



Victoria Government Gazette

No. S 108 Tuesday 25 June 2002
By Authority. Victorian Government Printer

SPECIAL

Transport Act 1983

ORDER AS TO DECLARED DRUGS

I, Peter Batchelor, acting under section 93(1AA) of the **Transport Act 1983**, by this Order—

(a) declare—

- (i) each of the substances specified in the Schedule to this Order; and
- (ii) any natural principle, any natural or synthetic derivative, any salt and any compound of those substances; and
- (iii) any preparation or admixture of those substances, active principles, salts or compounds; and
- (iv) any substance included in a class of drug specified in the Schedule to this Order; and
- (v) any deleterious substance as defined by section 57 of the **Drugs, Poisons and Controlled Substances Act 1981** to be a drug for the purposes of that Act.

The Schedule

Acetorphine
N-Acetylamphetamine
Acetyldihydrocodeine
Acetylmethadol
N-Acetylmethylamphetamine
6-Acetylmorphine
Alprazolam
Amitriptyline
Amylobarbitone
Amphetamine
Anileridine
Azatadine
Baclofen
Barbiturates
1,4-Benzodiazepines
Benzoxazocines
Benzethidine
Benztropine
Benzylmorphine
Bezitramide
Bromazepam
4-Bromo-2,5-Dimethoxyamphetamine
4-Bromo-2,5-Dimethoxymethylamphetamine
4-Bromo-2,5-Dimethoxyphenethylamine
(Nexus)

Brompheniramine
Buclizine
Buprenorphine
Bufotenine
Butobarbitone
Butorphanol
Cetirizine
Chloral Hydrate
Chlordiazepoxide
Chlormethiazole
Chlorpheniramine
1-Chloro-1-Phenyl-2-Aminopropane
2-(2-Chlorophenyl)-2-(Methylamino)-
Cyclohexanone (Ketamine)
1-Chloro-1-Phenyl-2-Methylamino-Propane
Chlorpromazine
Clemastine
Clobazam
Clomipramine
Clonazepam
Clonidine
Clonitazene
Clorazepate
Cocaine
Codeine
Codeine N-Oxide
Codoxime
Cyclizine
Cyclobarbitone
Cycloserine
Cyproheptadine
Cysteamine
Dantrolene
Desipramine
Desomorphine
Dexchlorpheniramine
Dextromoramide
Dextropropoxyphene
Diacetylmorphine (Heroin)
Diampromide
Diazepam
Diethylpropion
N, N-Diethyltryptamine
Difenoxin
Dihydrocodeine
Dihydrohydroxymorphine
Dihydromorphine
Dimenhydrinate
Dimenoxadol
Dimepheptanol
Dimethindene

2,5-Dimethoxy-4-Methylamphetamine	Meprobamate
N, N-Dimethyltryptamine	Mepyramine
Dioxaphetyl Butyrate	Mescaline
Diphenhydramine	Metazocine
Diphenoxylate	Methadone
Diphenyl Pyraline	Methaqualone
Dothiepin	Methdilazine
Doxepin	Methocarbamol
Doxylamine	Methorphan
Dronabinol (delta-9-Tetrahydrocannabinol)	4-Methoxyamphetamine
Droperidol	4-Methoxymethylamphetamine
Dipipanone	5-Methoxy- N, N-Diethyltryptamine
Ecgonine	5-Methoxy- N, N-Dimethyltryptamine
Ephedrine	Methoxyamphetamines
Ethylmorphine	2-Methylamino-Propiophenone
N-Ethyl-1-Phenylcyclohexylamine	(Methcathinone)
Etonitazene	Methylamphetamine
Etorphine	Methyl-desorphine
Etoxadine	Methyldihydromorphine
Fenfluramine	Methylenedioxy-Amphetamines
Fentanyl	3,4-Methylenedioxy-Amphetamine (MDA)
Flunitrazepam	3,4-Methylenedioxy-N-Ethylamphetamine
Fluphenazine	3,4-Methylenedioxy-N-Methylamphetamine
Flurazepam	(MDMA)
N-Formylamphetamine	(3,4-Methylenedioxyphenyl)-2-Bromopropane
N-Formylmethylamphetamine	N-Methyl-1-(3,4-Methylenedioxyphenyl)-2-
Furethidine	Butanamine (MBDB)
Gabapentin	1-(3,4-Methylenedioxyphenyl)-3-
Gemcitabine	Bromopropane
Glutethimide	(3,4-Methylenedioxyphenyl)-2-Propanone
Haloperidol	Methylphenidate
Harmaline	Methylphenobarbitone
Harmine	Metopon
Hydrocodone	Mianserin
Hydromorphone	Mirtazapine
Hydroxyamphetamine	Monoacetylmorphine
4-Hydroxybutanoic Acid (GHB)	Moramide
N-Hydroxy-3, 4-Methylenedioxyamphetamine	Morpheridine
Hydroxyzine	Morphinan
Imipramine	Morphine
Ketobemidone	Morphine N-Oxide
Lamotrigine	Morphinone
Levocabastine	Myrophine
Lorazepam	Nalbuphine
Lysergamide	Nicocodine
Lysergic Acid	Nicodicodine
Lysergic Acid Diethylamide	Nicomorphine
Mazindole	Nitrazepam
Mebhydrolin	7-Nitro-1,4-Benzodiazepines
Meclozine	Noracymethadol
Mecloqualone	Norcodeine
Medazepam	Normethadone

Normorphine
Norpipanone
Nortriptyline
Olanzapine
Opium
Oxazepam
Oxycodone
Oxymorphone
Papaveretum
Pentazocine
Pentobarbitone
Pericyazine
Perphenazine
Pethidine
Phenelzine
Pheniramine
Phenylacetylmorphan
Phenadoxone
Phenampramide
Phenazocine
Phencyclidine
Phendimetrazine
Phenmetrazine
Phenobarbitone
Phenomorphan
Phenoperidine
Phentermine
1-Phenyl-2-Chloropropane
1-(1-Phenylcyclohexyl) Pyrrolidine
1-Phenyl-2-Nitropropene
Phenylpropanolamine
Phenyl-2-Propanone
Phenyl-2-Propanone Oxime
Phenyltoloxamine
Pholcodine
Pimozide
Piminodine
Piperidine Derivatives Including—Allylprodine,
Meprodine, Phenoperidine and Prodine
Piritramide
Pizotifen
Prazepam
Prochlorperazine
Proheptazine
Promazine
Promethazine
Protriptyline
Properidine
Propiram
Propoxyphene
Pseudoephedrine
Psilocin

Psilocybin
Quinalbarbitone
Risperidone
Secbutobarbitone
Temazepam
Tetrahydrocannabinol
Thebacon
Thebaine
Thenylidiamine
Thiambutene
Thiethylperazine
Thiopropazate
Thioridazine
Thiothixene
Tramadol
Tranlycypromine
1-[1-(2-Thienyl) Cyclohexyl] Piperidine
Trifluoperazine
Trimeperidine
Trimeprazine
Trimipramine
Triprolidine
Zolpidem
Zopiclone

Dated 20 June 2002

PETER BATCHELOR
Minister for Transport

Transport Act 1983

SECTION 96A

Procedure to be followed in Assessing Drug Impairment

Section 96A(7) of the **Transport Act 1983** provides that The Secretary may, by notice published in the Government Gazette, specify the procedure to be followed in assessing drug impairment.

In accordance with that section, I, Lyndsay Neilson, as The Secretary, specify the procedure contained in the Schedule to this Notice as the procedure to be followed in assessing drug impairment.

The Schedule***Procedure for Assessing Drug Impairment***

1. This procedure is to be carried out by a member authorised to do so under section 100A of the **Transport Act 1983** (the 'assessing officer').
2. The procedure consists of the following:
 - an interview by the assessing officer of the person who is to be assessed ('the subject');
 - a request by the assessing officer to the subject to perform a Horizontal Gaze Nystagmus Test as described below;
 - the performance of that test by the subject;
 - observation by the assessing officer of the performance of the subject during that test;
 - a request by the assessing officer to the subject to perform a Walk and Turn Test as described below;
 - the performance of that test by the subject;
 - observation by the assessing officer of the performance of the subject during that test;
 - a request by the assessing officer to the subject to perform a One Leg Stand Test as described below;
 - the performance of that test by the subject;
 - observation by the assessing officer of the performance of the subject during that test;
 - the progressive completion by the assessing officer of a Standard Impairment Assessment Report in accordance with the Regulations.

Interview Procedure

3. The interview consists of questions about the subject's name, address and date of birth, the circumstances that led to the identification of the subject and any recent history of illness, injury, medical treatment or drug use.
4. The purpose of these questions is to obtain relevant information as well as to permit observations to be made that may assist in establishing whether impairment is present or not.
5. If at any time during the interview the assessing officer suspects that the subject may be suffering from an injury or illness that may be the cause of impairment, the assessing officer must take immediate steps to arrange for the subject to be examined by a registered medical practitioner.

Horizontal Gaze Nystagmus Procedure

6. The assessing officer informs the subject that the assessing officer is going to check the subject's eyes. If the subject is wearing eyeglasses the assessing officer directs the subject to remove them. The assessing officer asks the subject if the subject wears contact lenses

and notes the reply. The assessing officer instructs the subject to keep the subject's head still, and follow the movement of an object held by the assessing officer by moving the eyes only. The assessing officer directs the subject to focus on the object until directed to stop. This test should not be administered if the subject has an obvious abnormal eye disorder or an artificial eye.

7. The assessing officer observes and notes whether the subject's eyes track the stimulus together or one eye lags behind the other, whether both pupils are equal in size, whether the subject's eyes are able to pursue the stimulus smoothly, or with a jerky motion.
8. The assessing officer then observes each of the subject's eyes separately to determine –
 - (a) whether nystagmus is visible in the left eye when the eye is held as far to the left as possible or in the right eye when the right eye is held as far to the right as possible;
 - (b) whether, when each eye is observed separately, nystagmus is observable in the left eye before the left eye has moved beyond 45 degrees from the extreme left position, or in the right eye before the right eye has moved beyond 45 degrees from the extreme right position, or whether vertical nystagmus is present.
9. The assessing officer also notes any other observations that may be relevant to the subject's performance in this test.

Walk and Turn Procedure

10. The test is conducted on a dry, hard, level, non-slippery surface marked with a straight line. There should be sufficient room for the subject to complete nine heel-to-toe steps.
11. The assessing officer directs the subject to place the subject's left foot on the marked line, and the right foot in front of the left foot, with the heel of the right foot against the toe of the left foot. The assessing officer demonstrates these actions. The assessing officer then directs the subject to place the subject's arms down by the subject's sides and to stay in that position until directed to begin. The assessing officer tells the subject not to start to walk until told to do so. The assessing officer asks the subject whether the instructions have been understood, and if necessary, repeats them to the subject.
12. The assessing officer then explains the test requirements, using oral instructions, accompanied by demonstrations. The subject is directed that, when told to start, the subject is to take nine heel-to-toe steps down the line, turn around, and take nine heel-to-toe steps back up the line. The assessing officer demonstrates two or three heel-to-toe steps. The subject is then directed to turn by keeping the subject's front foot on the line and taking a series of small steps with the other foot. The assessing officer demonstrates this manoeuvre.
13. The subject is directed to keep the subject's arms down by the subject's sides throughout the test, to watch the subject's feet at all times, and to count each step out loud. The subject is also directed to not stop walking until the subject has completed the test. The assessing officer asks the subject whether the instructions have been understood, and if necessary, repeats them.
14. The subject is then directed to begin and to count the steps, with the first step from the heel-to-toe position being counted as "One".
15. The assessing officer notes whether the subject maintains balance while listening to instructions, starts to walk before being instructed to do so, stops while walking, does not walk 'heel-to-toe', steps off the line, uses the arms to maintain balance, takes the incorrect number of steps or does not turn as directed. The assessing officer also notes if the subject fails to complete the test.

One Leg Stand Procedure

16. The assessing officer directs the subject to stand with the subject's feet together and the subject's arms down by the subject's sides, and to not start the test until told to do so. The

- assessing officer demonstrates this. The assessing officer then asks the subject whether the instructions have been understood, and, if necessary, repeats them.
17. The assessing officer then directs the subject that when told to start the subject must raise one leg approximately 15 centimetres off the ground with toes pointed out, with both arms straight, and by the subject's sides. The assessing officer demonstrates this.
 18. The assessing officer then directs the subject to hold that position and count out loud for thirty seconds in the manner demonstrated while the subject keeps the subject's arms by the subject's sides and watches the raised foot. The assessing officer then asks the subject whether the instructions have been understood, and, if necessary, repeats them.
 19. The assessing officer then directs the subject to start. The assessing officer allows the test to continue for 30 seconds. The test is discontinued after 30 seconds.
 20. The assessing officer then directs the subject to repeat the test while standing on the other leg.
 21. The assessing officer notes whether the subject sways while balancing, uses arms to maintain balance, hops, or puts the subject's raised foot on the ground. The assessing officer also notes if the subject is unable to complete the test. This information is recorded separately for each leg.

Conclusion

22. At the conclusion of the above impairment assessment procedure, the assessing officer reviews all the available information including the authorised officers impairment assessment report, the result of any evidential breath alcohol analysis test, any information obtained from observation or questioning and the results of the three tests referred to in paragraph 2 above. The assessing officer then considers all of this information and forms an opinion as to whether the subject may be impaired by a drug, or drugs.

Dated 18 June 2002

PROTOCOLS FOR THE DEVELOPMENT OF PROCEDURES
FOR THE CONTROL OF DRUGS IN RAIL SAFETY WORK
IN ACCREDITED RAIL ORGANISATIONS

1 PURPOSE

This protocol describes an approved framework for accredited rail organisations to develop consistent company processes for the control of drugs in rail safety work.

2 SCOPE

This protocol applies to all rail organisations accredited to operate in Victoria. It addresses the processes illustrated by the attached flow chart entitled Process of Drug Impairment Assessment (which does not form part of this protocol).

3 DEFINITIONS

3.1 *Authorised Officer*

Authorised Officer means a person who is authorised by the Secretary of the Department of Infrastructure in accordance with s. 93 of the **Transport Act 1983**.

For the purposes of the **Transport (Alcohol and Drug Controls) Act 2001** an Authorised Officer is a person nominated by an accredited rail organisation who has satisfactorily completed a competency based training course approved by the Secretary to undertake preliminary breath tests and preliminary impairment assessments either for the whole of a specified railway or tramway system or a specified part of such a system.

[Note that officers of the Victorian Police are authorised under the **Transport Act 1983** to undertake Drug Impairment Assessments and at the request of the rail organisation, may also conduct preliminary breath tests and preliminary impairment assessments.]

3.2 *Company Processes*

Company processes means internal processes issued by an accredited rail organisation including, but not confined to policies, procedures and work instructions.

3.3 *Drug*

Section 93(1) of the **Transport Act 1983** defines a drug as any substance that has been declared for the purposes of the drug control provisions and

any substance – – – that may temporarily or permanently deprive a person of his or her normal mental or physical faculties. It may be a substance in any form, whether gaseous, liquid, solid or other and includes material, preparation, extract and admixture.

Illegal Drug

Means drugs prohibited by the **Drugs, Poisons and Controlled Substances Act 1981** and includes cannabis in its various forms, non-prescribed opiates, such as heroin, non-prescribed amphetamines or speed, and “designer drugs” such as ecstasy and cocaine.

Medication

Medication means prescription or over the counter medication or herbal remedies.

3.4 *Drug Impairment Assessment*

Section 96A of the **Transport Act 1983** provides for a drug impairment assessment. Under procedures published in the Government Gazette, a drug impairment assessment is carried out by specifically trained Police Officers in a controlled environment, such as a police station using a structured, systematic assessment process for identifying impairment. Because a positive result to a Drug Impairment Assessment may be the basis for a prosecution, all stages must be carried out to an evidential standard. This includes the video taping of tests.

3.5 Irregular Incident

An irregular incident is defined in section 93 of the **Transport Act 1983** and means an occurrence on a railway or tramway system that is not an accident but involves a breach of the operating rules or procedures of the system.

3.6 Notifiable Occurrence

A notifiable occurrence is defined in the Transport (Rail Safety) Regulations 1998 Section 7(a) as involving:

- the death of any person
- incapacitating injury to any person
- any derailment of any unit of rolling stock for which the person is accredited which resulted in significant damage to any property or equipment
- any collision between any rolling stock and any person, other vehicle, infrastructure or any other obstruction or cause resulting from the construction, maintenance or operation of the railway for which the person is accredited which resulted in significant damage to any property or equipment; or
- any fire, explosion or any other occurrence which resulted in significant property damage.

Significant damage is defined as damage in excess of \$100,000 for trains and \$15,000 for trams.

3.7 Preliminary Impairment Assessment (PIA)

A preliminary impairment assessment is conducted by an Authorised Officer and in some circumstances, a Police Officer. A PIA provides a “show cause” assessment and comprises the existing preliminary breath test (PBT) for alcohol and a standardised procedure for observing behaviour and appearance and recording results. A PIA is not required to be carried out to an evidential standard, so is not videotaped. The results of a PIA may indicate if further company processes for drug controls should be initiated, such as a medical appointment and/or urine/blood test and in exceptional circumstances, may indicate that an evidential drug impairment assessment is required.

3.8. Rail Safety Work

Rail Safety Work is as defined as safety work in s. 93 of the **Transport Act 1983** and for this protocol includes any work carried out on a railway or tramway system:

- as a driver, second person, trainee driver, guard, conductor, supervisor, observer or authorised officer;
- as a signal operator, shunter or person who performs other work relating to the movement of trains or trams;
- in repairs, maintenance, or upgrade of railway infrastructure, including for rolling stock or associated works or equipment;
- in construction or as a look out for construction or maintenance;
- any other work that may be included by regulation.

4 ALCOHOL AND ILLEGAL DRUGS

4.1 The **Transport Act 1983** makes it an offence in Victoria to perform rail safety work while under the influence of alcohol or impaired by a drug. It is prohibited for a rail safety worker to report for duty or remain on duty for rail safety work while:

- (i) having a blood alcohol level greater than zero; or
- (ii) impaired by a drug, whether illegal or prescribed by a medical or health practitioner.

4.2 Most accredited rail organisations have existing company processes for dealing with alcohol and illegal drugs which require a zero blood-alcohol concentration and prohibit the use of illegal drugs by rail safety workers.

4.3 The following protocols primarily relate to the management and assessment of impairment by medications. However, a preliminary impairment assessment and/or drug impairment assessment may be used to assess a rail safety worker for impairment by an illegal drug.

5. MANAGEMENT OF MEDICATIONS IN RELATION TO RAIL SAFETY WORK

5.1 Where a rail safety worker has been advised by a doctor or health practitioner that they are likely to be impaired for rail safety work, or where a rail safety worker believes he or she may be impaired as a result of their medication, the rail safety worker must advise their supervisor that they are unfit to undertake rail safety work and must not commence their rail safety duties until certified fit to do so.

5.2 Where a rail safety worker believes while undertaking rail safety work that he or she has become impaired as a result of their medication, they must immediately cease duties and bring this to the attention of their supervisor and may not resume rail safety work until certified fit to do so.

5.3 A supervisor should not disclose any health information provided to any unauthorised person but should deal with the health information provided in a sensitive manner as required by law and:

- ensure the rail safety worker's ability to do rail safety work safely is assessed;
- seek further advice from the company medical advisor if necessary;
- ensure that the employee does not undertake safe working activities until certain they are fit to do so.

5.4 Where a rail safety worker is unfit for normal duties because of impairment by a medication, normal company processes should apply.

5.5 A rail safety worker who undertakes rail safety work having failed to disclose to their supervisor that they were advised by a doctor or health practitioner that they are likely to be impaired by a medication or having failed to disclose that they feel impaired may be referred to normal company processes.

6. PRELIMINARY IMPAIRMENT ASSESSMENT (PIA)

6.1 An employee who observes or has a reasonable belief that a rail safety worker within the rail organisation may be impaired by a drug should immediately report the matter to their supervisor.

6.2 The supervisor should ensure that the allegation with respect to the rail safety worker is investigated for validation.

6.3 If a supervisor has a reasonable belief based on a worker's appearance such as poor mental alertness, poor physical co-ordination or unusual behaviour, that a rail safety worker may be impaired by a drug while:

- on shift;
- about to commence a shift;
- within three hours of completing a shift.

The supervisor may require the rail safety worker to undertake a preliminary impairment assessment (PIA).

6.4 The supervisor should ensure that the rail safety worker is relieved of their duties immediately until assessment can occur.

- 6.5 The result of a PIA must be recorded using the most current Preliminary Breath Test & Impairment Assessment Record form as approved by the Secretary. When completed, this form contains health information and is subject to the provisions of the **Health Records Act 2001**.
- 6.6 A copy of the record should be offered to the rail safety worker who has been assessed. Disclosure to other persons must be in accordance with the rail organisation's policy statement for the management of and access to health records which is kept in compliance with the **Health Records Act 2001**.
- 6.7 An Authorised Officer who undertakes a PIA must provide the rail safety worker with a "collection statement" consistent with the Health Privacy Principle 1.4 under the **Health Records Act 2001**, and ensure that the rail safety worker is made generally aware of:
- who is making the assessment and the purpose for which it is being made and recorded;
 - the requirements in the **Transport Act 1983** for a rail company to have in place and maintain drug control measures, including the PIA;
 - where the PIA record will be stored and the fact that he or she can gain access to it;
 - to whom the PIA record will be disclosed. This may include:
 - the rail safety worker's manager;
 - the rail organisation's authorised medical officer;
 - the police where relevant and upon request;
 - auditors for the Department of Infrastructure.
- 6.8 If no company Authorised Officer is immediately available, the rail organisation may arrange for the PIA to be conducted by the Authorised Officer of another accredited rail organisation or with the agreement of the rail organisation, a police officer.
- 6.9 If the result of the PBT is positive, company procedures for control of alcohol apply.
- 6.10 If the result of the PBT is negative, and the result of the PIA indicates a "show cause", the rail safety worker may be required to consult an authorised medical practitioner and/or provide a urine sample at an authorised location according to company procedures.
- 6.11 A copy of the completed Preliminary Breath Test & Impairment Assessment Record may be provided on request to the authorised medical practitioner and may be disclosed to relevant rail organisation management in accordance with the rail organisation's policy statement for the management of and access to health records which is kept in compliance with the **Health Records Act 2001**.
- 6.12 A urine/blood sample must be taken within three hours of the rail safety worker ceasing rail safety work.
- 6.13 In the event that a PIA has been performed by a Police Officer and report or PIA record has been forwarded to the rail organisation, the rail safety worker should be made aware of the receipt as required by law and provided with a copy upon request.
- 7. IRREGULAR INCIDENT OR ACCIDENT**
- In the event of an irregular incident or notifiable occurrence, a rail safety worker is required to undergo a PIA.
- 7.1 In the event of an irregular occurrence, if the results of the PIA indicate either a positive PBT or likely impairment by a substance other than alcohol, the rail organisation must ensure that the Secretary, Department of Infrastructure is notified, providing the outcome of the PIA specified on the Preliminary Impairment Breath Test & Impairment Assessment Record.
- 7.2 The Secretary Department of Infrastructure may determine that where a rail safety worker has a positive PBT or a PIA which indicates that impairment by a drug is likely, the matter may be referred to the Police to undertake a Drug Impairment Assessment.

7.3 In the event of a notifiable occurrence, if the results the PIA indicate either a positive PBT or that impairment by a substance other than alcohol is likely, the rail organisation must refer the rail safety worker to the police for a drug impairment assessment. The Secretary, Department of Infrastructure must be notified.

7.4 The above processes must be completed within three hours of the irregular incident or accident.

8. DRUG IMPAIRMENT ASSESSMENT

8.1 A drug impairment assessment is undertaken as a result of a serious matter and for the purposes of possible prosecution and is undertaken by a specially trained Police Officer and is video taped for evidentiary purposes.

8.2 A drug impairment assessment will be conducted according to the procedure prescribed in the Government Gazette.

8.3 Where the rail organisation has conducted the PIA, a copy of the Preliminary Impairment Breath Test & Impairment Assessment Record may be provided to the Police upon request.

8.4 The rail organisation should ensure that a representative of the rail organisation accompanies the rail safety worker to the police station.

8.5 The rail organisation should ensure that where the results of the drug impairment assessment and/or the blood or urine tests are either negative or positive, a record is made in the rail safety worker's medical file.

9. REFUSAL TO UNDERGO ASSESSMENT

9.1 A refusal to undergo a preliminary impairment assessment and/or testing may result in disciplinary action by the company.

9.2 It is an offence under the **Transport Act 1983** to refuse to co-operate with the Drug Impairment Assessment or to undergo blood and/or urine testing if lawfully requested by the police to do so. Refusal to co-operate may result in the imposition of penalties in accordance with the provisions of the **Transport Act 1983**.

10. WHERE THE RAIL SAFETY WORKER HAS BEEN INJURED IN A RAILWAY ACCIDENT

10.1 The rail organisation should ensure employees responsible for the site co-operate with Police and/or emergency services personnel who attend a notifiable occurrence.

10.2 The rail organisation must ensure that the hospital or medical centre where an injured rail safety worker has been taken is advised of its responsibility to take a blood or urine sample from the injured worker for the purposes of determining the presence of alcohol or a drug.

10.3 The rail organisation should ensure that a representative of the organisation attends at the hospital or medical centre where an injured rail safety worker has been taken.

11. RECORD KEEPING

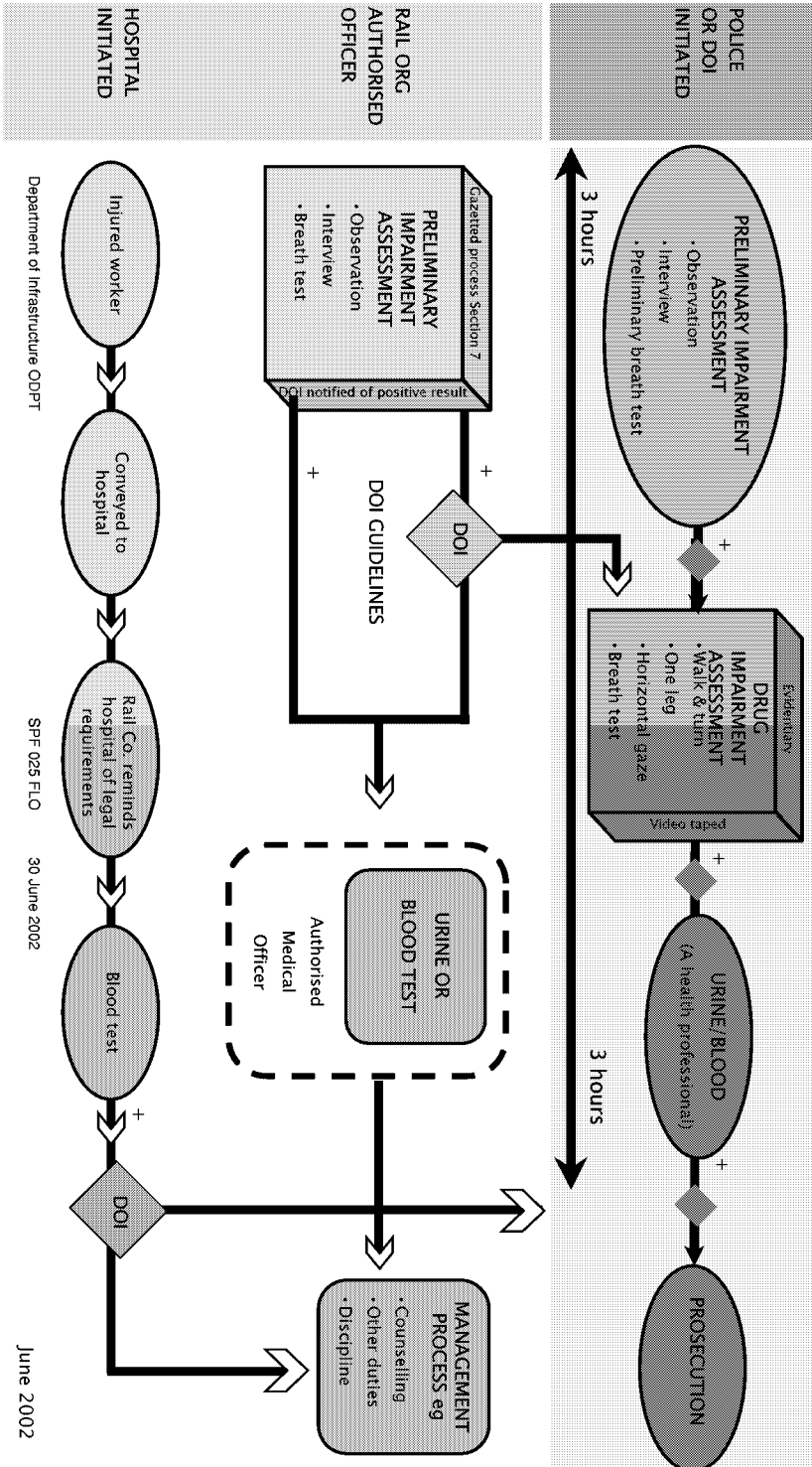
11.1 The rail organisation must comply with the provisions of both the **Information Privacy Act 2000** and the **Health Records Act 2001** and the privacy principles that form part of both Acts. These Acts regulate the collection, storage and use of personal and health information obtained about an individual and a rail organisation may commit an offence if it breaches either or both of the acts.

11.2 Some of the matters that are covered in the Acts include:

- the type of information that can be collected and how it is collected;
- the use and disclosure of the information;
- the quality and security of the data that is collected;
- access to and correction of the information.

11.3 A rail safety worker seeking access to their health information may be referred to the rail organisation's policy statement for the management and disclosure of, and access to health records which is kept in compliance with the **Health Records Act 2001**.

Transport (Alcohol & Drug Controls) Act 2001 PROCESS OF DRUG IMPAIRMENT ASSESSMENT



Dated 18 June 2002

Department of Infrastructure ODPT

SPF 025 FLO

30 June 2002

June 2002

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Gazette Services

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VGG General is published each Thursday and provides information regarding Acts of Parliament and their effective date of operation; Government notices; requests for tenders; as well as contracts accepted. Private Notices are also published.

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The *Victoria Government Gazette* is available by three subscription services:

General and Special — \$187.00 each year

General, Special and Periodical — \$249.70 each year

Periodical — \$124.30 each year.

All prices include GST.

Subscriptions are payable in advance and accepted for a period of one year. All subscriptions are on a firm basis and refunds will not be given.

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Subscription enquiries:

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Telephone: (03) 9926 1233

Fax (03) 9926 1292

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ISSN 0819-5471

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