

OHS Guideline Supporting Standards 2.01 Occupational Health and Hygiene

1 Purpose

OTML is committed to providing a safe work environment by eliminating conditions and work practices that could lead to illness, personal injury, death, equipment or property damage and disruption to operations due to impairment resulting from the use or consumption of illicit drugs.

It is the responsibility of all OTML employees and contractors to minimise the risk of accident or injury to themselves and all other personnel. To assist in this goal, persons affected by drugs or alcohol are not permitted on any workplace within the Mine Lease or Exploration Lease(s).

Persons potentially affected by legal medications must disclose these details to the Company to ensure any issues relating to fitness for work are properly managed.

It is a condition of employment for all employees and contractors at OTML to comply with the requirements of the Drug Policy and any associated Standard Operating Procedure. Failure to abide by these procedures will result in disciplinary action that may include termination of an individual’s contract of employment or loss of access to site.

2 Scope

This standard applies to all OTML employees, Contractor employees, and visitors. The standard also applies to anyone driving OTML vehicles or operating OTML equipment outside of OTML controlled areas.

3 Accountabilities

General Managers

Ensure this standard is fully implemented in their areas of responsibility

Manager OH&S

Implement and maintain an OTML Employee Assistance Program to effectively manage Fitness for Work issues.

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Department Managers	Implement, enforce and administer procedures associated with this standard, including taking disciplinary action in accordance with the HR Disciplinary Policy and Procedure
All personnel	Report for work in a fit condition. Report any actual or potential impairment of fitness for work.

4 Definitions

Abuse of illicit drugs	<p>The consumption or use of illicit drugs which results in actual, or potential impairment of an employee’s performance, or their ability to work efficiently and safely and:</p> <p>The consumption, possession or use of any illicit drug in the workplace.</p>
Illicit Drug	<p>Illicit drugs mean any substances as prescribed by Schedule 2 of the <i>Dangerous Drugs Act – 1952</i> (PNG – Consolidated to No 23 of 1990) and includes illegal drugs (such as cannabis, cocaine and amphetamine type substances). It also may also include certain Benzodiazepines (stimulants) Opiates (pain killers and tranquillisers) and inhalants when used for non-medical purposes and without a Medical Practitioners approval and prescription.</p>
Employee Assistance Programme (EAP)	<p>A service to help OTML employees and their families resolve problems that affect their personal lives or job performance.</p>
Medical Practitioner	<p>A person licensed to practice medicine.</p>

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Residence

Where a person resides when not on duty. This may include accommodation provided by OTML or Contractors.

Workplace

Any area where an employee(s) or site visitor is likely to be during the course of their working hours, or any place where OTML employees, site visitors or contractors are likely to be working in the course of carrying out their duties. This includes driving or operating company vehicles or equipment, travelling to or from a work place in a company vehicle, and or passing through an OTML check point.

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5 Requirements – General

No person shall come to the workplace impaired by any illicit drug. In the case of an illicit drug no test reading other than a negative result provided on a **DrugWipe – Saliva** test device will be permitted.

Fitness for work requirements shall be covered as part of OTML’s induction program.

OTML reserves the right to inspect or search any person, property, residence or equipment on OTML premises for the presence of any illicit drug.

Any attempt to tamper with, substitute or contaminate any drug test will involve disciplinary action and may result in action up to and including termination of the individual's employment.

Anyone refusing to undergo an alcohol or drug test shall be considered to have returned a positive result and be open to termination.

5.1 Testing

Testing shall be conducted by competent, authorised persons. The testers shall receive specific training in the methodology and equipment to be used.

Where testing devices are not available, the manager may determine the actual or potential impairment of an employee’s performance or their ability to work efficiently and safely.

Testing may be a result of the following:

Incident involvement:

All OTML employees, contractors or visitors who are directly involved in an incident may be tested for tested for illicit drugs.

Reasonable cause (suspicion):

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Any person working for, or providing services to OTML who suspects any OTML employee, contractor or visitor of being under the influence of an illicit or other drug shall report the matter to their manager.

The manager shall determine whether the person needs to be tested.

Any erratic, unusual, at-risk or dangerous behaviour by an OTML employee, contractor or visitor may be sufficient reason to require the individual to submit to a drug test

If there is suspicion (e.g. drug paraphernalia) indicating possible consumption or use of an illicit drug, found on any work site or in any work vehicle, the individual(s) work group involved shall be required to submit to testing.

Any Safety Officer or Security Officer who has reasonable cause to suspect any OTML employee, contractor or visitor may be under the influence of an illicit drug, contrary to this policy, may require that person submit to a drug test.

Any person requested by their Manager, a Safety Officer or Security Officer to submit to an alcohol or drug test, under this standard / policy (or any other part of this standard) shall comply and avail themselves for testing as directed.

Random:

A system of testing carried out any time when required by a Safety or Security Officer in a non-discriminatory manner

The system may include:

All persons occupying a specified work team;

A specified work group and/or work location;

Any person passing through a security check point including temporary checkpoints that may be established from time to time;

Drivers of vehicles and machinery operators.

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Accurate records are to be kept of all random testing (Refer Attachment 1), including the time date and location and the name of the person tested. Records of negative tests may be destroyed after one calendar month from the date of testing.

5.2 Actions for a Negative or Non Negative (Positive) Result.

Image one below shows the DrugWipe 6S when ready for use and what can be expected to be seen after a **negative test**. Only the red control line is seen with no red lines confirming any drug presence, indicating a negative test result for drugs.

Image 1

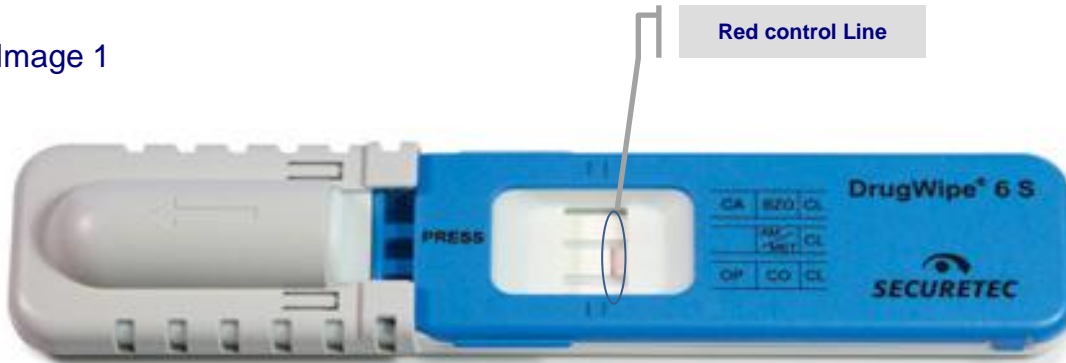
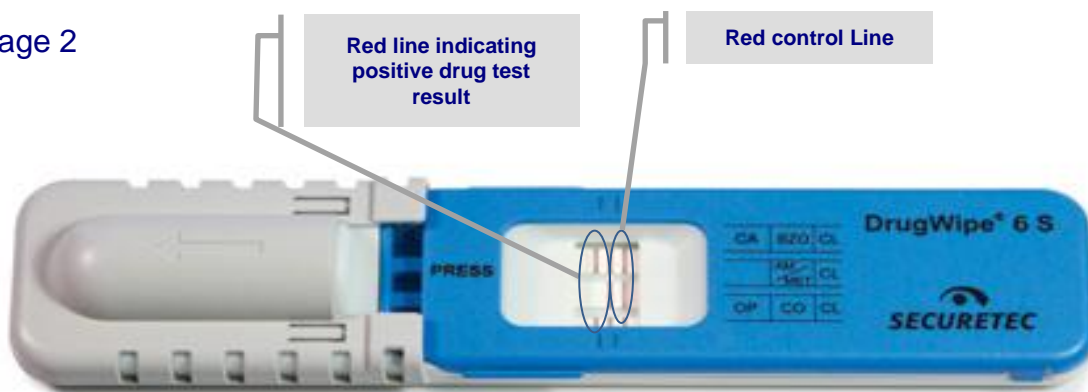


Image two below shows the DrugWipe 6S after a test has been carried out with a non-negative or **POSITIVE RESULT** has been recorded. In this case the red control lines are clearly seen in addition to **the red lines indicating the presence of drugs**.

Image 2



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In this case the drugs CA (Cannabis) and OP (Opiates) were recorded as being present.

When the results of a confirmatory 2nd test of the Drug Testing Standard Operating Procedure are confirmed positive, the following shall apply:

If any declaration was made regarding the use of prescription medication and the positive result confirms the declared medication, then the individual and the Department Manager shall be informed of the result. The individual may continue to work on site at the discretion of the Department Manager.

If the positive confirmatory analysis confirms any substance other than what was declared by the individual, the Department Manager and individual shall be informed. The Department Manager must then stand the employee or contractor down and an APD investigation will be undertaken.

If no declaration was made and the result confirms an over the counter or prescribed medication, APD will undertake an investigation and the normal process will flow. The verbal warning will be issued where a person fails to declare they are taking prescription medication when asked prior to undertaking a drug test.

If the positive confirmatory analysis confirms any other substance, other than prescribed or over the counter medication, the individual and Departmental Manager shall be informed. The Department Manager shall then take appropriate action as per the Disciplinary Policy.

The manner in which drug tests are to be undertaken is described in following slides

Slide one

Review the packaging, taking note of storage conditions, expiration date and batch number. If there is no damage, open it and pull out the DrugWipe. Packaging is to be retained until after the test is completed



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Slide three

Pull the protective cover in the direction of the arrow until the word 'press' appears



Slide four

While not touching the sampling pads, remove the blue sample collector from the white detection element



Slide five

Advise your employee to move their tongue around the inside of their mouth 3 times

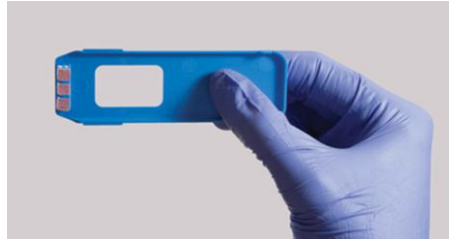


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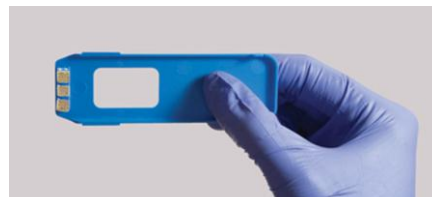
Slide six

Check the sample pads on the underside of the blue sample collector are red



Slide eight

Collect the blue sample collector and ensure the sampling pads have changed from red to yellow



Slide nine

Attach the blue sampling collector to the white detection element. Wait for a double click to confirm correct placement



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Slide ten

Bring the DrugWipe into a vertical position with the ampoule at the bottom. Press strongly with your thumb on the PRESS mark until you hear a crack, indicating a breaking of the ampoule



Slide eleven

Once broken, remove your thumb from the PRESS mark. Keep the device in an upright position for 10 seconds



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Slide twelve

Slide the protective cover back into place

Place the DrugWipe on a flat surface and allow 8 minutes for the test to complete

Refer to images one and two at the beginning of this clause for actions in case of a negative or non-negative result and the appearance of the test unit in both cases,

5.3 Result Management

Positive test results shall be recorded on Attachment 2 (Confirmatory DrugWipe) Test Results Record

Positive tests are to be reported to the employees General Manager / Manager and they shall have responsibility for ensuring correct disciplinary procedures are instituted in consultation with the Manager Human Resources

Should an employee refuse testing, Attachment 3: Employee’s Refusal to Submit to Alcohol Testing shall be completed.

6 Related documents

PNG Legislation	Employment Act 1978
PNG Legislation	Dangerous Drugs Act 1952

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7 Approval

Approver	Position	Signed	Date
Peter Graham	Managing Director and CEO		June 2016
Peter Senat	Manager Asset Protection		June 2016
Aihi Areni	Manager Occupational Health & Safety		June 2016

8 Attachments

Attachment 1	Illicit Drug Test Record
Attachment 2	Confirmatory Drug Test Results Record
Attachment 3	Questionnaire to be completed where a declaration has been made prior to testing that the employee is using a medically prescribed drug
Attachment 4	Employee’s Refusal to Submit to Drug testing

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Attachment 1 Initial Test Results DrugWipe Drug Test
(Tick Appropriate Box)

Random	<input type="checkbox"/>	Incident Involvement	<input type="checkbox"/>	Reasonable Cause	<input type="checkbox"/>	Pre-Employment	<input type="checkbox"/>
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Location where Test undertaken

Time /Date of test.....am pm Date...../...../.....

Batch Number of test deviceExpiration Date.....

Questions to be asked of persons being tested:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Have you used any illicit drug within the last 48 hours | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Have you taken or used any prescribed drug or medication in the last 48hours | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Have you had anything to eat within the last 10 minutes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Have you had anything to drink within the last 10 minutes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Have you had or smoked a cigarette in the last 10 minutes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If answer is yes to question 1 or 2 completed questionnaire (Attachment 3)

If response is yes wait for a period of 10 minutes before administering test.

List of Persons Tested

Full Name of person tested	ID Number	Test result	Confirmatory Test Required
		Positive <input type="checkbox"/> Negative <input type="checkbox"/>	<input type="checkbox"/>
		Positive <input type="checkbox"/> Negative <input type="checkbox"/>	<input type="checkbox"/>
		Positive <input type="checkbox"/> Negative <input type="checkbox"/>	<input type="checkbox"/>

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Declaration

I acknowledge that the testing was carried out in accordance with OTML’s Drug Testing Procedure.

Test Administrator

Name:.....Signature:.....Date:...../...../.....

Witness

Name:..... Signature:.....Date:...../...../.....

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Attachment 2

Confirmatory Drug Wipe Test

Details of Person being tested

Name: Time of first test:am/pm Date /.../.....

ID Number: Location:

Managers Details

Employee's Manager's Name:

Identification checked (Yes / No):

History / Background

Have you taken any illicit substance within the last 48 hours Yes No

Have you taken any prescription medication within the last 48 hours Yes No

If yes what was that medication

Name of medical practitioner who prescribed the medication

**Ensure you observe employee for 15 minutes before conducting second test.
No food, drink or smoking during the observation period.**

Result of confirmatory Test:

Positive **Negative**

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Signature of person having been tested

Time..... Date.....

Signature of testing officerTime and date

Signature of witnessing officerTime and date

In the case of a Positive Confirmatory Drug Test Result where no evidence of prescription medication having been used is provided

<input type="checkbox"/> Driver's Permit to be removed	<input type="checkbox"/> Vehicles / Equipment made safe
<input type="checkbox"/> Manager of Individual to be advised and given a copy of this document.	<input type="checkbox"/> Person Stood down

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Attachment 3

Questionnaire to be completed where employee or contractor had declared use of a prescribed medication prior to testing taking place

Details of Person being tested

Name:

ID Number: Location:

Managers Details

Employees Managers Name:

Identification checked (Yes / No):

History / Background

Do you agree that you have declared that you are presently taking a prescription medication and have used that medication/drug within the last 48 hours

Yes No

What was that medication

What is the name of the medical practitioner who prescribed the medication

.....

When did you last use or take that medication Time.....

Date.....

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To whom did you declare the use of that medication.....

When was that declaration made

Signature of person having been tested

Signature of questioning officerTime and date

Signature of witnessing officerTime and date

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Attachment 4

Refusal to Submit to Drug Testing

The tester shall ensure the employee reads and understands paragraphs 1-3, in some cases the tester may be required to read the paragraphs for those with reading difficulties.

1. I acknowledge that OTML is concerned about the safety of all employees and that I have been requested to drug testing as part of this proactive program
2. I understand that if I refuse to submit to testing I shall be treated as if I had returned a positive drug test
3. Any refusal shall be treated as a positive test and shall render employees unfit for duty and their employment will be terminated

1. Mi kilia olsem kampani OTML em wari lo sefti bilong ol wok man/meri na mi bai mekim drug test olsem pat bilong dispela wok program.
2. Mi kilia olsem sapos me les lo kisim dispela drug tes, alrite resalt bilong mi bai olsem positive drug test.
3. Husat less lo wokim drug tes, bai gat luk sawe blo em olsem wanpela positive tes and wokim wok man or meri no fit lo wok na company ken pinis ol.

Having read and understood paragraphs 1-3 above, I hereby **REFUSE** to submit to a drug test. (Specify your refusal by signing your name immediately below).

Pidgin

Mi redim pinis na kilia gut lo tok numba 1 i go lo 3 antap, olsem na mi tok NOGAT long mekim displa tes bilong drug. (Long makim tok nogat lo tes, Collect the blue sample collector and ensure sampling pads have changed from red to yellow han mak bilong yu tamblo).

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Employee's Name..... Signature.....
Date/Time.....

The employee refusing to sign was offered an opportunity to sign the refusal form. They have refused this requirement. In doing so the tester has now read aloud and explained to the employee paragraphs 1-3 and sign below indicating that I have done so.

Witness Signature.....
Date/Time.....

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