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Preamble

This document promotes health and safety in the workplace by supporting the management of fatigue, alcohol and other drugs in the workplace. It is part of an overall fitness for work framework, which includes factors in addition to fatigue and alcohol and other drugs.

Part A – Management of Alcohol and Other Drugs

1.0 Objective

This Corporate Standard outlines SCL's alcohol and other drugs policy and supports the objectives of the Corporate Health & Safety Policy. It promotes health and safety in the workplace and seeks to minimize the risk of injury to personnel. Management of alcohol and other drugs shall be seen in the context of an overall fitness for duty framework, which includes fatigue and other factors.

The misuse of alcohol and medications, and the use of other drugs can have serious consequences in the workplace. SCL has an obligation under the *Workplace Health & Safety Act 1995* to provide a safe workplace. It shall therefore take action when the health or safety of people in the workplace is affected by substance misuse.

SCL also recognises that some Employees may need support for an alcohol and/or drug related problem. Accordingly, it provides Employee Assistance Program (EAP) Counsellors as a free service.

This Corporate Standard:

- Outlines the responsibilities of Personnel, Management and SCL in relation to the effects of alcohol, medications and other drugs in the workplace;
- Describes how alcohol and other drug issues will be fairly and consistently managed;
- Specifies how drug and alcohol testing will be conducted; and
- Recommends how Employees with drug and/or alcohol related problems can seek assistance.

2.0 Scope

This Corporate Standard applies to everyone working at or attending a recognised workplace of SCL. All personnel at a SCL workplace shall comply with this Standard as a condition of access.

When Employees are formally representing SCL outside these recognised workplaces, and alcohol is provided and consumed, responsible consumption is encouraged.

3.0 Definitions

Affected by Drugs and or Alcohol: Returning an alcohol test above the defined limits as prescribed by this Standard; returning a drug test result above the limits defined in relevant current Australian Standards for example *AS4760- 2006 – Procedures for Specimen Collection and the Detection and Quantitation of Drugs in Oral Fluid*.

Alcohol: Ethyl Alcohol, Ethanol.

Appeal Period: As defined in - Appeal of Confirmed Positive Saliva Result (See Section 12.6).

Breath Alcohol Concentration (BAC): Blood alcohol concentration or its equivalent breath alcohol concentration. The units used for expression of blood alcohol concentration in this Standard being per cent (%) with the equivalent breath concentration being expressed as the percentage of grams in 210 Litres of expired breath.

BAC Positive: A person will return a BAC positive result if the BAC reading is 0.05% or greater.

BAC Negative: A person will return a BAC negative result if the BAC reading is less than 0.05%.

Chain-of-Custody: A series of procedures to account for the integrity of each oral fluid specimen by tracking its handling and storage from point of specimen collection to final disposal of the specimen. This includes a signed declaration and agreement to provide a specimen.

Chain-of-Custody Form: A form used from time of collection of the specimen to its receipt by the laboratory, as well as dispatch between laboratories.

Collector: A SCL Employee or representative of the drug and alcohol testing service provider who has undertaken and completed an accredited training course in conducting workplace drug and alcohol testing.

Confirmed Negative: A test result at or below the target concentration following confirmatory drug testing.

Confirmed Positive: A test result above the target concentration following confirmatory drug testing.

Confirmatory Test: An analytical procedure that uses mass spectrometry to identify and quantify unequivocally a specific drug or metabolite.

Contractor: A person who carries out work under a contract for services with SCL, either as an individual or as an Employee of a company other than SCL or its related bodies corporate as defined in the *Corporations Act 2001 (Cth)*.

Disciplinary Action: Action taken at the discretion of SCL in accordance with the terms of this Standard, and it may include termination of employment of an Employee, termination of engagement of a Contractor or refusal of entry to a Contractor's Employee. Where relevant, disciplinary action will be taken in accordance with SCL's performance management policy and procedure.

Donor (AS): A person who provides an oral fluid specimen to be assessed for the presence of drugs.

Drug: Any substance, article, preparation or mixture (with the exception of alcohol) whether gaseous, liquid, solid or in any form which, when consumed or used by any person, deprives or alters the person either temporarily or permanently of any of their normal mental or physical faculties. For the purpose of this Standard the term shall be applied to the drugs/metabolites listed in Table 2 of Appendix 3.

Employee: Person having a valid contract of employment with SCL and/or is in receipt of salary or wages from SCL or its related bodies corporate as defined in the *Corporations Act 2001 (Cth)*.

Employee Assistance Program (EAP): The EAP is provided by trained professionals operating externally to SCL. They provide counselling, information and assistance on a wide range of problems including work stress, relationship and family problems, conflict and managing change, and other issues that may lead to alcohol and other drug problems.

Fit for Duty: Means that a person is in a state (physical, mental and emotional) which enables them to perform assigned tasks competently and in a manner which does not threaten or compromise the safety or health of themselves or others.

Formally Representing: When an Employee has been requested to attend a function/event on behalf of the organisation.

Industrial Instrument: All forms of employment contract including collective agreement, award, common law contract, executive contract etc.

Illegal or Illicit Drugs: Every substance or article which is a dangerous drug under or within the meaning of the *Drugs Misuse Regulation 1987 (Qld)*.

Initial testing: An on-site testing procedure which is used to exclude the presence of a drug or a class of drugs.

Laboratory: An independent place at which the analytical procedures are conducted and conform with best industry practice and procedures.

Near Miss: Any unplanned incident that occurs at the workplace which has the potential to result in a serious injury, damage to plant, or the environment.

Negative Test Result: A result at or below the nominated or target concentration used for initial drug testing.

Non-prescribed drug: Any drug legally obtained but not prescribed by a Medical Practitioner, including but not limited to over-the-counter medication.

Overhaul: Planned period of time where plant or equipment is taken offline for routine maintenance and statutory inspections or as otherwise specified by the organisation's industrial instrument.

Person/s, Personnel: Employees, Contractors and Visitors.

Prescription Drugs: Drugs legally prescribed by a Medical Practitioner.

Random: A selection process where each variable in the sample has the same probability of being selected.

Reasonable Suspicion: Is an opinion that is formed as a result of an observation that is conducted with reference to Appendix 1.

Referee Specimen (AS): A separate container of the collected second specimen or an additional specimen collected at the same time as the second specimen, which is sealed at the point of collection and subsequently transported and securely stored at the confirmatory testing laboratory for analysis in the event of a disputed analysis.

Return-to-work test: A saliva drug-screening test/alcohol test that is conducted upon a person's return to a SCL workplace to confirm a negative result after having tested either unconfirmed result to initial on-site testing or confirmed positive in confirmatory testing.

S8 Medical Prescription: A group of medications that the Commonwealth Government has classified and placed restrictions on prescription by your Doctor and supply by your Pharmacist. These drugs have potential for abuse and diversion into the illegal drug market.

Second Specimen (Confirmatory): A saliva specimen that is obtained by the Collector as soon as reasonably practicable from a person who has had an unconfirmed result to the on-site saliva drug-screening test. The second specimen will be used for confirmatory testing and split for a referee specimen.

Serious Injury: A work related incident which results in disability, illness or time lost from work of one day/shift or more.

Shall / Will / Must: Indicates that a statement is mandatory.

Should: Indicates a recommendation.

Supervisor: Any person with supervisory or management responsibility and accountability for work team members.

Testing Provider: The entity engaged by SCL to undertake alcohol and drug testing on behalf of SCL, in accordance with this Standard.

Unconfirmed Result: A result that requires confirmatory testing of the specimen to unequivocally determine the presence or absence of a drug.

Visitor: A person seeking access to a SCL workplace without entering into an employment relationship or contract with SCL. For example, attending a SCL workplace as an invited guest of an Employee or Contractor.

Working Party Representative: Nominated member of Union and Management groups that have collaboratively developed the Common Policy and Procedure for The Management for fitness for Work within Queensland Government Owned generators.

4.0 Obligations

All Personnel shall comply with this Standard for management of alcohol and other drugs.

All Employers have an obligation to ensure that this Standard is in place to promote, support, monitor and review the workplace practices and outcomes.

All Employers have an obligation to ensure that as far as reasonably practical that those workers unfit to drive due to the effects of alcohol and other drugs are transported to their home or to an alternative suitable place to allow recovery.

Where an unacceptable risk is identified the situation must be managed to remove or minimise the risk.

5.0 Responsibilities

Everyone at a SCL workplace has a responsibility to ensure that alcohol and/or drugs do not affect their own, or others' health and safety in the workplace.

5.1 Employees, Contractors and Visitors

Employees, Contractors and Visitors (all Personnel) must not:

- Be adversely affected by alcohol or other drugs and therefore not fit for duty whilst:
 - At work,
 - On call,
 - Driving a company vehicle or
 - Operating company plant or equipment.

- Consume alcohol and/or illicit drugs at the workplace; and
- Use medications contrary to the manufacturer's instructions or Doctor's advice.

Employees, Contractors and Visitors:

- Should notify their Supervisor (host if Visitor) if;
 - Their work performance is likely to be affected by alcohol or other drug use; and
 - There is any risk to themselves or others due to the effects of alcohol or other drugs.
- Should encourage other Personnel to comply with this Standard;
- Must participate in drug and/or alcohol tests if requested; and
- Should notify their Supervisor or other responsible person (if a person will not self manage their potential impairment) immediately if they suspect others in the workplace are behaving in a way that suggests they are impaired by alcohol and/or other drugs.

5.2 Stanwell Corporation Limited

SCL will:

- Educate its Employees about the effects of alcohol and other drugs on health and wellbeing;
- Offer alcohol and other drug rehabilitation and assistance to any Employee, taking into account the individual's right to privacy and confidentiality; and
- Report quarterly to Employees on the number and location of tests carried out.

5.3 Site Managers / Relevant General Manager

Site Managers / Relevant General Managers are responsible for:

- Implementing this Standard at the workplace;
- Investigating apparent breaches of the provisions of this Standard; and
- Taking appropriate actions where breaches of the Standard have occurred (Refer Section 14.1).
- Ensuring that during recruitment processes, prospective Employees are advised that testing for alcohol and other drugs is undertaken;
- Ensuring that the Employee and workplace induction processes includes education on the standards, obligations and responsibilities of this Standard;
- Assisting Supervisors and Managers in applying this Standard. This includes facilitating access to counselling, rehabilitation and other assistance services when required;
- Monitoring the application of this Standard; and
- Providing advice to management, particularly on the privacy and confidentiality rights of Employees.

5.4 Workplace Health & Safety Officers and Rehabilitation and Return to Work Coordinators

Workplace Health & Safety Officers and Rehabilitation and return to Work Coordinators are responsible for:

- Ensuring that information and education regarding this Standard are provided in Employee and workplace inductions;
- Offering to arrange alcohol and other drug support, counselling and medical advice for Employees;
- Providing advice on establishing suitable alternate duties (where possible) and/or a safe location for individuals with a BAC level above 0.00% but less than 0.05% or impaired by medication; and
- Maintaining privacy and confidentiality.

5.5 Supervisors

Supervisors are responsible for:

- Implementing this Standard where a reasonable suspicion has been formed or that a person may be affected by alcohol and/or other drugs (see Appendix 1);
- In consultation with appropriate personnel, arranging suitable alternate duties (where possible) and/or a safe location for individuals with a confirmed BAC level above 0.00% but less than 0.05% or impaired by medication;
- In consultation with appropriate personnel, arranging suitable work for employees taking prescription and/or legal medication;
- Ensuring that any incident relating to a confirmed positive result from testing for alcohol or other drugs is documented and that the Site Manager is notified;
- Maintaining privacy and confidentiality, including acting on reports of concern about privacy and confidentiality (See Section 7); and
- Facilitating other actions as defined under this Standard.

5.6 Collectors and Testing Providers

Collectors and Testing Providers are responsible for:

- Implementing this Standard for the collection and testing of specimens taken for alcohol and other drugs;
- Report quarterly to the Corporate Health & Safety Manager on number and location of tests; and
- Ensuring that privacy and confidentiality is maintained.

6.0 Counselling & Support

6.1 Employee Assistance Program

SCL provides a confidential Employee Assistance Program (EAP) through an external service provider. This program is available to all Employees and their families free of charge. Contact details of the EAP are posted around each SCL workplace. SCL can provide information regarding the service and will arrange an appointment on request. An Employee may directly contact SCL's EAP if they so choose.

6.2 Employee Support

SCL recognises that some people may require support for alcohol or drug related issues. If an Employee believes he or she requires assistance, or where SCL considers an individual may require assistance, that Employee will be encouraged to obtain support through:

- EAP Counsellors;
- Community Health Services;
- Rehabilitation and Return to Work Coordinators;
- Support groups or other specialist services;
- A Doctor; and
- An Occupational Health Nurse or Health and Safety Adviser.

Any Employee who participates in a treatment or rehabilitation program to manage an alcohol and/or drug related issue will be granted appropriate leave. This will be in accordance with the relevant SCL workplace industrial instruments.

6.3 Rehabilitation/Support

SCL will, in all cases, offer an appropriate, fully funded rehabilitation program in accordance with SCL's procedure for workplace rehabilitation and WorkCover claims [HB# 559117](#).

7.0 Privacy & Confidentiality

The use of information gained as a result of an alcohol or other drug test will be strictly limited to purposes consistent with this Standard.

Throughout the drug testing process confidentiality is important. SCL will be the only entity able to match a specific saliva sample with a specific person.

Subject to the operational reporting requirements of this Standard, SCL will ensure, that Employee, Contractor and Visitor information is kept confidential and secure. All documentation and requests for disclosure will be handled according to relevant legislation. Information will only be used for the purpose of determining fitness for duty, assignment of appropriate duties or rehabilitation purposes.

SCL will only release information to a third party as required by law, and with the written permission of the Site Manager after the individual concerned has been advised. The individual concerned will be advised, and this advice will be documented. Records of test results are not to be passed on by the company to any future Employer (except in the case of a transmission of business where the Employees' transfer their employment to the new owner).

Records of test results of Contractors will be kept secure and not passed on to any person other than their Employer's nominated representative.

SCL will take all reasonable steps to respect the privacy and confidentiality of individuals participating in testing. The behaviour and actions of all parties involved will be under close scrutiny with regards to maintaining the privacy and confidentiality of individuals being tested. Concerns about privacy and confidentiality should be reported to their Supervisor, Health and Safety Representative or Union Delegate. Breaches of confidentiality are considered a serious matter and will be treated in accordance with the organisation's performance management processes.

Where Employees act as Collectors, they acknowledge and understand their responsibilities outlined in this Standard.

Where relevant to an accident or incident investigation, the records will only be referenced in the investigation, and flagged with the appropriate cross-referencing. These records will be kept in accordance with the regulatory requirements.

8.0 Identification

Identification of persons who may be affected by alcohol or other drugs can occur as a result of:

- Voluntary disclosure by the person affected;
- Direct observation of the affected person's behaviour, consistent with Appendix 1;
- The person is found consuming alcohol or using other drugs at work,
- Following a workplace incident (See Section 11.4); and
- The alcohol and other drugs testing processes.

9.0 Prescription Drugs and Non Prescribed Drugs

SCL recognises some Employees, Contractors or Visitors take prescribed drugs, non-prescribed drugs (e.g. over-the-counter medication) that may affect their fitness for duty.

Individuals using these medications should:

- Advise their Medical Practitioner or Pharmacist of the type of work they do at the time of obtaining the prescription or medication and obtain relevant information about the possible side effects;
- If affected, advise their Supervisor and/or Manager that they are taking medications and there may be possible side effects;
- Take the medications only as prescribed or instructed; and
- Take note of warnings or instructions on packaging.

10.0 Education and Training

SCL will provide all Employees with an education program on alcohol and other drugs issues in the workplace and their responsibilities under this Standard.

This education will give Employees the knowledge and ability to manage their own fitness for duty.

The education program will be on-going and flexible. It will respond to reviews of trends in overall test results.

All Personnel will participate in training to recognise symptoms and behaviours associated with the affects of alcohol and other drugs including support mechanisms and the application of this standard. Supervisors including persons acting in the position of Supervisor and Health and Safety Representative, including on-site industrial representatives will participate in more detailed training.

As noted in Section 6, an Employee Assistance Program is available to provide Employees and their families with assistance and/or counselling. EAP consultants can provide further education and information as required.

Testing providers, and SCL Employees required to perform testing, will be trained and certified. They will need to meet appropriate standards and equipment vendors' recommendations.

11.0 Testing for Alcohol and other Drugs

It is a condition of entry to SCL workplaces that all Employees, Contractors, and Visitors can be tested at any time for alcohol or other drugs.

Random on-site testing is only to take place after the start and before the end of an individual's shift.

Testing will be conducted by a suitably trained, qualified Collector who is authorised by SCL.

Any Employee, Contractor or Visitor who refuses to undertake a test under this Standard will be treated the same as a person having returned a confirmed positive test result and the provisions stipulated in Section 14 of this Standard will apply. SCL will ensure that Personnel fully understand the consequences of refusing to undertake a test and will be provided with appropriate advice.

Any person who is requested to undergo testing and refuses such a request will not be allowed entry to, or to remain in, the workplace.

11.1 Testing Criteria

The person being tested for drugs other than alcohol is to complete a workplace approved Consent/Chain of Custody Form.

Refusal to complete this form will be treated as a confirmed positive result. SCL will ensure that Personnel fully understand the consequences of refusing to sign and will be provided with appropriate advice.

A Consent/Chain of Custody Form will respect the individual's confidentiality. It is noted that the medical declaration is optional not compulsory. Personnel are not required to disclose medications if they do not wish to.

The Collector is to follow an alcohol or saliva drug screening collection protocol in accordance with recognised Australian Standards.

Any saliva specimen taken as part of this Standard will be for the sole purpose of drug testing and will not be used for any other purpose such as DNA profiling. Specimens that require testing away from the workplace are subject to strict chain of custody protocols under the control of a laboratory operating according to industry best practice.

11.2 Random Testing

Initially, the frequency of random testing at each workplace will result in Employees having a likelihood of being breath alcohol tested on average four times per year and participating in a drug screen test on average twice per year.

The Health and Safety Committee of each workplace will set testing frequency subsequent to the initial testing. Actual times and dates for testing will be generated by the testing provider without any pre-warning to Visitors, Contractors or Employees. Adjustments in the testing frequency at each workplace shall not result in Employees having a likelihood of being breath alcohol tested less than two times per year and tested for drugs once per year on average. Visitors and Contractors will be included in the random testing conducted on-site.

The frequency of testing of Contractors in the workplace will also be set by the workplace Health and Safety Committee; however, it shall not result in Contractors being subjected to testing less than the minimum average frequency stated above.

Note: Random testing may also be initiated by the Health and Safety Committee, where there is a concern of a high level of risk and may also be scheduled to coincide with community social events where it is likely that alcohol and other drug use may occur.

11.3 Overhaul Testing

In conjunction with random testing, the majority of Personnel assigned to work on overhauls will be tested as follows:

- Within 72 hours of commencing work on the overhaul, and
- Randomly during the progress of the overhaul.

11.4 Testing for With Cause Incidents

If an incident occurs in the workplace that a Supervisor or Health and Safety Adviser believes caused or could have caused serious injury or near miss to people and/or serious damage to plant and equipment (With Cause), the individual(s) involved should be tested as soon as practicable for alcohol and/or drug use by a Collector.

Any testing if undertaken will form part of the incident investigation process.

11.5 Testing as a Result of Reasonable Suspicion

If a Supervisor has a reasonable suspicion that a person at work is impaired by alcohol or other drugs, they shall initiate testing by a Collector as outlined in this Standard. If other Employees, Contractors or Visitors suspect an individual at work is impaired by alcohol or other drugs, they should advise a Supervisor, SCL representative (e.g. Contract Administrator) or a Health and Safety Adviser. Appendix 1 lists typical symptoms displayed by a person impaired by alcohol or drugs. The Supervisor should complete the *Managing Alcohol and other Drugs Observation and Assessment for Testing* Form to document signs, symptoms and behaviours displayed by the person/s.

In the event that it is not possible or practical for the individual in question to undertake testing, a Supervisor will direct them not to perform any further work. The subject individual will remain in an area where he or she presents no safety risk to themselves or others until they can be tested. Alternatively, SCL will make arrangements for their safe transport home (alternatively a suitable place of rest), including relocation of vehicle and/or return to site later. Misuse of reasonable suspicion testing will be treated as harassment. If a person is removed from duties as a result of testers/tests not being available, the person will not be disadvantaged.

11.6 Voluntary Self-testing

Breath-testing devices are provided at all SCL sites to allow Personnel to voluntarily self-test their breath alcohol content (BAC). Self-test drug and alcohol kits will be made available to Employees and may be obtained through a Health and Safety Adviser, Occupational Health Nurse, Union Delegate, EAP, or directly from the drug and alcohol testing service provider, on a confidential basis.

A person who obtains a BAC positive result or an unconfirmed result for other drugs in a voluntary self-test, is obligated not to commence or continue work.

An Employee who receives a BAC positive result or an unconfirmed result for other drugs in a voluntary self-test can contact their Supervisor, Health and Safety Adviser or Occupational Health Nurse if he/she requires assistance with transport home or access to support and/or counselling services.

An Employee who cannot attend work because they are unfit for duty shall apply for appropriate leave (e.g. Sick Leave) in accordance with the relevant SCL procedure or site industrial agreement.

If a person self tests and their reading is greater than 0.00% but less than 0.05% and they wish to remain at work they should advise their Supervisor of their reading and they may be given alternate duties. Personnel will not be disadvantaged and they will have the same options as those Personnel with the same readings who are identified as part of the formal testing program.

Results of an Employee's voluntary self-test will not be recorded, and will not be used in any performance management process. Personnel are not required or obligated to divulge the result of any self tests.

11.7 Pre-employment Testing

Screening and detection protocols associated with the SCL recruitment process are not subject to this Standard. For more information, refer to SCL recruitment policy.

11.8 Testing Instruments and Readings

11.8.1 *Alcohol*

Breath Alcohol Concentration (BAC) testing will be conducted using a breathalyser that meets the relevant current Australian Standard. Equipment used for BAC testing must be calibrated in accordance with the relevant current Australian Standard.

A BAC positive test will require a second test 20 minutes afterwards to confirm BAC.

The second reading will be the official BAC level recorded and will be treated as a confirmatory test.

Note: The second reading may not necessarily show a lower reading as the individual may still be in the absorptive phase with the blood alcohol concentration rising.

11.8.2 *Other Drugs*

On-site initial drug testing will be conducted through the collection and analysis of a saliva specimen using a saliva-testing device that meets the relevant current Australian Standard. An unconfirmed positive saliva test result will require a confirmatory test, which involves laboratory confirmation testing, in accordance with industry best-practice.

Testing may include, but is not limited to, screening for the following classes of drugs:

- Amphetamines;
- Methamphetamines;
- Opiates;
- Cannabis; and
- Cocaine.

Appendix 3 lists the drug types and cut-off levels screened to confirm a result as positive.

All collection and transportation procedures will be in accordance with relevant current Australian Standard.

If an individual returns an unconfirmed result to the initial on-site saliva drug test, the Collector will obtain a second specimen including the referee sample. These samples will be secured, appropriately packaged and dispatched to the testing provider's laboratory.

12.0 Test results

12.1 Test Results – Alcohol Testing

An individual will return a positive test if the BAC reading is 0.05% or greater.

12.1.1 *Negative Test Result to Alcohol*

When an individual returns an alcohol breath test of less than 0.05% the following applies:

- (a) Persons who return a BAC reading of 0.00% will have a negative result and shall commence or return to normal duties, Visitors may be admitted to or may remain at the workplace.
- (b) Persons who return a BAC reading of greater than 0.00% but less than 0.05% will be deemed to have a negative result. A further test will be undertaken in 20 minutes to ascertain a reading and updated BAC result. If this result is between 0.00% and 0.05% these persons shall in conjunction with their Supervisor, review their work schedule for the day and put in place appropriate task controls to reduce the risk of injury to themselves or others while at the SCL workplace.

In the case of a Visitor if their breath result is greater than 0.00% but less than 0.05% they may have their site access restricted or removed.

In the case of a Contractor the Contractor's employer or the Contractor's site representative shall be informed as soon as possible.

If an Employee or Contractor is placed on restricted duties as a consequence of their result, a further test shall be conducted after a minimum of 30 minutes to ascertain their current status. If the BAC reading is 0.00% the Employee or Contractor will be permitted to return to their normal duties.

If the Employee or Contractor has a BAC reading greater than 0.00% but less than 0.05% and suitable restricted duties are not available, they will be directed not to perform any further work. They will then have two options:

- Remain in an area where they present no safety risk to other persons at a workplace or the public until their BAC drops to 0.00%, or
- Be offered transport by their Employer to a suitable place of recovery or arrangements made by their Employer for their safe transport from the workplace, including relocation of vehicle and/or return to site later.

If a person is removed from duties or given alternate duties as a result of a negative test the person will not be disadvantaged. These results are not to be recorded and confidentiality shall be ensured at all times. Only those persons directly associated with the allocation of duties shall be informed of this and will treat this information as confidential and not passed to any other person.

12.1.2 *Positive Test Result to Alcohol*

(Including Refusal to Undergo a Test or Leaving Site)

A person will be treated as having a BAC positive test result when they: -

- Return a BAC reading of 0.05% or greater;
- Refuse to undergo a BAC test; or
- Leave the workplace to avoid testing.

This person will also be deemed to be unfit for work (in the case of a Visitor this means access and entry to the workplace). In the interests of the welfare of the person and the public in general, SCL will offer to provide its Employees (alternative safe arrangements will be offered to Contractors and Visitors):

- Transport home, or alternatively a suitable place of rest,
- Where a SCL Employee's vehicle is located at the workplace SCL will offer to transport the vehicle or provide return transport to site later.

The person will also be advised that they should not drive with a blood alcohol content over their prescribed limit.

When a Contractor returns a BAC Positive test result, the Contractor's Employer and/or the Contractor's site representative shall be informed as soon as possible and a subsequent written report sent to the Contractor's designated Manager.

12.2 Test Results – Drug Testing

12.2.1 *Negative Result to the Initial On-site Test*

Persons who return a negative result to the saliva drug-screening test shall:

- Commence or return to normal duties; or
- If a Visitor, be admitted to, or remain at the workplace.

12.2.2 *Unconfirmed Result to the Initial On-site Test*

If a person returns an unconfirmed result to an on-site initial saliva drug test, they are not permitted to enter or remain at the workplace and they shall be required to provide a second specimen to confirm the result. The Collector will obtain the second specimen as soon as practicable after identifying an unconfirmed result in the initial on-site saliva drug test. The Collector in accordance with the relevant current Australian Standard will take a referee specimen which may be obtained by splitting a single second specimen or by taking a third specimen.

A Chain-of-Custody Form is to be completed by the Collector and the Donor for all confirmatory and referee specimens that are dispatched by the Collector.

The confirmatory and referee specimens will be dispatched to the testing provider's laboratory for analysis in accordance with the relevant current Australian Standard. The Collector shall ensure the confirmatory specimen is suitable for all required laboratory testing to be performed, including the provision of a separate referee specimen. The referee specimen is to be tested in the event of additional laboratory analysis being required or requested by the individual under appeal.

The referee specimen will be stored in accordance with the relevant current Australian Standard, at the testing provider's laboratory and shall remain the property of the Donor until the expiry of the appeal period or a lodged appeal has been settled. Following expiration of the appeal period (See Section 12.6), the referee specimen will be destroyed in accordance with the testing provider's operations manual and without reference to the Donor or SCL.

A person who returns an unconfirmed positive result may have their access or attendance at a SCL site refused.

In the interests of the welfare of the person and the public in general, SCL will offer to provide its Employees (alternative safe arrangements will be offered to Contractors and Visitors):

- Transport home, or alternatively a suitable place of rest, or
- Where a SCL Employee's vehicle is located at the workplace SCL will offer to transport the vehicle or provide return transport to site later.

The person will also be advised that they should not drive under the influence of drugs.

For Contractors, the relevant SCL representative will liaise with the individual's Employer regarding transport home.

Any person who returns an unconfirmed result to an initial on-site test will be required to undergo a return to work test at the start of their next scheduled attendance. If their result on this test is negative, the individual will be permitted to resume normal duties.

12.3 Person Claims an Unconfirmed Result Due to Medication

Any person with an unconfirmed Opiate result will be removed from the workplace.

Associated with this unconfirmed Opiate result a person may obtain a Doctor's certificate for medical clearance stating they are fit for duty.

There will be return to work testing See Section 12.2.2.

There is a concern that this Standard may cause unnecessary stand down of Employees due to Codeine detection. If after 6 months from policy implementation this process proves to be impracticable the working party will meet to discuss and resolve the issue.

12.4 Refused Test and/or Intentional Leaving of the Test Site at the Time of Testing

Personnel who refuse to undergo drug testing stated in this Standard (initial screening, confirmatory or return to work) shall be treated as having returned a confirmed positive test result and the procedure for confirmed positive results of this Standard will apply. SCL will ensure that Personnel fully understand the consequences of refusing to undertake a test and will be provided with appropriate advice.

A person who, after being notified of their requirement to be tested, that intentionally leaves the SCL workplace to avoid being tested, will be treated as having returned a confirmed positive test result.

Contracting Personnel or Visitors who refuse testing or intentionally avoid testing may have their access to a SCL workplace refused permanently.

12.5 Tampering

An Employee who provides a substituted specimen or interfere with a saliva specimen in an attempt to prevent detection of a drug will be subject to disciplinary action.

Any Visitor under reasonable suspicion regarding the substitution of or tampering with a saliva specimen shall be removed from the workplace. The provision of a further specimen from the Visitor is required before entry to the workplace will be considered.

A Contractor or Visitor who attempts to substitute or tamper with a sample may have their access to a SCL workplace refused permanently.

The Donor and Collector shall witness at all times the collection, and if applicable initial testing, until labelling and sealing of the specimen(s) is complete.

The Collector shall adopt an accepted process to ensure the risk of interference and adulteration of collected saliva specimen(s) is minimized.

If the testing laboratory confirms the presence of an adulterated substance within the specimen, the specimen will be classified as invalid for further testing.

12.6 Appeal of a Confirmed Positive Saliva Result

If a person disputes a confirmed positive result, the person shall have a period of 14 days to appeal following receipt of written notification of the result.

A written notice of appeal must indicate whether the person wishes to request that the testing provider, or a different forensic standard testing provider test the referee specimen.

An Employee will not be disadvantaged until the final outcome of the appeal process is reached. If the referee specimen has been deemed invalid then the confirmatory result will be deemed invalid and treated as a negative result.

Failure by the Employee or their representative to lodge an appeal within the 14 day appeal period is considered to be the equivalent of no appeal being lodged.

The referee specimen shall be analysed in accordance with the relevant current Australian Standard.

The Employee requesting confirmatory testing of the referee specimen shall meet the costs of the confirmatory test except where the referee specimen confirmatory test result is negative or invalid. SCL will pay upfront the costs of testing in this instance with the Employer to recover costs if the test is positive.

A positive confirmatory test of the referee specimen will be treated in accordance with procedures for confirmed positive results (See Section 14).

A negative or invalid confirmatory test result for the referee specimen will be treated in accordance with procedures for confirmed negative result (See Section 13).

12.7 Classification of Laboratory Confirmed Positive Results

If the specimen returns a laboratory confirmed positive result to any of the drugs listed in Appendix 3 Table 2, the specimen is considered as a laboratory confirmed positive result and will be dealt with in accordance with procedures for confirmed positive results (See Section 14).

12.8 Tests Confirm the Presence of Morphine

If the laboratory analysis confirms the presence of Morphine (in the absence of 6-acetylmorphine – i.e. indicator of Heroin) the person shall be required to provide proof within a reasonable timeframe that they hold a legitimate S8 Medical Prescription for the drug(s) in question. A Doctor's certificate for medical clearance stating the person is fit for duty must be held. The person must be managed as part of the organisation's rehabilitation plan, which clearly specifies the duties they are able to perform.

If the person fails to provide proof of an S8 Medical Prescription or the person does not have a current rehabilitation plan, the specimen will be considered positive and will be dealt with in accordance with procedures for confirmed positive results (See Section 14).

Where the laboratory analysis confirms the presence of over the counter medication containing Codeine or Pseudoephedrine, no further action will be taken and test results will be considered negative in accordance with procedure for confirmed negative results (See Section 13).

13.0 Procedures for Confirmed Negative Results

Where a person obtains a confirmed negative result (at or below the target concentration following confirmatory testing) the following steps will apply:

13.1 Employee

If the laboratory analysis of the confirmatory saliva specimen returns a confirmed negative result, no notes or documentation will be placed on the Employee's personnel file, and no deduction of leave or pay will occur and the Employee will not be disadvantaged.

13.2 Contractor

If the laboratory analysis of the confirmatory saliva specimen returns a confirmed negative result, a copy of the report shall be sent to the Contractor concerned, SCL and the Contractor's Employer or the Employer's representative on-site.

13.3 Visitor

If the laboratory analysis of the confirmatory saliva specimen returns a negative result, the Visitor will be advised accordingly and will be permitted access to SCL sites in accordance with usual practice.

14.0 Management of Persons with a Confirmed Positive Results

14.1 Confirmed Positive Results or Further Breach of the Drug and Alcohol Procedure – Employee

Employees having confirmed positive results will be offered support as outlined in counselling and support (See Section 6) and following this, if required may be managed in accordance with SCL's performance management policy and procedures.

14.1.1 1st Confirmed Positive/positive Result

An employee who has received a Confirmed Positive Result (other than by self-test) for alcohol and/or other drugs will be:

- offered counselling and support for rehabilitation through the EAP;
- informed of the consequences of testing positive and their obligations to present, or remain at work in a fit state;
- informed that further entry to the workplace will require a negative test to both alcohol and/or other drugs;
- receive disciplinary counselling with a record of the discussion placed on their file.
- informed of the disciplinary action should they be detected again within 12 months.

14.1.2 2nd Confirmed Positive/positive Result within 12 months

An employee who has received two (2) confirmed positive/positive test results (other than by self-test) for alcohol and/or other drugs within a 12 month period will be:

- informed of the consequences of testing positive and their obligations to present, or remain at work in a fit state; and
- have a final written warning letter placed on their file.
- Attend counselling through the EAP and participate in a rehabilitation program.
- Be required to undergo an additional alcohol and drug testing program as follows:
 - (i) tested before each shift for the next 5 consecutive shifts; then
 - (ii) randomly tested once per week for a further 3 weeks, then
 - (iii) randomly tested once per month for a further 6 months.

14.1.3 3rd Confirmed Positive/positive Result within 12 months
An employee who has received three (3) confirmed positive/positive test results for alcohol and/or other drugs which has been detected within a 12 month period following receipt of a final written warning, that employee may be dismissed under CS Energy disciplinary procedures.

All Employees will be provided with substantive, procedural fairness and natural justice.

14.2 Confirmed Positive Result – Contractor’s Employee

A copy of the confirmed positive test report shall be sent to the Contractor concerned, SCL and the Contractor’s Employer or the Employer’s representative on-site.

The Contractor will advise the SCL representative of remedial action taken.

The Contractor may be required to show cause demonstrating why the Contractor’s Employee should be allowed to return to the SCL workplace.

A Contractor’s Employee who returns a second confirmed positive result within 12 months from the first confirmed positive test result may be refused access to the site at the discretion of the SCL Site Manager. The Contractor’s Employee may be refused access to any or all SCL sites.

At its discretion, SCL may seek reimbursement of the costs incurred by SCL from the Contractor’s Employer for all testing subsequent to initial saliva drug screening test.

14.3 Confirmed Positive Result – Visitor

A record will be kept of the Visitor’s name and that person will be required to return a negative result before future access to the site may be granted.

A Visitor who returns a second confirmed positive result may be refused access to any or all SCL sites at the discretion of SCL.

15.0 Application for Leave

No deduction of pay or leave will occur until after the receipt of a confirmed positive result subject to the appeals process.

Employees who are unable to work because they cannot comply with the conditions of this Standard shall apply for leave for time they are unable to work.

Applications for leave will only be processed after the receipt of a confirmed positive result for drugs or a BAC Positive result. The Employee will nominate the leave type when the Supervisor advises them of the test result.

16.0 Further Information

Further information or assistance (e.g. counselling service details, self test kits, drug fact sheets, health information) with this Standard can be obtained from your Supervisor, First Aid Officer, Health and Safety Adviser, Health & Safety Officers, Rehabilitation and Return to Work Co-ordinator, Occupational Health Nurse, Working Party Representative or Union Delegate.

17.0 Audit and Review

17.1 Review of Common Procedure

The review of the Common Policy and Procedure for the management of Fitness For Work Within Queensland Government Owned Generators is to take place within at least 12 months of initial implementation (by no later than July 2009) to determine effectiveness, functionality, compliance to the requirements within and other internally related documents/materials/practices using an auditing approach.

The audit will incorporate:

- (1) A formal auditing tool;
- (2) Interviews with Personnel;
- (3) A desktop audit of documentation and practices; and
- (4) Examination of internal systems (databases, safety records, investigations etc.).

Following the initial review, each subsequent review will be undertaken no less frequently than once every 2 years.

Special attention is to be made to the incident/accident reporting system and the alcohol and other drugs related questions within investigations and any subsequent actions/control measures/countermeasure introduced and the final outcome on Personnel, practice and business parameters.

Findings are to be documented and made available to all QLD GOC Generator Personnel.

Any changes to the Common Policy will require the Fitness for Work Working Party to reconvene and discuss before alterations are made. Version control is to be applied.

17.2 Audit and Review of Actual Performance

Managers together with Safety Department Personnel are to ensure that alcohol and other drugs risk control measures, incident reporting and response procedures are in place, followed and audited on a regular basis.

17.3 Review of Incidents

SCL shall ensure that alcohol and other drugs related issues are considered in the investigation and reporting of incidents.

18.0 Links and References

- *Workplace Health and Safety Act 1995*
- *Workplace Health and Safety Regulations 2008*
- *Workplace Relations Act 1996 (Cth)*
- *Privacy Act 1988 (Cth)*
- *Traffic Act 1949 (Qld)*
- Australian Standard AS 4760-2006 "Procedures for specimen collection and the detection and quantitation of drugs of in oral fluids"
- Australian Standard: AS 3547:1997 "Breath Alcohol Testing Devices for Personal Use"
- Queensland GOC Generators internal documentation

Related Policies and Procedures include:

[HBIRDPRO-#559968-Code of Conduct](#)

[HBIRDPRO-#560613-Generating Safety](#)

[HBIRDPRO-#559117-Worker's Rehabilitation and Compensation](#)

[HBIRDPRO-#560449-Employee Counselling Disciplinary](#)

19.0 Attachments

- [Appendix 1: Alcohol and Other Drugs](#) – Observation of persons suspected of AOD use
- [Appendix 2: Alcohol and Other Drugs](#) – Legislative requirements
- [Appendix 3: Alcohol and Other Drugs](#) – Tables of drug types and levels

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Appendix 1: Alcohol and Other Drugs

Observation of Person Suspected of Alcohol and/or Drug Use

A person may be reasonably suspected of being ill or under the influence of alcohol and/or prescriptive or illegal drugs where the person is demonstrating one or more of the following physical symptoms or behaviours. Employees displaying these symptoms may require medical treatment. Care shall be taken, as some of the symptoms outlined below are similar to those for the onset or occurrence of a heart attack, stroke or other illnesses. Therefore, these symptoms are listed as a guide only as to symptoms that may be exhibited when a person may be affected by alcohol or other drugs.

Physical Symptoms

Flushing, dizziness

Bloodshot eyes, dilated (enlarged) pupils

Unclear judgement, confused

Shakiness

Uncoordinated movements

Irregular breathing

Slow reactions or hyperactivity

Loss of memory

Slurred speech

Smells of alcohol

Aggression, tension, depression

Loss of inhibitions, tendency to laugh or talk more than usual

Vomiting/unconsciousness

Irrational behaviour – incl. hallucinations, anxiety, irritability, threatening manner

Convulsions, trembling

Increased sweating

Sleepiness

Appendix 2: Alcohol and Other Drugs

Legislative Requirements (Information Only)

Employees and others must ensure they comply with general and specific legal requirements related to the duties or positions they undertake.

In accordance with Section 16 of the *Traffic Act 1949 (Qld)*, these requirements include, but are not limited to, the following:

- (a) for a person in charge of a bicycle, motor bike, buggy, all terrain vehicle or motor vehicle, a BAC of less than .05;
- (b) for a person who has not attained the age of 25 yrs, who is the holder of a provisional licence, a BAC of not more than zero (0);
- (c) for a person in charge of truck, bus, articulated motor vehicle, crane, vehicle carrying dangerous goods, elevating work platform, earth moving equipment, or forklift a BAC of not more than zero (0); and
- (d) for a person engaged in activities on the railway system, a BAC of not more than zero (0).

+ + Appendix 3: Alcohol and Other Drugs
 + Tables of Drug Types and Levels

TABLE 1: INITIAL ON-SITE TEST TARGET CONCENTRATIONS
 (Table 3.1 AS 4760-2006)

+ Opiates (e.g. Morphine)	50 ng/ml
Amphetamines	50 ng/ml
Cannabinoid (THC)	25 ng/ml
Cocaine	50 ng/ml

TABLE 2 CONFIRMATORY TEST TARGET CONCENTRATIONS
 (Table 5.1 AS 4760-2006)

Compound	Target Concentration (ng/mL)
Morphine	25
Codeine	25
6-Acetyl morphine	10
Amphetamine	25
Methylamphetamine	25
Methylenedioxymethylamphetamine	25
Methylenedioxyamphetamine	25
Δ9-tetrahydrocannabinol	10
Cocaine	25
Benzoyllecgonine	25
Ecgonine methyl ester	25

NOTES:

1. These targets represent the undiluted oral fluid concentration.
2. For analytes not included in this Table, the laboratory shall select a target concentration as appropriate for oral fluid.

TABLE 3 STREET NAMES ILLICIT DRUG USE

CANNABIS

Grass, marijuana, dope, weed, mull, herb, bucket, cone, joint, yandi, hooch, joint, pot, mary-jane, skunk, hydro

ECSTASY

XTC, E, eccy, pills, love, love drug, hug drug

AMPHETAMINE

Speed, fast, go fast, goey, G, uppers, wiz, pep, tabs, (In Qld the terms are often interchangeable with Methamphetamine)

METHAMPHETAMINE

Ice, meth, speed (in Qld most speed is methamphetamine), crystal meth, shabu, glass, base, oil

HEROIN

Smack, skag, H, hammer, slow, harry, homebake, horse, china, gear, junk

Part B – Management of Fatigue

1.0 Preamble

The focus of this document is health and safety of workers and others relating to fatigue.

Fatigue related impairment is considered an identifiable workplace hazard. Like any hazard, the controls employed to manage the risks posed by fatigue are based on sound principles. The most effective means to manage the effects of fatigue is to have restorative sleep.

Work rosters are the primary means employers use to establish the working hours of Employees.

The first order of control to manage fatigue outlined in this document is derived by assessing the opportunity that particular work patterns provide for restorative sleep. The duration of breaks or limits of planned rosters promoted in this Standard are based on the opportunity for restorative sleep provided by rostered work patterns.

This Standard is designed to manage the health and safety risks resulting from fatigue related impairment. Any possible longer term effects of particular work patterns for example the psychosocial effects are not considered in this Standard.

2.0 Scope

This fatigue Standard applies to all SCL's Employees, Contractors and Visitors whilst at the workplace or whilst carrying out activities on behalf of (or when representing) SCL.

3.0 Purpose

This fatigue Standard provides standards for the management processes for the elimination or minimisation of risks associated with fatigue. This Standard shall serve as a minimum standard.

This Standard provides Employees, Contractors and Visitors with a greater understanding of the risks related to fatigue.

4.0 Definitions

The definitions in this document pertain only to the matters dealt with in this document. They shall not be used to infer rights and/or obligations in any other industrial mechanism.

24-hour Period: A rolling period of 24 consecutive hours.

On Call: Persons rostered to be available to respond to plant contingencies outside their rostered attendances.

Call Out: A period when a person is required to work outside their rostered attendance due to an unplanned event.

Circadian Rhythm: A bodily rhythm that is cyclic and recurs every 24 hours. It increases alertness and performance during the day and drives us to sleep at night.

Compulsory Break: Break periods as defined in Section 15.

Consultation: The timely exchange of relevant information and ideas in such a manner that the parties have the actual and genuine opportunity to influence the outcome.

Contingency: A future event which is possible but cannot be predicted with any certainty.

Contractors: A person who carries out work under a contract for services with SCL, either as an individual or as an Employee of a company other than SCL or its related bodies corporate as defined in the *Corporations Act 2001 (Cth)*.

Crisis: A time of severe difficulty or danger.

Employee: Person having a valid contract of employment with SCL and/or is in receipt of salary or wages from SCL or its related bodies corporate as defined in the *Corporations Act 2001 (Cth)*.

Employee Assistance Program (EAP): The EAP is provided by trained professionals operating externally to SCL. They provide counselling, information and assistance on a wide range of problems including work stress, relationship and family problems, conflict and managing change, and other issues that may lead to fatigue problems.

Emergency: A serious unexpected and potentially dangerous situation requiring immediate action.

Essential Personnel: Personnel vital to the resolution of the crisis.

Extra Ordinary Hours: Successive days of greater than 12.5 hours.

Fatigue: A state of impaired physical and/or mental performance and lowered alertness. Influences on fatigue include, but are not limited to restorative sleep, physical or mental activity, refreshment, time of day and length of time awake.

Fatigue Assessment: Is a process to assist in determining fatigue risk level and suitable control measures for Personnel. It may be used for situations such as call outs, extension of work time, random, due cause etc.

Handover: A meeting between change of shift.

Night/Shift Work: Requirement to work during the time when a person would normally be asleep, that is, they require a change to the normal sleeping pattern. Typically, work outside daylight hours.

Personnel / Persons: Employees, Contractors, Visitors.

Prior Sleep / Wake Model: Is a means for determining individual fatigue risk levels based on the amount of sleep obtained in the prior 24 and 48 hour period.

Rest Period: A period allocated for recovery and/or restorative sleep.

Risk Assessment: A documented process of identifying hazards, assessing the risks and determining the control measures.

Roster: A programmed sequence of attendance.

Rostered Hours: Attendance at work according to an agreed schedule.

Shift Work: A pattern of work rosters including day and/or night periods.

Sleep Debt: Occurs when an individual does not achieve adequate restorative sleep. It can accumulate over a period of days of inadequate sleep or a night without sleep. Sleep debt may result in impaired performance, reduced alertness and higher levels of sleepiness and fatigue. A sleep debt can only be repaired with recovery sleep.

Sleep Inertia: Impairment of alertness and performance immediately upon waking e.g. may last for a period of up to 30 minutes.

Scheduling: The allocation of tasks and resources.

Stakeholders: Includes Employers, Employees, Employee Representatives, Industrial Organisations.

Suitable Place for Sleep: A facility where a person can obtain good quality restorative sleep.

Transparent and Auditable: Information must be readily available and accessible to all personnel within 7 days of occurrence e.g. distributed to the working party, intranet, etc.

Unplanned Contingency: An event that has the ability to imminently cause a) safety risks, b) environmental impacts, c) loss of generation.

Visitor: A person seeking access to a SCL workplace without entering into an employment relationship or contract with SCL. For example, attending a SCL workplace as an invited guest of an Employee or Contractor.

Working Time: The period of time spent conducting company business.

5.0 Obligations

All Personnel shall comply with this Standard for fatigue management.

All Employers have an obligation to ensure that this Standard is in place to promote, support, monitor and review the workplace practices and outcomes.

All Personnel have an obligation to ensure they turn up to work in a state that enables them to conduct their business activities in a safe manner.

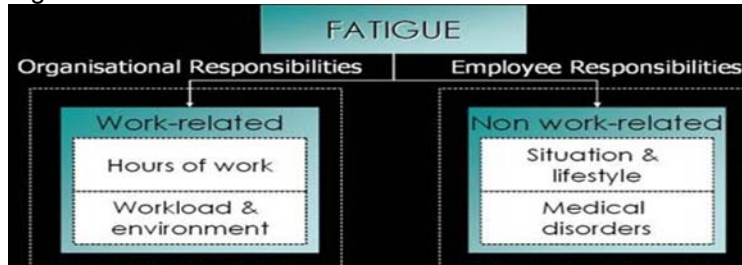
All Employers have an obligation to ensure that as far as reasonably practical that those workers unfit to drive due to the effects of fatigue are transported to their home or alternative suitable place for sleep.

Where a fatigue risk is identified the situation must be managed to remove or minimise the risk.

6.0 Shared Responsibility Model and Diagram

The management of fatigue is considered a shared responsibility between an organisation and its Personnel, refer to Figure 1. The organisation is responsible for providing a safe system of work, which includes the development, implementation and management of working time schedules, and the establishment of a safe work environment and work practices. Personnel are responsible for ensuring that they are fit for work by taking into account their lifestyle and medical factors that could influence fatigue, and managing them appropriately.

Figure 1



7.0 Responsibilities

Everyone at a SCL workplace has a responsibility to ensure that fatigue does not affect their own, or others' health and safety in the workplace.

7.1 SCL will:

- Educate its Employees about the impacts of fatigue;
- Offer rehabilitation and assistance to any Employee taking into account the individual's right to privacy and confidentiality;
- Provide leadership and commitment through the allocation of resources and Personnel for the establishment, implementation, evaluation and review of a fatigue management program;
- Review, monitor and track all aspects of the fatigue management program to ensure compliance across whole of site and workforce;
- Ensure that the fatigue assessment process is utilised and documented;
- Provide appropriate fatigue management training;
- Develop and implement agreed working rosters to ensure adequate opportunity for restorative sleep is provided;
- Provide support processes, policies and services for Personnel;
- Ensure that if a person's capacity to work safely is reduced by fatigue they can notify their supervisor without fear of adverse repercussions;
- Ensure that privacy and confidentiality is maintained;
- Provide suitable accommodation for Employees when required to travel for work;
- Provide an Employee Assistance Program (EAP) that places emphasis on the recognition and management of fatigue; and
- Report quarterly to Employees on the number and location of evaluations carried out.

7.2 Employees, Contractors and Visitors

Employees, Contractors and Visitors (all Personnel) must:

- Make every reasonable effort to be fit for work whilst:
 - At work;
 - On call;
 - Driving a company vehicle; or
 - Operating company plant or equipment.
- Notify their Supervisor (host if Visitor) if:
 - Their work performance is likely to be affected by fatigue; or
 - There is any risk to themselves or others due to the effects of fatigue;
- Notify their Supervisor or other responsible person immediately (if a person will not self manage their potential impairment) where there is a potential risk to health and safety if they suspect others in the workplace are behaving in a manner that suggests fatigue related impairment exists (refer to signs and symptoms in Appendix 1);
- Encourage other Personnel to comply with this Standard;

- Participate in fatigue assessments, if requested;
- Report any actual or potential fatigue risks; and
- Fulfil their obligation that is, to arrive at work in a fit state.

All Personnel are encouraged to use time away from work to obtain sufficient restorative sleep to ensure fatigue related risks are managed to an acceptable level.

7.3 Site Managers / Relevant General Manager

Site Managers / Relevant General Managers are responsible for:

- Implementing this Standard at the workplace;
- Investigating apparent breaches of the provisions of this Standard;
- Taking appropriate actions where breaches of the Standard have occurred;
- Ensuring that privacy and confidentiality is maintained;
- Ensuring that during recruitment processes, prospective Employees are advised that a fatigue Standard is in place;
- Ensuring that the Employee and workplace induction processes includes education on the standards, obligations and responsibilities of this Standard;
- Assisting Supervisors and Managers in applying this Standard. This includes facilitating access to counselling, rehabilitation and other assistance services when required;
- Monitoring the application of this Standard;
- Providing advice to management, particularly on the privacy and confidentiality rights of Employees; and
- Ensuring that privacy and confidentiality is maintained.

7.4 Workplace Health & Safety Officers & Rehabilitation and Return to Work Co-ordinators

Workplace Health & Safety Officers and Rehabilitation and Return to Work Co-ordinator are responsible for:

- Ensuring that information and education regarding this Standard are provided in Employee and workplace inductions;
- Offering to arrange support, counselling and medical advice for Employees;
- Providing advice on establishing suitable alternate duties (where possible); and
- Maintaining privacy and confidentiality.

7.5 Supervisors

Supervisors are responsible for:

- Assisting in the implementation of this Standard;
- Consulting with appropriate Personnel, arranging suitable alternate duties (where possible) and/or a safe location for individuals impaired by fatigue;
- Ensuring that fatigue is considered in the investigation of any incident;
- Maintaining privacy and confidentiality, including acting on reports of concern about privacy and confidentiality;
- Facilitating other actions as defined under this Standard; and
- Recognising and assessing the signs, symptoms and management of fatigue (refer to Appendix 1).

7.6 Contracting Company's Responsibilities

Contractors' fatigue risk management systems shall as a minimum comply with this Standard.

- Contractor companies are individually responsible to ensure that suitable place for sleep accommodation is available for their Employees;
- Contracting companies shall provide to SCL, upon request, working time records and travel history for the 7 day period leading up to the on-site commencement date with SCL. Documentation regarding all workers is to be kept on record prior to the commencement of any contract;

SCL will only release information to a third party as required by law, and with the written permission of the Site Manager after the individual concerned has been advised. The individual concerned will be advised, and this advice will be documented. Records of fatigue assessments are not to be passed on by the company to any future Employer (except in the case of a transmission of business where the Employees transfer their employment to the new owner).

Records of fatigue assessment results of Contractors will be kept secure and not passed on to any person other than their Employer's nominated representative.

SCL will take all reasonable steps to respect the privacy and confidentiality of individuals participating in fatigue management. The behaviour and actions of all parties involved will be under close scrutiny with regards to maintaining the privacy and confidentiality of individuals being assessed. Concerns about privacy and confidentiality should be reported to their Supervisor, Health and Safety Representative or Union Delegate. Breaches of confidentiality are considered a serious matter and will be treated in accordance with SCL's performance management process.

Where relevant to an accident or incident investigation, the records will only be referenced in the investigation, and flagged with the appropriate cross-referencing. These records will be kept in accordance with the regulatory requirements.

10.0 Identification

Identification of persons who may be affected by fatigue can occur as a result of:

- Voluntary disclosure by the person affected;
- Direct observation of the affected person's behaviour, consistent with Appendix 1;
- A workplace incident investigation;
- Monitoring compliance with this Standard;
- Completing a fatigue risk assessment; and
- Conducting the relevant site risk assessment process.

11.0 Education and Training

SCL will provide all Employees with an education program on fatigue risk management and their responsibilities under this Standard.

This education will give Employees the knowledge and ability to manage their own fitness for duty.

The education program will be on-going and flexible. It will respond to fatigue related trends identified through Common Policy & Corporate Standard reviews and audits.

All staff will participate in training to recognise symptoms and behaviours associated with the affects of fatigue including support mechanisms and the application of this Standard. Supervisors, Planners and Health and Safety Personnel, including on-site industrial representatives will participate in more detailed training.

As noted in this Standard, an Employee Assistance Program is available to provide Employees and their families with assistance and/or support. EAP consultants will provide further education and information as required.

12.0 Assessing Fatigue Impairment

It is a condition of entry to SCL workplaces that all Employees, Contractors, and Visitors can be assessed at any time for fatigue.

Any formal assessment will be conducted by a suitably trained person who is authorised by SCL.

Any person who is requested to undergo a fatigue assessment and refuses such a request will not be allowed entry to, or to remain in, the workplace.

12.1 Assessment Methods, Tools and Criteria

A range of fatigue assessment methods may include but not restricted to:

- Sleep opportunity;
- Signs and symptoms of fatigue table – Appendix 1;
- Prior sleep wake model (sleep duration) – Appendix 2;
- Hazard control model – risk assessment see Section 22;
- Sleepiness scales;
- Hours of wakefulness;
- Incident reporting; and
- Self reporting.

12.2 Random Assessment

The Health and Safety Committee of each workplace will set assessment frequency of all Personnel.

Note: Random assessments may also be initiated where there is a concern of a high level of risk due to, for example:

- Large numbers of Contractors on-site for a forced outage or other repair work;
- Construction projects occurring on-site
- Random assessments may be scheduled to coincide with community social events where it is likely persons may be fatigued.

Where random assessments have been initiated, a suitably trained person shall conduct the assessment using the *Management of Fatigue Observation & Assessment for Testing Form*.

12.3 Overhaul Assessment

Random assessments may occur during the progress of an overhaul.

12.4 Assessment for With Cause Incidents

If an incident occurs in the workplace that a Supervisor or Health and Safety Adviser believes caused or could have caused serious injury to people and/or serious damage to plant and equipment (with cause), the individual(s) involved will be assessed using the Management of fatigue Observation & Assessment for Testing Form for fatigue as soon as practicable by a suitably trained and authorised person.

This assessment will form part of the incident investigation process.

12.5 Assessment as a Result of Reasonable Suspicion

If a Supervisor has a reasonable suspicion that a person at work is impaired by fatigue, they should initiate an assessment by a suitably trained and authorised person. If other Employees, Contractors or Visitors suspect an individual at work is affected by fatigue, they should advise a Supervisor, SCL representative (e.g. Contract Administrator) or a Health and Safety Adviser. Appendix 1 lists typical symptoms that may be displayed by a person impaired by fatigue. The Management of Fatigue Observation & Assessment for Testing Form will be used for this assessment.

In the event that it is not possible or practical for the individual in question to undertake assessment, a Supervisor will direct them not to perform any further work. The subject individual will remain in an area where he or she presents no safety risk to themselves or others until they can be assessed. Alternatively, SCL will make arrangements for their safe transport home, including relocation of vehicle and/or return to site later.

12.6 Self-assessment

A self-assessment tool will be available for all Personnel to use.

An Employee who identifies they are impaired by fatigue (to the extent that it has the potential to create a health and safety risk) as the result of a voluntary self assessment must contact their Supervisor. A formal risk assessment will be conducted to identify appropriate controls.

An Employee who is unfit for work as a result of fatigue impairment due to personal circumstances shall apply for appropriate leave. Leave will be in accordance with the relevant procedure or site industrial agreement.

An Employee's voluntary self-assessment that results in non-attendance will not be recorded.

12.7 Assessment Results

An Employee who is impaired by fatigue due to work related reasons will be required to undertake a formal risk assessment to identify appropriate controls.

When assessing Personnel for fatigue the sample evaluation tools shall be used as a minimum standard and are contained in Appendix 3. Section 1 of Appendix 3 should be used for call outs and Section 2 should be used for all other instances.

When a person has been identified as having fatigue risk, control measures shall be put in place to ensure fatigue is managed to allow them to return to the task or appropriate tasks at a later time.

If a person is removed from duties or given alternate duties as a result of a fatigue assessment the person will not be disadvantaged.

Fatigue assessment records are to be held in accordance with Section 9.

13.0 Accommodation

SCL are responsible to ensure that suitable accommodation is available for their Employees when required to travel for work purposes to enable them to fulfil their obligation that is, to arrive at work in a fit state.

For other Personnel refer to Section 7.6 Contracting Company Responsibilities.

14.0 Fatigue Impact from Roster Alteration

New rosters or alterations to existing rosters will be subject to an assessment through a recognised fatigue analysis tool and in accordance with existing industrial instruments.

In the event that rosters are to be altered, a consultative and informative process must be utilised to ensure that all stakeholders have representation and have been informed of the reasons.

15.0 Rules for Managing Fatigue

Planning/Pre-Agreed Roster

Situations	Basis	Value
Limit number of actual work hours in any 7 day period.	6 attendances consisting of a maximum of 12 hours each.	72 hours.
Handover for continuous shifts for Personnel in roles such as: Operators, Supervisor, PTW/ATW Officer, OIC, Inspector etc.	In addition to 12 hour shift, maximum 30 minutes per shift.	3 hours (6 attendances x 30 mins).
Planned maximum hours of work (not inclusive of handovers).	12 hours.	12 hours.
Long break frequency.	Minimum 24 hours with no financial disadvantage.	1 Break in every 7 Days.
If Personnel are required to work continuously for 4 or more nights the person will have a rest period after change from night work/shift before returning to normal roster.	4 or more night shifts consecutively.	48 hours (to support 2 night sleeps) *See Note 1.
Rest period after change from night work/shift before changing to a different roster – where night work/shift has been worked continuously for 3 or more weeks.	Minimum 48 hours *See Note 1.	48 hours (to support 2 night sleeps) *See Note 1.

Notes:

*1 – The 48 hour rest period may occur at anytime during a rostered period. Breaks which fall on normal projected roster working shifts will be paid as if at work.

Contingency/Call Outs

Situations	Basis	Value
Limit number of actual work hours in any 7 day period.	Inclusive of call outs.	Normal roster plus 24 hours after which a 24 hour break must be taken without financial disadvantage.
Maximum continuous hours worked in a 24 hour period inclusive of time worked as a result of unplanned contingency.	16 hours.	16 hours.
Unplanned contingency – after a work period of greater than 12 hours further work periods of greater than 12 hours cannot be worked unless there has been a 24 hour break.	16 hours.	Up to 16 hours.
Minimum short break duration (Hours) following a call out or contingency.	10 hours.	10 hours.
Call outs - Maximum hours worked in a 24 hour period, starting from commencement of the previous attendance.	16 hours.	16 hours.

16.0 Travel

Where work duration reaches 14 hours, the Employee is to be provided with transport for the return journey to their home or a suitable place for sleep. The person driving the vehicle is to be fit to safely undertake the journey.

Personnel shall avoid driving more than 12 hours in a 24 hour day.

Personnel driving vehicles to and from work should:

- Avoid driving after being awake for a continuous period of 17 hours;
- Avoid driving if they have not accumulated more than 5 hours sleep in the previous 24 hours or 12 hours sleep in the previous 48 hours;
- Ensure adequate sleep the night before a long journey;
- Share driving where possible;
- Take a rest break from driving of at least 10 minutes every 2 hours or more frequently if feeling tired; and
- Arrange alternative transport, accommodation so as not to exceed the requirements of Section 5.

In the case of work purposes and when driving company provided vehicles, all of the above requirements shall apply.

All travel time when in control of a vehicle prior to the commencement of and after the completion of work shall be incorporated into the calculation of fatigue levels.

17.0 Call-Outs

For a call out the following conditions will apply:

- A formal fatigue assessment which includes prior sleep/wake data, shall be conducted where the person is required to work between the hours of 7:00pm to 7:00am. A review of the fatigue assessment will be done if the work is to continue over 4 hours.
- At any time, where requested by the person, that person will be transported to or from work;
- A person may choose to drive provided they take into account the following fatigue issues:
 - Sleep inertia (which may require them to allow 30 minutes after being woken prior to driving);
 - Maximum hours of work in the prior 24 hours as defined in Section 15; and
 - Other relevant factors which may impact on their ability to drive.

Conditions relating to travel shall comply with Section 16.

There is a shared responsibility between the person requesting the call out and that person being called out to consider the effects of fatigue and comply with the requirements of this policy.

18.0 Telephone Call Disturbances

When sleep is disturbed by work related telephone calls, the loss of sleep should be considered in the worker's assessment of fatigue risk level. This may result in the worker being unavailable for duties until sufficient restorative sleep has been achieved.

19.0 Breaks Within Shifts

Duration of breaks within shifts is covered in existing industrial instruments.

Employees, subject to existing industrial instruments may self-select the timing of work breaks within their shift to assist in managing fatigue.

Changing work tasks is not considered a break.

20.0 Scheduling

Planning of work tasks shall comply with this fatigue management Standard.

In all scheduling the following matters shall be considered, but are not limited to:

- Time of day;
- Nature of work and the level of risk inherent in the work;
- Number of people;
- Circadian rhythm;
- Sleep inertia;
- Sleep debt;
- Start and finish times;
- Duration of work;
- Frequency of breaks;
- Opportunity to recover from fatigue;
- Redesign work practices or rescheduling high risk/complex tasks; and
- The need to conduct a formal risk assessment.

Any scheduling involved with unplanned contingency must be managed to ensure compliance with this Standard.

21.0 Emergency and Crisis Response

In the event of a crisis, extra ordinary hours may be worked and must be signed off by the CEO after the completion of an appropriate risk assessment. The working of extra ordinary hours will be limited to essential Personnel and must be accompanied by a risk assessment which is transparent and auditable. Prior to working extra ordinary hours, Personnel must agree to be transported home or to a suitable place for restorative sleep.

In the case of an emergency or crisis arising (e.g. rescue of Personnel, fire, chemical spill, personal injury, etc.) it is important to consider the time Emergency Personnel are on task as well as the task itself, particularly, if it is expected to be a protracted event requiring Employees to be on duty for extended periods.

Provide for regular rotation of Emergency Personnel to ensure adequate rest and recovery (to assist in avoiding heat stress and fatigue, and compounding effects).

After emergency responses, rest breaks shall be provided to ensure adequate restorative sleep.

22.0 Risk Assessment

A recognised risk methodology (for example AS4360 or PAS55) shall be utilised to assist in the evaluation and management of fatigue risks.

SCL shall have a short term fatigue assessment tool (e.g. assessment cards) together with a longer term assessment tool (e.g. FAID) for assessing roster/shift patterns.

Risk assessments will provide a graded/graduated process for the determination of fatigue cut off levels – low, moderate, high risk categories and subsequent actions (such as breaks, rotation, refreshments etc.).

23.0 Monitoring Future Research

Resources that include Personnel, time, conference attendance, purchase and acquisition of current fatigue/sleep/human factor publications are to be allocated for the annual review of fatigue/sleep related materials. Any significant findings are to be brought to the attention of the Occupational Health and Safety Committee/Fitness for Work Working Party/Senior Management Group within the Qld Power Generator's forum for general distribution and consideration.

24.0 Audit and Review Process

24.1 Review of Common Policy

The review of the Common Policy is to take place within at least 12 months of initial implementation (by no later than July 2009) to determine effectiveness, functionality, compliance to the requirements within and other internally related documents/materials/practices using an auditing approach.

The audit will incorporate:

- (1) A formal auditing tool;
- (2) Interviews with Personnel;
- (3) A desktop audit of documentation and practices;
- (4) Examination of internal systems (databases, safety records, investigations etc.); and
- (5) Review of the work schedules and overtime utilisation.

Following the initial review, each subsequent review will be undertaken no less frequently than once every 2 years.

All work attendances exceeding 12 hours shall be monitored and recorded.

Special attention is to be made to the incident/accident reporting system and the fatigue related questions within investigations and any subsequent actions/control measures/countermeasure introduced and the final outcome on Personnel, practice and business parameters.

Findings are to be documented and made available to all QLD GOC Generator Personnel.

Any changes to the Common Policy will require the Fitness for Work Working Party to reconvene and discuss before alterations are made. Version control is to be applied.

24.2 Audit and Review of Actual Performance

Managers together with Safety Department Personnel are to ensure that fatigue risk control measures, incident reporting and response procedures are in place, followed and audited on a regular basis.

24.3 Review of Incidents

SCL shall ensure that fatigue related issues are considered in the investigation and reporting of incidents.

25.0 Links and References

- *Workplace Health and Safety Act 1995*
- *Workplace Health and Safety Regulations 2008*
- *Privacy Act 1988 (Cth)*
- Australian Standard 4360:2004 "Risk Management"
- Australian Standard 4801:2001 "Occupational Health and Safety Management Systems – Specification with guidance for use"
- Australian Standard 4804:2001 "Occupational Health and Safety Management Systems – General Common Policy on principles, systems and supporting techniques"
- International Standard PAS55 "Risk Management"
- Queensland GOC Generators internal documentation
- For more information please refer to Minerals Council of Australia Work Design, Fatigue and Sleep Report and booklet dated 23 March 2006, available at http://www.minerals.org.au/safety/s_and_h_publications

Related Policies and Procedures include:

[HBIRDPRO-#559968-Code of Conduct](#)

[HBIRDPRO-#560613-Generating Safety](#)

[HBIRDPRO-#559117-Worker's Rehabilitation and Compensation](#)

[HBIRDPRO-#560449-Employee Counselling Disciplinary](#)

26.0 Attachments

[Appendix 1: Fatigue](#) – Signs and Symptoms of fatigue

[Appendix 2: Fatigue](#) – Prior Sleep Wake Model

[Appendix 3: Fatigue](#) – Minimum Fatigue Assessment Tools

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Appendix 1: Fatigue

Signs of Symptoms of Fatigue

Physical	Mental	Emotional
Yawning	Difficulty concentrating on a task	More quiet than usual
Heavy Eyelids	Lapses in attention	Lacking energy
Eye-rubbing	Difficulty remembering what you are doing	Mood changes, decrease tolerance
Head drooping	Failure to communicate important information	Emotional outburst, aggressive, rage
Micro sleeps	Failure to anticipate events or actions	
	Accidentally doing the wrong thing (error)	
	Accidentally not doing the right thing (omission)	

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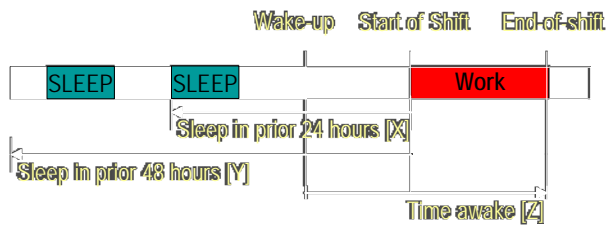
Appendix 2: Fatigue

Prior Sleep Wake Model

This is a means for determining individual fatigue risk levels based on the amount of sleep obtained in the prior 24 and 48 hour period.

The basis of the model is minimum sleep of:

- 5 hours in the previous 24 hour period and
- 12 hours in the previous 48 hour period.



X - Sleep in prior 24 hours

Y - Sleep in prior 48 hours

Z - Time awake

As prior sleep decreases and prior wake increases the likelihood of fatigue also increases.

In general;

- X should be greater than threshold [5]
- Y should be greater than threshold [12]
- Z should be less than Y

For example, using a point system may assist in determining what course of action an individual and/or organisation may take. A simple point system could be something like the following:

Step One: Sleep in prior 24 hours [X]					
Sleep	2	3	4	5+	
Points	12	8	4	0	
Step 2: Sleep in prior 48 hours [Y]					
Sleep	8	9	10	11	12+
Points	8	6	4	2	0
Step 3: Hours awake since last sleep [Z]					
Add 1 point per hours greater than the sleep in Step 2					

Example – Low Fatigue

If I have slept 6 hours in the prior 24 hours, and 10 hours in the prior 48 hours and have been awake for 2 hours I have

X=6 (sleep in prior 24 hours); Y=10 (sleep in prior 48 hours) and Z=2 (hours awake)

Points System

Step 1 + Step 2 + Step 3 = Fatigue Risk Score

0 + 4 + 0 = 4

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- + + Risk control measures for a score of **4** may include:
- + Self monitoring, task rotation and team monitoring of colleague but this range will be determined by internal organisational decisions regarding responses designed to reduce the identified fatigue risk.

+ *Example – Higher Fatigue*

- + If I have slept 3 hours in the last 24 hours, and 6 hours in the prior 48 hours and have been awake for 10
- + hours I have

X=3 (sleep in prior 24 hours); Y=6 (sleep in prior 48 hours) and Z=10 (hours awake)

Points System

Step 1 + Step 2 + Step 3 = Fatigue Risk Score

8 + 8 + 4 = **20**

Risk control measures for a score of **20** may include:

Document externally, do not engage in any hazardous activities, do not commence work.

An example of Fatigue control measures, based on accumulated scores.

Score	Agreed Response
0	Do nothing unless higher level hazards are present
1-4	Document locally with supervisor and undertake approved individual countermeasures. Self monitoring for symptoms, napping, team monitoring by colleagues, task rotation
5-10	Document externally by supervisor. Organize supervisory checks. Complete symptom checklist, task re-assignment
10+	Document externally, do not engage in any risky behaviors. Do not commence shift until fit for work

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Appendix 3: Fatigue

Minimum Fatigue Assessment Tools

SECTION 1

- + Are you on a compulsory break? Yes - No
- + Will this work carry you over 72 hours? Yes - No

Have you had a 24 hour break since you last worked greater than 12 hours? Yes - No

Have you had a 10 hour break since your last call out ended? Yes - No

Do you think you are fit for duty? Yes - No

Based on the prior sleep wake model card below what level of control is necessary?

FRONT	BACK																														
<div style="border: 1px solid red; padding: 5px;"> <p style="text-align: center; margin: 0;">Individual Fatigue Likelihood Assessment</p> <p>Step 1. Sleep in prior 24 hours</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;">Sleep</td> <td style="text-align: center;">≤ 2h</td> <td style="text-align: center;">3h</td> <td style="text-align: center;">4h</td> <td style="text-align: center;">5+h</td> </tr> <tr> <td style="text-align: left;">Points</td> <td style="text-align: center;">12</td> <td style="text-align: center;">8</td> <td style="text-align: center;">4</td> <td style="text-align: center;">0</td> </tr> </table> <p>Step 2. Sleep in prior 48 hours</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;">Sleep</td> <td style="text-align: center;">≤ 8h</td> <td style="text-align: center;">9h</td> <td style="text-align: center;">10h</td> <td style="text-align: center;">11h</td> <td style="text-align: center;">12+h</td> </tr> <tr> <td style="text-align: left;">Points</td> <td style="text-align: center;">8</td> <td style="text-align: center;">6</td> <td style="text-align: center;">4</td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> </tr> </table> <p>Step 3. Hours of wake since last sleep Add one point per hour awake greater than sleep in step 2.</p> </div>	Sleep	≤ 2h	3h	4h	5+h	Points	12	8	4	0	Sleep	≤ 8h	9h	10h	11h	12+h	Points	8	6	4	2	0	<div style="border: 1px solid red; padding: 5px;"> <p style="text-align: center; margin: 0;">Individual Fatigue Likelihood Assessment</p> <p>Step 4. Add all points together to determine your score</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: black; color: white;">Score</th> <th style="background-color: black; color: white;">Control Level</th> </tr> </thead> <tbody> <tr> <td style="background-color: green; color: white;">1-4</td> <td style="background-color: green; color: white;">Self-monitoring</td> </tr> <tr> <td style="background-color: yellow; color: black;">5-8</td> <td style="background-color: yellow; color: black;">Supervisor monitoring</td> </tr> <tr> <td style="background-color: red; color: white;">9+</td> <td style="background-color: red; color: white;">Don't commence shift until fit for work</td> </tr> </tbody> </table> </div>	Score	Control Level	1-4	Self-monitoring	5-8	Supervisor monitoring	9+	Don't commence shift until fit for work
Sleep	≤ 2h	3h	4h	5+h																											
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Score	Control Level																														
1-4	Self-monitoring																														
5-8	Supervisor monitoring																														
9+	Don't commence shift until fit for work																														

Do you require transport? Yes - No

SECTION 2 (Yes or No or Tick or Cross)

Physical	Answer	Mental	Answer	Emotional	Answer
Yawning		Difficulty concentrating on a task		More quiet than usual	
Heavy Eyelids		Lapses in attention		Lacking energy	
Eye-rubbing		Difficulty remembering what you are doing		Mood changes, decrease tolerance	
Head drooping		Failure to communicate important information		Emotional outburst, aggressive, rage	
Micro sleeps		Failure to anticipate events or actions			
		Accidentally doing the wrong thing (error)			
		Accidentally not doing the right thing (omission)			

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+ + Add up the number of Yes/Ticks to the above to provide a score. Apply the below table.

Score	Control Measures
1-4	Low Self management of fitness to perform HEHI* tasks.
5-8	Moderate Report to supervisor and discuss fitness to perform HEHI* tasks.
9+	High Report to supervisor. Do not perform HEHI* tasks (including driving home) until fit to do so.

+ *HEHI – High Energy High Impact