

MODEL ALCOHOL AND DRUG POLICY

POLICY

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Canadian Model for Providing a Safe Workplace

1.0 PURPOSES OF THE ALCOHOL AND DRUG POLICY

- 1.1 The alcohol and drug policy is established
- (a) to provide a safe workplace for all employees and those whose safety may be affected by the conduct of employees, and
 - (b) to ensure that all employees are treated fairly and with respect.

2.0 THE ALCOHOL AND DRUG POLICY IS IMPORTANT

- 2.1 The use of alcohol and drugs adversely affects the ability of a person to work in a safe manner. Employees at construction workplaces are often working independently or with equipment or material in an environment that poses a threat to the safety of themselves, the workforce, the workplace and the property at the workplace, if handled without proper care and attention. In setting the requirements in the Work Rule it is acknowledged that assessments of risks relating to work activities, equipment and processes may lead to a workplace adopting more rigorous requirements in relation to the risks faced in particular work. This policy will remind employees of the risks associated with the use of alcohol and other drugs and provide understandable and predictable responses when an employee's conduct jeopardizes the safety of the workplace.
- 2.2 By pursuing the purposes of this alcohol and drug policy, the company promotes
- (a) the safety and dignity of its employees,
 - (b) the welfare of its employees and their families,
 - (c) the best interests of the bargaining agent or labour provider to which employees belong, and
 - (d) the best interests of the company, the owner, the construction industry and the public.
- 2.3 There are no other reasonable alternatives available to the company that impose a smaller burden on any rights an employee may have under the Alberta Human Rights Act and at the same time are equally as effective in promoting the purposes of this alcohol and drug policy.

3.0 ALCOHOL AND DRUG WORK RULE

- 3.1 An employee shall not
- (a) use, possess or offer for sale alcohol and drugs or any product or device that may be used to attempt to tamper with any sample for a drug and alcohol test while on company property or at a company workplace,
 - (b) report to work or work
 - (i) with an alcohol level equal to or in excess of 0.040 grams per 210 litres of breath,
 - (ii) with a drug level for the drugs set out below equal to or in excess of the concentrations set out below:

- or
- (iii) while unfit for work on account of the use of a prescription or non-prescription drug,
- (c) refuse to
 - (i) comply with a request made by a representative of the company under 4.3, or
 - (ii) comply with a request to submit to an alcohol and drug test made under 4.4, 4.5, 4.6 or 4.7, or
 - (iii) provide a sample for an alcohol and drug test under 4.8,
- (d) tamper with a sample for an alcohol and drug test given under 4.8.

Urine drug concentration limits:

Drugs or classes of drugs	Screening concentration equal to or in excess of ng/ml	Confirmation concentration equal to or in excess of ng/ml
Marijuana metabolite	50	15
Cocaine metabolite	150	100
Opiates <ul style="list-style-type: none"> • Codeine • Morphine 	2000 — —	— 2000 2000
6-Acetylmorphine	10	10
Phencyclidine	25	25
Amphetamines <ul style="list-style-type: none"> • Amphetamine • Methamphetamine 	500 — —	— 250 250
MDMA ¹ <ul style="list-style-type: none"> • MDMA • MDA² • MDEA³ 	500 — — —	— 250 250 250

Oral fluid drug concentration limits:

Drugs or classes of drugs	Screening concentration equal to or in excess of ng/mL	Confirmation concentration equal to or in excess of ng/mL
Marijuana (THC)	4	2
Cocaine metabolite <ul style="list-style-type: none"> • Cocaine or Benzoylcegonine 	20 —	— 8
Opiates <ul style="list-style-type: none"> • Codeine • Morphine • 6-Acetylmorphine 	40 — — —	— 40 40 4
Phencyclidine	10	10
Amphetamines <ul style="list-style-type: none"> • Amphetamine • Methamphetamine • MDMA¹ • MDA² • MDEA³ 	50 — — — — —	— 50 50 50 50 50

1 Methylendioxyamphetamine

2 Methylendioxyamphetamine

3 Methylendioxyethylamphetamine

- 3.2 An employee complies with 3.1(a) or 3.1(b)(iii) of the alcohol and drug work rule if he or she is in possession while at a company workplace of a prescription drug prescribed for him or her or a non-prescription drug and
- (a) the employee is using the prescription or non-prescription drug for its intended purpose and in the manner directed by the employee's physician or pharmacist or the manufacturer of the drug, and
 - (b) the use of the prescription or non-prescription drug does not adversely affect the employee's ability to safely perform his or her duties, or
 - (c) the employee has notified his or her supervisor or manager before starting work of any potentially unsafe side effects associated with the use of the prescription or non-prescription drug.
- 3.3 The supervisor or manager who has received a notification under 3.2 may not disclose any information provided under 3.2 to any person other than a person who needs to know, to discharge a statutory or common-law obligation.

4.0 IMPLEMENTATION OF THE ALCOHOL AND DRUG WORK RULE

4.1 Education

- 4.1.1 The company is committed to informing employees of the existence of this alcohol and drug policy and to taking such other steps as are reasonable to inform its employees of the safety risks associated with the use of alcohol and drugs and the assistance available under the employee assistance services program.
- 4.1.2 The likelihood that an employee will comply with the alcohol and drug work rule is increased if he or she knows the safety risks associated with the use of alcohol and drugs and the assistance available under the employee assistance services program.

4.2 Self-help

- 4.2.1 This policy encourages employees who believe that they may require the help provided by substance abuse experts (SAEs) and employee assistance services programs (EAPs) to voluntarily request that help. An employee requesting help will not be disciplined unless he or she:
- (a) has failed to comply with the alcohol and drug work rule,
 - (b) has been requested to confirm compliance with the alcohol and drug work rule under 4.3,
 - (c) has been requested to submit to an alcohol and drug test under 4.4, 4.6 or 4.7, or
 - (d) has been involved in an incident referred to in 4.5.
- 4.2.2 An employee who believes that he or she may be unable to comply with the alcohol and drug work rule must seek help by taking such steps as are necessary to ensure that he or she presents no safety risk to himself or herself or to others at the workplace, and:
- (a) contacting a person responsible for the administration of the employee assistance services program,
 - (b) informing a family member or friend and asking for assistance in contacting a person responsible for the administration of the employee assistance services program, or

- (c) informing a co-worker, a supervisor, or a representative of the company, the bargaining agent or labour provider to which the employee may belong of his or her wish to contact a person responsible for the administration of the employee assistance services program.

4.2.3 In responding to an employee's request for help, a co-worker must inform a person in authority of the request.

4.2.4 In responding to an employee's request for help, a foreman, supervisor, manager or person in authority to whom the request was made known must:

- (a) take such steps as are necessary to ensure that the employee is fit for duty and presents no risk to himself or herself or to others at the workplace, and
- (b) inform the employee of the assistance available under the employee assistance services program, and
- (c) encourage the employee to utilize the employee assistance services program which may assist the employee, and
- (d) inform the employee that if he or she fails to utilize the employee assistance services program the company may insist that the employee submit to any or all of the following:
 - (i) a medical assessment conducted by a physician,
 - (ii) alcohol and drug testing as set out in 4.8,
 - (iii) an assessment conducted by a substance abuse expert,

and he or she must provide confirmation to the employer that he or she submitted to (i), (ii) and/or (iii) above, and that his or her failure to submit to (i), (ii) and/or (iii) above may result in the termination of his or her employment.

A person providing assistance under an employee assistance services program in respect to an employee's use of alcohol or drugs, including a case manager, shall advise the employee that should he or she become aware of a failure of the employee to comply with the terms and conditions of a program established to help the employee and/or that the employee presents a serious and imminent risk to himself or herself

or to others at the workplace, he or she must inform the employer of the failure to comply with the terms and conditions and/or of the safety risk.

4.2.5 An employee who receives assistance from the employee assistance services program on account of his or her use of alcohol and drugs must comply with the terms and conditions of any program established to help the employee as a condition of his or her continued employment.

4.2.6 An employee who is at work and enrolled in the employee assistance services program must comply with the alcohol and drug work rule.

4.3 Possession of alcohol and drugs

4.3.1 A representative of the company or the owner who has reasonable grounds to believe an employee may not be in compliance with 3.1(a) of the alcohol and drug work rule, must request

- (a) that employee to confirm that he or she is in compliance with 3.1(a) of the alcohol and drug work rule, or
- (b) the assistance of appropriate authorities to confirm that employee's compliance with 3.1(a) of the alcohol and drug work rule.

4.3.2 A representative of the company or the owner must provide to the employee the reason for the request under 4.3.1.

4.4 Observation of employee conduct

4.4.1 A supervisor or a manager of an employee must request an employee to submit to an alcohol and drug test under 4.8 if the supervisor or manager and the next level of management present at the company workplace, if any, have reasonable grounds to believe that an employee is or may be unable to work in a safe manner because of the use of alcohol and drugs.

4.4.2 A supervisor or manager of an employee must provide to the employee the reason for the request under 4.4.1.

4.5 Incidents and near misses

- 4.5.1 A supervisor or manager of an employee must request an employee to submit to an alcohol and drug test under 4.8 if the supervisor or manager and the next level of management present at the company workplace, if any, have reasonable grounds to believe that an employee was involved in an incident or near miss.
- 4.5.2 A supervisor or manager of an employee must provide to the employee the reason for the request under 4.5.1.
- 4.5.3 A supervisor or manager must make a request under 4.5.1 immediately following an incident or near miss unless it is not practicable or reasonable to do so until a later time.
- 4.5.4 A supervisor or a manager of an employee need not request the employee to submit to an alcohol and drug test if the supervisor or manager and the next level of management present at the company workplace, if any, conclude that there is objective evidence to believe that the use of alcohol and drugs did not contribute to the cause of the incident or near miss.

4.6 Random testing

- 4.6.1 At work sites where the employer has confirmed in writing that each employee is covered by an employee assistance services program, the employer may implement a lawful computer-generated random alcohol and drug testing program in accordance with the procedures set out in the United States Department of Transportation Workplace Drug and Alcohol Testing Programs in force as of the date of this publication. In the event a lawful random alcohol and drug testing program is to be adopted by an employer, a written notice shall be delivered to each employee and a written notice shall be provided to any bargaining agent of affected employees of the implementation of random alcohol and drug testing at least 30 days prior to implementation of that program at the work site.
- 4.6.2 Where an owner directly or by contract requires random alcohol and drug testing, such a random testing program must be applicable to all companies and employees at the work site.

- 4.6.3 Where an employer, in accordance with the Guidance Document for the Occupational Health and Safety Pilot Project: Reducing Safety Risks Related to the Use of Alcohol and Other Drugs, requires random alcohol and drug testing, such a random testing program must adhere to all of the terms of the approved application for participation in the Pilot Project.

4.7 Site access testing

When an owner directly or by contract requires site access testing, an employer may require alcohol and drug testing under 4.8 of any employee as a condition of access to the owner's property.

4.8 Alcohol and drug testing

- 4.8.1 The company agrees to retain a laboratory, as defined in this policy, to conduct urine drug testing under 4.8 in accordance with those parts of the United States Department of Transportation Workplace Drug and Alcohol Testing Programs in force as of the date of this publication, which relate to testing procedures in laboratories. A laboratory certified by the United States Department of Health and Human Services as an instrumented initial test facility is permitted to test samples under this policy. Additionally, the company agrees to have alcohol testing under 4.8 conducted by personnel in accordance with the above standards and procedures as they relate to alcohol testing.
- 4.8.2 The company agrees to retain a laboratory, as defined in this policy, to conduct oral fluid testing under 4.8. Oral fluid testing may be permitted for incident and near miss (post incident), observation of employee conduct (reasonable cause), and random testing. Oral fluid testing is not permitted for site access or any testing that is included in conditions established pursuant to 5.2.2(b) or 5.4.2.
- 4.8.3 A summary of the features of the alcohol and drug tests is set out in Appendix A of this alcohol and drug policy.
- 4.8.4 By continuing his or her employment with the company the employee accepts the terms of this alcohol and drug policy and authorizes the laboratory to provide the test results to the company or any person with legal authority to require the disclosure of the test results, subject to 4.9.7, below. Further, the employee authorizes the medical review officer or

the employer to provide the test results to a substance abuse expert or program case manager to whom the employee has been referred under the provisions of this policy.

- 4.8.5 Notwithstanding 4.8.1 through 4.8.4 and Appendix A, if a test is requested pursuant to 4.4 or 4.5, the employer may use a point of collection test (POCT) as one of a number of options for assessing the risk of having the employee return to work pending the report of the medical review officer respecting the oral or urine based laboratory test. A POCT device used for this purpose must have Health Canada approval, must be intended for urine assessment only, and must be calibrated to the extent possible with the cut-off levels in 3.1(b)(ii). Only collection personnel trained to U.S. DOT standards shall administer the POCT. Such collection personnel must comply with standard operating procedures that must, at a minimum, address chain of custody and quality control. Irrespective of whether this risk assessment option is used, a test must be completed in accordance with 4.8.1 through 4.8.4.

4.9 Alcohol and drug testing results

- 4.9.1 Alcohol and drug test results can be negative, positive, refusal to test or cancelled with additional comments as required. A negative test result means the employee is in compliance, a positive test result means non-compliance, a refusal to test result means non-compliance, and a cancelled test result cannot be relied upon to determine compliance or non-compliance. All test results will be provided in a confidential written report from the medical review officer to the designated company representative with explanation and direction when required.
- 4.9.2 A report from the medical review officer to the designated company representative that the employee's sample produced a negative test result without a safety advisory means that the employee complied with 3.1(b) of the alcohol and drug work rule. The designated company representative must notify the employee of the negative test result and that no other steps under this alcohol and drug policy will be taken. If a safety advisory is issued by a medical review officer then a fitness for work assessment should be conducted to ensure the safety of the employee and others at the workplace, and because there may have been a failure to comply with 3.2. It may

be appropriate to pursue procedures under other policies or take other steps, including a medical assessment, in order to assist the employee to perform at a satisfactory level.

- 4.9.3 A confidential written report from the medical review officer to the designated company representative that the employee's sample produced a positive test result means that the employee failed to comply with 3.1(b) of the alcohol and drug work rule.
- 4.9.4 A confidential written report from the medical review officer to the designated company representative that the employee refused to test means that the employee failed to comply with 3.1(d) of the alcohol and drug work rule.
- 4.9.5 A confidential written report from the medical review officer to the designated company representative that the employee's sample is cancelled means that the test cannot be relied upon for the purposes of this work rule.
- 4.9.6 Where a person is referred to testing required under 4.7 by the bargaining agent or labour provider of that person, a confidential written report from the medical review officer shall be issued to the designated representative of the bargaining agent or labour provider.
- 4.9.7 In order to preserve the confidentiality of test results, the designated company representative and any person to whom disclosure is permitted under this alcohol and drug policy must not disclose the test results to any person other than a person who needs to know the test results to discharge an obligation under this alcohol and drug policy.

4.10 Assistance of a representative

- 4.10.1 A representative of a bargaining agent or labour provider of which an employee is a member and with whom the employer has a bargaining relationship may assist the employee with any matter arising under this alcohol and drug policy if the employee wishes to have the assistance of a representative.
- 4.10.2 A representative of a bargaining agent or labour provider of which an employee is a member and with whom the employer has a bargaining relationship, may attend any meeting or discussion which takes place under this alcohol and drug policy

if the employee wishes the representative to attend and the attendance of the representative does not unduly delay the time at which the meeting or discussion takes place.

5.0 CONSEQUENCES FOR FAILURE TO COMPLY WITH THE ALCOHOL AND DRUG WORK RULE

5.1 Company responses to violations

The company may discipline, or terminate for cause, the employment of an employee who fails to comply with the alcohol and drug work rule. The appropriate consequence depends on the facts of the case, including the nature of violation, the existence of prior violations, the response to prior corrective programs and the seriousness of the violation.

5.2 Violation of 3.1(b) of the alcohol and drug work rule

5.2.1 Prior to the company making a final decision with regard to disciplining or terminating the employment of an employee, who has failed to comply with 3.1(b) of the alcohol and drug work rule, the company shall direct the employee to and the employee shall meet with a substance abuse expert. The substance abuse expert shall make an initial assessment of the employee and make appropriate recommendations. The assessment by the substance abuse expert shall be applied utilizing the processes and approaches set out in Appendix B. The employee shall, through the substance abuse expert, provide to the company a confidential report of his or her initial assessment and recommendations. The company then shall make the final decision under 5.1. The initial assessment is to be completed as soon as possible, and the report shall be delivered to the company within two days of completion. Failure by the employee to attend the assessment or follow the course of corrective or rehabilitation action shall be cause for termination of the employee. During the period of assessment and corrective rehabilitative programs recommended by the substance abuse expert the employee shall be deemed to be suspended from his or her employment without pay.

5.2.2 In addition to disciplining or terminating for cause the employment of an employee who fails to comply with 3.1(b) of the alcohol and drug work rule, the

company may give written notice to that person that the person will not be re-employed again by the company unless the person provides the company with the following:

- (a) a certificate issued
 - (i) by the rehabilitation program service provider certifying that the person who was terminated has successfully completed its rehabilitation program and continues to comply with all the requirements of the rehabilitation program, or
 - (ii) by a licensed physician with knowledge of substance abuse disorders certifying that the person who was terminated is able to safely perform the duties he or she will be required to perform if employed by the company, or
 - (iii) by a substance abuse expert or program case manager, and
- (b) a statement signed by the person and, if represented by a bargaining agent or labour provider, by the bargaining agent or labour provider acknowledging that the person agrees to any conditions imposed as part of a corrective rehabilitative program and such other reasonable conditions set by the employer. The employer may terminate the employment of the employee who fails to comply with the conditions set out in such statement.

5.3 Violation of 3.1 (a), (c) or (d) of the alcohol and drug work rule

If a company decides to discipline or terminate for cause the employment of an employee who fails to comply with 3.1(a) or (c) or (d) of the alcohol and drug work rule, the company shall refer such employee to a substance abuse expert and shall notify the bargaining agent or labour provider, if the employee has one, of such referral.

5.4 Owner responses to violations

5.4.1 The owner of a site where a person was working when he or she failed to comply with the alcohol and drug work rule may give the person who failed to comply with the alcohol and drug work rule written notice that he or she shall not enter the owner's site.

5.4.2 The owner of a site where a person was working when he or she failed to comply with the alcohol and drug work rule may give that person who has been denied permission to enter its site under 5.4.1 written notice that the person may enter the owner's site if

- (a) a company engaged in work at the owner's site, or
- (b) the bargaining agent or labour provider of that person, if the person is represented by a bargaining agent or labour provider, or
- (c) a company engaged in work at the owner's site and the bargaining agent or labour provider of that person

provides the owner with a written statement by the person who has been denied permission to enter the owner's work site under 5.4.1 acknowledging that that person agrees to reasonable conditions imposed by the owner or the contractor or the bargaining agent or labour provider or a part of a corrective or rehabilitative program.

5.4.3 The owner may withdraw permission given under 5.4.2 if the person given permission to enter the owner's work site under 5.4.2 fails to comply with the alcohol and drug work rule or any condition imposed under 5.4.2.

5.4.4 The owner is not obliged to give a person who has been denied permission to enter the owner's site under 5.4.3 another opportunity to work on the owner's site.

5.5 Bargaining agent or labour provider responses to violations

A bargaining agent or labour provider shall decline to dispatch a person to a company until that organization has reviewed the initial assessment, referred to in Article 5.2 or 5.3, and until the conditions set out therein for the person have been met.

6.0 DEFINITIONS

6.1 In this alcohol and drug policy, the following definitions apply:

- (a) **Alcohol:** Any substance that may be consumed and that has an alcoholic content in excess of 0.5 per cent by volume.
- (b) **Alcohol and drugs:** Alcohol or drugs or both.

(c) **Alcohol and drug test:** A test administered in accordance with 4.8.1 of this alcohol and drug policy.

(d) **Alcohol and drug work rule:** The alcohol and drug work rule set out in 3.1 of this alcohol and drug policy.

(e) **Case manager:** A professional with training, knowledge and experience in case management and substance abuse disorders. The case manager facilitates and confirms compliance with treatment recommendations, and provides supportive and objective case management services, including aftercare and return to work conditions recommended by the substance abuse expert, to support the worker and maintain the safety of the worker and those around him or her on a safety-sensitive work site.

(f) **Company:** A corporation, partnership, association, joint venture, trust or organizational group of persons whether incorporated or not.

(g) **Company workplace:** Includes all real or personal property, facilities, land, buildings, equipment, containers, vehicles, vessels, boats and aircraft whether owned, leased or used by the company and wherever it may be located.

(h) **Drug paraphernalia:** Includes any personal property which is associated with the use of any drug, substance, chemical or agent the possession of which is unlawful in Canada.

(i) **Drugs:** Includes any drug, substance, chemical or agent the use or possession of which is unlawful in Canada or requires a personal prescription or authorization from a licensed treating physician, any non-prescription medication lawfully sold in Canada and drug paraphernalia.

(j) **Employee:** Any person engaged in work on a work site where this policy applies.

(k) **Employee assistance services program:** Services that are designed to help employees who are experiencing personal problems such as alcohol and drug abuse.

- (l) **Employer:** A person who controls and directs the activities of an employee under an express or implied contract of employment.
- (m) **Incident:** An occurrence, circumstance or condition that caused or had the potential to cause damage to person, property, reputation, security or the environment.
- (n) **Laboratory:** A laboratory providing urine-based drug testing services or oral fluid-based drug testing services must be certified by the United States Department of Health and Human Services under the National Laboratory Certification Program. A laboratory providing oral fluid-based drug testing services must ensure that the oral fluid testing be performed in such a manner that: (1) acceptable forensic practices and quality systems are maintained; (2) specimen validity testing is deployed; (3) regular independent audits occur; and (4) proficiency test samples are included.
- (o) **Manager:** Includes team leaders and other persons in authority.
- (p) **Medical review officer (MRO):** A licensed physician, currently certified with the American Association of Medical Review Officers or Medical Review Officer Certification Council, with knowledge of substance abuse disorders and the ability to evaluate an employee's positive test results who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results.
- (q) **Negative test result:** A report from the medical review officer that the employee who provided a specimen for alcohol and drug testing (laboratory-based) did not have an alcohol and drug concentration level equal to or in excess of that set out in 3.1(b).
- (r) **Owner:** The person in legal possession of a site.
- (s) **Positive test result:** A report from the medical review officer that the employee who provided a specimen for alcohol and drug testing (laboratory-based) did have an alcohol or drug concentration level equal to or in excess of that set out in 3.1(b).
- (t) **Reasonable grounds:** Includes information established by the direct observation of the employee's conduct or other indicators, such as the physical appearance of the employee, the smell associated with the use of alcohol or drugs on his or her person or in the vicinity of his or her person, his or her attendance record, circumstances surrounding an incident or near miss and the presence of alcohol, drugs or drug paraphernalia in the vicinity of the employee or the area where the employee worked.
- (u) **Rehabilitation program:** A program tailored to the needs of an individual which may include education, counselling and residential care offered to assist a person to comply with the alcohol and drug work rule.
- (v) **Substance abuse expert (SAE):** A licensed physician; a licensed or certified social worker; a licensed or certified psychologist; a licensed or certified employee assistance expert; or an alcohol and drug abuse counsellor. He or she has received training specific to the SAE roles and responsibilities, has knowledge of and clinical experience in the diagnosis and treatment of substance abuse-related disorders, and has an understanding of the safety implications of substance use and abuse.
- (w) **Supervisor:** The person who directs the work of others and may, depending on the nature of the company's structure, include the foreman, general foreman, supervisor, superintendent and team leader.
- (x) **Tamper:** To alter, meddle, interfere, substitute or change.
- (y) **Work:** Includes training and any other breaks from work while at a company workplace.
- (z) **Work site:** A place at which a person performs work for an owner or employer.

APPENDIX A – ALCOHOL AND DRUG TESTING PROCEDURES

The following procedures are a general overview only. For more detailed information, contact your testing provider.

1 Alcohol testing

General

1. The donor is the person from whom a breath or saliva sample is collected.
2. The donor is informed of the requirement to test in private and is directed to go to a collection site for the purpose of providing a breath or saliva specimen. The donor must be escorted to the collection site if the test is for random, follow-up, post incident or reason cause purposes.
3. The breath alcohol technician (BAT) or the screening test technician (STT) as appropriate, establishes the identity of the donor. Government or employer-issued photo identification is preferable. Positive identification by a company representative who holds a supervisory position is acceptable.
4. The BAT or STT as appropriate, explains the testing procedure to the donor.
5. The company must securely store information about alcohol test results to ensure that disclosure to unauthorized persons does not occur.
6. Breath testing and saliva testing devices are used to conduct alcohol screening tests, with breath evidentiary devices used to confirm the screening tests. These devices must be listed on the National Highway Traffic Safety Administration's (NHTSA) conforming products lists – the list for [screening devices](#) or the list for [evidentiary devices](#). These devices must also meet the function requirements outlined in the U.S. DOT rules and regulations.

Breath testing

1. The BAT and the donor complete those parts of the alcohol testing form that are to be completed before the donor provides a breath sample.
2. The BAT opens an individually wrapped or a sealed mouthpiece in the presence of the donor and attaches it to the breath testing device in the prescribed manner.

3. The BAT explains to the donor how to provide a breath sample and asks the donor to provide a breath sample.
4. The BAT reads the test result and ensures that the test result is recorded on the alcohol testing form after showing the results to the donor.
5. The BAT completes the part of the alcohol testing form that is to be completed after the donor provides a breath sample and asks the donor to do so as well.
6. If the test result shows an alcohol level that is less than 0.020 grams/210 litres of breath, the BAT informs the donor that there is no need to conduct any further testing and reports the result in a confidential manner to the company's designated representative. While the initial communication need not be in writing, the BAT must subsequently provide a written report of the test result to the company's designated representative.
7. If the test result shows an alcohol level that is equal to or greater than 0.020 grams/210 litres of breath, the BAT informs the donor of the need to conduct a confirmation test.

Saliva testing

1. The STT and the donor complete those parts of the alcohol testing form that are to be completed before the donor provides a sample.
2. The STT checks the expiration date of the saliva testing device, shows the date to the employee and uses a saliva testing device only if the expiration date has not passed.
3. The STT opens an individually wrapped or a sealed package containing the saliva testing device in the presence of the donor.
4. The STT invites the donor to insert the saliva testing device into the donor's mouth for the time it takes to secure a proper specimen.
5. The STT reads the result the saliva testing device produces and records the test result on the alcohol testing form after showing the results to the donor.
6. The STT completes the part of the alcohol testing form that is to be completed after the donor provides a saliva sample and asks the donor to do so as well.

7. If the test result shows an alcohol level that is less than 0.020 grams of alcohol in 100 millilitres of saliva or an equivalent concentration in other units, the STT informs the donor that there is no need to conduct any further testing and reports the result in a confidential manner to the company's designated representative. While the initial communication need not be in writing, the STT must subsequently provide a written report of the test results to the company's designated representative.
8. If the test result shows an alcohol level that is equal to or greater than 0.020 grams of alcohol in 100 millilitres of saliva or an equivalent concentration in other units, the STT informs the donor of the need to conduct a confirmation test.

Confirmation test

1. If a breath alcohol testing device was used for the screening test, an evidential breath alcohol device must be used to conduct the alcohol confirmation test. If a saliva testing device was used for the screening test, the confirmation test will use an evidential breath alcohol testing device.
2. The BAT advises the donor not to eat, drink, put anything into his or her mouth or belch before the confirmation test is complete.
3. The confirmation test must start not less than 15 minutes after the completion of the screening test. If the confirmation test cannot begin within 30 minutes, the elapsed time and the reason must be documented on the alcohol testing form.
4. The BAT and the donor complete those parts of the alcohol testing form that are to be completed before the donor provides a breath sample.
5. The BAT opens a new individually wrapped or sealed mouthpiece in the presence of the donor and inserts it into the breath testing device in the prescribed manner.
6. The BAT explains to the donor how to provide a breath sample and asks the donor to provide a breath sample.
7. The BAT reads the test result on the device and shows the donor the result displayed. If the confirmation test result is equal to or in excess of 0.040 grams per 210 litres of breath, the BAT will do an external calibration check (accuracy check) to ensure the device is in working order. The BAT ensures that the test result is recorded on the alcohol testing form. The BAT verifies the printed results with the donor.

8. The BAT completes the part of the alcohol testing form that is to be completed after the donor provides a breath sample and asks the donor to do so as well.
9. The BAT immediately reports in a confidential manner the test results to the company's designated representative. While the initial communication need not be in writing, the BAT must subsequently provide a written report of the test result to the company's designated representative.

II Drug testing (urine)

1. The donor is the person from whom a urine specimen is collected.
2. The donor is informed of the requirement to test in private and is directed to go to a collection site. The donor must be escorted to the collection site if the test is for random, follow-up, post incident or reasonable cause purposes.
3. The collection site person must establish the identity of the donor. Government or employer-issued identification is preferable. Positive identification by a company representative who holds a supervisory position is acceptable.
4. The donor must remove coveralls, jacket, coat, hat or any other outer clothing and leave these garments and any briefcase or purse with the collection site person.
5. The donor must remove any items from his or her pockets and allow the collection site person to inspect them to determine that no items are present which could be used to adulterate a specimen.
6. The donor must give up possession of any item which could be used to adulterate a specimen to the collection site person until the donor has completed the testing process. Clear evidence of an attempt to adulterate or substitute is a refusal to test and ends the collection process.
7. The collection site person may set a reasonable time limit for providing a urine specimen.
8. The collection site person selects or allows the donor to select an individually wrapped or sealed specimen container. Either the collection site person or the donor, in the presence of the other, must unwrap or break the seal of the specimen container.
9. The donor may provide his or her urine specimen in private, in most circumstances. The specimen must contain at least 45 millilitres.

10. In respect of any collection that may be incomplete or determined to be a refusal, the collection site person must promptly document all circumstances and details respecting the collection effort and the reasons it was incomplete.
11. The collection site person determines the volume and temperature of the urine in the specimen container.
12. The collection site person inspects the specimen and notes on the custody and control form any unusual findings.
13. If the temperature of the specimen is outside the acceptable range or there is evidence that the specimen has been tampered with, the donor must provide another specimen under direct observation in accordance with U.S. DOT rules and regulations by the collection site person or another person if the collection site person is not the same gender as the donor.
14. The collection site person splits the urine specimen into two specimen bottles. One bottle is the primary specimen and the other is the split specimen.
15. The collection site person places a tamper-evident bottle seal on each of the specimen bottles and writes the date on the tamper-evident seals.
16. The donor must initial the tamper-evident bottle seals to certify that the bottles contain the urine specimen the donor provided.
17. The donor and the collection site person complete the custody and control form and seal the specimen bottles and the laboratory copy of the custody and control form in a plastic bag.
18. The collection site personnel arrange to ship the two specimen bottles to the laboratory as quickly as possible.
19. The laboratory must be the holder of a certificate issued by the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services under the National Laboratory Certification Program.
20. The laboratory must use chain of custody procedures to maintain control and accountability of urine specimens at all times.
21. Laboratory personnel inspect each package along with the enclosed specimens for evidence of possible tampering and note evidence of tampering on the specimen forms.
22. Laboratory personnel conduct validity testing to determine whether certain adulterants or foreign substances were added to the urine specimen.
23. Laboratory personnel conduct an initial screening test on the primary specimen for the drugs set out in 3.1 using established immunoassay procedures. No further testing is conducted if the initial screening test produces a negative test result.
24. Laboratory personnel conduct a confirmatory test on specimens identified as positive by the initial screening test. The confirmatory test uses approved mass spectrometry techniques.
25. A certifying scientist reviews the test results before certifying the results as an accurate report.
26. The laboratory reports the test results on the primary specimen to the company's medical review officer (MRO) in confidence.
27. If the laboratory reports a positive, adulterated, substituted or invalid result, the certified MRO attempts to conduct a verification interview with the donor to allow the opportunity for the donor to discuss the results and present a legitimate medical explanation. Once the interview is complete, the MRO shall report to the employer whether the test result is negative, negative with safety advisory, refusal to test and why, cancelled with or without further direction or positive. A safety advisory indicates a medical clearance is required prior to performing safety-sensitive duties in accordance with the job description.
28. An employee who has received notice from the MRO that he or she has tested positive may ask the MRO within 72 hours of receiving notice that he or she has tested positive to direct another laboratory to test the split specimen. The employer is permitted to seek reimbursement from the employee.
29. The laboratory reports the test results on the split specimen to the company's MRO in confidence. Should the laboratory fail to reconfirm the split specimen results, the MRO will provide direction to the company's designated representative.

III Drug testing (oral fluids)

1. The donor is the person providing his or her oral fluid for the purposes of a drug test.
2. The donor is informed of the requirement to test in private and is directed to go to a collection site. The donor must be escorted to the collection site if the test is for random, follow-up, post incident or reasonable cause purposes.
3. The collector must establish the identity of the donor. Government or employer-issued identification is preferable. Positive identification by a company representative who holds a supervisory position is acceptable.
4. The donor must clear any foreign material from the mouth (e.g. food, gum, tobacco products, lozenges, etc.).
5. The collector observes the donor for a minimum of 10 minutes prior to providing the specimen. The donor may not eat, drink, smoke or put anything in his or her mouth during the observed waiting period.
6. The collector checks and records the lot number and expiration date of the device.
7. In the presence of the collector, the donor opens the sealed device and the specimen is collected according to the manufacturer's specification.
8. The collected specimen should be kept in view of the donor and the collector at all times prior to it being sealed and labelled for shipment to laboratory.
9. The collection site person places a tamper-evident seal on the specimen collection device.
10. The collector records the date and has the donor initial the seal(s) on the specimen(s).
11. The donor and the collection site person complete the custody and control form and seal the specimen(s) and the laboratory copy of the custody and control form in a chain of custody bag. In respect of any collection that may be incomplete or determined to be a refusal, the collection site person must promptly document all circumstances and details respecting the collection effort and the reasons it was incomplete.
12. The collection site personnel arrange to ship the specimen bottle to the laboratory as quickly as possible.
13. The laboratory must be the holder of a certificate issued by the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services under the National Laboratory Certification Program.
14. The laboratory must use chain of custody procedures to maintain control and accountability of specimens at all times.
15. Laboratory personnel inspect each package along with the enclosed specimen(s) for evidence of possible tampering and note evidence of tampering on the specimen forms.
16. Laboratory personnel conduct validity testing to determine the suitability of the specimens.
17. Laboratory personnel conduct an initial screening test on the specimen for the drugs set out in 3.1 using established immunoassay procedures. No further testing is conducted if the initial screening test produces a negative test result.
18. Laboratory personnel conduct a confirmatory test on specimens identified as positive by the initial screening test. The confirmatory test uses approved mass spectrometry techniques.
19. A certifying scientist reviews the test results before certifying the results as an accurate report.
20. The laboratory reports the test results on the primary specimen to the company's medical review officer (MRO) in confidence.
21. If the laboratory reports a positive, adulterated, substituted or invalid result, the certified MRO attempts to conduct a verification interview with the donor to allow the opportunity for the donor to discuss the results and present a legitimate medical explanation. Once the interview is complete, the MRO shall report to the employer whether the test result is negative, negative with safety advisory, refusal to test and why, cancelled with or without further direction or positive. A safety advisory indicates a medical clearance is required prior to performing safety-sensitive duties in accordance with the job description.
22. An employee who has received notice from the MRO that he or she has tested positive may ask the MRO within 72 hours of receiving notice that he or she has tested positive to direct another laboratory to retest the specimen. The employer is permitted to seek reimbursement from the employee.
23. The laboratory reports the results of the retest to the company's MRO in confidence. Should the laboratory fail to reconfirm the test result, the MRO will provide direction to the company's designated representative.

APPENDIX B – SUBSTANCE ABUSE EXPERT

The substance abuse expert

The substance abuse expert (SAE) is a person who evaluates the individuals who are seeking to be assessed or who have been referred for an assessment.

The SAE is a professional who is qualified to make recommendations regarding the individuals assessed. These recommendations typically involve treatment options such as education, various counselling or inpatient treatment services, follow-up testing and the overall general conditions of post assessment care.

The responsibility and function of the SAE is to apply quality and diligence in the assessment process in order to protect the client's and the workplace's safety and health. However, the SAE is not an advocate for any stakeholder in the process beyond the mandate of the assessment. The SAE remains impartial and does not advocate for the employee, bargaining agent or employer.

The SAE has the responsibility to function in his or her role as an evaluator of the client's apparent condition. The qualifications to conduct this assessment extend across several types of disciplines in the mental health and medical community.

SAEs all have one aspect in common. Each is a licensed or certified professional who has met the educational, experiential and competency criteria to be in good standing with a professional agency that governs their respective discipline.

The SAE providing the assessment evaluation can be a licensed physician, registered psychologist, or a certified or licensed social worker as allowed to diagnose within their respective provincial regulated health professionals, who also has experience or a specialization in the field of addiction.

He or she has received training specific to the SAE roles and responsibilities, has knowledge of and clinical experience in the diagnosis and treatment of substance abuse-related disorders, and has an understanding of the safety implications of substance use and abuse.

Evaluation and assessment

The foundation of sound clinical expertise and well established standards of practice is the context for each assessment. The evaluation is based on proven and reliable methods of face-to-face clinical interview practices, reliable and valid alcohol and drug abuse assessment

tools (also called psychometrics), and quality assurance clinical supervision provided as additional expertise to the SAE. This gives the SAE a consistent level of support for applying his or her clinical abilities toward the best fit and most exact assessment outcome in each particular assessment.

The evaluation can include consultation with a physician specialist in the area of substance use disorders or the medical review officer (MRO) involved with any substance screen results referenced in the assessment. The MRO or medical specialist in substance use disorders are contacted only when there is a specific need to discuss the substance screen result per se or if there are potential medical complications involved in a person's history.

The face-to-face interview includes assessment of all the relevant factors that are known to be essential in the evaluation of individuals with possible substance use disorders. These factors are examined by questions regarding the client's life and family history, employment situation and current mental status. The in-depth interview also explores the individual's drug and alcohol use history. This includes areas such as the substances used and for how long, the episodic trends of substance preferences, emotional and physical characteristics that are considered relevant in substance use, and other factors that can give a comprehensive clinical understanding of the person.

The evaluation will provide a clear statement of the assessment's outcome (the diagnosis), along with treatment recommendations. The recommendations are the basic outline of a treatment plan. The individual is free to add to the treatment recommendations, however, the treatment recommendations are the conditions required for successful return to safety-sensitive work. Therefore, they are the essential ingredients of care that the individual must successfully complete.

The evaluation process provides a signed confidential report to the stakeholders involved in the assessment. These parties can include the bargaining agent, a case manager and the employer, and the individual assessed if he or she wishes to receive a copy. The SAE report issued to the person assessed does not include the number of unannounced tests, but does include the period over which the unannounced tests may be conducted.

Post-assessment referral and treatment

As a result of the evaluation and assessment, the SAE will refer the client to the appropriate contact person, program or case manager involved in the next steps for this person's return to work. Formal case management is considered the best practice approach in order to ensure that the recommendations are completed and adhered to as outlined in the SAE assessment report.

The SAE report and any other relevant information necessary for admission to a treatment program can be forwarded to the appropriate contact personnel. This is done only with client consent to do so.

Follow-up treatment for counselling or relapse prevention will be provided by an SAE as identified above, as qualified to provide such treatment.

Follow-up evaluation

The case manager or representative acting in a role that monitors the individual's compliance with the return to work process will evaluate the client's compliance with the return to work recommendations. The client's compliance will be supported by a written report or personal communication with the respective education and/or treatment program professionals.

The client's ability to successfully demonstrate compliance with the initial treatment recommendations will be determined in a clinically based follow-up contact. Continued monitoring will ensue to ensure ongoing compliance to the SAE recommendations.

In the event that an individual is demonstrating difficulty in maintaining or complying with the stated recommendations in the SAE report, a formal review will take place. The review of the new data is conducted in conjunction with discussions with the individual and/or treatment program or relevant professionals.

Written communication, often in the form of an amended SAE report, will be issued to address the current situation for the individual. Sometimes, if developments indicate the need, a new assessment will be conducted.