



CIVIL AVIATION PUBLICATION

CAP 19

PREVENTION OF SUBSTANCE ABUSE

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CAP 19

PREVENTION OF SUBSTANCE ABUSE

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1. INTRODUCTION

1.1 Objective

The primary objective is to prevent, through deterrence and detection, alcohol and controlled substance users from performing aviation industry safety-sensitive functions and to ensure adequate guidelines on prevention of problematic use of substances are available to meet this objective in the aviation workplace

1.2 CAA Policy

The CAA shall ensure, as far as practicable, that all licence holders and persons in safety-critical areas who engage in any kind of problematic use of substances are identified and removed from their safety-critical functions. Return to the safety-critical functions may be considered after successful treatment or, in cases where no treatment is necessary, after cessation of the problematic use of substances and upon determination that the person's continued performance of the function is unlikely to jeopardize safety.

The following is prohibited;

- (a) Possession, use, distribution of alcohol at the workplace;
- (b) Possession, use, distribution of illegal or controlled drugs at the workplace;
- (c) The reporting to work under the influence of alcohol, that is with a blood alcohol level in excess of 0.2 promille;
- (d) The consumption of alcohol less than 8 hours prior to the specified reporting time at the workplace; and
- (e) The reporting to work in any safety-critical area under the influence of any prescription or non-prescription medication or drug, unless the person is completely sure that the medication or treatment will not have any adverse effect on their ability to perform safely their duties.

2. REFERENCES

2.1 General

This document is based on the ICAO guidelines for the prevention and control of alcohol and drug abuse. Further information may be obtained from the following references;

- (a) Manual on Prevention of Problematic Use of Substances in the Aviation Workplace (ICAO Doc 9654).

Note: This document gives guidance on suitable methods of identification (which may include biochemical testing on such occasions as pre-employment, upon reasonable suspicion, after accidents/incidents, at intervals, and at random) and on other prevention

- (b) Manual of Civil Aviation Medicine (ICAO Doc 8984)



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- (c) JAA Manual of Civil Aviation Medicine
- (d) DOT/FAA (USA) Industry Drug and Alcohol Testing Programme
- (e) ANTR-FCL 1.040; 2.040; 3.040

Note: Information on the effects of medication, drugs, other treatments and alcohol, is to be found in ANTR FCL Part 3 Medical, IEM FCL 3.040.

- (f) ANTR-OPS 1.085/3.085

2.2 Legislative Requirements

2.2.1 Pilots & Air Traffic Controllers

ANTR–FCL 1.040; 2.040 & 3.040 (Decrease in medical fitness) state that;

- (a) Holders of medical certificates shall not exercise the privileges of their licences, related ratings or authorisations at any time when they are aware of any decrease in their medical fitness which might render them unable to safely exercise those privileges; and
- (b) Holders of medical certificates shall not take any prescription or non-prescription medication or drug, or undergo any other treatment, unless they are completely sure that the medication or treatment will not have any adverse effect on their ability to perform safely their duties.

2.2.2 Crew Members

ANTR-OPS 1.085(d)(1) states that “a crew member shall not perform duties on an aeroplane while under the influence of any drug that may affect his faculties in a manner contrary to safety.

ANTR-OPS 1.085(e) & 3.085(e) states that “A crew member shall not:

- (1) consume alcohol less than 8 hours prior to the specified reporting time for flight duty or the commencement of standby;
- (2) commence a flight duty period with a blood alcohol level in excess of 0.2 promille;
- (3) consume alcohol during the flight duty period or whilst on standby”.

Note: Crewmember means a person assigned to perform duty in an aircraft during flight time and includes pilots, flight engineers and cabin crew.

2.2.3 Personnel Conducting Safety-sensitive Functions

ANTR Part III, Chapter 1, Section 1.5 - Problematic use of psychoactive substances - states that “no person whose function is critical to the safety of aviation (safety-sensitive personnel) shall undertake that function while under the influence of any psychoactive



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substance, by reason of which human performance is impaired. No such person shall engage in any kind of problematic use of substances.

3. CATEGORIES OF EMPLOYEES SUBJECT TO TESTING

The following persons who performs a safety-sensitive function directly or by contract for an employer should be tested pursuant to a CAA approved anti-drug programme in accordance with these guidelines.

- (a) Flight crewmember
- (b) Cabin crewmember
- (c) Flight/ground instruction
- (d) Aircraft Engineer
- (e) Air Traffic Controller
- (f) Air Traffic Control students
- (g) Persons involved in the direct handling of an aircraft including, but not limited to;
 - (1) Marshalls
 - (2) Dispatchers
 - (3) Load controllers
 - (4) Loaders
 - (5) Tug drivers

4. SUBSTANCES FOR WHICH TESTING MUST BE CONDUCTED

4.1 Drugs

Testing must be conducted on each person who performs a safety-sensitive function for evidence of the following drugs or their metabolites;

- (a) Cannabis (Marijuana)
- (b) Cocaine
- (c) Opiates
- (d) Amphetamines
- (e) Barbiturates
- (f) Benzodiazepines



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4.2 Alcohol

Testing must be conducted on persons who performs a safety-sensitive function for evidence of recent alcohol use (blood alcohol level in excess of 0.2 promille).

5. HAZARD POTENTIAL ASSESMENT

The hazard potential of the substances needs to be assessed in terms of, the acute and chronic effects of the substance on safety critical functions and behaviour, including cognitive processes (concentration, judgment, memory); sensitivity to and ability to respond properly to stimuli; motor functions; physiological impairment; and mood and emotional state. In case of illegal alcohol or other drug use not only the drug effects per se but also the psychosocial factors that would lead an individual to use them must be taken into account.

Finally the degree to which the effects of such substances could influence safety-sensitive duties must be assessed. Factors relevant to this determination are:

(a) **The likelihood of dependence occurring:**

Substances with high potential for dependence are more likely to pose a threat to aviation safety.

(b) **The perceived usefulness of the substance in mitigating negative aspects of the job:**

The evidence linking adverse working conditions to alcohol and drug abuse is very strong and must always be sought. The potential exists for use of marijuana to relieve boredom or the use of stimulants to maintain alertness.

(c) **The degree to which the substance distorts the perception of its effects:**

If the effects of use of a substance include an increase in feelings of confidence and the illusion that mental and physical performance is enhanced, the likelihood increases that individuals will perform safety-sensitive duties while affected by the substance. Persons using Cocaine for example may feel sharper and more energetic, while persons using alcohol may feel calmer and more able to manage stressful situations.

(d) **The potential for the spontaneous recurrence of the drug's effects:**

This is mainly an issue with hallucinogens stored in body tissues. With some of these drugs there may be a recurrence of the effects of the drugs for up to several months after the initial dose. Because the user cannot control the recurrence, use of such drugs is clearly incompatible with aviation duties.

(e) **The likelihood and severity of adverse physiological and psychological sequel:**

Use of psychoactive substances can cause adverse effects that last even after the dose has been metabolized. These effects can include, short term memory impairment in case of marijuana, cardiovascular impairment with alcohol, cocaine, and others, and psychosis with amphetamines, marijuana, and hallucinogens.



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The degree to which such effects are inconsistent with the safe performance of aviation duties must be considered. There are no absolute rules in determining whether particular substances have a hazard potential significant enough to warrant the institution of preventive efforts. If the available substances have significant effects on safety-critical behaviour and functions, they may be considered to be a potential hazard to aviation even if the likelihood of such drugs affecting the aviation workplace is low. The most important aspect of conducting a hazard potential assessment is the willingness to obtain and review objectively the relevant information, without presuppositions regarding the outcome.

6. PSYCHOACTIVE SUBSTANCES

6.1 General

The patterns and consequences of use of psychoactive substances are very different from one individual to another. Variables, including the choice of substance, frequency of use and method of ingestion, will determine not only the immediate effect of the substance, but also whether long term effects will occur and what they will be. The direct pharmacological and psychological effects caused by introduction of the substance into the body.

6.2 Patterns of Use

Marijuana use can occur on a limited basis because of the user curiosity, with no subsequent involvement. Alcohol use can range from moderate consumption to heavy drinking, and individuals who become dependent on alcohol usually increase their consumption over time. Crystallized Cocaine (crack) is rarely if ever associated with “casual use” as any use can quickly develop into dependence. Regardless of the degree of use, however it is clear that the pharmacological effects of psychoactive substances are such that **any** use is inconsistent with the safe performance of critical aviation functions.

6.3 Secondary Effects

The secondary effects of psychoactive substance use are associated with dependence and withdrawal.

6.2.1 Dependence:

Can be psychological, physiological or both and involves a compulsion to use the substance.

6.2.2 Withdrawal:

These effects occur when the individual ceases to use a psychoactive substance. The combined effects of withdrawal are frequently sufficient to lead to re-initiation of the substance use.

6.2.3 Tolerance:

This requires the individual to use progressively larger doses to achieve the desired primary effects.

The highly complex aviation workplace is incompatible with these effects and care must be taken to ensure that use of these substances does not compromise aviation safety.



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7. DRUG DETECTION PERIODS

(In urine)

Amphetamines	2-7 days
Barbiturates	
General	2-4 days
Secobarbital	up to 30 days
Benzodiazepines	up to 30 days
Cocaine (Benzoylecgonine)	2-5 days
Marijuana (THC)	
Casual use	2-14 days
Chronic use	up to 30 days
Ethanol	12-24 hours
Methaqualone	2-4 days
Opiates	2-4 days
Phencyclidine	
Casual use	2-7 days
Chronic use	up to 30days

8. CIRCUMSTANCES THAT REQUIRE TESTING

Safety sensitive employees are subject to the following types of tests:

8.1 Pre-Employment (Drugs Only)

This testing is required of both;

- (a) Persons new to the company; and
- (b) Current employees moving into safety-sensitive positions.

8.2 Random (Drugs Only)

Random testing, with its attending consequences, is intended to deter employees from using drugs and to detect employees who do not refrain. Random testing does not presume that any particular individual has engaged in or will engage in problematic substance use, but it does presume that the threat of such use exists in the relevant environment.

Possibility of even one occurrence of problematic substance use in aviation justifies imposition of a programme on all (“One is one too many if it’s my pilot”). The minimum annual percentage rate for random drug testing shall be 50% of covered employees.



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The selection of employees for random drug testing shall be made by a scientifically valid method such as random number table or a computer based random number generator that is matched with employees' payroll identification number or other comparable identifying numbers.

8.3 Reasonable Suspicion

Employees will only be directed to undergo reasonable suspicion testing based on specific contemporaneous physical, behavioural or performance indicators of possible problematic substance use. Credible information from third parties may be used to form the basis to conduct a test; however to the extent possible, trained supervisors should actually observe the employee before making a testing determination.

8.4 Post-Accident

Post accident tests are required of employees whose performance of duties near the time of the accident cannot be ruled out as a contributing factor to the accident.

8.5 Return to Duty

No person can be returned to a safety sensitive duty after a drug or alcohol related problem unless and until she passes a drug or alcohol test, or both depending on the circumstances. The test should not be done until after it is determined that the employee has successfully complied with the prescribed education and/or treatment.

8.6 Follow-Up

Any employee returned to duty after undergoing treatment for an alcohol or other drug problem must undergo at least 6 follow-up tests to be conducted in the first 12 months after he or she is back on the job. The number and frequency of such testing shall be determined by the employer's substance abuse professional conducted in accordance with the provisions of the regulations. Follow-up testing shall not exceed 60 months after the date the individual begins to perform or returns to the performance of a safety-sensitive function. The substance abuse professional may terminate the requirement for follow-up testing at any time after the first six tests have been conducted, if the substance abuse professional determines that such testing is no longer necessary. The reinforcement authority must present the employer a plan for follow-up testing. The reinforcing authority can re-evaluate the plan at any time and terminate the plan following first year if all the required tests for the first year were completed. Testing should be spread throughout the year, unpredictable, and unannounced.

8.7 Medical Certificate Holders

Initial applicants for a CAA medical certificate may be tested by the CAA Aeromedical Examiner before issuance of a certificate. Random testing for renewal of a CAA medical certificate may apply.

9. IMPLEMENTATION OF A TESTING PROGRAMME

9.1 False Positives

The possibility of false positives has to be considered.



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9.2 Alcohol Testing Methodologies

Alcohol testing methodologies are classed by forensic acceptability,

- (a) Evidential or
- (b) Non-evidential, and
- (c) By the biological matrix used
- (d) Blood, breath, urine or saliva.

9.3 Non-Evidential Devices

Are by definition devices that are not accepted by courts as providing proof that an individual had a certain alcohol level, usually because the devices are insufficiently accurate or do not provide a permanent record of the test result. These devices are widely used in law enforcement to provide probable cause to conduct an evidential test, which could provide information on which to base a criminal or civil sanction. The most common non-evidential devices are breath testing devices which vary from so called blow tubes (that contain crystals that change colour in the presence of a certain amount of alcohol in the expired air, to small portable electronic devices that provide a quantified result but do not provide a printout. A saliva testing device is also available

9.4 Evidential Testing Methodologies

- (a) Urine alcohol testing: Should not be used because it has several major disadvantages.
- (b) Blood alcohol testing.
- (c) Saliva testing: at least 5ml is required.
- (d) Breathe testing.

9.5 Confirmation Testing

Any test result indicating that the individual may have used a psychoactive substance should be confirmed by a second analysis. Although any of the methodologies used for screening can also be used for confirmation, it is best to use a second analytical procedure that provides a quantified result. Gas chromatography (GC) is the most commonly used confirmation test. The current state of the art in forensic testing combines GC analysis with the Mass spectrometry (MS). Confirmatory test methodologies, especially GC/MS, are virtually error free for positive results when equipment is properly maintained and operated.

9.6 Review of Test Results

In the case of a positive result management must take immediate action to remove the employee from the workplace. All further actions shall be based on a review of a positive result by a knowledgeable medical professional and an examination of the individual circumstances by a substance abuse specialist. A positive test result does not in itself prove impermissible conduct.



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Intervention by medical and substance abuse professionals could ensure that only employees who should be so identified are determined to have engaged in problematic substance use.

9.7 Quality Assurance

In forensic testing, quality control must begin with the collection of the specimen to be tested with procedural steps taken to ensure not only that the employee is protected, but also that the process is protected from substance abusing employees who might try to mask their problems.

Chain of custody procedures for biological samples should be instituted for the collection of the specimens and proper handling at the facility that analyzes the specimens.

10. PROTECTIONS PROVIDED TO THE EMPLOYEE DURING TESTING

For all testing the following protections apply and except in unusual circumstances, employees will be notified of testing in writing.

- (a) The person conducting the test must show photograph identification to the employee upon request.
- (b) Every urine specimen collected should be assigned a unique number, only that number and not the employee's name, will be provided to the testing laboratory.
- (c) Employee records pertaining to biochemical testing will be maintained in a secure location with controlled access.
- (d) Records will be promptly released to the employee or a person identified by the employee.

11. CONSEQUENCES OF PROBLEMATIC USE OF SUBSTANCES

11.1 General

The socio-medical disposition of individuals who engage in the problematic use of substances is a very sensitive issue and has to be dealt with very delicately. The implementing authority has to bear in mind that "the punishment should fit the crime", however having said that the issue gets very complicated when viewed in the light of the fact that an act committed by an individual in the context of substance abuse might be looked at very differently by the aviation implementation authorities, or for that matter even by the employers than the local law enforcement.

Likewise the penalties, which are decided to be imposed on the violators, might be quite varied. All these factors have to be considered very carefully. Depending on all these constraints, the available options include any or all of the following.

- (a) Immediate termination of employment.
- (b) Temporary removal pending evaluation.
- (c) Disciplinary action.



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- (d) Treatment and rehabilitation.
- (e) Conditional or unrestricted return to duty.

Regardless of the ultimate choice of actions, it is essential that employees identified as having engaged in problematic substance use be limited to positions not related to aviation safety until it has been determined that their continued performance will not jeopardize safety. Safety-sensitive employees will be immediately removed from their duties following a drug or alcohol related incident.

11.2 CAA Protocol in Suspected Alcohol or Drug Misuse

In cases where a licence holder may be misusing alcohol or drugs, a decision will be made by the CAA whether there is alcohol or drug dependency that could be a risk to flight safety. If so, the licence may be suspended and he/she will then be invited to take part in a treatment and rehabilitation programme. If that is successful, the suspension will be lifted and the licence holder will be able to exercise the privileges of the licence but with rigorous monitoring by either the operator or the CAA Aeromedical Section.

11.3 Permanent Disqualification

An employee who has verified positive drug test results on two drug tests is permanently precluded from performing for an employer the safety-sensitive duties the employee performed prior to the second drug test.

In this case the CAA would normally cancel the licence.

12. EMPLOYEE TRAINING (DRUGS)

An employer must train all employees who perform safety-sensitive duties on the effects and consequences of prohibited drug use on personal health, safety, and work environment, and on the manifestations and behavioural cues that may indicate drug use and abuse. Employers must also implement an education programme for safety-sensitive employees by displaying and distributing informational materials, a community service hotline telephone number for employee assistance and the employer's policy regarding drug use in the work place which must include information regarding the consequences under the rule of using drugs while performing safety-sensitive functions, receiving a verified positive drug test result, or refusing to submit to a drug test required under the rule.

13. DRUG AWARENESS PROGRAMME

13.1 It shall be the responsibility of all aircraft operators, maintenance organisations and airport operators to establish a drug awareness programme for their employees covering the following topics;

- (a) The employee counselling and referral programme;
- (b) The dangers of alcohol use or drug abuse in the workplace;
- (c) The establishment and maintenance of a Alcohol and Drug-Free Workplace;



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- (d) The penalties for the use or possession of illegal drugs or alcohol in the workplace; and
- (e) The availability of literature concerning the abuse of alcohol and/or drugs as well as treatment alternatives.

14. EMPLOYER RESPONSIBILITY

- (a) Establish an Alcohol and Drug-Free Workplace policy.
- (b) Establish and maintain a Drug Awareness programme.
- (c) Maintain a copy of the Alcohol and Drug-Free Workplace policy in an accessible location and include a copy of the policy in every orientation packet for new employees, independent contractors, volunteers, and agencies and the employee handbook.
- (d) Maintain the signed “Employee Drug Awareness Certification” form in each employee’s personnel file. (Refer to Appendix 1 for example)
- (e) Enforce the policy and take appropriate action within 7 days against individuals who violate the policy.
- (f) Promptly deal with any possession, consumption, and/or distribution of alcohol, an illegal drug or controlled substance in the workplace, in accordance with legal and administrative disciplinary procedures.
- (g) Provide training to every employee, including supervisors and managers, concerning their Alcohol and Drug-Free Workplace policy.
- (h) Provide a training programme for suitable personnel on the use of Alcometer and other relevant screening procedures.
- (i) Conduct random drug and alcohol screening.
- (j) Notify the CAA if any licence holder is tested positive. (Refer to Appendix 2 for example)

15. EMPLOYEE RESPONSIBILITY

- (a) Abide by the terms of this policy, Employment Act and other local laws.
- (b) Notify their supervisor or department head of any criminal drug statute conviction for a violation occurring in the workplace, no later than 5 days after such conviction.
- (c) Sign the “Employee Drug Awareness Certification” form.
- (d) Participate in the awareness training programme in regards to alcohol and drugs.
- (e) To participate willingly in different rehabilitation programmes.



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16. SOME FREQUENTLY ASKED QUESTIONS

Can an employee who has violated the rules return to safety-sensitive duty prior to completing the requirements?

Employees who violate workplace drug and alcohol use regulations are prohibited from performing any safety-sensitive function until successfully completing the required return to duty process. An employer is prohibited from permitting the employee to engage in safety-sensitive duties until;

- (a) Receiving the report indicating that the employee has demonstrated successfully compliance with prescribed education and/or treatment.
- (b) Employer must ensure that the employee takes a return to duty test. The employee must have a negative drug test and/or an alcohol test with an alcohol concentration of less than .02 promille.

Can random testing be substituted for a required follow-up testing?

Follow-up testing is directly related to a rule violation and subsequent return to a safety-sensitive duty. Random tests are independent of rule violations. Therefore the two test types are to be separated – one cannot be substituted for the other or be conducted in lieu of the other. Follow-up testing should be unpredictable, unannounced and conducted not less than six times throughout the first 12 months after the employee returns to safety-sensitive functions. Follow-up testing can last up to 60 months. An employee subject to follow-up testing will continue to be subject to an employer's random testing programme.

What actions are to occur if an employee tests positive or refuses a test while in the follow-up testing programme?

Employees testing positive or refusing a test while in a follow-up testing programme are subject to specific administrative rules regarding the violations. In addition the employees are subject to employer policies related to second violations. At a minimum, the employee must be removed immediately from safety-sensitive duties and must go through the entire process again before returning to safety-sensitive duties.

Note: If the refusal involves a CAA licence holder, the CAA must be informed using the form at Appendix 2.

17. ADMINISTRATIVE MATTERS

(a) **Record retention requirement:**

Records concerning drug tests confirmed positive by the laboratory shall be maintained for 5 years.

Note: Refer to Appendix 1 for an example of Employee Drug Screening Test Record

(b) **Access to records:**



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The employer shall permit the administrator or the administrator's representative to examine records required to be kept.

(c) **Release of Drug testing information:**

An employer shall release information regarding an employee's drug testing results, evaluation, or rehabilitation to a third party in accordance with the regulations. Except as required by law or by regulations no employer shall release employee information.

18. CONCLUSION

It is a reasonable hope that substance use problems will never become as significant in the aviation workplace as they have become in the general population worldwide. It is the responsibility of the aviation authorities, employers, and employees alike to take whatever steps necessary to strive for an aviation world free of problematic substance use

19. DEFINITIONS

Alcoholic Liquors: These include beer, wine and spirits, and any liquid or solid containing alcohol and capable of being used as a beverage.

Controlled Drug: A substance, preparation or production specified under Bahraini law.

Criminal Drug Statute: A criminal statute involving the manufacture, distribution, dispensation, cultivate, use, or possession of any controlled drugs.

Employee: Any person who works full-time or part-time, including management, or temporary staff who are directly engaged in the performance of work for the organisation.

Illegal Drug: Any drug which is not legally obtainable and is being used in a manner or for a purpose other than as prescribed. Illegal drugs include those Controlled Drugs under the national law which are not authorized for sale, possession, or use, and legal drugs which are obtained or distributed illegally.

Independent Contractor: Any department, division, unit, or any person responsible for the performance of work under a contract, or any other service providers and stakeholders

Legal Drug: Medications prescribed by a physician, and over-the-counter medications which have been legally obtained and are being used solely for the purpose for which they were prescribed by a physician or manufactured.

Volunteer: Any authorised individual not receiving compensation while directly engaged in the performance of services for the organisation.



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Workplace:

The entire organisation's premises including work site where service or work is performed in connection with an independent contractor's, volunteer's, or employee's employment or service. The workplace shall include aircraft, hangers, facilities, property, buildings, offices, structures, automobiles, trucks, trailers, other vehicles, even if not owned, leased, or operated by the organisation.



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APPENDIX 1

EMPLOYEE DRUG SCREENING TEST RECORD

(Company Letterhead)

EMPLOYEE DRUG SCREENING TEST RECORD

This is to certify that the following employee has conducted the Employee Drug Screening Test

Employee Name: _____

Employee ID: _____ Position or Position Applied For _____

Date of Birth _____ Employee Licence No: _____

Reason for Test

- Pre-employment
- Random
- Post Accident
- Reasonable Cause (Drug)
- Reasonable Suspicion (Alcohol)
- Return to Duty
- Follow-up

Result of Test;

- PASS
- FAIL
(full details)

Company _____ Representative _____
(Signature): _____ Date: _____

Printed Name: _____ Title: _____ Phone Number ☎ _____

Note: The CAA will be notified for licence holders who fail drug and/or alcohol tests.

Original for Employee Copied to Master File Copied to Employee File



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APPENDIX 2

REPORT OF DRUG/ALCOHOL REFUSAL

(Company Letterhead)

REPORT OF DRUG/ALCOHOL REFUSAL

In compliance with the CAA requirements I am notifying you of a refusal to submit to drug and/or alcohol testing by the following individual:

Company Name: _____

Employee Name: _____ Position or Position Applied For _____

Date of Birth _____ Employee Licence No: _____

Type of Test

Pre-employment

Random

Post Accident

Reasonable Cause (Drug)

Reasonable Suspicion (Alcohol)

Return to Duty

Follow-up

Date of Refusal: _____ ▶ Type: Drug Alcohol Both

Circumstances: Adulteration Substitution Shy Bladder Other:
(add comments if applicable)

Company Representative

(Signature): _____ Date: _____

Printed Name: _____ Title: _____ Phone Number ☎ _____

Employers must notify the CAA within 2 working days for employees who hold CAA licences and have refused to submit to required drug and/or alcohol tests.

Attach supporting statements and/or documentation (if applicable)

Fax to: (973) 17321061 (secure fax)

or

Mail to: Director Aeronautical Licensing
P.O. Box 586
Kingdom of Bahrain



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