		
(43) Yes – Notification needs to be made formally through our Substance Notification Form. The NMA is then required to sign stating that they have discussed the use of the medication with the person and that the use of the medicine is either safe or unsafe to continue work.			
(44) – No Managed through the Safety/Training Department – no competencies or qualifications; however any medication concerns are discussed with our treating NMA.			

Query	General comment on overall survey responses and/or where appropriate, a selection of 'informative' mine response comments		
	<p>(47) Yes - Advanced care paramedic (P3); Bachelor of health paramedical services; Intensive care paramedic (P4); Bachelor of health nursing; Drug testing in the workplace 30977QLD</p> <p>(48) No - The persons responsible are the site's HST Superintendent and HS Coordinator. Both persons have bachelor degrees in Occupational Health and Safety and know how to access information on the internet to gain an understanding of how the medications may affect a person's ability to work safely. However I am unaware of any formal qualification available to deem a person "competent" to perform this task other than some kind of medical qualification.</p> <p>(49) No - I use the drug packet guidelines on how the drug can impair the person.</p> <p>(52) Yes - All medication (prescribed and non-prescribed) are reviewed by the Health Professional (Registered Nurse) who also has 24/7 access to a doctor via video conferencing or telephone to discuss impairment concerns.</p> <p>(53) Yes - Emergency Medical Technician; Rehabilitation & Return To Work Coordinator (RRWTC); Both with reference to the company NMA</p> <p>(56) Yes - Health Professional (Registered Nurse) plus 24/7 access to a doctor via video conferencing or telephone</p> <p>(57) Yes - Medication use, referred to NMA for advice</p> <p>(58) No - Any non-standard medication would be clarified through the NMA.</p> <p>(59) No - Nominated Medical Advisor appointed, with onsite access to MIMS online.</p>		
Qu 7 - Is a record of the medication notifications kept?	Yes No	100% Nil	
If 'Yes', where and how?	<p>(1) (26) (32) (36) On personnel's file, Written format/hard copy</p> <p>(2) (5) (20) (22) (28) (52) Stored electronically in MEDGATE (a confidential electronic records system)</p> <p>(6) (15) (16) (30) (31) (40) (47) Filed and locked in medical clinic - restricted key access</p> <p>(7) (23) (24) (29) (35) (43) (52) (56) In a secure and confidential medical file maintained by onsite First Aid personnel/RN</p> <p>(11) (49) SSE maintains a confidential file of submitted forms</p> <p>(14) Employee records are maintained on file by the site nurse and the site medical facility; contractor records are maintained at the contractors onsite offices.</p> <p>(17) Sighted by the persons Supervisor then signed off by the SSE and filed in their personnel file</p> <p>(18) Filed in mine records by document controller</p> <p>(19) (42) (53) Confidential hard copy kept in Safety Department</p> <p>(21) Manual entry by medical staff into the CMW's Medical File</p> <p>(25) All medical declarations are kept in the medication and allergy register located in the first aid room (by approved personnel) in case of emergency</p> <p>(33) Filed on the CMW's personal file as well as the HR database</p> <p>(34) Medical declaration forms are kept in health files (medical use folders by date and worker) and are maintained in a lockable cupboard by the Health and Wellness Advisor.</p> <p>(36) (55) CMW's Personnel file</p> <p>(37) Secured in the H&S Mgr's office. Hard copies filed</p> <p>(38) Medical declaration form completed and forwarded to supervisors and then to H&S</p> <p>(41) (48) Hardcopy forwarded via supervisor to S&T Supt who files in office with an e-copy kept</p> <p>(44) All medical declarations are kept with CMW's medical files</p> <p>(45) When a CMW reports to their supervisor that they are on a prescribed medical and form is filled out to with the medication and it is determined the risks associated to their normal duties, it is then passed on to HR.</p> <p>(46) Kept in a confidential section of the Mine Record</p> <p>(50) Onsite in locked rehabilitation document safe</p> <p>(58) Medical declaration made if necessary. If completed send to Safety Dept.</p> <p>(59) Electronic copies confidentially stored on a secure server, with hard copies kept secured within a lockable filing cabinet.</p>		
Qu 8 - Are the following methods in use to decide a person's FFW due to drugs?			
A. Availability of a facility or procedure for voluntary self-testing for drugs?	Yes No	84% 16%	
If 'No', the reason why (if given)	(18) (32) (38) (41) (50) (55) No reason given		

Query	General comment on overall survey responses and/or where appropriate, a selection of 'informative' mine response comments	
	(30) Self-testing facilities are provided for Alcohol, but not for Drugs	
	(58) CMWs have a self-responsibility to monitor their own health to ensure that they are FFW	
B. Random testing for Drugs?	Yes No	100% Nil
	(45) Random testing for drug (& Alcohol) is done once per week by Wilson Security For 2012 a total of 464 persons were tested being an average of 8.9 persons randomly tested per week. Total FTE CMWs = 788	
C. Testing for impairment due to Drugs under suspicion?	Yes No	100% Nil
Comments (where made)	(46) Three persons tested under suspicion FYTD 2013 Results 2 non-negative (synthetics) (52) (56) Testing under suspicion is carried out in the event 'reasonable' concern or suspicion that a person may not be fit for work has been raised.	
D. Mandatory testing for Drugs post-accident, incident, HPI or serious injury?	Yes No Other	94% 2% 4%
Comments (where made)	(5) Other - D&A Management Plan states the following: 5.2.4.2 Fatal incidents or serious bodily injury <i>Testing as to cause shall be conducted for all persons directly involved in fatal incidents or serious bodily injury (Sections 41 and 42 (c)) of the CMSHR 2001. Testing as to cause shall be conducted on site in a timely manner after an accident or incident and results made to relevant authorities upon formal written request.</i> Mandatory testing does not necessarily apply to all HPI events. (34) (35) Other/Yes - Mandatory for HPIs Some discretion by supervisors/managers/EMTs based on type of incident (for low to moderate risk incidents). (46) Drug testing is done after every incident on site by Gate House personnel (51) For cause (suspicion) after an incident, based on an assessment of the incident factors. (53) Yes - All persons involved in vehicle or mobile equipment incidents or other serious incidents (56) Yes - Testing is carried out to rule out drugs or alcohol as a causal factor	
E. If 'Yes' to Qu 8(D), how many CMW were mandatorily tested in the past 12 months?	(1) 4 CMW = ?%	
	(2) 84 CMW = ?%	
	(4)+(13) 61 CMW = 13%	Combined mine sites
	(5) 14 CMW = 2.5%	Records of mandatory testing have only been captured since December 2012. Since that time there have been 14 occasions for mandatory testing. This equates to 2.5% of 570 FTEs.
	(6) 208 CMW = ?%	
	(7) 238 CMW = 35%	238 tested mandatorily post incident of 671 FTE
	(10) 76 CMW = ?%	100% of persons involved in an incident
	(11) ? CMW = ?%	Three on record, the mine identified the previous incident report template had no requirement to annotate that a drug test had been conducted. The mine has a new incident report template in place that now records when a drug and alcohol test is conducted post incident, so the information can and is now recorded.
	(14) 65 CMW = ?%	Please note that specific incident testing records were not maintained separately from drug and alcohol testing records until recently; 100% of workers involved in an incident are tested for drugs and alcohol if human error cannot be excluded as the cause of the incident.
	(15) ? CMW = ?%	100% of persons involved in an incident
	(17) 2 CMW = ?%	Only two HPIs requiring mandatory drug testing
	(18) ? CMW = <1%	0.4% of FTEs required mandatory drug testing
	(19) ? CMW = ?%	1331 personnel were tested in the previous year at our mine, we do not however, differentiate between different test categories when capturing figures.
	(20) 20 CMW = ?%	This number relates to personnel involved in some personal injury or equipment damage events

Query	General comment on overall survey responses and/or where appropriate, a selection of 'informative' mine response comments	
	(22) 4 CMW = <1%	Specific mandatory drug testing records after an incident have only been kept for less than 2 months (since April 2013). In that time 4 persons have been tested
	(24) 2 CMW = ?%	Only two reasons to mandatory test for 'cause'.
	(25) 138 CMW = 25%	NB This is the number of 'mandatory' tests undertaken in accordance with site procedures which are in excess of the requirements of section 8D. In the 12 months to Mar 2013, 553 drug tests were taken onsite
	(26) 21 CMW = 3%	
	(28) 460 CMW = ?%	This number relates to personnel involved in personal injury or equipment damage events which are not HPIs
	(29) 12 CMW = ?%	This test related to HPI and any incident of significance
	(30) 72 CMW = ?%	72 post accident / incident
	(31) 74 CMW = ?%	
	(32) 4 CMW = 12.8%	
	(33) 12 CMW = 40%	HPIs such as blasting misfires, mobile equipment fires, etc do not require mandatory testing of CMW's.
	(34) 20 CMW = ~5%	
	(35) 1359 CMW = ?%	[It is assumed that this is total tests conducted including random]
	(36) ? CMW = 100%	[It is assumed that this means that all persons who were involved in an incident were drug tested for cause]
	(37) Nil CMW = 0%	[It is either assumed that the site does not have a drug test after incident system , or there no such incidents occurred that warrant a drug test for cause]
	(38) 12 CMW = ?%	
	(41) 3 CMW = 4%	
	(42) 54 CMW = ?%	
	(43) 50 CMW = 98%	Only one CMW was missed. Due to seriousness of injury CMW test was not applied at site due to urgent need for medical treatment.
	(44) 17 CMW = 5%	
	(45) 788 CMW = 59%	
	(47) 70 CMW = ?%	
	(48) 2 CMW = ?%	
	(49) Nil	The mine site has not conducted any recent (drug) tests of individuals that could have been a contributor to in an incident
	(50) 4 CMW = >5%	
	(52) ? CMW = 100%	D&A testing is carried out after all incidents that occur on site, regardless of the seriousness of the incident.
	(53) 131 CMW = 100%	All persons involved in vehicle or mobile equipment incidents or other serious incidents are drug tested
	(55) 20 CMW = 5%	
	(56) 21 CMW = 4.4%	D&A testing is carried out after all incidents that occur on site, regardless of the seriousness of the incident.
	(57) 2 CMW = 0.01%	
	(58) 53 CMW = ?%	
	(59) 37 CMW = 90%	
Qu 9 - What Criteria of Assessment (CoA) is used in relation to the "improper use of drugs" at your site?	[A] - Where the majority of CMWs agree to the CoA proposed by the SSE [s42(7)]	69%
	[B] - The CoA as stated in Recognised Standard 07 [42(7A)]	17%
	[C] - A CoA that is a variant to Rec Std 07	8%
	[X] - No response or stated that system being	6%
Comments	[B] - (1) (11) (15) (16) (23) (25) (29) (43) (46) (47) No comment	
	[C] - (28) (48) CMWs would not vote in SSE's CoA (Option A) unless it included elements of RS07	
	[C] - (50) A CoA that is a variant to RS 07 (the nature of the variation is not stated)	

Query	General comment on overall survey responses and/or where appropriate, a selection of 'informative' mine response comments		
Qu 10 - Does the testing program (criteria) include testing for synthetic cannabinoids or similar	Yes No	17% 83%	
Explanation:	<p>(6) No – Saliva scans are the agreed method of testing, has a limited effectiveness of detection</p> <p>(14) Yes - Urine testing available for with-cause suspicion tests - improvements planned in this area</p> <p>(17) Yes - Testing from an external party (QML) is carried out in addition to site testing. QML test for synthetic cannabinoids.</p> <p>(18) (25) No - Testing for synthetic cannabinoids is currently under review (May 2013)</p> <p>(22) (37) Yes – Random selection (of urine 'non negative samples) sent to external laboratory to test for synthetics</p> <p>(24) No – Not currently. FFW is currently under review – proposed that the SSE will have the right to ban any substance that is considered to be hazardous until it is proven otherwise.</p> <p>(33) No - The mine SOP allows for testing of all illicit and banned substances and options for testing for synthetic or similar substances are being investigated.</p> <p>(34) (35) No - There are no specific tests available on the market currently to specifically test for synthetic cannabinoids as the producers of the synthetic drug can change (chemical) the composition of the drug, resulting in the specific test being obsolete. We continue to consult with 'experts' to determine options and reliability of testing.</p> <p>(40) No – Currently investigating a synthetic cannabis dipstick test kit to be used onsite</p> <p>(41) Yes - As part of random test process, we use the 'Lane Worksafe One Step Synthetic Cannabinoids' test, screening for the two main substances known as JWH018 and JWH073</p> <p>(45) Yes - The testing format is Urine Cup samples. From March 2013 this included Synthetic Drug testing by use of a Synthetic Dip stick into the negative sample of the urine sample.</p> <p>(46) Yes - Urine tests by contractor testing organisation using new generation synthetic test kits</p> <p>(47) No - On suspicion the mine is able to test for this through the lab. However, there have been no instances of this at this stage.</p> <p>(48) No - Testing has recently become available, and we are investigating the method of assessment and cost associated with it.</p> <p>(49) No – Current saliva testing technology does not detect synthetics as yet. Awaiting results of testing at an associate mine for saliva detection trials.</p> <p>(51) No – Our FFW policy does make comment about, nor do we currently test for synthetic cannabinoids.</p> <p>(57) No - The agreement reached with the majority of the workforce is to test for drugs using saliva test kits. There is not a reliable test kit available on the market to test for the spectrum of synthetic cannabinoids</p> <p>(59) No - No testing for synthetic cannabinoids to date due to no recognised Australia Standard for testing.</p>		
Qu 11 - Is the testing and subsequent handling of test samples conducted by persons holding the appropriate competencies?	Yes No	100% Nil	
	Respondent Mines	Stated Accredited Course or Unit of Competency	
	(57)	30672QLD Course in Alcohol and Drug Monitoring in the Workplace - Collecting/Testing/Training	
	(4) (6) (21) (22) (41)(48)	30681QLD Course in Drug and Alcohol Screening	
	(17) (18) (33)	30807QLD Course in On-Site Testing for Alcohol and Drugs of Abuse	
	(47)	30977QLD Course in Workplace Drug Testing (Breath Alcohol), (Urine), (Oral Fluid – Saliva)	
	(1) (28)	31002QLD Course in Drug and Alcohol Screening	
	(6) (11) (15) (37) (38) (40)	69813QLD Course in Drug and Alcohol Screening (Superseded by 30681QLD)	
	(2) (38) (59)	ADT002 Perform on-site testing for drugs of abuse in the human body	
	(15) (24) (31)(37) (38) (40) (50) (53)	DAT001A Perform workplace Drug and Alcohol testing (Cert III)	
	(36)	DATURI001A Perform workplace urine drug testing (unit)	

Query	General comment on overall survey responses and/or where appropriate, a selection of 'informative' mine response comments		
	(36) (43)	DATORA001A Perform workplace oral fluid drug testing (unit)	
	(26) (31) (32) (35) (52) (56) (58)	HLTPAT304B Collect pathology Specimens other than blood (now superseded by HLTPAT304D)	
	(4) (13) (14) (19) (25) (38) (41) (53)	MDT01A Perform drug sample screening	
	(10) (16) (29) (30) (34) (42) (44) (45) (46) (49) (50) (55)	Stated as 'competent (courses/competences not specified)	
	(7) (23)	Reg Nurse "workplace drug testing" and "chain of custody" training	
	(20) (28) (34) (51)	Stated as "Drug and Alcohol testing competency as per Aust Std"	
Qu 12 - Do supervisors receive specific training on indications of persons not being FFW due to drugs and the procedure to follow in such cases?	Yes No	65% 35%	
Relevant comments	<p>(1) Yes – Only those who have completed 31002QLD (Accredited course in D&A Screening)</p> <p>(2) Yes – Supervisor development and FFW training</p> <p>(5) (20) (28) Yes – Supervisors undergo BSS FFW training which includes an element relating to Drugs and Alcohol. Access to health professionals for advice including onsite paramedics.</p> <p>(6) No - Supervisors are trained in site procedures related to fitness for work and have responsibilities outlined as per management structure, however at this stage a competency based training related to indications of the effects of drugs has not yet been implemented</p> <p>(7) Yes – Only as per site procedure (Fitness for Duty – Drugs). It is planned for supervisors to undergo training in the unit of competency <i>TLIF4103A - Implement fitness for work procedures</i></p> <p>(11) (23) Yes - Only as per site procedure (Fitness for Duty – Improper use of Drugs)</p> <p>(14) Yes – Induction includes awareness on FFW</p> <p>(15) Yes – All safety critical supervisors have completed 69813QLD – Course in D&A Screening (or equivalent)</p> <p>(17) Yes – FFW training is conducted annually for all mine site personnel</p> <p>(18) Yes? - Signs of intoxication and impairment (Indicia) are listed in SWP-131 Alcohol and drug education and STD005 Fitness for work</p> <p>(19) Yes - Supervisor training sessions conducted include responsibilities, legal obligations and processes.</p> <p>(22) (26) Yes - Supervisors attend fitness for work training conducted by BSS Psychology</p> <p>(24) No? - D&A SWP is delivered to all participants at site induction. Planning is underway to develop a specific program for supervisors to recognise potentially affected CMWs.</p> <p>(25) Yes – A total of 25 Supervisors (et al) have undergone a D&A education workshop to improve their understanding of the signs of drug taking.</p> <p>(29) Yes – Site specific supervisor induction the includes FFW accredited training (type not stated)</p> <p>(30) No - Supervisors are given general training and awareness in relation to the requirements for FFW onsite. They are also given the training to find the policy and procedures for FFW. Specific training is not conducted</p> <p>(31) Yes - Supervisors have been trained in the Fitness for Work Standard, and are also trained and certified (Cert III) to conduct drug and alcohol testing in the workplace.</p> <p>(32) Yes - Supervisors are aware and have signed off on the site "Fitness for Duty Standard" Indications of persons not being fit for work are covered within this standard, along with actions to take if a person is suspected.</p> <p>(33) Yes - Training has been provided to Supervisors (most of which hold the 30807 QLD competency), as well as an appendix for Risk Management Guidelines for Supervisors in the mine SOP for FFW-Drugs, which includes, questions, considerations, risk and control, specifically designed for drug related issues.</p> <p>(34) Yes - This training is part of the (FFW) Management Training programme for Supervisors that is offered periodically. This is in addition to the Basic (FFW) Management Training that is conducted. The procedure to be followed (by supervisors) is detailed in the site procedure.</p> <p>(35) Yes - All CMWs are trained in the Fitness for Work SOP, Supervisors also complete the 'Zero Harm Leadership Course' which covers off how to identify employees who are not FFW.</p>		

Query	General comment on overall survey responses and/or where appropriate, a selection of 'informative' mine response comments		
	<p>(36) Yes – Supervisors have received training via BSS Corporate Psychology Services and most have some or all of the following competencies: DATKNO001A – Apply knowledge – D&A Testing DATBRE001A – Breath Alcohol Testing DATURI001A – Urine Drug Testing DATORA001A – Oral Fluid Drug Testing These are units of DAT001A Perform Workplace Drug and Alcohol testing</p> <p>(41) Yes - Coaching by S&T Superintendent and professional D&A screen contractors, handbook</p> <p>(42) Yes - Supervisors have received training in the past and a new round of training is to commence later in the year (2013) and will include some new information</p> <p>(44) Yes – All supervisors trained in the FFW – Drug procedure</p> <p>(45) Yes - All supervisors have received training in the (mine's) FFW Policy. All persons on suspicion are taken to the Gatehouse where trained Security personnel conduct urine test (includes synthetic testing) and BAC testing</p> <p>(46) No – Not specific, but general FFW (awareness) training</p> <p>(48) Yes - Supervisors are trained in the requirements of (the mine procedure) Drugs and Alcohol and complete a written assessment to demonstrate their understanding of the procedure. Information sessions are also conducted from time to time at HSEC Meetings.</p> <p>(49) No – Only through the mine induction process.</p> <p>(50) Yes – Supervisor on boarding training and in subsequent review sessions.</p> <p>(51) Yes – Fatigue (FFW) Management training, including D&A awareness.</p> <p>(52) (56) Yes – Internal Supervisors training presentation, developed by <i>Principal Improvements Health</i></p> <p>(53) Yes – They are trained in the (site) procedure and (how) to follow the procedure.</p> <p>(57) Yes - Supervisors have been trained to Nationally Accredited 30672QLD Course in Alcohol and Drug monitoring in workplace – Collecting, Testing and Training</p> <p>(58) No – Issued with Supervisor guide from EAP</p> <p>(59) No – Reviewed current Supervisor training scope, redeveloping Supervisor specific training (to be) aligned to 30855QLD course in Fitness For Work.</p>		
Qu 13 – What method/s of on-site drug testing is done?	Urine only	52%	
	Saliva only	21%	
	Both U&S	25%	
	Other	2%	
	<p>(4) (13) Both – Saliva initially, with Urine samples sent to lab</p> <p>(6) (16) Both – Saliva initially, then Urine for confirmatory testing</p> <p>(20) Both – Urine and then a secondary Saliva swipe only for THC</p> <p>(21) Both – Urine at induction, then Saliva for random and challenge testing</p> <p>(23) Other – First screen is OSPAT, if positive then second screen is Saliva and if this positive, then third screen is Urine.</p> <p>(25) Both – Saliva testing is the default for all testing. Urine testing is made available should a person prefer.</p> <p>(28) Both – CMW has the option of either Urine or Saliva</p> <p>(45) Urine – The testing format for drugs is Urine</p>		
Random drug testing for permanent (mine operator and full time contractor employees) and temporary (contract) mine workers (as required by section 42(4)(e)(ii) of the CSMH Reg) and visitors (under MW supervision).			
Qu 14 - Permanent MWs?	(1) (4) (13) (14) (19) (22) (55) (57) (58) MW performs a manual blind selection of a marble/dice/token from a bag, or other like container (Chance of a drug test =1/n where n = total number of tokens)		
	(45) (46) Over the 4 rotating shifts, there are a number of different locations on site where testing is administered, this involves a random marble draw system based on the ration of 1 in 5. e.g. 20 persons – 4 persons are required to submit a urine sample and BAC.		
	(6) (7) (15) (21) (24) (26) (29) (30) (31) (33) (38) (40) (41) (44) (47) (53) Computer based random number generated at predetermined selection frequency		
	(2) (5) (20) (28) (51) (56) Computer based random number (variable %) generated when MW 'swipes' on at start of shift (TAMS)		
	(7) (If don't have ID or swipe card = mandatory drug test		
	(10) (18) (36) (37) (38) (42) (59) Method of random testing not stated		
	(11) (16) (25) (32) (34) A date selected for a blanket testing of all persons (or a particular work crew) on-site on that day/time.		

Query	General comment on overall survey responses and/or where appropriate, a selection of 'informative' mine response comments		
	<p>(17) As a variation to 'blanket testing', 2 coloured marbles are issued to MWs and those with the colour selected (50%) are up for testing</p> <p>(48) (49) (50) External organisation contracted to perform crew D&A testing on 3 random days per month. Not started if full crew or selection of crew</p> <p>(23) 28) (All permanent MWs undertake an OSPAT screen, if fail the person is subjected to a D&A test. Random testing of full crews carried out for total shift crew</p> <p>(35) Using the previous day site entry records, 10 random employee ID numbers are selected and placed on the random testing list. Upon entry to site, the employee will swipe their access card which will indicate their employee number and hence requirement for a D&A test.</p> <p>(43) Random number generator is activated every morning by Scenario TES and activated on the persons swiping into work on the day at the site access gates.</p>		
Qu 15 – Contractor employee MWs?	<p>(1) (4) (6) (13) (14) (19) (22) (55) (57) (58) MW performs a manual blind selection of a marble/dice/token from a bag, or other like container (Chance of a drug test = 1/n where n = total number of tokens)</p> <p>(45) (46) As for permanent employee MW – all persons on site, or selected part, are required to participate</p> <p>(2) (7) (15) (21) (24) (26) (29) (30) (31) (33) (38) (40) (41) (44) (47) (53) Computer based random number generated at predetermined selection frequency</p> <p>(5) (20) (51) (52) (56) Computer based random number (variable %) generated when MW 'swipes' ON at site and/or at start of shift (TAMS)</p> <p>(7) (If don't have ID or swipe card = mandatory drug test</p> <p>(10) (18) (36) (37) (42) (59) Method of random testing not stated</p> <p>(11) (16) (23) (25) (32) (33) A date randomly selected for a blanket testing of all persons (or a particular work crew) on-site at that day/time</p> <p>(17) Due to the low number of Contractors frequenting the mine, they are all tested for D&A when on-site</p> <p>(35) As for permanent employee MW</p> <p>(43) Same as for permanent employee MW. The random generator is based on the names of persons authorised to enter site.</p> <p>(48) (49) (50) As for permanent employee MWs</p>		
Q16 – Visitors under full MW supervision?	<p>(1) (2) (5) (6) (7) (14) (19) (21) (22) (26) (28) (46) (47) (51) (52) (55) (56) (57) (58) Visitor performs a manual blind selection of a marble/dice/token from a bag, or other like container (Chance of a drug test = 1/n where n = total number of tokens)</p> <p>(45) As for permanent employee MW – all persons on site, or selected part, are required to participate</p> <p>(10) (36) (37) (42) (49) (59) Method of random testing not stated.(Presume manual blind selection)</p> <p>(4) (13) (16) (18) (29) (31) (34) (35) (43) (48) Visitors are not randomly tested for drugs as individuals (challenge testing not discounted)</p> <p>(11) (17) (23) (25) (32) (33) A date selected for a blanket testing of all persons on-site (crew) on that particular day/time. If a visitor happens to be on-site, they are tested as well.</p> <p>(34) (45) Visitors are included in the site random programme. Visitors would be called up either as a sampling of visitors on site or as part of the area/workgroup that they are visiting</p> <p>(15) (24) (30) (38) (40) (41) (53) Computer based random number generated at predetermined selection frequency</p> <p>(44) Computer random number generator used with entries from visitors book</p>		
Qu 17 - Are limits stated in AS4308 (Urine) or AS4760 (Oral fluids) used to assess fitness?	Yes	98%	
	No	2%	
	<p>(33) (47) Yes - If a sample is screened and indicates the presence of an illicit drug/s, the sample is packaged and sent off to an approved Laboratory for further analysis. If the positive screen is consistent with declared medication, the Supervisor then discusses the circumstances with the individual prior to approving a return to work.</p> <p>(49) Yes - Drugs Tested for are:</p> <ul style="list-style-type: none"> • Opiates (50ng/mL) • Cannabinoids (THC) (25ng /mL) • Amphetamine / Methamphetamine (50ng/mL) • Cocaine (50ng/mL) <p>(51) No – THC 'cut-off' as per the FFW Policy is 100ng/ml. AS4308 states a 50ng/ml level</p>		

Query	General comment on overall survey responses and/or where appropriate, a selection of 'informative' mine response comments	
Qu 18 - What percentage of MWs (FTE) on site were tested for drugs in the past 12 month period?	As the responses to this question were 'many and varied', it was determined that any comparison that can be made between mines would be invalid.	
	(1) 50%	
	(2) ?	1 in 30 random selection. 5448 or % FTE employees undertook drug testing in the past 12 months.
	(4) + (13)	3.5% of each rostered shift, totalling 2,627 drug tests, over a 12 month period at the two mines
	(5) ~70% of 570 FTE	2% of each rostered shift is selected for testing. Over the 12 month period 82% of 406 (operator's) CMW's (entering site) were tested at least once. Over the 12 month period 38% of 1312 Contractor CMW's (entering site) were tested at least once
	(6) 72% of 650 FTE CMWs	Total of 500 drug tests carried out
	(7) 4% of 671 FTE CMWs	A total of 2637 tests of 671 FTE (4% per shift?)
	(10)	5% of 610 FTE CMWs
	(11)	100% of CMWs have been tested
	(14)	261% of 1487 FTE CMWs
	(15)	30% of 878 FTE CMWs
	(16)	1640 tests of 600 FTE CMWs
	(17)	57% of 85 FTE CMWs
	(18)	15% of 270 FTE CMWs
	(19)	20% of 540 FTE CMWs
	(20)	A minimum of 5% of 687 FTE CMWs were tested
	(21)	5292 random (drug) tests in total
	(22) 95% of 520 FTE CMWs	SSE transition occurred in April 2013. During this time, approximately 495 tests have been completed.
	(23) 100% of CMWs	All CMWs are required to test for drugs in terms of the OSPAT screening program.
	(24) 12.6% of FTE CMWs	
	(25) 100% of FTE CMWs	100% = All personnel on site when random blanket testing occurred.
	(26) 69.5% of 1224 FTE CMWs	Calculation based on average of last 4 quarter census reports (1224 average FTE)
	(28) 100% of 2300 FTE CMWs	Approx. 5-6 drug tests for each full time equivalent per year (2300 full time equivalents on site)
	(29)	3% of site contractors (average per shift ?)
	(30) 20% of FTE	
	(31)	1004 FTE CMWs
	(32) 75% of 32 FTE CMWs	
	(33) 100% of FTE CMWs	In addition to the random selection process, we have a schedule of testing which includes both blanket testing and wider random process. Over the past 12 months. We have conducted testing on 3 occasions, which tested a total of 1508 samples. Total number of CMWs workers on site is 485.
	(34) 100% of ~500 FTE CMWs	Approximately 1500 tests conducted, with an FTE number of over 500 coal mine workers (employees and contractors), on site.
	(35) 52% of 2600 FTE CMWs	1359 tests conducted
	(36)	33% of 75 FTE CMWs
	(37)	218% of 545 FTE CMWs
	(38)	67% of 480 FTE CMW tested
	(40)	Recent new mine operator – no tests conducted
	(41) 100% of 160 FTE CMWs	System has been set up for blanket alcohol test & random drug test at each outing. All persons have been subject to selection criteria.
	(42)	100% of 400 FTE
	(43)	615 D&A test conducted in 2012. At the end of 2012 there were 720 FTE

Query	General comment on overall survey responses and/or where appropriate, a selection of 'informative' mine response comments			
		CMWs		
	(44) 30% of 335 FTE CMWs	Based on actual employees and Contractor FTE's – based on the DNRM Levy figures – 100 persons		
	(45)	58.8 of 788 FTE CMWs		
	(46)	Total drug tests = 43 in period 2013 YTD (not full year)		
	(47) 114% of 500 FTE CMWs	Each CMW was tested at least once in the past 12 months.		
	(48)	430 tests for 2012 = 134% 190 test for 2013 YTD (17/06/2013)		
	(49)	Since 1 October 2012 a total of 244 random drug and alcohol tests have been recorded which represents approximately 82% of coal mine workers in a 6 month period.		
	(50)	100% of FTE CMWs		
	(51)	Each mine worker has a 2% chance of being randomly selected for a drug test daily upon entry to the mine site. Facilitated by the access management system.		
	(52) 7.15% of FTE CMWs	2997 drug tests were completed on a total of 419 CMWs over the past 12 months (227 site employees, 142 contractor employees)		
	(53) 100% of FTE CMWs	Average of 689 employees and contractors onsite, total of 2459 random tests completed from April 2012 to the end of March 2013.		
	(55)	90% of FTE CMWs		
	(56) 8.76% of 478 FTE CMWs	4190 D&A tests completed over the past 12 months [Note: It is assumed that an average of 8.78% of CMWs were tested for D or A per day (Ed)]		
	(57)	10% of FTE CMWs		
	(58)	<ul style="list-style-type: none"> •Oct 2012 – 21% (41 tested and 194 was on site over 24 hours) •Nov 2012 – 12% (20 tested and 169 was on site over 24 hours) •Dec 2012 – 10% (26 tested and 256 was on site over 24 hours) •Jan 2013 – 10% (19 tested and 184 was on site over 24 hours) •Feb 2013 – 24% (39 tested and 160 was on site over 24 hours) •March 2013 – 13% (20 and 176 was on site over 24 hours) 		
	(59)	25% of ~500 FTE CMWs		
Qu 19 – How many of those tested, tested positive?	(Mine code) – Number of positive drug tests in the past 12 month period			
	(1) – 1	(18) – 0	(32) – 0	(46) – 2
	(2) – 2	(19) – 2	(33) – 5	(47) – 0
	(4) – 3	(20) – 14	(34) – 15	(48) – 0
	(5) – 2	(21) – 0	(35) – 5	(49) – 0
	(6) – 1	(22) – 1	(36) – 0	(50) – 2
	(7) – 1	(23) – 1	(37) – 1	(51) – 1
	(10) – 0	(24) – 2	(38) – 3	(52) – 5
	(11) – 0	(25) – 2	(40) – 0	(53) – 4
	(13) – 3	(26) – 5	(41) – 5	(55) – 1
	(14) – 0	(28) – 4	(42) – 0	(56) – 1
	(15) – 10	(29) – 0	(43) – 1	(57) – 0
	(16) – 4	(30) – 6	(44) – 0	(58) – 1
	(17) – 0	(31) – 0	(45) – 2	(59) – 4
	<u>Note:</u> Respondents were asked to exclude 'false negatives' and positives caused by prescribed medications			
Qu 20 - Briefly outline action steps/disciplinary procedure used on persons exceeding specified limits for any measured illicit drug?	(1)	Stood down with pay pending a non - negative result being returned from laboratory Stood down without pay if lab result is non – negative until a negative result is returned. Written Warnings issued, RTW restrictions can be stipulated by SSE, Termination possible		
	(2)	1st Non-Negative Result – Stood Down on annual leave until a negative result is returned. Reminded of EAP Record on Health File. 2nd Non Negative Result within 12 months of 1 st result– As per 1 st Non-Negative Result. Interview with Superintendent. Subject to Return To Work Agreement with appropriate monitoring of employee. Employee shall attend counselling with EAP provider. 3rd Non-Negative Result within 12 months of 1 st result – As per actions in 1 st & 2 nd		

Query	General comment on overall survey responses and/or where appropriate, a selection of 'informative' mine response comments
	Non-Negative Results. Breach of Return To Work Agreement will be subject to disciplinary action and may result in dismissal.
(5)	<p>Points accumulated by a coal mine worker or visitor in accordance with the Excessive Consumption of Alcohol Management Plan and the Improper Use of Drugs Management Plan shall have effect in the following way: Each set of points incurred will have effect for a period of 12 months from the date on which the points are imposed on the coal mine worker or visitor. Points shall be accumulative irrespective of the management plan (Excessive Consumption of Alcohol Management Plan or Improper Use of Drugs Management Plan) under which they were imposed.</p> <p>2 Points – Written Warning 4 Points – Final written warning of termination. 6 Points – Show cause why termination should not occur 8 Points – Termination of employment.</p> <p>During each step rehabilitation is offered to the CMW. For contractors rather than termination the consequence relates to access to site.</p>
(6)	<p>1. First occasion; CMW is stood down until negative urine result is provided. If positive, CMW is counselled + educational program and monthly compulsory testing for 12 months 2. Second occasion; Same as above plus rehabilitation plan in place plus escalation of disciplinary action 3. Third occasion; If positive, employee removed from site permanently NB: any discipline is determined on a case by case basis and considers multiple factors. Additionally disciplinary action taken by subcontractors in relation to their employees is a matter for the employer however site requirements are minimum requirement.</p>
(7)	<p>Confirmatory testing is conducted at a Company nominated testing agency as per AS 4760. If the result is positive, the individual, their supervisor, a workplace representative if requested and if required, a safety & health dept representative will meet to develop a Drug Management Action Plan. At this point the relevant department superintendent will normally decide if any disciplinary action is to be taken. Disciplinary action is managed in accordance with the corporate Misconduct Management Policy.</p>
(10)	<p>1st Positive test – May access to EAP and record of discussion. Must return clear drug test before returning to work. 2nd Positive test – Contact EAP and start monitoring program. Must return clear drug test before returning to work. 3rd Positive test – Show cause and discussion with SSE.</p>
(11)	<p>First Positive test The following procedure shall apply in the event a CMW tests positive for the first time for a prohibited drug under this procedure. The CMW shall:</p> <ul style="list-style-type: none"> • Be advised that they may access professional assistance through an EAP; • Receive a Verbal Warning; • Be advised that they may access leave or leave without pay for the time they are absent from work as a result of this step; and • Be advised that they cannot return to work until they return a negative drug test result <p>Second Positive Test Subject the mine procedure, the CMW shall:</p> <ul style="list-style-type: none"> • Be referred to a counsellor through an EAP; • The CMW, in consultation with the counsellor, and the site's Rehabilitation and Return to Work Coordinator (RRWC) shall develop an agreed fitness for duty management plan; and • Receive a written warning; • Need to establish, to the satisfaction of the SSE, that they are committed to being fit for duty over time through adherence to the fitness for duty management plan; • Be placed on a monitoring program in accordance with the rehabilitation plan; and • If the fitness for duty management plan has not been followed, the CMW shall receive a final warning and record of discussion that further positive test results

Query	General comment on overall survey responses and/or where appropriate, a selection of 'informative' mine response comments
	<p>should result in their continued employment being reviewed.</p> <p>5.3.3 Third Positive Test (Serious Misconduct) A third confirmed positive result shall be treated by ABC as serious misconduct. A CMW under this section shall show cause to the SSE why their employment should not be terminated.</p> <p>Serious Breach of This Protocol SSE reserves the right to address instances of serious breach of this protocol on a case-by-case basis. For example, deliberate cases of using drugs at work, selling/ supplying/ bringing to work drugs, falsifying drug tests, etc. This could include termination of employment on a first or second instance as set out above.</p> <p>Sunset Clause Where a coal mine worker returns a positive drug test, the SSE will require the individual to demonstrate a misuse free period of 12 months to be regarded as successfully rehabilitated. If this is achieved, a subsequent positive test will be treated as a "first breach". Note that the Sunset Clause provisions will only apply once for an individual CMW.</p> <p>Recording Positive Results All positive results shall be recorded on the appropriate form, and stored/maintained by the SSE.</p>
(15)	<p>First Positive – MW stood down. Counselling services offered/referred. Before MW returns to work, a negative test is to be recorded. A monitoring program is implemented which includes two random tests within the six months – the first occurring within the first month. Positive is noted and remains in the MW's file</p> <p>Second Positive – regarded as a second positive only if test is recorded within 12 months of first positive and is managed as per first test. Leader will also ensure the issue is being dealt with through EAP. The Drug & Alcohol Counsellor will assess to determine any issues and if the employee's able to regain FFW. Second positive result may see disciplinary action.</p> <p>Third Positive – regards as a third positive if it occurs within 12 months of second positive reading and will be managed as per second reading. Third positive result will result in disciplinary action.</p>
(16)	<p>1st Positive - Stood down until negative test achieved. Written warning offered counselling and rehab. Mandatory monthly testing 2nd Positive in 12months as above but final warning 3rd Positive - Dismissal</p>
(17)	<p>The Project Manager or delegate shall ensure that individuals testing positive are provided with an opportunity to explain the result and/or request confirmatory analysis of the portion of urine sample provided to them at collection. Where the CMW believes that there is a medical explanation for a positive test, then the Project Manager or delegate shall arrange a review by an agreed nominated medical provider. Where the individual's declaration or re-analysis confirms the results, the individual will be declared Unfit for Work and the Project Manager or delegate shall take appropriate action.</p>
(18) (19)	<p>CMW deemed unfit to work and is taken back to camp. Urine sample sent to laboratory for analysis. Discipline procedure (Behavioural management) is invoked if laboratory result is positive.</p>
(21)	<p>1st default</p> <ul style="list-style-type: none"> • Informed about the FFW Alcohol and Drug default procedure should they be detected again for either alcohol or drugs within twelve (12) months; • Subjected to an oral warning and confirmation of the discussion recorded by the supervisor on the <i>Record of Discussion Form</i> and placed on the person's health file in the HST Department; • Offered counselling through the EAP; • Informed that they shall be included in the additional random D&A testing program for the next twelve (12) months. <p>2nd default In addition to above:</p> <ul style="list-style-type: none"> • Have an oral and written warning and a letter placed on their file as a second warning; • Be advised that failure to comply with the provisions of the D&A Management

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	<p>Action Plan and any other conditions of this standard may result in disciplinary action at the discretion of the SSE.</p> <p>3rd default If detected within twelve (12) months following the first warning (3 defaults within 12 months), may lead to disciplinary action and possible dismissal in accordance with the MW's conditions of employment.</p>
(22)	<p>- removal from site pending confirmatory Certified Laboratory testing - EAP formal referral - rehabilitation / disciplinary action as per EAP management plan as prescribed by the psychologist</p>
(23)	<p>Three step process, where termination is an option after three positives in a 12 month period. First and second steps require EAP, rehabilitation is offered and increased urine testing of the individual will occur.</p>
(24)	<ol style="list-style-type: none"> 1. Individual advised of result 2. SSE advised of result 3. Individual offered assistance (EAP) or Disciplinary Procedure is followed 4. Sample is sent to lab for formal confirmation
(25)	<ol style="list-style-type: none"> 1. Initial saliva test conducted. If result is 'non-negative', then urine sample taken. 2. If urine test sample is 'non-negative', it is sent to a certified laboratory for confirmation. (The CMW is stood down on pay until a confirmed result is received from the lab). 3. If positive result is received, the CMW receives a First and final warning and are provided with contact details of the EAP. 4. For a 2nd offence within 12 months results in mandatory termination.
(26)	<p>Removed from site until clear result is provided. Must participate in education program Increased testing frequency for the individual. Letter to file Second offence within 12 months may lead to dismissal</p>
(28)	<p>Employees of Operator: Step 1: meeting with Manager, outcome will be recorded on personnel file as record of discussion. It will be suggested that employee attend counselling through EAP. Undergo return to work D&A test. Step 2: (second instance within 2 years): meeting with Manager, outcome recorded in a letter on their personnel file. It will be strongly suggested they attend EAP. Undergo return to work D&A test. Step 3: (third instance within 2 years): Must undergo rehab and cannot return to work until able to demonstrate dependency is under control. Step 4: (another instance within 2 years of 3rd instance) the company has the right to discuss disciplinary action up to and including termination.</p> <p>Employees of Contractors: Matters of employment and discipline are managed by the contractor's employer and in line with their FFW policy. This, however, must be at a minimum of action for that of the operator's mine employees. If the CMW returns to work they must undergo a return to work D&A test.</p>
(29)	<p>Zero tolerance for illicit drug use. Each case will be measured on merit and EAP, counselling or rehabilitation plan will be considered.</p>
(30)	<p>A statement is required from the member; they are stood down initially with full pay until confirmation is received from QML pathology. The member is then stood down without pay until they can provide a clean drug sample. The member then comes back to work with a written warning and placed on a 6 month drug testing plan.</p>
(31)	<p>The Breach procedure is outlined in the "fitness for work" standard. 3 step process.</p> <ol style="list-style-type: none"> 1. The SSE, Superintendent or supervisor will discuss the situation with the individual and will focus on 8 processes, making aware of EAP, record the discipline in personnel file, fitness will be monitored for 12 months 2. SSE will consider suspension, formally offer professional assistance through EAP, monitor fitness for work for 12 months. SSE pending circumstances of breach may proceed directly with termination 3. Suspend the individual from duty until the issue is resolved, discuss with senior management within the organisation, in the absence of any mitigating factors, dismiss the individual in accordance with the appropriate disciplinary procedures

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	(32) If a CMW exceeds the specified limits they are not allowed to work and are taken from site and are not to return until a clearance from a doctor is given. Documented on file. Repeat offences EAP and if required guidance from Rehab officer and NMA. Third offence within 6 months – Mineworker to show cause why employment not terminated.
	(33) 1 st Positive: First and final warning, plus suspension until clear test result. Drug management plan developed which may include attendance at the EAP. 2 nd Positive: Dismissal or Contract Terminated.
	(34) Worker removed from site on drug screen non negative, until further confirmation from MSA lab results. If positive is confirmed through the lab analysis, employee follows performance management procedure; concentrated re-testing for 6 months and encouraged to use EAP. Second positive in 12 month period requires mandatory EAP consultation; further performance management with final warning. Dismissal on third positive confirmation. Conscious violations which have the potential to endanger either the individual or other coal mine workers could result in dismissal, without the three strike process. For contractors, the person is removed from mine site until a negative result on follow up screening. Performance management is completed in accordance with contract company's AOD policy.
	(35) Xxx mine workforce is 100% contractor company. Persons testing positive to illicit drugs have their site access removed. Disciplinary actions are at the discretion of the contracting company.
	(36) In accordance with the company <i>Stand-down and Return to Work Procedure</i>
	(37) Each MW is stood down with pay until laboratory results confirm the initial test. Upon confirmation of positive result employees are subject to the EAP process and required to provide a 'clean' sample before returning to work. APC (coaching, disciplinary) process is also applied in these instances to assist management and the MW.
	(38) The Company has a <i>Fitness For Duty Procedure</i> with a section for dealing with breaches (<i>Managing Breaches of the D&A Standard</i>) Personnel found breaching the D&A process are managed with a 3 step process and advised that there are professional services available (EAP) using drug and alcohol counsellors. The third step involves the company reviewing the persons continued employment.
	(40) On indications of a non-negative the procedure for securing the sample is completed with the worker present at all times. Once this is completed the sample is locked in the drug fridge and an approved contractor in handling samples is contacted. The sample is signed over to the contractor who then delivers to the certified lab for testing. The worker is stood down with pay until the results are released. The worker must stay at camp. On return of a false negative the worker can return to work. If the result is a positive the matter is then handed over to corporate HR to follow the disciplinary procedure.
	(41) Employees guided by FFW process, essentially 3 steps at discretion of SSE. Contractors to manage via their own FFW process, guided by site requirements (minimum standard site SHMS) and SSE discretion
	(42) The procedures outline that each contractor is to have an SSE approved process that includes EAP, Discipline, dispute resolution, return to work provisions, and management of repeat infringements. Generally the process is managed by EAP and a 3 step process to removal from site if the worker does not manage the drug abuse process correctly with the assistance of the EAP.
	(43) The procedure requires a meeting with the person and their Department Manager. Discipline is applied based on the facts identified in the meeting/ investigation.
	(44) First Confirmed Positive The details will be recorded on their personnel file and a letter of warning issued. The person will be required to demonstrate active participation in a recognised rehabilitation program or attend an approved drug related education program under the EAP. Refusal to participate in a recognised rehabilitation or education program shall be deemed as a second Confirmed Positive.

Query	General comment on overall survey responses and/or where appropriate, a selection of 'informative' mine response comments
	<p>Second Confirmed Positive On the second occasion an individual returns a Confirmed Positive within a three-year period, their employment/contract may be terminated.</p> <p>Other conditions of response to Confirmed Positive Results Any person who produces a Confirmed Positive to (illicit or performance affecting) drugs:</p> <ul style="list-style-type: none"> • shall demonstrate fitness for work by way of a Negative Result, from an approved testing laboratory, before returning to work • time away from work as a result of an Unconfirmed Result or Confirmed Positive Result shall be taken as sick, annual, leave without pay or long service leave. (If the Confirmed Result is negative, any time away from work will be paid as per the normal missed wages for that person.) • will also be required to meet with their Department Superintendent prior to recommencing work to outline a return to work agreement. • will pay the cost of return to work tests by the Laboratory • will undertake regular random tests on site over the following twelve months (the timing of these tests will be at the discretion of the Safety Training Supt) <p>(45) Any person registering a test result that exceeds the Australian Standard thresholds for drugs or exceeds 0.00 for alcohol shall be driven to their (local) residence and stood down from duties for the shift without pay.</p> <p>Drugs: The first urine sample that exceeded the Australian Standard (AS4308) threshold will be sent to a certified laboratory for analysis. Return to work following this test is pending a clear test from an independent tester, Doctor or a laboratory that complies with the Australian Standards and this policy.</p> <p>Drugs: If the laboratory result provides a satisfactory test result, the person will:</p> <ul style="list-style-type: none"> • Return to work as soon as practicable; • Be paid for the lost time from work; • Have no record kept on file. <p>For a failed drug and / or alcohol test result, the person will:</p> <ul style="list-style-type: none"> • Have a written warning placed on their file. [Note: The warning will not indicate the type of drug used unless the person requests the laboratory results be attached to their file] • Be tested for both drugs and alcohol every month for the next 12 months. The warning will be removed from the employee's file at the conclusion of the 12 months, provided that the person returns all satisfactory tests during that period. (The 12 month period will start again in the event that a person receives a second warning.) • Be offered counselling, drug and/or alcohol education and rehabilitation; • Not return to work until they can provide a declaration signed by a doctor or authorised analyst indicating that the person is below the Australian Standards limit for the identified drug/s • Not be paid until they resume work. <p>If the person returns a second test result that exceeds the AS confirmed by the laboratory for drugs within the 12 month period the person will :</p> <ul style="list-style-type: none"> • Have a final written warning placed on their file. [Note: The warning will not indicate the type of drug used unless the person requests the laboratory results be attached to their file. The warning will be removed from the employee's file at the conclusion of the 12 months, provided that the person returns all satisfactory tests during that period.] • Be required follow the same procedure as outlined in this section above. That is, the 12 month period will recommence • Be required to attend counselling. <p>If the person returns a third test result that exceeds the AS threshold for drugs confirmed by the laboratory within any 12 month period, the person will be dismissed.</p>

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	provided. To my knowledge, no CMW from the mine have been referred to the EAP as part of performance management issues related to the use of drugs or alcohol.				
	(49) No CMWs terminated with regards to drugs, 2 with regard to alcohol				
	(52) There were 5 drug breaches recorded during the last 12 months at xxx mine. All were provided and referred to seek further assistance from the EAP. There were no terminations however all were given warnings.				
	(53) We refer anyone with a positive result to an EAP. We have no knowledge if they have elected to take this service up. Delivery drivers to site get randomly tested as well. If they test positive, their access to site is removed and their employer gets asked to provide their D & A testing Policy to the Site.				
	(56) One drug breach (Contractor) occurred during the last 12 months and was handled by the contractor so we are unable to provide information regarding his referral to their EAP or their disciplinary process or whether it resulted in termination				
	(59) Three employees and one contractor terminated for drugs				
Qu 22 - Self assessment of effectiveness of site program to ensure compliance with section 42 of the Regulation in relation to drugs	1.	Little or no documentation of a fitness provision related to drugs within the SHMS or site implementation thereof.	1	Nil	
	2.	Some evidence of documentation within the SHMS, however implementation is on an inconsistent or ad hoc basis.	2	Nil	
	3.	Systems include reasonable documentation, reasonable but inconsistent implementation. No monitoring for effectiveness.	3	38%	
	4.	Documentation fully developed (including for 'synthetic' drugs), fully implemented and consistent across site. Not reviewed for effectiveness in the past two years.	3.5	9%	
			4	28%	
	5.	Documentation fully developed, total integration into normal operations, deemed to be effective (including for 'synthetics'), regularly reviewing and demonstrating continuous improvement	4.5	15%	
			5	6%	
			No Rating	4%	
		Mine	Rating		
		(1)	3		
		(2)	4.5	Documentation is fully developed, integrated and effective. Regularly reviewed (in past 12 months). No provision for synthetic testing.	
		(4)	3	No testing for synthetics	
		(5)	3		
		(6)	3.5	Currently reviewing system to review effectiveness and the issue of synthetics	
		(7)	3		
		(10)	3		
		(11)	3.5	Is a Rating '4' - if you exclude testing for synthetic drugs, as this has not been included to this time, but under review by SSE. The site has a fully documented and working system and testing is conducted on the site.	
		(13)	3	No testing for synthetics	
		(14)	4		
		(15)	3		
		(16)	NR	(Did not self-rate)	
		(17)	4		
		(18)	3		
		(19)	3		
		(20)	4.5	System regularly reviewed (< 2 years). Integrated into normal activities. No testing for synthetic drugs	
		(21)	3		
		(22)	3	3 chosen as fit for work voting is soon to be completed. Following this all systems can be officially reviewed and implemented.	
		(23)	3.5	Score 3.5 to 4 - Documentation fully developed, implemented and consistent. Reviewed for effectiveness but has not specifically addressed synthetic drugs.	
		(24)	3		
		(25)	3		
	(26)	4.5	Current system is very effective, however does not include testing for synthetics (downgraded to 4.5 due to the lack of a 'synthetic' drug screening system)		
	(28)	3.5	Documentation fully implemented. Not reviewed in the past 2 years and doesn't include testing for synthetics.		

Query	General comment on overall survey responses and/or where appropriate, a selection of 'informative' mine response comments		
	(29)	3	Consistent and reasonable implementation of the procedure although no inclusion for synthetic drugs.
	(30)	4	The mine's documentation is fully developed, fully implemented and consistent across site. Xxx Mine has been audited against (corporate) standards, including Fitness for Duty, within the last 12 months. The mine does not test for synthetic drugs.
	(32)	3	
	(33)	4	Rating of '4', due to documentation being fully developed and implemented which includes the ability to screen for synthetic drugs, however, no site-wide direct screening for synthetic drugs is being undertaken at this stage. Until the screening science further develops, and more options are available, it is difficult to effectively screen for synthetics. We have conducted education sessions across site on the synthetic drugs, as well as other substances. A number of on-site education sessions have also been arranged for May 2013 to be presented by the Synthetic Drug Operations Unit of the Queensland Police Force.
	(34)	5	Documentation fully developed (allows for synthetic drugs once incorporated into Australian Standard. Procedure additionally makes a mention of 'the possession or use of any prohibited substance which has the potential to impact fitness for work' e.g. synthetic drugs, Jack 3D. The procedure is reviewed annually, random test programme, test numbers and positives reviewed monthly. Awareness training – planned and targeted.
	(35)	4	
	(36)	4.5	Procedures do not cover testing for synthetic drugs, but otherwise meet level '5'
	(37)	4	
	(38)	4.5	Except for 'synthetics' (would otherwise be rated a '5')
	(40)	3	
	(41)	4	
	(42)	3	We have not dealt with synthetic drugs as yet and have some implementation to do around the training to make our education more effective.
	(43)	4	Site has selected '4' as the response. It needs to be noted that testing for Synthetics is not covered in our current SOP.
	(44)	4	Do not test for 'synthetics'
	(45)	4	
	(46)	4	
	(47)	4	
	(48)	3	
	(49)	3.5	Xxx mine has a documentation fully developed, fully implemented and consistent across site. It has not been reviewed in two years and therefore does not include 'synthetic drugs'.
	(50)	3	
	(51)	3	Xxx mine does not currently test for Synthetics or make comment of Synthetics in our FFW documentation. FFW (Drug) procedure was last reviewed April 2013
	(52)	5	(no comment made)
	(53)	4	We have a developed and implemented system – our issue is Synthetic drugs
	(55)	5	(No comment made)
	(56)	4.5	The SHMS is complete, implementation is consistent, testing is fully integrated into normal operations, documentation is of a good standard, and plans in place for improvement and review. The agreed method is unable to test for synthetics. [Self scored a Rating of '3'. Upgraded to '4.5' for consistency with other respondents - Ed]
	(57)	4.5	Self assessment of site program would be rated at '5', except do not test for synthetic drugs
	(58)	4	
	(59)	NR	(Did not self rate)

Additional Comment	
(19)	Monitoring is conducted on a regular basis with an external provider. All crews are covered and records kept. Drug and Alcohol awareness is discussed at pre start and toolbox meetings along with monthly indicators for testing. Testing for synthetic drugs not carried out due to site requirement for saliva testing and no saliva test units being available.
(24)	Xxx mine is currently reviewing/building the site's SHMS inclusive of the Drug and Alcohol MOPs. The issue of synthetic drugs has been considered as part of the risk assessment review that was completed by a cross section of the work force.
(25)	A review of FFW procedures and compliance requirements of s39 – 43 of the CSMH Reg had previously been scheduled for May 2013. At this time the review will include performance enhancing and synthetic drugs, along with a preferential move to urine based testing upon implantation. Following this review, all education materials (for the SHMS and the drugs) will be updated and the effectiveness of the system verified after implementation.
(29)	The current system requires review to include synthetic educational training. Currently there is no Australian standard that validates the screening procedure for synthetic drugs. Site is currently going live with an electronic random selection for the testing of drugs and alcohol.
(33)	Xxx Mine has a very low turnover of coal mine workers and the crews tend to monitor and report any concerns regarding suspected drug or alcohol misuse in addition to the screening program that is in place. The major concern is short-term contractors that are not regular at the mine.
(42)	Due to the requirements of the legislation to consult with the workforce and then have an election on the criteria for assessment it is becoming increasingly difficult to effectively manage the risk posed by drugs and the newer types of drugs becoming prevalent in the community (such as synthetic drugs). As the method for testing was voted by the majority to be saliva testing we can only detect drugs that have been swallowed or smoked. The risk therefore of an impaired worker being detected through saliva testing is becoming increasingly less likely. We cannot effectively test for injected drugs and similar. This places the worker at risk and other coal mine works at risk. As SSE it is difficult to say at this point that we are meeting our moral obligations or the standards expected of us by our communities. Consultation is an effective tool; however, asking the majority to select the method for testing is like asking the majority to vote on which PPE they will wear on site to control the risk of skin cancer. There are some standards that are required to protect our people from harm and changing the recognised standard away from saliva testing as the only testing method available to us would be one way of addressing this.
(45)	On suspicion drug testing – Done after every incident by Gate House personnel Random D&A testing is done once per week by security. Average for 2012 was 464 tests @ 8.9 persons per test
(50)	We recently ran the pilot of a presentation by the QLD state drug squad to approx 260 xxxx mine employees and contractors. Questions that followed indicated 2 things: <ul style="list-style-type: none"> • Some people have good knowledge of certain products. The police were questioned why specific products are banned (MDAA – I've never heard of it); the reply was that it kills people. • Some people have absolutely no knowledge of this and are now concerned about their teenage children. <p>I wholeheartedly agree with your sentiments, the expanding drug problem is scary, particularly when the national statistics are considered demonstrating that 14.7% of the population used illicit drugs over a 12 month period and 18% of them had driven a car whilst under the influence. That equates to 84 people out of the 600 working at xxxx mine using drugs and 16 driving under the influence!!</p> <p>If you look at the attached non work related spreadsheet for xxxx mine there appears to be a rising trend since October last year, these are only the incidents that are reported on site and exclude phoned in cases. One individual (contractor) was verbally challenged after a 2nd illness case in a few days and never returned to site.</p> <p>As an industry I believe we could be more exposed by virtue that many of our people live away from their families during work periods. Ultimately they are all adults and will decide for themselves what to do but we must provide as much education and information as possible to mitigate this as far as humanly possible AND give the clean people warning to the potential for their children's involvement.</p> <p>The presentation gave clear unambiguous information to our people regards the legality and health implications of these substances and it was definitely a discussion point amongst some crews for a time.</p> <p>I sent out a communication to all SSEs requesting assistance to the drug squad to provide our people education and awareness presentations through sponsorship to supplement their small promotional funds.</p> <p>Xxxx mine have looked into synthetic drug testing capability and have formed the opinion that urine testing has far greater effectiveness than saliva. We are shortly going to conduct a review of our drug testing policy and attempt to convince the workforce that this is the correct and moral way to go, (here's hoping).</p>

Additional Comment

(57) Xxx mine is limited in its capacity to manage synthetic drugs by its agreed testing regime. Saliva testing is known to be ineffective in identifying synthetic drugs however this is the agreed method at xxx. In the past 12 months there have been 4 occasions where we have had direct evidence of drugs (at site or at camp) and our application of the agreed process (saliva testing) did not indicate presence of drugs in the system of the individuals tested. Whilst we dealt with the matters, and reported the incidents to the police the application of the agreed method (saliva testing) was unable to establish the risk present in the workplace.

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Appendix 2 – Survey respondents by region

Southern Region		
Commodore	O/C mine	
Kogan Creek	O/C mine	
Meandu	O/C mine	
New Ackland Coal	O/C mine	
West Morton Project Mines	2 x O/C mines	Jeebropilly and New Oakleigh mines
Wilkie Creek	O/C mine	
Central Region (Rockhampton District)		
Baralaba mine	O/C mine	
Blackwater mine	O/C mine	
Callide mine	O/C mine	
Capcoal Surface Operations	O/C mine	
Capcoal Underground Operations	2 x U/G mines	Aquila and Grasstree
Cook Colliery	U/G mine	
Crinum	U/G & O/C mine	Includes Gregory CHPP + pit under C&M
Curragh	O/C mine	
Dawson	O/C mine	
Ensham	U/G & O/C mine	
Jellinbah East	O/C mine	
Kestrel	U/G mine	
KME - Kestrel Mine Extension	U/G mine	
Minerva	O/C mine	
Oaky Creek Surface	O/C mine	
Oaky No 1	U/G mine	
Oaky North	U/G mine	
Rolleston Coal	O/C mine	
Yarrabee Coal	O/C mine	
Central Region (Mackay District)		
Broadlea mine	O/C mine	
Broadmeadow	U/G mine	
Burton	O/C mine	
Carborough Downs	U/G mine	Includes CHPP
Caval Ridge Project	O/C mine	Under construction
Clermont Coal Project	O/C mine	Blair Athol on C&M
Collinsville Coal	O/C mine	
Coppabella	O/C mine	
Daunia	O/C mine	
Eagle Downs Project	U/G mine	Under construction
Eaglefield	O/C mine	
Goonyella – Riverside	O/C mine	
Grosvenor Coal Project	U/G mine	Under construction
Hail Creek	O/C mine	
Isaac Plains	O/C mine	
Isaac Plains CHPP	CHPP	
Lake Vermont	O/C mine	
Millennium	O/C mine	
Moorvale	O/C mine	
Moranbah North	U/G mine	
Newlands Surface Operations	O/C mine	
Newlands Northern Underground	U/G mine	
North Goonyella Coal	U/G mine	
Peak Downs	O/C mine	
Poitrel	O/C mine	
Sonoma	O/C mine	
South Walker Creek	O/C mine	