



BlueGuard Integrity
WHS Services

Measure. Understand. Improve.

Fit for Work

The WA Guide to Alcohol & Other Drugs in the Workplace

Practical, compliant and people-focused
guidance for Western Australian workplaces.



Understand your responsibilities

Stay compliant. Reduce risk.



Manage risk and protect people

Build a safe and healthy
workplace.



Improve outcomes

Stronger culture.
Better performance.



MEASURE.

Know where you are.



UNDERSTAND.

Identify what matters.



IMPROVE.

Make it better.

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Former WA Police Officers • WHS & AOD Specialists



LOCAL EXPERTISE.
PRACTICAL SOLUTIONS.

A practical guide, not a legal textbook

This guide is designed to help WA employers, supervisors and safety professionals understand the practical building blocks of a fair, defensible and people-focused fitness-for-work program.

BLUEGUARD PRINCIPLE

Testing is one control. Good policy, consultation, supervisor capability, privacy, support and consistent process are what make an AOD program work.

Disclaimer & Legal Notice

This publication is provided as general guidance only and does not constitute legal advice. While every effort has been made to ensure accuracy, BlueGuard Integrity WHS Services makes no warranties regarding completeness or suitability for specific circumstances. Seek independent advice where required.

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High-risk WA workplaces rely on consistent fitness-for-work controls

Chapter 1 — The Reality Check: Why Fitness for Work Matters

It Starts Before the Incident

Every serious workplace incident has two stories — what happened, and what could have been prevented.

Alcohol and other drugs can affect a person's ability to work safely, particularly where work requires concentration, judgement, coordination, communication or the operation of vehicles, plant and equipment. Prescription and over-the-counter medicines can also affect fitness for work and should be considered within a broader approach to impairment risk.

Fitness for work isn't about policing behaviour. It's about protecting lives, livelihoods, and reputations. Whether it's a plant operator on site, a driver heading home after shift, or a supervisor making critical decisions, one impaired moment can undo years of good safety work.

The Hidden Costs of Impairment

AOD-related impairment affects far more than immediate safety. **It can impact:**

- ❖ Reaction time and coordination — small delays lead to major consequences
- ❖ Judgement and decision-making — increasing the likelihood of error
- ❖ Attendance and productivity — absenteeism, presenteeism, and rework
- ❖ Team morale and culture — when trust slips, safety follows

Beyond the financial cost lies the human toll. Serious incidents, life-altering injuries, and fatalities create ripple effects that extend well beyond the site gate — families, friends, and entire crews feel the impact.

Every time someone presents unfit for work, risk multiplies.

BlueGuard Tip: A single stood-down shift may cost hours — one uncontrolled hazard can cost a life.

Why WA Workplaces Need a Fit-for-Work Plan

Western Australia's industries often operate in high-risk, high-pressure environments — mining, civil construction, transport, energy, and local government.

These environments demand:

- ❖ Constant situational awareness
- ❖ Clear communication
- ❖ Reliable, timely decision-making

Under the WHS Act 2020 (WA) and WHS Regulations 2022 (WA), a PCBU must eliminate or minimise risks to health and safety so far as is reasonably practicable.

Impairment — whether from alcohol, drugs, fatigue, or medication — is a workplace hazard and must be managed like any other.

Managing fitness-for-work risks is not optional. Under WA WHS legislation, PCBUs must manage risks to health and safety so far as is reasonably practicable. The controls adopted should reflect the nature of the work, the hazards present and the level of risk. For many safety-sensitive workplaces, a structured AOD policy supported by testing, education, supervision and support arrangements can form an important part of that risk-management framework.

Beyond Testing — Building a Culture of Trust

The most effective AOD programs in WA are not built on punishment — they are built on consistency, education, and trust.

Strong programs typically include:

- ❖ Clear policies and procedures — expectations are known and fair
- ❖ Training and awareness — workers and supervisors understand the why
- ❖ Support pathways — EAP, mental health first aid, early intervention
- ❖ Consistent testing and review — transparent processes and defensible outcomes

Testing should never exist in isolation. When combined with education and support, it becomes a protective control, not a disciplinary weapon.

In practice: BlueGuard integrates AOD testing with supervisor training and wellbeing support — enforcing standards while strengthening safer habits.

Scenario — The Morning After

A depot worker returned after a long weekend, unaware that alcohol consumed the night before could still register the following morning.

A random breath test returned a BrAC reading above the organisation's zero-tolerance threshold. The reading was generated from a breath alcohol instrument and is therefore described as breath alcohol concentration (BrAC), rather than a direct blood alcohol concentration (BAC) measurement.

Because the site had:

- ❖ A clear, consulted policy
- ❖ Trained testers
- ❖ A supportive response framework

...the worker was removed safely from duty, referred to an Employee Assistance Program, and returned to work following education and follow-up testing.

No incident. No disciplinary escalation. Just a lesson learned — and a potential tragedy avoided.



Quick Check — Are Your People Fit for Work?

Ask yourself:

- ❖ Do we have a current, consulted AOD policy?
- ❖ Are supervisors trained to identify and manage impairment?
- ❖ Are our testing methods, equipment and procedures appropriate for the program, and are applicable Australian/New Zealand Standards, quality controls and calibration requirements being followed?
- ❖ Do workers know where to access confidential support?
- ❖ Are results and records handled securely and consistently?

BlueGuard Reminder: Safety starts long before the test — it starts with awareness.

Chapter Summary

- ❖ Fitness for work is about prevention, not reaction.
- ❖ When impairment risks are managed early, consistently, and fairly, workplaces protect more than compliance — they protect people, families, and futures.

Chapter 2 — The Legal Landscape (WA Edition)

Know Your Duties Before You Point the Finger

When it comes to alcohol and other drugs at work, Western Australia doesn't rely on a single "drug and alcohol law".

Instead, impairment is managed through a framework of WHS legislation, regulations, standards, and guidance. Together, these define how employers and workers must manage fit-for-work risks lawfully and fairly.

This chapter explains those duties in plain English — and what compliance looks like in practice.

The Work Health and Safety Act 2020 (WA)

Under section 19 of the WHS Act 2020 (WA), a Person Conducting a Business or Undertaking (PCBU) must ensure, so far as is reasonably practicable, that workers and others are not exposed to health and safety risks.

That duty includes risks arising from:

- ❖ Alcohol consumption
- ❖ Illicit drug use
- ❖ Prescription medication
- ❖ Fatigue or reduced capacity

Even though alcohol and drugs are not named explicitly in the Act, impairment is a hazard. If a person is not fit for work, the duty to manage that risk applies — just as it would for plant, traffic, or working at height.

Workers also have duties under section 28 of the WHS Act 2020 (WA) to take reasonable care for their own and others' health and safety, and to comply, so far as they are reasonably able, with reasonable instructions and applicable WHS policies or procedures. A failure to comply with a WHS duty can constitute an offence under the Act. Whether a particular refusal to test or fit-for-work breach amounts to a statutory offence will depend on the circumstances, including the lawfulness and reasonableness of the requirement.

BlueGuard Tip: If impairment can cause harm, it must be controlled. It's that simple.

Officers' Due Diligence Duties

Officers (including directors, managers, and senior leaders) have additional obligations under section 27 of the WHS Act 2020 (WA).

- ❖ They must exercise due diligence to ensure the PCBU complies with its duties by:
- ❖ Acquiring and keeping up-to-date WHS knowledge
- ❖ Understanding the hazards and risks in their operations
- ❖ Ensuring appropriate resources and processes are in place
- ❖ Verifying that AOD systems are implemented and effective
- ❖ Importantly, officers cannot delegate this responsibility away.

In practice: An AOD policy that exists on paper but is not implemented, trained, or audited exposes officers personally.

Australian/New Zealand Standards — The Technical Framework

Where workplace AOD testing is undertaken, relevant Australian/New Zealand Standards provide an important technical framework for specimen collection, screening, handling, quality assurance and laboratory confirmation. The applicable standard depends on the testing method being used.

Key standards include:

- ❖ AS/NZS 4760:2019 — Procedures for specimen collection and the detection and quantitation of drugs in oral fluid
- ❖ AS/NZS 4308:2023 — Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine
- ❖ AS 3547:2019 — Breath alcohol testing devices for personal use

Depending on the testing method, these standards address matters including:

- ❖ How samples are collected
- ❖ Equipment calibration and quality controls
- ❖ Chain-of-custody requirements
- ❖ How results must be interpreted

Organisations should ensure their procedures, collectors, testing arrangements, quality controls, specimen handling and laboratory pathways align with the requirements relevant to their testing program.

Laboratory Confirmation — Why It Matters

An onsite drug screening result is an initial screening outcome. Where a result requires confirmation under the applicable testing standard and workplace procedure, the confirmatory specimen should be handled in accordance with the relevant chain-of-custody requirements and analysed through an appropriately accredited laboratory whose scope covers the required testing activity.

Laboratory confirmation uses advanced techniques such as:

- ❖ Gas Chromatography–Mass Spectrometry (GC–MS)
- ❖ Liquid Chromatography–Mass Spectrometry (LC–MS)

These highly specific analytical methods can identify and quantify target substances with substantially greater specificity than onsite screening and are important where results may contribute to consequential decisions, including:

Where confirmation is required by the applicable testing standard or workplace procedure, it is not optional: the confirmatory pathway, chain of custody and laboratory analysis must be followed before the screening result is treated as a confirmed analytical finding.

- ❖ Disciplinary proceedings
- ❖ Fair Work matters
- ❖ Workers' compensation claims
- ❖ Regulatory investigations

BlueGuard Reminder: Screening indicates — confirmation proves.

WorkSafe WA Guidance

WorkSafe WA provides current information on duties relating to drugs and alcohol under the Work Health and Safety Act 2020 (WA). WorkSafe also continues to publish the Alcohol and Other Drugs at the Workplace: Guidance Note, originally published in 2014 under the former Occupational Safety and Health legislative framework. It should therefore be read together with the current WHS Act, Regulations and current WorkSafe guidance.

The Guidance Note remains useful practical material on workplace-specific policies, consultation, education, responding to apparent impairment, confidentiality, support and workplace testing considerations.

The guidance emphasises:

- ❖ Worker consultation
- ❖ Education and awareness
- ❖ Early intervention and support
- ❖ Fair, consistent testing procedures
- ❖ Respect for privacy and confidentiality

The practical message remains relevant: AOD arrangements should be workplace-specific, understood by workers and supported by clear procedures.

Who Is Responsible for What?

Role	Key Responsibilities
PCBU (Employer)	Identify impairment risks, consult workers, implement AOD systems
Officers	Verify systems exist, are resourced, and are effective
Supervisors	Identify impairment, act consistently, document observations
Workers	Present fit for work, follow procedures, report hazards

Clear role definition removes confusion and protects everyone involved.

Practical Compliance — What Good Evidence Looks Like

A well-implemented AOD program should be capable of demonstrating how the organisation identifies, controls, monitors and reviews fitness-for-work risk. Depending on the organisation and its testing arrangements, useful evidence may include:

That includes:

- ❖ A current, consulted AOD policy
- ❖ Supervisor training records
- ❖ Testing procedures aligned with relevant Australian/New Zealand Standards
- ❖ Chain-of-custody documentation
- ❖ Confidential record-keeping
- ❖ Evidence of review and improvement

BlueGuard Tip: If it isn't documented, it didn't happen.

Scenario — When Process Matters

Consider a safety-sensitive workplace where a worker returns a confirmed drug result following testing conducted under an established AOD program.

Before determining the appropriate response, the organisation would need to consider more than the laboratory result alone.

Relevant considerations may include:

- ❖ What the workplace policy actually requires and whether workers had been informed of those requirements
- ❖ Whether testing and confirmation procedures followed the applicable Australian/New Zealand Standard
- ❖ Whether chain-of-custody requirements were maintained
- ❖ The worker's explanation, the safety sensitivity of the role, applicable employment arrangements and procedural fairness

Lesson: A technically valid test result is only one part of a defensible workplace decision. Good process matters.

Chapter Summary

- ❖ Impairment is a WHS hazard
- ❖ PCBU's and officers have clear legal duties
- ❖ Testing programs should align with applicable Australian/New Zealand Standards
- ❖ Confirmation testing protects fairness and legality
- ❖ Clear, consistent and demonstrable process strengthens assurance and defensibility
- ❖ A strong legal foundation doesn't make workplaces harsher — it makes them fairer, safer, and more consistent.

Chapter 3 — Developing a Fit-for-Work Policy That Works

Policies That Protect People — Not Just Paperwork

A fit-for-work policy is the backbone of every effective AOD program.

Done well, it creates clarity, fairness, and confidence. Done poorly, it creates confusion, conflict, and legal risk.

In Western Australia, a fit-for-work policy must do more than exist — it must:

- ❖ Reflect WHS duties
- ❖ Be consulted on
- ❖ Be understood by workers and supervisors
- ❖ Be applied consistently

BlueGuard Tip: If your policy only lives in a folder, it isn't protecting anyone.

Step 1 — Start With Consultation (This Is Not Optional)

Under the WHS Act 2020 (WA), PCBU's have a duty to consult workers on matters that directly affect their health and safety — including AOD management.

Effective consultation means engaging workers on:

- ❖ Why AOD management is needed
- ❖ When testing will occur
- ❖ How results will be managed
- ❖ What support is available
- ❖ What happens after an unconfirmed or confirmed result
- ❖ Consultation does not mean consensus — but it must be genuine and documented.

In practice: Consultation records are often the first thing requested during disputes or inspections.

Step 2 — Define Purpose and Scope Clearly

Every policy should begin with a clear statement of intent.

Example purpose statement:

“This policy exists to ensure all workers are fit for work and not impaired by alcohol or other drugs while performing work that could impact their own safety or the safety of others.”

The policy should clearly apply to:

- ❖ Workers as defined by the WHS Act 2020 (WA), including employees, contractors and subcontractors, labour-hire workers, apprentices, trainees, work-experience students and volunteers where applicable
- ❖ Visitors (where relevant)

Clarity at this stage prevents confusion later.

Step 3 — Set Clear Expectations (Before the Test)

Workers should never learn the rules after a test result.

Your policy should clearly define:

- ❖ What “fit for work” means
- ❖ Zero tolerance or a defined BrAC threshold (where justified by the organisation’s risk profile, work practices and consultation)
- ❖ The appropriate alcohol limit should be risk-based. Zero tolerance may be appropriate for safety-critical work, while some workplaces may adopt a defined BrAC limit where that is compatible with the work, organisational culture and risk controls. Whatever limit is chosen should be clearly documented, consulted on and applied consistently.
- ❖ Requirements relating to medication that may affect fitness for work, including how relevant information can be disclosed confidentially
- ❖ Worker obligations to cooperate with testing
- ❖ Supervisor authority to act

BlueGuard Reminder: Clear rules reduce conflict — surprises create disputes.

Step 4 — Choose the Right Testing Methods

Your policy must state what testing methods are used and why.

Testing Type	Standard	Common Use
Oral Fluid	AS/NZS 4760:2019	Random, for-cause, post-incident
Urine	AS/NZS 4308:2023	Pre-employment, return-to-work
Breath Alcohol	AS 3547:2019	Pre-start, random, post-incident

Oral fluid testing is widely used across WA due to its speed, accuracy, and minimal invasiveness — making it suitable for depots, worksites, and mobile crews.

BlueGuard Principle: This is a fit-for-work test — not a judgement on lifestyle.

Step 5 — Address Unconfirmed Results Correctly (Common Weak Spot)

An unconfirmed result simply means a substance has been detected during screening — not that impairment has been proven.

Your policy must clearly state that:

- ❖ No disciplinary action occurs based on screening alone
- ❖ Where an onsite screening result requires confirmation under the applicable Standard and workplace procedure, the confirmatory specimen proceeds through the required laboratory confirmation process
- ❖ Workers are stood down only where safety risk exists
- ❖ Privacy and dignity are maintained throughout

BlueGuard Tip: Screening indicates — confirmation decides.

This protects workers and protects the organisation legally.

Step 6 — Include Support, Not Just Consequences

A policy focused only on punishment will fail.

A strong policy includes:

- ❖ Access to an Employee Assistance Program (EAP)
- ❖ Early disclosure pathways without automatic punishment
- ❖ Education and retraining options
- ❖ Rehabilitation or structured return-to-work support where appropriate, particularly in regulated or safety-critical industries where retaining a competent worker safely may be preferable to an automatic punitive response
- ❖ Clear return-to-work processes

In practice: Workers who disclose issues early are far less likely to cause incidents.

Support does not mean ignoring risk — it means managing it properly.

Step 7 — Define Consequences Fairly and Consistently

Consequences must be:

- ❖ Clear
- ❖ Proportionate
- ❖ Applied equally across all roles

Typical responses include:

- ❖ Unconfirmed result: manage immediate safety risk and, where required by the policy or risk assessment, remove the worker from safety-critical duties pending confirmation
- ❖ Refusal to test: treated as a serious breach
- ❖ Confirmed positive: managed through disciplinary and/or rehabilitation pathways

Inconsistency is one of the fastest ways to undermine a policy.

Step 8 — Protect Supervisors Through Process

Supervisors are often placed in difficult positions.

Your policy should:

- ❖ Authorise supervisors to act on observable behaviour
- ❖ Require documentation of reasonable suspicion
- ❖ Encourage the presence of a second supervisor or witness
- ❖ Protect supervisors who follow procedure in good faith

BlueGuard Insight: Process protects people — including your leaders.

Step 9 — Keep It Simple, Current, and Accessible

A policy only works if people can understand it.

Ensure your policy:

- ❖ Uses plain English
- ❖ Is reviewed annually
- ❖ Reflects current legislation and standards
- ❖ Is included in inductions
- ❖ Is accessible on site and digitally

Quick Policy Health Check

Ask yourself:

- ❖ Has this policy been consulted on and documented?
- ❖ Do supervisors understand when and how to act?
- ❖ Are unconfirmed results handled correctly?
- ❖ Is support clearly available?
- ❖ Would this policy stand up to scrutiny tomorrow?

If the answer is “no” to any of these — it’s time to review.

Chapter Summary

A fit-for-work policy should:

- ❖ Set clear expectations
- ❖ Protect fairness and privacy
- ❖ Support early intervention
- ❖ Enable supervisors to act confidently
- ❖ Stand up legally when tested

The best policies don't just prevent incidents — they create trust.



Chapter 4 — Testing Methods Explained: The Science Made Simple

Understanding the Why Behind the Test

Workplace testing isn't about catching people out — it's about managing risk in real time.

Alcohol and other drug (AOD) testing provides an objective snapshot of whether a person may be unfit for work at that point in time. When conducted correctly, it supports fair decision-making, protects workers, and gives supervisors confidence to act.

BlueGuard Tip: Testing doesn't replace judgement — it supports it.

The Three Main Workplace Testing Methods

In Western Australia, most workplace programs use one or more of the following methods:

Testing Method	Relevant Standard	Common Use	Key Strength
Oral Fluid (Saliva)	AS/NZS 4760:2019	Random, for-cause, post-incident	Detects recent drug use
Urine	AS/NZS 4308:2023	Pre-employment, return-to-work	Longer detection window
Breath Alcohol	AS 3547:2019	Pre-start, random, post-incident	Immediate BrAC result

Each method has a purpose. Choosing the right one depends on risk profile, environment, and practicality.

Oral Fluid Testing — A Widely Used Workplace Method

Oral fluid testing is widely used in safety-sensitive workplaces because it provides a practical means of screening for recent drug exposure and can be undertaken onsite with relatively low intrusion.

It detects recent drug use, making it well suited to:

- ❖ Construction and civil sites
- ❖ Local government depots
- ❖ Mobile crews
- ❖ Random and reasonable-suspicion testing

Key advantages:

- ❖ Fast results (minutes, not days)
- ❖ Non-invasive collection
- ❖ Low risk of tampering
- ❖ No specialised facilities required

Important considerations:

- ❖ Must follow AS/NZS 4760:2019 procedures
- ❖ Collectors must be trained
- ❖ Screening devices must be used, checked, stored and quality-controlled in accordance with the applicable standard, validated testing system and manufacturer requirements

In practice: BlueGuard uses Druglizer oral fluid technology (WA-made), enabling fast screening with secure digital reporting.



Oral-fluid screening supports timely, non-invasive workplace risk management.

Urine Testing — Longer Detection, Different Purpose

Urine testing can detect drug use over a longer timeframe than oral fluid. This can be useful where historical exposure is relevant, but it can also be a limitation in workplace fitness-for-work programs because a urine result may have a weaker relationship to recent use or current safety risk. The method should therefore be selected for a defined purpose rather than simply because it has a longer detection window.

Common uses include:

- ❖ Pre-employment or baseline screening where the organisation has a clear, risk-based justification
- ❖ Return-to-work or monitoring programs where the testing method is appropriate to the purpose and policy
- ❖ Follow-up testing within an agreed rehabilitation or monitoring program

Strengths:

- ❖ Longer detection window — useful where historical exposure is relevant, but a limitation where the objective is to assess recent use or current fitness for work
- ❖ Established laboratory methodology, but workplace use requires careful consideration of purpose, proportionality and the relationship between historical use and current safety risk

Limitations:

- ❖ More intrusive collection process
- ❖ Requires strict privacy controls
- ❖ Collection requires appropriate facilities, privacy controls and strict adherence to the applicable collection procedure
- ❖ Not ideal for rapid on-site decisions

BlueGuard Reminder: Urine testing identifies use, not necessarily impairment today.

Breath Alcohol Testing — Immediate and Objective

Breath testing directly measures breath alcohol concentration (BrAC) from an exhaled breath specimen. It does not directly measure blood alcohol concentration (BAC).

It is commonly used for:

- ❖ Pre-start checks
- ❖ Random testing
- ❖ Post-incident testing
- ❖ Advantages:
- ❖ Immediate results
- ❖ Highly reliable with certified devices
- ❖ Easy to understand and explain

Key requirement:

- ❖ Devices must comply with AS 3547:2019 and be regularly calibrated.

BlueGuard Insight: A low BAC can still breach company policy — fitness for work is not the same as legal driving limits.

Screening vs Confirmation — A Critical Distinction

Laboratory screening is another distinct stage used in some testing programs, including some mining arrangements. A laboratory may use validated screening methods before confirmatory mass-spectrometry analysis. “Laboratory screening” should not be confused with onsite lateral-flow screening or with confirmatory analysis; the applicable standard, regulatory setting and laboratory scope determine the required pathway.

One of the most misunderstood aspects of workplace testing is the difference between screening and confirmation.

On-site screening:

- ❖ Provides an initial indication only
- ❖ Used to manage immediate safety risk
- ❖ Cannot be used alone for disciplinary decisions
- ❖ Laboratory confirmation:
- ❖ Conducted by a NATA-accredited laboratory
- ❖ Uses GC-MS or LC-MS analysis
- ❖ Provides legally defensible results

BlueGuard Principle: Screening indicates — confirmation decides.

Where an onsite screening result requires confirmation under the applicable standard and workplace procedure, the confirmatory process should be completed before the screening result is treated as a confirmed analytical finding for consequential decision-making.

Understanding Detection Windows

Detection periods vary considerably and should not be treated as fixed timeframes. They can be influenced by:

- ❖ Substance type
- ❖ Frequency of use
- ❖ Individual metabolism
- ❖ Testing method

Oral fluid generally provides a shorter detection window and is commonly used where recent exposure is relevant. Urine generally provides a longer detection window. Breath alcohol testing provides an indication of alcohol concentration at the time the breath specimen is obtained. Important: detection of a drug or metabolite does not, by itself, establish the degree of impairment at the time of work.

The applicable screening or confirmation cut-off

Method	General characteristic	Important Note
Oral fluid	Generally, reflects more recent drug exposure than urine.	Detection periods vary; a result does not by itself establish impairment.
Urine	Generally, provides a longer detection window than oral fluid.	May identify use beyond the period captured by oral fluid.
Breath alcohol	Measures alcohol concentration from a breath specimen at the time of testing.	Workplace limits may differ from road traffic limits.

 **Important:** Detection does not equal impairment. Always rely on confirmation testing and policy guidance.

Unexpected or Unconfirmed Screening Results — Why They Happen

Unconfirmed results can occur for several legitimate reasons, including:

- ❖ Declared prescription or over-the-counter medication may legitimately account for a detected substance or screening response; this does not necessarily make the analytical result “false”
- ❖ Cross-reactivity or analytical limitations in the screening assay
- ❖ Specimen contamination or unusual exposure circumstances that require investigation
- ❖ Specimen collection, handling or integrity issues
- ❖ Testing-system quality-control, storage, expiry or procedural issues

This is why a screening result requiring confirmation must proceed through the applicable confirmatory process before consequential decisions are based on the analytical finding.

BlueGuard Reminder: A preliminary result is a process step — not a verdict.

Supervisor Decision-Making — What Matters on Site

Supervisors do not need to interpret toxicology.

Their role is to:

- ❖ Observe behaviour
- ❖ Follow procedure
- ❖ Remove risk where required
- ❖ Document actions
- ❖ Maintain privacy and dignity
- ❖ Testing supports decisions — it does not replace leadership.
- ❖ Quality Assurance and Calibration
- ❖ Applicable standards, manufacturer requirements and testing procedures may require:
 - ❖ Calibration where applicable to the instrument or analytical method
 - ❖ Pre-use checks
 - ❖ Documented quality-control, verification, maintenance or calibration records as applicable
 - ❖ Secure storage of equipment
 - ❖ Failure to follow applicable quality-control, verification, maintenance or calibration requirements can undermine the reliability and defensibility of results.

Unconfirmed Results & “False Positives” — What They Really Mean

One of the most misunderstood aspects of workplace AOD testing is the concept of a false positive.

In practice, onsite oral-fluid testing does not produce “positives” in the legal or disciplinary sense.

It produces screening results only.

Key point: An unconfirmed oral-fluid screening result is not a positive.

Why Oral-Fluid Screening Can Return Unconfirmed Results

Many onsite oral-fluid screening devices use lateral-flow immunoassay (LFIA) technology. This is distinct from other immunoassay methods that may be used in laboratory screening. Onsite LFIA devices provide a qualitative screening result against specified cut-offs and are intended to identify results that may require further action or confirmation.

However, sensitivity comes with trade-offs.

A lateral-flow immunoassay is designed to respond to specified target analytes or drug groups at defined cut-offs. A screening response may be associated with more than one substance within a drug class, and cross-reactivity or medication-related findings can occur. The screening result therefore does not, by itself, establish the exact substance, its source, impairment or misconduct.

This does not mean the worker has taken an illicit substance.

It means the screening device has detected something that requires confirmation.

Why Screening Results Require Confirmation

Screening technologies are not the same as laboratory confirmation. Depending on the assay and testing system, factors such as cross-reactivity, medication, specimen characteristics, collection conditions or other analytical limitations may contribute to an unexpected screening result.

Why the System Is Designed This Way

Screening tools are deliberately conservative.

They are designed to:

- ❖ Detect potential risk early
- ❖ Err on the side of safety
- ❖ Trigger further investigation where required

This approach supports immediate risk management but does not determine guilt, impairment, or misconduct.

That is why AS/NZS 4760:2019 explicitly requires that any screening result above a cut-off is treated as unconfirmed until laboratory verification is completed.

BlueGuard Principle: Screening manages risk. Confirmation establishes fact.

Where Certainty Comes From — Laboratory Confirmation

An appropriately accredited laboratory can provide confirmatory analytical information including:

- ❖ What substance is actually present
- ❖ The identity of the target substance or metabolite detected, together with quantitative concentration information where the validated method provides it

The precise concentration detected

Laboratories use highly specific confirmatory techniques such as:

- ❖ Gas Chromatography–Mass Spectrometry (GC–MS)
- ❖ Liquid Chromatography–Mass Spectrometry (LC–MS/MS)

These methods:

- ❖ Identify exact molecules (not substance classes)
- ❖ Greatly reduce analytical ambiguity and cross-reactivity compared with initial immunoassay screening
- ❖ Provide legally defensible results
- ❖ Meet Australian Standard requirements

Laboratory confirmation uses highly specific analytical techniques to identify and quantify target substances, substantially reducing the risk of misidentification associated with initial screening methods.

Language Matters — Why Terminology Is Critical

At BlueGuard, wording is deliberate and precise.

Onsite oral-fluid test:

- ❖ Screening only

Above cut-off result:

- ❖ Unconfirmed

After laboratory analysis:

- ❖ Confirmed result (positive or negative)

An onsite screening result should not automatically be treated as proof of illicit drug use, impairment or misconduct. Consequential decisions should follow the applicable policy, confirmatory process and procedural requirements.

This protects:

- ❖ Workers' rights and dignity
- ❖ Supervisors from overreach
- ❖ Organisations from legal exposure

What This Means for Supervisors and Employers

When an unconfirmed result occurs:

- ❖ Remove the worker from safety-critical tasks if required.
- ❖ Explain the process clearly and calmly
- ❖ Maintain privacy and confidentiality
- ❖ Send the sample for laboratory confirmation
- ❖ Avoid assumptions or commentary
- ❖ Follow policy exactly

BlueGuard Reminder: Decisions based on assumptions — not science — create risk.

Chapter 4 Key Takeaway

Unconfirmed screening results are a normal and expected part of a compliant AOD program:

- ❖ They do not indicate wrongdoing.
- ❖ They indicate that the system is working as designed.

When screening, confirmation, and communication are handled correctly, AOD testing becomes:

- ❖ Fair
- ❖ Defensible
- ❖ Scientifically sound
- ❖ Trusted by workers

Chapter Summary

- ❖ Different tests serve different purposes
- ❖ Oral fluid testing is ideal for managing immediate risk
- ❖ Screening results must always be confirmed
- ❖ Detection does not automatically equal impairment
- ❖ Good testing programs protect workers and organisations alike
- ❖ When testing is accurate, fair, and well understood, it becomes a safety control — not a source of conflict.



Supervisors need clear process, observable facts and confidence to act.

Chapter 5 — The Supervisor's Toolkit: Spotting and Acting on Impairment

Supervisors on the Front Line

Supervisors are the first line of defence when it comes to fitness for work. They are not expected to be clinicians, investigators, or toxicologists — but they are expected to observe, act, and follow processes.

Handled correctly, supervisor action prevents incidents.
Handled poorly, it creates risk, conflict, and legal exposure.

BlueGuard Tip: Supervisors don't need to be right — they need to be reasonable and consistent.

What “Impairment” Can Look Like

Impairment is not always obvious, and it is not limited to alcohol or illicit drugs. It may arise from fatigue, prescription medication, stress, illness, or substance use.

Supervisors should focus on observable indicators, not assumptions.

Common Observable Indicators:

- ❖ Behavioural
- ❖ Agitation, aggression, or withdrawal
- ❖ Confusion or poor judgement
- ❖ Erratic communication
- ❖ Physical
- ❖ Slurred or slowed speech
- ❖ Unsteady movement or loss of coordination
- ❖ Red, glassy, or unfocused eyes
- ❖ Smell of alcohol
- ❖ Performance
- ❖ Repeated errors or near misses
- ❖ Slower reaction times
- ❖ Difficulty following instructions
- ❖ Situational

- ❖ Unexplained accidents or damage
- ❖ Unsafe acts outside normal behaviour
- ❖ Reports from multiple credible sources

BlueGuard Reminder: Observation is evidence. Opinion is not.

Reasonable Suspicion — What It Really Means

Reasonable suspicion exists when a supervisor forms a belief — based on specific, observable facts — that a worker may be impaired.

It must be:

- ❖ Based on specific, observable facts rather than rumour or assumption
- ❖ Documented
- ❖ Based on behaviour, not rumours

It does not require:

- ❖ Proof of substance use
- ❖ A confirmed test result
- ❖ Agreement from the worker

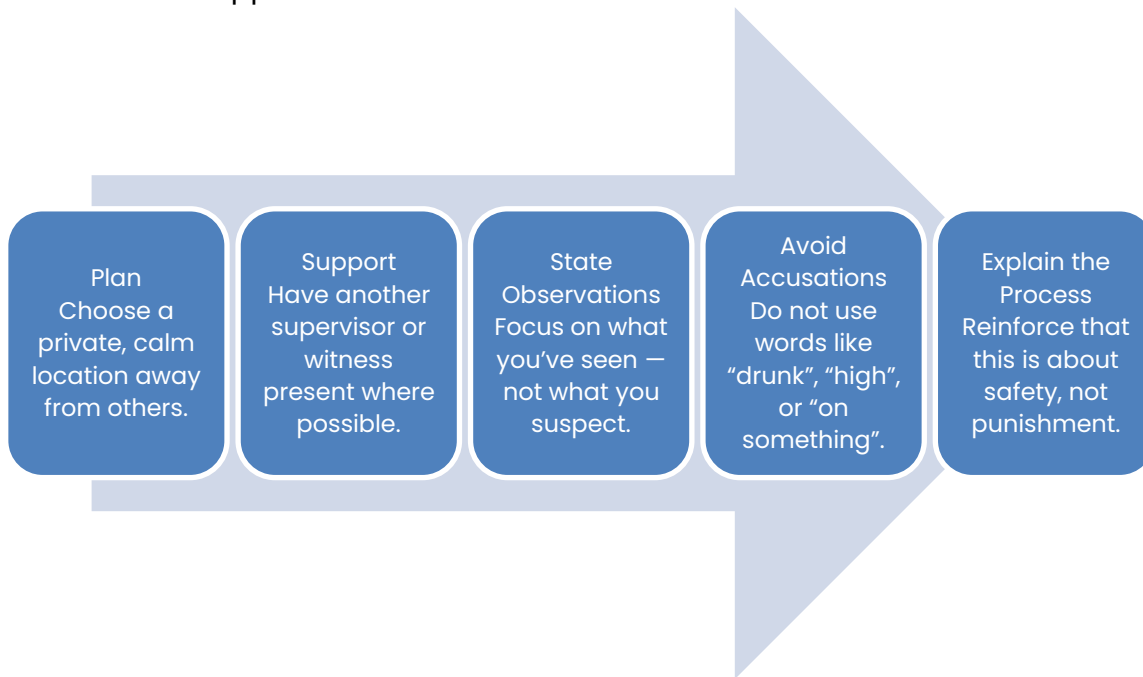
BlueGuard Principle: If you can explain it and write it down, it's reasonable.

Where possible, having a second supervisor or witness independently observe the same behaviours, strengthens defensibility.

How to Approach the Worker

How a conversation starts often determines how it ends.

Best-Practice Approach:



Example Script:

"I've noticed you're unsteady on your feet and struggling to focus this morning. For everyone's safety, we need to complete a fit-for-work check as per our policy."

When Testing Is Required

Testing may be initiated following:

- ❖ Reasonable suspicion
- ❖ A workplace incident or near miss
- ❖ Random selection
- ❖ Pre-start or pre-placement requirements

Once triggered, the process must be followed exactly as written in the policy.

BlueGuard Tip: Deviating from process creates more risk than the test itself.

What to Do After an Unconfirmed Result

An unconfirmed result is a process step, not an outcome.

Supervisors must:

- ❖ Remove the worker from safety-critical duties (if required)
- ❖ Explain that the result is unconfirmed
- ❖ Arrange confirmatory laboratory testing
- ❖ Maintain privacy and dignity
- ❖ Avoid commentary or speculation
- ❖ Document actions taken

No disciplinary decision should be made from the screening result alone. The organisation should also manage immediate safety and transport risk in accordance with its policy — including ensuring a worker who may be unfit does not simply drive away from the workplace.

What If a Worker Refuses to Test?

Refusal to test should be treated as a policy issue, not an argument.

Supervisors should:

- ❖ Remain calm and factual
- ❖ Explain the consequences outlined in the policy
- ❖ Document the refusal
- ❖ Escalate to management or HR

BlueGuard Reminder: Refusal is a decision — and decisions have consequences when policy is clear.

Documentation — Your Legal Shield

Good documentation protects everyone.

At a minimum, supervisors should record:

- ❖ Date and time of observations
- ❖ Specific behaviours observed
- ❖ Who else observed them
- ❖ Actions taken
- ❖ Testing method used
- ❖ Chain-of-custody details
- ❖ Use formal Reasonable Suspicion or Incident Forms where available.

BlueGuard Insight: If it's not written down, it didn't happen.

Privacy and Dignity Matter

Supervisors must:

- ❖ Conduct conversations privately
- ❖ Share information strictly on a need-to-know basis
- ❖ Avoid discussing results with peers or crews
- ❖ Treat all workers consistently
- ❖ Breaches of confidentiality can invalidate processes and expose the organisation to complaints or claims.
- ❖ Supporting the Worker
- ❖ Supervisors are not counsellors — but they are gatekeepers to support.
- ❖ Where appropriate:
- ❖ Provide EAP information
- ❖ Encourage early disclosure
- ❖ Reinforce that support does not equal punishment

BlueGuard Principle: Early support prevents later incidents.

Supervisor Protection — Why Following Process Matters

When supervisors:

- ❖ Act on observable behaviour
- ❖ Follow documented policy
- ❖ Apply decisions consistently
- ❖ Maintain respect and privacy
- ❖ ...they are protected — even if outcomes are later challenged.
- ❖ Most supervisor exposure arises not from acting, but from:
- ❖ Failing to act
- ❖ Acting inconsistently
- ❖ Acting emotionally
- ❖ Acting outside policy

Quick Supervisor Checklist

Before acting, ask:

- ***Can I clearly describe what I observed?***
- ***Have I followed policy exactly?***
- ***Have I documented my actions?***
- ***Have I treated this worker with dignity?***
- ***Would I handle this the same way for anyone else?***
- ***If the answer is yes — you are on solid ground.***

Chapter Summary

Supervisors don't need certainty — they need process.

By observing behaviour, acting early, documenting clearly, and following policy, supervisors:

- ❖ Prevent incidents
- ❖ Protect workers
- ❖ Protect themselves
- ❖ Strengthen safety culture

BlueGuard Final Reminder: Leadership isn't about confrontation — it's about care, consistency, and courage.



Strong programs combine safety controls with privacy, dignity and support.

Chapter 6 — Employee Rights, Privacy, and Support

Scenario — “Handled Right, Handled Once”

A local government worker returned an unconfirmed oral-fluid screening result during a random testing program.

The test was conducted privately, and the worker was informed that the result was screening only, not positive. They were temporarily stood down from safety-critical duties as a precaution, and the sample was sent for laboratory confirmation.

- ❖ No details were shared with other staff.
- ❖ No assumptions were made.
- ❖ No disciplinary language was used.

During the stand-down period, the worker was provided Employee Assistance Program (EAP) contact details and reassurance that the process would be handled confidentially and fairly.

Laboratory confirmation identified the substance as consistent with the worker’s declared prescribed medication and did not support an allegation of illicit drug use. The result was then managed in accordance with the organisation’s policy and medical/fitness-for-work process.

The worker returned to normal duties with no grievance, no loss of trust, and no reputational harm.

A supervisor later reflected:

“Because we followed the process properly, it was dealt with once — not argued about for months.”

Lesson: Privacy, confirmation, and respectful communication protect everyone — especially when results are unexpected.

Balancing Safety with Fairness

Fit-for-work programs only succeed when workers trust the process.

Employers have a duty to manage impairment risks. Workers have a right to privacy, dignity, and fair treatment. These obligations are not in conflict — when handled correctly, they reinforce each other.

Core Employee Rights

Workers have the right to:

- ❖ Be treated consistently and respectfully
- ❖ Understand why testing occurs
- ❖ Have results handled confidentially
- ❖ Receive confirmation before decisions are made
- ❖ Access support services

A compliant AOD program protects workers from arbitrary decisions just as much as it protects the organisation from risk.

Privacy and Confidentiality

AOD testing information should be treated as highly sensitive and confidential workplace information.

Organisations should ensure that this information is:

- ❖ Collected for a legitimate and clearly communicated purpose, and handled discreetly
- ❖ Accessible only to authorised persons with a genuine need to know
- ❖ Stored securely
- ❖ Used, disclosed and retained consistently with applicable privacy, employment, contractual and records-management obligations
- ❖ Most disputes arise not from testing — but from poor handling of information.
- ❖ Consent and Transparency
- ❖ Workers must understand:

- ❖ Why a test is occurring
- ❖ That screening results are preliminary
- ❖ What the next steps are
- ❖ Who will see the result

Workers should be informed about why testing is occurring, the applicable procedure, how the result will be managed, who may access the information and what will occur if further testing or confirmation is required. Where consent or acknowledgement forms are part of the applicable testing procedure, these should be completed and documented appropriately.

Procedural Fairness in Practice

Fairness means:

- ❖ Decisions based on evidence
- ❖ Opportunity for explanation
- ❖ Consistent application of policy
- ❖ As shown in the case study, fair process prevents escalation.

Support Is a Control Measure

Support pathways such as EAP, early intervention, and education are risk controls, not concessions.

They:

- ❖ Reduce repeat incidents
- ❖ Encourage early disclosure
- ❖ Strengthen culture
- ❖ Discipline alone rarely improves safety.

Reducing Stigma

Language, tone, and discretion matter.

Public stand-downs, gossip, or assumptions undermine trust and cooperation. Respectful handling encourages compliance and honesty.

Chapter Summary

Handled correctly, fit-for-work processes:

- ❖ Protect safety
- ❖ Protect privacy
- ❖ Protect supervisors
- ❖ Protect organisations

The case study shows the outcome clearly:

- ❖ follow the process once — or manage the fallout for months.



Chapter 7 — Case Files: Lessons from WA and Beyond

Why Case Files Matter

About These Scenarios

The scenarios in this chapter are illustrative examples based on situations that can arise in workplace AOD management. Unless a published decision or source is expressly identified, they should not be interpreted as descriptions of identifiable BlueGuard clients, actual individuals or specific legal cases. Their purpose is to demonstrate how policy, leadership, testing, communication and procedural fairness can influence workplace outcomes.

Policies, procedures, and standards only come to life when tested in the real world.

Across Western Australia, most AOD-related issues don't arise from bad intent — they arise from:

- ❖ Uncertainty
- ❖ Poor communication
- ❖ Inconsistent application
- ❖ Fear of acting (or fear of getting it wrong)

The following case files are drawn from common, real-world scenarios faced by WA workplaces. Each highlights what works, what doesn't, and the practical lessons that protect people, supervisors, and organisations.

BlueGuard Insight: Most disputes aren't caused by testing — they're caused by how testing is handled.

Scenario 1 — “The Morning After” (Local Government)

A council depot conducted random breath testing following a long weekend. A worker returned a BrAC reading of 0.026 — below the legal driving limit, but above the organisation's zero-tolerance policy.

What Happened

The worker was surprised and upset
Supervisors followed policy and stood the worker down from safety-critical tasks
The worker was educated on residual alcohol and policy expectations
No disciplinary action was taken

Outcome

Worker returned to duties the next day
Council added “morning-after risk” to toolbox talks
No grievance or escalation occurred

Lesson

Road traffic limits and workplace AOD requirements are different. Policy clarity and calm handling prevent conflict.

Scenario 2 — “Unconfirmed Doesn’t Mean Guilty” (Civil Construction)

A plant operator returned an unconfirmed oral-fluid screening result for amphetamines during random testing.

What Happened

The operator disclosed prescribed medication

The supervisor explained screening vs confirmation

The worker was stood down as a precaution

Sample sent for NATA laboratory confirmation

Outcome

Confirmation identified the finding and was assessed against the worker’s declared medication and the applicable policy

Declared prescribed medication provided a legitimate explanation for the analytical finding

Worker reinstated immediately

Trust in the testing program increased

Lesson

Following the confirmation process protects everyone — especially when results are unexpected.

Scenario 3 — “The Privacy Breach” (Transport Sector)

A worker’s unconfirmed test result was discussed openly in a lunchroom before confirmation.

What Happened

Gossip spread quickly

Confirmation later returned negative

Worker lodged a formal grievance citing reputational harm

Outcome

Employer issued apology

Privacy refresher training rolled out

Policy updated to tighten information access

Lesson

Privacy breaches cause more damage than the test itself.

Confidentiality is not optional — it is compliance.

Scenario 4 — “The Supervisor Who Didn’t Act” (Civil Works)

A supervisor noticed erratic behaviour but avoided acting due to fear of “*getting it wrong.*”

Later that shift, a near-miss occurred involving mobile plant.

What Happened

Post-incident testing confirmed methamphetamine use

Investigation identified missed early warning signs

Supervisor had not completed recent AOD training

Outcome

Serious incident narrowly avoided

Supervisor performance managed

Mandatory refresher training implemented

Lesson

Failing to act is a decision — and often the riskiest one.

Scenario 5 — “Contractor Assumptions” (Pilbara Project)

A principal contractor assumed a subcontractor’s pre-employment testing was complete. Random testing on site returned a confirmed positive result.

What Happened

No verification process existed

Responsibilities were unclear

Contractor was removed from site

Outcome

Contractor onboarding process revised

AOD verification added to mobilisation checklist

Lesson

The PCBU always retains responsibility — assumptions create gaps.

Scenario 6 — “Culture Shift” (WA Manufacturing)

A site recorded multiple unconfirmed and confirmed results within six months.

Rather than tightening discipline, management invested in:

- ❖ Supervisor training
- ❖ Toolbox education
- ❖ EAP promotion
- ❖ Clear communication around testing

Outcome

Zero confirmed positives over the next two quarters

Increase in voluntary EAP engagement

Improved morale and reporting

Lesson

Education changes behaviour faster than punishment.

What These Case Files Tell Us

Across industries and locations, the same patterns emerge.

Successful outcomes are linked to:

- ❖ Clear policy
- ❖ Trained supervisors
- ❖ Respectful communication
- ❖ Proper confirmation processes
- ❖ Consistent application
- ❖ Negative outcomes almost always involve:
- ❖ Poor privacy handling
- ❖ Inconsistent decisions
- ❖ Fear of acting
- ❖ Assumptions instead of verification

Chapter Summary

Case files reinforce one clear message:

- ❖ It's not the test that causes problems — it's the process around it.
- ❖ When workplaces follow procedure, communicate clearly, and act early, AOD programs:
- ❖ Prevent incidents
- ❖ Protect dignity
- ❖ Reduce disputes
- ❖ Strengthen culture
- ❖ The safest workplaces don't wait for perfect certainty — they rely on good process

Chapter 8 — Education, Prevention & Culture

Why Testing Alone Will Never Be Enough

Testing is an important control — but it is not a solution on its own.

Workplaces that rely solely on AOD testing often find themselves:

- ❖ Reacting instead of preventing
- ❖ Managing conflict instead of risk
- ❖ Treating symptoms instead of causes

The safest workplaces in Western Australia understand this simple truth:

You can't test your way to a strong safety culture — you must build it.

Education and prevention are what make testing effective, fair, and accepted.

From Compliance to Commitment

Culture is what happens when no one is watching.

It's reflected in:

- ❖ Whether workers speak up early
- ❖ Whether supervisors act confidently
- ❖ Whether people look out for each other
- ❖ Whether safety rules are followed even when inconvenient
- ❖ A strong fit-for-work culture turns compliance into commitment — not through fear, but through understanding.

The Role of Education in Fit-for-Work Programs

Education removes confusion, reduces stigma, and builds consistency.

Effective education helps workers understand:

- ❖ What “*fit for work*” actually means
- ❖ Why testing occurs
- ❖ What an unconfirmed result really is
- ❖ Where support is available
- ❖ How their choices affect others
- ❖ When people understand the why, resistance drops — and cooperation increases.

BlueGuard Insight: Confusion breeds conflict. Education prevents it.

What Good Education Looks Like on Site

Education doesn't need to be long or complicated to be effective.

The most successful WA workplaces use a mix of:

- ❖ Toolbox Talks
- ❖ Short (10–15 minutes)
- ❖ Focused on one topic
- ❖ Delivered regularly
- ❖ Reinforced with real examples
- ❖ Pre-Start Conversations
- ❖ Quick reminders around fitness for work
- ❖ Particularly effective after weekends, shutdowns, or holidays
- ❖ Visual Reminders
- ❖ Posters and signage reinforcing key messages
- ❖ Hydration, fatigue, and fitness-for-work prompts
- ❖ Supervisor-Led Conversations
- ❖ Calm, informal check-ins
- ❖ Encouraging workers to speak up early

BlueGuard Tip: Frequency beats formality — short and regular works best.

Linking AOD, Fatigue, and Wellbeing

Fitness for work is broader than alcohol and drugs.

Fatigue, stress, mental health, dehydration, and poor sleep can impair performance just as significantly.

Best practice programs:

- ❖ Link AOD education with fatigue awareness
- ❖ Address long shifts and extended rosters
- ❖ Encourage hydration and rest
- ❖ Normalise mental health conversations
- ❖ This integrated approach reflects how impairment actually occurs — rarely in isolation.
- ❖ Breaking Stigma Before It Breaks Trust
- ❖ Stigma is one of the biggest barriers to effective AOD management.

Workers who fear judgement are less likely to:

- ❖ Disclose issues early
- ❖ Seek support
- ❖ Cooperate with testing
- ❖ Trust the process

Education should actively reinforce that:

- ❖ Fit-for-work programs are about safety, not punishment
- ❖ Unconfirmed results are not accusations
- ❖ Support is available and confidential

BlueGuard Reminder: People don't hide problems because they're careless — they hide them because they're afraid.

The Supervisor's Role in Culture

Supervisors shape culture more than any policy ever will.

Their actions signal what's acceptable:

- ❖ Do they act early or look away?
- ❖ Do they stay calm or escalate emotionally?
- ❖ Do they treat everyone the same?
- ❖ Training supervisors to:
- ❖ Have respectful conversations
- ❖ Understand testing processes
- ❖ Recognise early signs of impairment
- ❖ Promote support pathways
- ❖ ...has a direct impact on incident prevention.

Education Campaigns That Actually Work

Some workplaces have success with short, memorable campaigns that keep messages fresh.

Examples include:

- ❖ "Morning After Means Monday Risk" — residual alcohol awareness
- ❖ "Fit for Work Friday" — end-of-week check-ins
- ❖ "Hydrate or Hibernation" — heat and fatigue focus
- ❖ "Mind Fit = Work Fit" — linking mental health and safety

These campaigns work because they're relatable, not preachy.

Using Data to Improve Culture (Not Punish)

Testing and education generate valuable data.

Used correctly, this data can:

- ❖ Identify trends (e.g. higher risk times)
- ❖ Inform targeted education
- ❖ Support proactive interventions
- ❖ Reduce incidents over time
- ❖ Used poorly, data becomes a blunt instrument that damages trust.

BlueGuard Principle: Data should guide improvement — not become a weapon.

Case Snapshot — Culture Shift in Practice

A WA civil contractor experienced several AOD-related issues over a short period.

Instead of increasing discipline, they:

- ❖ Invested in supervisor training
- ❖ Increased toolbox education
- ❖ Promoted EAP access
- ❖ Clarified unconfirmed vs confirmed results

Over time, the organisation reported:

- ❖ Stronger worker understanding of the testing process
- ❖ Greater awareness of support pathways
- ❖ Stronger supervisor confidence and fewer disputes about how AOD matters were handled

Lesson: Education and consistent leadership can strengthen the effectiveness of a testing program.

Chapter Summary

Strong fit-for-work programs don't rely on fear.

They rely on:

- ❖ Clear education
- ❖ Early conversations
- ❖ Consistent leadership
- ❖ Supportive pathways

When education and prevention are embedded into daily work, testing becomes just one part of a much stronger system.

BlueGuard Final Thought:

The best safety cultures don't wait for tests to reveal problems — they prevent them from forming in the first place.

Chapter 9 — Implementation & Audit Tools

Turning Policy into Practice

A fit-for-work policy only delivers value when it is implemented properly.

This chapter focuses on how to roll out, manage, review, and audit a fit-for-work program so it remains effective, compliant, and trusted over time.

BlueGuard Tip: AOD programs fail quietly when they are written once and never revisited.

The Fit-for-Work Implementation Cycle

Effective programs follow a simple continuous improvement loop:

This mirrors the broader WHS management system and ensures fit-for-work risks are managed like any other hazard.

Stage	What It Involves
Plan	Develop policy, consult workers, assign responsibilities
Implement	Train supervisors, commence testing, communicate clearly
Monitor	Track results, trends, and compliance
Review	Audit processes, investigate issues
Improve	Update policy, training, and controls

Step 1 — Preparation and Consultation

Before testing begins:

- ❖ Finalise the AOD / Fit-for-Work Policy
- ❖ Consult workers and HSRs
- ❖ Confirm testing methods and triggers
- ❖ Identify support pathways (EAP)
- ❖ Assign responsibility for records and oversight
- ❖ Audit Tip: Consultation records are often requested before test data.

Step 2 — Training and Capability

Testing programs fail without trained people.

Ensure:

- ❖ Supervisors complete AOD awareness and reasonable suspicion training
- ❖ Testers are trained and competent
- ❖ Refresher training occurs periodically and following significant procedural or legislative change, with frequency determined by risk, role and organisational requirements
- ❖ New starters receive fit-for-work education during induction
- ❖ Training should be recorded and reviewed.

Step 3 — Commencing Testing

When testing begins:

- ❖ Follow the policy exactly
- ❖ Apply testing consistently
- ❖ Use testing methods, equipment and procedures appropriate to the program and applicable Australian/New Zealand Standards
- ❖ Maintain calibration and quality checks
- ❖ Always ensure privacy
- ❖ Testing types should be documented clearly:
- ❖ Random
- ❖ For cause
- ❖ Post-incident
- ❖ Pre-placement / return-to-work

Step 4 — Record Keeping and Documentation

Good records are essential for compliance and defence.

At a minimum, organisations should maintain:

- ❖ Testing logs
- ❖ Calibration records
- ❖ Training matrices
- ❖ Reasonable suspicion forms
- ❖ Incident records
- ❖ Confirmation results (securely)

BlueGuard Reminder: If it's not documented, it didn't happen.

Record Retention

Record Type	Retention Considerations
AOD testing records	Applicable law, privacy, employment/industrial requirements, policy and purpose of record
Training records	Competency assurance, refresher requirements, contractual and organisational record schedules
Incident investigations	Legal/regulatory needs, insurer requirements, limitation periods and organisational schedules
Policy and consultation records	Governance, review history, consultation evidence and organisational record schedules

There is no single retention period that should automatically be applied to every AOD record. Organisations should establish retention requirements having regard to applicable legislation, employment and industrial requirements, privacy obligations, contractual and insurer requirements, potential legal or regulatory proceedings, and organisational records-management requirements.

Step 5 – Internal Auditing

Auditing confirms whether the system works as intended.

AOD programs should be reviewed periodically, with additional review considered:

- ❖ At intervals determined by risk and organisational requirements
- ❖ Following significant incidents
- ❖ After legislative, standard, policy or testing-arrangement changes
- ❖ Where trends, audit findings or operational changes suggest controls may not be effective
- ❖ Typical Audit Questions
- ❖ Is the policy current and consulted?
- ❖ Are supervisors trained and confident?
- ❖ Are devices calibrated and logged?
- ❖ Is chain-of-custody maintained?
- ❖ Is privacy consistently protected?
- ❖ Are unconfirmed results handled correctly?
- ❖ Example Fit-for-Work Audit Checklist (excerpt)

Audit Item	Yes / No	Evidence
Policy reviewed in last 12 months		
Supervisor training current		
Calibration records complete		
Testing logs accurate		
EAP promoted and accessible		
Records stored securely		

Completed audits should be documented and actions tracked.

Step 6 — Reviewing Trends and Data

Fit-for-work data should be reviewed at management level.

Look for:

- ❖ Testing frequency trends
- ❖ Repeat unconfirmed results
- ❖ High-risk time periods
- ❖ Training gaps
- ❖ Supervisor confidence issues

Data should be used to improve systems, not punish individuals.

BlueGuard Insight: Trends point to system weaknesses — not individual failures.

Step 7 — Managing Incidents and Non-Conformances

Where issues arise:

- ❖ Investigate whether procedure was followed
- ❖ Identify contributing factors
- ❖ Update training or documentation
- ❖ Communicate lessons learned

Link fit-for-work findings into broader WHS investigations (e.g. ICAM).

Step 8 — Digital Systems and Efficiency

Many organisations use digital platforms to improve efficiency and consistency.

Digital systems can:

- ❖ Store testing and calibration records
- ❖ Track training status
- ❖ Generate audit-ready reports
- ❖ Reduce administrative burden

BlueGuard Note: Digital systems support compliance — but they do not replace leadership.

Case Snapshot — Audit-Driven Improvement

A WA local government audited its fit-for-work program after a series of minor issues.

The audit identified:

- ❖ Inconsistent documentation
- ❖ Gaps in supervisor refresher training
- ❖ Calibration reminders not tracked
- ❖ Actions were implemented within three months.

Outcome:

- ❖ Improved audit readiness
- ❖ Increased supervisor confidence
- ❖ Reduced testing disputes
- ❖ Lesson: Audits strengthen systems — when acted on.

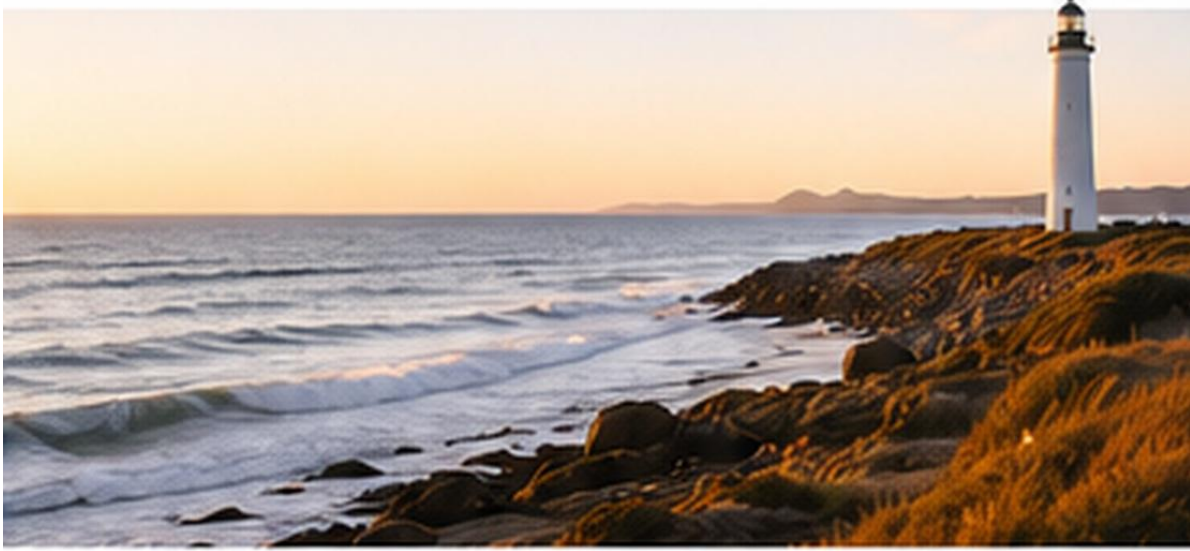
Chapter Summary

Effective fit-for-work programs:

- ❖ Are implemented deliberately
- ❖ Are reviewed regularly
- ❖ Are supported by training and documentation
- ❖ Use audits to improve — not blame

BlueGuard Final Reminder:

A policy sets expectations — but implementation keeps people safe.



Practical guidance designed for Western Australian workplaces.

Chapter 10 — The Road Ahead: The Future of Fit-for-Work in WA

Fit for Work Is Evolving — So Must We

Work in Western Australia is changing.

Longer shifts, mobile workforces, contractor-heavy models, emerging technologies, and increasing mental health pressures are reshaping what fitness for work looks like in practice.

What hasn't changed is the core responsibility:

People must be fit to do the work safely — every time.

Fit-for-work programs that fail to evolve will become reactive, adversarial, and ineffective. Those that adapt will prevent harm and build trust.

From Testing Programs to Risk Management Systems

The future of fit-for-work in WA will move further away from isolated testing and closer to integrated risk management.

Leading organisations are already:

- ❖ Treating impairment like any other WHS hazard
- ❖ Integrating AOD, fatigue, and wellbeing controls

Using data to identify trends — not targets

Training supervisors to act early and calmly

Testing will remain important — but it will increasingly be one control within a broader system.

Technology Will Support — Not Replace — Judgement

Advances in testing technology, digital reporting, and data analytics will continue.

These tools can:

- ❖ Improve accuracy and speed
- ❖ Strengthen audit readiness
- ❖ Reduce administrative burden
- ❖ But no technology can replace:
- ❖ Supervisor judgement
- ❖ Clear process
- ❖ Respectful communication
- ❖ Leadership accountability

BlueGuard Insight: Technology supports good systems — it doesn't fix weak ones.

Worker Expectations Are Changing

Today's workforce expects:

- ❖ Fair and consistent treatment
- ❖ Privacy and dignity
- ❖ Clear explanations, not assumptions
- ❖ Support before punishment
- ❖ Fit-for-work programs that ignore these expectations will face:
- ❖ Resistance
- ❖ Complaints
- ❖ Grievances
- ❖ Cultural breakdown

Those that respect them will gain cooperation and trust.

Leadership Will Always Set the Tone

No policy, test, or tool can compensate for poor leadership.

Leaders shape fit-for-work culture by:

- ❖ Modelling expected behaviour
- ❖ Supporting supervisors who act early
- ❖ Investing in training and education
- ❖ Responding consistently to issues

Final leadership truth:

- ❖ If leaders don't take fit for work seriously, neither will anyone else.

What Good Looks Like Going Forward

The most effective WA fit-for-work programs will be:

- ❖ Clear — expectations are understood
- ❖ Consistent — applied the same way every time
- ❖ Fair — grounded in process and evidence
- ❖ Supportive — focused on prevention, not blame
- ❖ Defensible — able to withstand scrutiny

These programs don't just reduce incidents — they protect people, reputations, and organisations.

A Final Word

Every policy, test, procedure, and conversation in this guide exists for one reason:

- ❖ Someone is expected home.
- ❖ Not a statistic.
Not a worker number.
A partner. A parent. A mate. A teammate.

Fit-for-work programs are not about control or compliance — they are about recognising that impairment, fatigue, stress, and poor judgement don't announce themselves until it's too late.

They are about stepping in before the incident.

About having the courage to act early.

About choosing process over assumption, and care over complacency.

The strongest workplaces are not the ones that never have issues — they are the ones that deal with them fairly, early, and without ego.

When organisations:

- ❖ test with purpose,
- ❖ act with consistency,
- ❖ protect dignity,
- ❖ support people, and
- ❖ lead with integrity,
- ❖ they don't just meet their obligations.

They change outcomes.

Because safety has never been about paperwork, technology, or rules alone.

It has always been — and will always be — about people.

And making sure they make it home.

Workplace AOD Response — At a Glance

1. Trigger identified — random selection, for-cause concern, post-incident or other policy trigger.
 2. Confirm authority and applicable procedure.
 3. Explain the process to the worker.
 4. Conduct testing in accordance with the applicable procedure and standard.
 5. Manage the screening outcome — where no further action is required, document and proceed in accordance with policy; where confirmation is required, manage immediate safety risk and follow the confirmatory specimen and chain-of-custody process.
 6. Receive laboratory confirmation where applicable.
 7. Apply workplace policy, considering safety, the analytical result, the worker's explanation, employment/industrial requirements, procedural fairness and support.
 8. Document the outcome.
 9. Review and improve where required.
- At every stage: privacy • dignity • consistency • documentation • support.

References & Further Guidance

Western Australian legislation

- ❖ Work Health and Safety Act 2020 (WA)
- ❖ Work Health and Safety (General) Regulations 2022 (WA)
- ❖ Work Health and Safety (Mines) Regulations 2022 (WA), where applicable

WorkSafe WA

- ❖ Duties relating to drugs and alcohol — current WHS-era guidance
- ❖ Alcohol and Other Drugs at the Workplace: Guidance Note (2014) — useful practical guidance that should be read with the current WHS legislative framework
- ❖ Duty to manage WHS risks

Australian/New Zealand Standards

- ❖ AS/NZS 4760:2019 — Procedures for specimen collection and the detection and quantitation of drugs in oral fluid
- ❖ AS/NZS 4308:2023 — Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine
- ❖ AS 3547:2019 — Breath alcohol testing devices for personal use

Laboratory accreditation

- ❖ National Association of Testing Authorities, Australia (NATA), or an appropriately recognised overseas accreditation body operating under relevant mutual-recognition arrangements where applicable. In all cases, confirm that the laboratory's actual scope of accreditation covers the required testing activity and method.

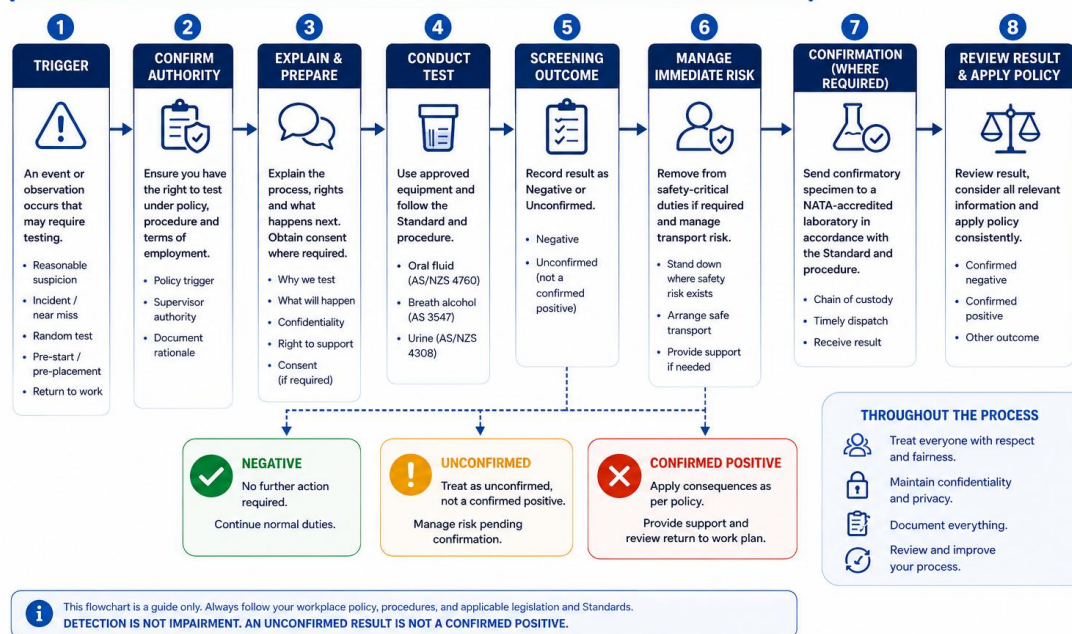
AOD Response — At a Glance

Practical steps for a fair, consistent and compliant response

AOD RESPONSE — AT A GLANCE

PRACTICAL STEPS FOR A FAIR, CONSISTENT AND COMPLIANT RESPONSE

BlueGuard Integrity
WHS Services
Measure. Understand. Improve.



Where to From Here?

A strong fit-for-work program does not begin with a testing device. It begins with understanding the risk. Ask three questions: Is our policy current, appropriate and understood? Are our supervisors confident about what to do when a fitness-for-work concern arises? Could we demonstrate that our testing and response process is fair, consistent, technically sound and documented? If any answer is uncertain, that is where improvement begins.

BLUEGUARD INTEGRITY WHS SERVICES

AOD policy review • Workplace testing programs • Supervisor awareness • For-cause and post-incident support • Mobile testing

Measure. Understand. Improve.