

Construction Opportunities  
Development Council Inc.

Saskatchewan's Building Trades Contractors  
and Unions Working Together

# Alcohol & Drug Policy & Procedures

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## 1.0 Introduction

The CODC Alcohol & Drug Policy & Procedures has been established to provide a formal process to assist Employees in dealing with substances that can negatively impact or interfere with their work performance. The policy is necessary because the Employees covered are employed in the construction industry which is ranked highest of high hazard work in Table 8 of the Saskatchewan Occupational Health and Safety Regulations, 1996, as amended. The CODC Alcohol & Drug Policy & Procedures has been developed in collaboration with the Saskatchewan Provincial Building & Construction Trades Unions. This Alcohol & Drug Policy applies to unionized construction Employers and Employees who work in the Province of Saskatchewan and is a condition of employment where adopted.

## 2.0 Purpose

CODC has established this Alcohol & Drug Policy:

- (a) to provide a safe workplace for Employers and their Employees and those whose safety may be affected by the conduct of Employers and their Employees, and
- (b) to ensure compliance through alcohol and drug testing. Testing will be required:
  - (i) in instances of incident, post incident
  - (ii) for reasonable grounds
  - (iii) return to work following a rehabilitation program
  - (iv) pre-access when required by the site owner/client
  - (v) follow-up testing as required for return to work programs
- (c) to provide assistance and recovery programs for Employees affected by Alcohol or Drugs.
- (d) to ensure that Employers and their Employees are treated fairly and with respect.
- (e) To provide education and training to employees and supervisors

## 3.0 Program Objectives

3.1 The use of alcohol and drugs may adversely affect the ability of a person to work in a safe manner. Employers and their Employees at construction workplaces often work independently and with equipment or material that can pose a threat to the safety of the workforce if handled without proper care and attention. This Policy reminds Employers and their Employees of the risks associated with the use of alcohol and drugs and provides understandable and predictable responses when an Employer's or Employee's conduct jeopardizes the safety of the workplace.

3.2 By pursuing the purposes of the Alcohol & Drug Policy, CODC is promoting:

- (a) the safety and dignity of Employers and their Employees,
- (b) the welfare of Employees and their families,
- (c) the best interests of the Unions and Employer organizations, and

(d) the best interests of the construction industry, the environment, and the public.

3.3 There are no other reasonable alternatives available that impose a smaller burden on Employee and Employer rights and at the same time are equally effective in promoting the purposes of the Alcohol & Drug Policy.

#### 4.0 **Definitions**

**Alcohol** - Any substance that may be consumed and that has an alcoholic content in excess of 0.5 percent by volume.

**Alcohol and Drugs** - Alcohol or drugs or both.

**Alcohol and Drug Test** - A test administered in accordance with Appendix H of this Alcohol and Drug Policy.

**Alcohol and Drug Work Rule** - The Alcohol and Drug work rule set out in 6.0 of this Alcohol and Drug Policy.

**Company** – means the same as Employer.

**Designated Employer Representative** - The person designated to communicate with the testing provider and who will receive all confidential records and invoices.

**Designated Union Representative** - The person designated to communicate with the testing provider and the Employer and who will receive all confidential records.

**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.

**Drugs** - Includes any drug, mind altering substance, chemical or agent the use or possession of which is lawful or unlawful in Canada; requires a personal prescription from a physician, or a medical authorization from a physician; or non-prescription medication lawfully sold in Canada and drug paraphernalia.

**Employee** - Means any person engaged in work on a site where this policy applies.

**Employee Family Assistance Program** - Services that are designed to help Employees who are experiencing personal problems such as alcohol and drug abuse.

**Employer** - A corporation, partnership, association, joint venture, trust or organizational group of persons whether incorporated or not, a person or entity who controls and directs the activities of an Employee under an express or implied contract of employment.

**Employer 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.

**Incident** - An occurrence, circumstance or condition that caused or had the potential to cause damage to person, property, reputation, security or the environment.

**Laboratory** - A laboratory 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 or urine-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.

**Manager** - Includes team leaders and other persons in authority.

**Medical Review Officer (MRO)** - A licensed physician 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 and who has current Medical Review Officer certification (AAMRO or MROCC).

**Near Miss** - Any event or action which under slightly different circumstances could have resulted in injury to people, equipment loss, or harm to the surrounding environment.

**Negative Breath Alcohol Test Result** – A report from a breath alcohol technician that the employee who provided a specimen for alcohol did not have a breath alcohol level at or above forty milligrams of alcohol per hundred milliliters.

**Negative Drug Test Result** – A report from the medical review officer that the employee who provided the specimen did not have an unauthorized drug present in a concentration level equal to or in excess of that set out in 6.1(b).

**Owner/Project Owner** - The person in legal possession of a site.

**Positive Breath Alcohol Test Result** - A report from a breath alcohol technician that the employee who provided a specimen for alcohol had a breath alcohol level at or above forty milligrams of alcohol per hundred milliliters.

**Positive Drug Test Result** - A report from the medical review officer that the employee who provided the specimen had an unauthorized drug present in a concentration level equal to or in excess of that set out in 6.1(b).

**Pre-access Testing** - Alcohol and drug testing of employees in safety sensitive positions to gain and or maintain access to the Employer or client sites where safety is a bona fide occupational requirement.

**Reasonable Grounds** - Includes information established by the direct observation of the Employees conduct or other indicators, such as the physical appearance of the Employee, the smell associated with the use of alcohol or drugs on his 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.

**Rehabilitation Program** - A program tailored to the needs of an individual which may include education, counseling and residential care offered to assist a person to comply with the alcohol and drug work rule.

**Safety Advisory** – A statement issued by the medical review officer along with a negative drug test indicating that there is a potential safety risk identified which requires further evaluation.

**Substance Abuse Professional (SAP)** - A licensed physician; a licensed or certified social worker; a licensed or certified psychologist; a licensed or certified Employee assistance professional; or an alcohol and drug abuse counselor. S/he has received training specific to the SAP roles and responsibilities, has knowledge of and clinical experience in the diagnosis and treatment of substance abuse



related disorders and has understanding of the safety implications of substance use and abuse.

**Supervisor** - The person who directs the work of others and may depending on the nature of the Employer's structure, include the foreman, general foreman, supervisor, superintendent and team leader.

**Tamper** - To alter, meddle, interfere or change.

**Work** - Includes training and any other breaks from work while at an Employer workplace.

**Work Site** - A place at which a person performs work for an owner or Employer.

**5.0 Responsibilities**

5.1 Foremen, supervisors and management representatives are required to monitor job and individual performance to identify situations that may be the result of the use of alcohol or drugs. They shall acknowledge their responsibilities using the form provided in Appendix A. Training will be provided to foremen and supervisors.

5.2 The Designated Employer Representative is responsible to implement and administer the confidential site-specific program.

5.3 The CODC is responsible for maintaining the Alcohol & Drug Policy. Any recommended changes to the policy and procedures must be forwarded to the CODC for formal review and approval.

5.4 Each Employee is responsible for reporting to work free from substances that negatively impact work performance.

**6.0 Alcohol and Drug Work Rule**

6.1 An Employee may not:

- (a) use, possess or offer for sale alcohol and drugs while at a company workplace.
- (b) report to work or work
  - (i) with an alcohol level that exceeds forty milligrams of alcohol in one hundred milliliters of blood or the equivalent concentration for breath,
  - (ii) with a positive drug test for the drugs set out below equal to or in excess of the concentrations set out in Appendix H or

**Oral Fluid Drug Concentration Limits:**

| Drug or drug class   | Screen   | Confirmation   |
|--|----------|--|
| Cannabis (THC)   | 4 ng/ml  | 2 ng/ml  |
| Cocaine metabolites<br>- Cocaine metabolite or Benzoyllecgonine  | 20 ng/ml | 8 ng/ml  |
| Opioids<br>- Codeine<br>- Morphine<br>- Hydrocodone<br>- Hydromorphone<br>- Oxycodone<br>- Oxymorphone | 40 ng/ml | 40 ng/ml<br>40 ng/ml<br>40 ng/ml<br>40 ng/ml<br>40 ng/ml<br>40 ng/ml |
| 6-Acetylmorphine   |          | 4 ng/ml  |
| Phencyclidine  | 10 ng/ml | 10 ng/ml   |
| Amphetamines<br>- Amphetamines<br>- Methamphetamines<br>- MDMA <sup>1</sup><br>- MDA <sup>2</sup>      | 50 ng/ml | 50 ng/ml<br>50 ng/ml<br>50 ng/ml<br>50 ng/ml                         |

Source: COAA and Energy Safety Canada, 2018, US HHS 2005 Recommended levels

**Urine Drug Concentration Limits:**

| Drug or drug class   | Screen   | Confirmation   |
|--|--|--|
| Cannabis metabolites (THCA)  | 50 ng/ml   | 15 ng/ml   |
| Cocaine metabolites<br>- Cocaine metabolite or Benzoyllecgonine  | 150 ng/ml  | 100 ng/ml  |
| Opioids<br>- Codeine<br>- Morphine<br>- Hydrocodone<br>- Hydromorphone<br>- Oxycodone<br>- Oxymorphone | 2,000 ng/ml<br>2,000 ng/ml<br>300ng/ml<br>300ng/ml<br>100ng/ml<br>100ng/ml | 2,000 ng/ml<br>2,000 ng/ml<br>100 ng/ml<br>100 ng/ml<br>100 ng/ml<br>100 ng/ml |
| 6-Acetylmorphine   | 10 ng/ml   | 10 ng/ml   |
| Phencyclidine  | 25 ng/ml   | 25 ng/ml   |
| Amphetamines<br>- Amphetamines<br>- Methamphetamines<br>- MDMA <sup>3</sup><br>- MDA <sup>4</sup>      | 500 ng/ml<br>500 ng/ml<br>500 ng/ml<br>500 ng/ml                           | 250 ng/ml<br>250 ng/ml<br>250 ng/ml<br>250 ng/ml                               |

Source: US Substance Abuse and Mental Health Services Administration, Federal Registers, Vol 82. No. 13, January 23, 2017

(iii) while unfit to work on account of the use of a prescription, medically authorized or non-prescription drug,

<sup>1</sup> Methylenedioxyamphetamine

<sup>2</sup> Methylenedioxyamphetamine

<sup>3</sup> Methylenedioxyamphetamine

<sup>4</sup> Methylenedioxyamphetamine

- (c) refuse to
    - (i) comply with a request made by a representative of the company to submit to an alcohol and drug test or
    - (ii) provide a sample for an alcohol and drug test or
    - (iii) follow instructions of the Third Party Administrator.
  - (d) tamper with a sample for an alcohol and drug test.
- 6.2 An Employee complies with 6.1 (a) and 6.1 (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 Employees 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.
- 6.3 The supervisor or manager who has received a notification under 6.2 may not disclose any information provided under 6.2 to any person other than a person who needs to know to discharge the obligation under this alcohol and drug policy.

## **7.0 Alcohol & Drug Procedures, Part 1**

### **7.1 Education**

- 7.1.1 CODC is committed to ensuring that Employers and their Employees are informed about the existence of this Alcohol & Drug Policy and to ensuring that Employers are taking such other steps as are reasonable to inform their Employees of the risks associated with the use of alcohol and drugs and the assistance available to them under the Employer's Employee Family Assistance Program.
- 7.1.2 The likelihood that an Employer or Employee will comply with the Alcohol & Drug Policy is increased if he or she knows the risks associated with the use of alcohol and drugs and the assistance available.
- 7.1.3 CODC will provide drug and alcohol awareness information for all Employees.
- 7.1.4 The Alcohol & Drug Policy will be reviewed with all new Employees during the Employer's new hire orientation program.
- 7.1.5 Supervisors, managers and designated Employees will receive training on dealing with Employees whose performance is affected by drugs or alcohol. Only those who have completed this or COAA Canadian Model training will be eligible to refer an Employee for testing.
- 7.1.6 The Alcohol & Drug Policy will be included in the subcontractor screening and evaluation process.



## 7.2 Pre-Access Testing

- 7.2.1 When an owner directly or by contract requires pre-access testing, an Employer may require alcohol and drug testing under 9.7 of any Employee as a condition of access to the owner's property. To be accepted, test results must be provided from a laboratory certified by the United States Department of Health and Human Services under the National Laboratory Certification Program, be verified and reported by a certified MRO.
- 7.2.2 Pre-access testing may be waived by Project Owners for Employer personnel who have received a negative test result within the preceding 90 days.
- 7.2.3 Re-validation of compliance with the work rule must be demonstrated annually for Employees who are engaged in "continuous contract work" (i.e. no periods of absence from performing work at the site greater than 180 calendar days). The re-validation test can be conducted at any time between three weeks before and three weeks after the Employee's anniversary date on site. Should the Employee be absent from work for an extended period of time during the re-validation period, the window for conducting the test will be extended by an equivalent amount of time.
- 7.2.4 The following are excluded from pre-access testing: authorized visitors, sales representatives, consultants, union officials (non-working), delivery drivers, government personnel, and individuals authorized for emergency work.
- 7.2.5 **Testing Methodology.** The oral fluid test is the primary test used for pre-access drug tests. Where concerns around timeliness of testing results are raised by the Owner, urine Point of Collection tests used under Appendix L will also be made available for pre-access tests.

If the owner requires the use of urine testing exclusively, the owner will provide written notice to the CODC of such direction and this will be shared with both the CODC employers and the unions.

## 7.3 Performance Indicators

- 7.3.1 The following are samples of symptoms that could indicate Alcohol & Drug abuse:
- Work performance - change or declining productivity, poor quality work
  - Absenteeism - increased frequency of missing time, tardiness
  - Reliability - neglect
  - Attitudes and habits - sensitivity, intolerance, argumentative, uncooperative
  - Changes in physical appearance
  - Safety - carelessness, non-compliance to standards
  - Behavior - change in demeanor, threatening, withdrawal
- 7.3.2 Any illegal substances or suspected illegal substances found on Employer property will be turned over to the police and criminal prosecution may result. Some of the drugs that are illegal include heroin, cocaine, crack, hallucinogens and stimulants/depressants not prescribed for medical use by a physician.



- 7.3.3 The tolerance level for alcohol is 0.04 mg/dL. The tolerance level for legal and illegal drugs is found in 6.1(b).
- 7.3.4 Prescribed, medically authorized and/or over the counter drugs can negatively affect performance. Employees are required to notify their immediate supervisor that they are taking such drugs for medical reasons and medical evaluation may be required. When such drugs affect performance the supervisor will take appropriate action to protect the safety and health of the Employee. Confidentiality will be maintained at all times.
- 7.3.5 If an owner requires the removal of an Employee from the owner's site or project because of the failure to comply with this policy, the Employer will comply with such owner requirements.
- 7.3.6 The Employer will comply with any additional alcohol and drug testing requirements established at an owner's site.

**8.0 Alcohol & Drug Procedures, Part 2**

**8.1 Self Help**

- 8.1.1 This policy requires any Employee who believes they require the help provided by substance abuse professionals (SAPs) and Employee Family Assistance Programs (EFAPs) to voluntarily request that help as soon as possible. Any Employee requesting help will not be disciplined unless they:
  - (a) have failed to comply with the alcohol and drug work rule
  - (b) have been requested to confirm compliance with the alcohol and drug work rule under 6.1(a)
  - (c) have been requested to submit to an alcohol and drug test under 7.2.1 and 9.1.1 or
  - (d) have been involved in an incident referred to in 9.2.The above will not apply to medication taken in accordance with 6.2.
- 8.1.2 An Employee who believes that he or she may be unable to comply with the alcohol and drug work rule should seek help by taking such steps as necessary to ensure that they present no safety risk to themselves or to others. These steps include, but are not limited to, the following:
  - (a) contacting the Employee Family Assistance Program in Appendix I,
  - (b) informing a family member or friend and asking for assistance in contacting the Employee Family Assistance Program, or
  - (c) informing a co-worker, a supervisor, a representative of the Employer, or a representative of the union to which the Employee may belong of his or her wish to contact the Employee Family Assistance Program.
- 8.1.3 In responding to an Employee's request for help, a foreman, supervisor, job steward, or manager must:
  - (a) inform the Employee of the assistance available under the Employee Family Assistance Program,



- (b) encourage the Employee to utilize the Employee Family Assistance Program which may assist the Employee, and
- (c) inform the Employee that if he or she fails to utilize the Employee Family Assistance Program, the Employer may insist that the Employee submit to any or all of the following:
  - (i) a medical assessment conducted by a physician, or
  - (ii) alcohol and drug testing as set out in Appendix H
  - (iii) an assessment conducted by a substance abuse professional,And that his or her failure to do so may result in the termination of his or her employment.
- (d) make all reasonable efforts to accommodate any Employee with a substance use disorder. Each case will be reviewed on a case-by-case basis.

8.1.4 Any Employee who receives assistance from the Employer's assistance services program on account of his or her use of alcohol or 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.

8.1.5 Any Employee who is at work and enrolled in the Employee Family Assistance Program must comply with the alcohol and drug work rule.

8.1.6 Any Employee who returns to work following the completion of treatment for a Substance Use Disorder may be required to enter into a written agreement, which outlines the conditions governing the return to work and the consequences for failing to comply with those conditions.

8.1.7 As a condition of employment, the Employee must fully participate in any rehabilitation effort.

8.2 The Employer will ensure, if applicable, union officials, including project job stewards and Employees are fully informed of the Alcohol and Drug Policy. Supervisors will provide guidance to Employees regarding the importance of awareness and prevention in avoiding alcohol & drug situations.

8.3 Seeking help voluntarily does not eliminate the need for the Employee to maintain satisfactory job performance. In the event performance problems begin or persist or an accident/incident has occurred and alcohol or drugs is suspected, the Employer may request that testing take place to confirm or eliminate alcohol and drugs as a contributing cause of the performance problem. These tests will be conducted under the utmost stringent controls to ensure accuracy and confidentiality. Return to Work testing may be required to focus rehabilitation efforts to facilitate the Employee's return to acceptable effectiveness.

The Employer and the Union will assist in referring Employees for rehabilitation so that the problem can be resolved to the mutual benefit of both the Employee and the Employer.

## 9.0 Alcohol & Drug Procedures, Part 3

Drug Tests conducted under sections 9.1 (Reasonable Grounds), 9.2 (Incident, Near Misses & Dangerous Incidents), 7.2.3 (Annual compliance tests) and follow-up tests will use the Oral Fluid test protocol. See Appendix L for additional guidance.



**9.1 Reasonable Grounds - Initial Identification and Supervisory Action**

**(Appendix D - Actions Required Flow Chart)**

9.1.1 A supervisor or manager of an Employee who has reasonable grounds to believe, based on observation of the Employee's conduct or other indicators, that an Employee is or may be unable to work in a safe manner because of the use of alcohol or drugs must request, after consultation with the next level of management, the Employee to submit to an alcohol and drug test and must explain to the Employee why the request is being made.

The supervisor must ask the Employee if they require his/her job steward be present at this meeting. Stewards attending the meeting will be provided the opportunity to review and sign the Reasonable Grounds Checklist (Appendix D2).

9.1.2 An interview should only be set up where it is determined that the suspected alcohol or drug problem is affecting the Employee's ability to perform his/her job. In all other circumstances, the supervisor should continue to closely monitor the situation and/or offer assistance to the Employee.

9.1.3 In acute situations, where the supervisor fears harm to the individual Employee and/or any other Employee, the supervisor should take immediate precautions to deal with the situation.

9.1.4 The interview should be conducted, in most circumstances, by the Employee's immediate supervisor. In certain circumstances it may be desirable to have a more senior supervisor conduct the interview. The interview is part of the normal corrective action procedures and, therefore, standard corrective procedures should be followed.

9.1.5 The interviewer should outline the Employee's work performance problem (i.e. deteriorating work performance and behavior that has been documented). The purpose of this initial interview should be to deal with the performance problem directly and advise the Employee that the Employer will provide appropriate assistance to help the Employee resolve this problem. The Employee's immediate supervisor should stress that this is a rehabilitative step in the process.

9.1.6 The Employee should be provided with the details of an appropriate available program and advised to take remedial action. The Employee should be further assured of confidentiality in applying for such assistance. However, an Employee should be warned that in the event that he/she refuses to participate in a voluntary remedial assistance program and his/her work performance continues to be unsatisfactory, the Employer may require the Employee to:

- undergo a mandatory assessment by a company physician or an independent medical practitioner;
- undergo the appropriate mandatory alcohol and drug testing conducted by an independent laboratory; or
- be disciplined up to and including dismissal.

9.1.7 A written memo or letter to the Employee from the interviewing supervisor should document the initial interview. A copy of the memo will be placed on the Employee's confidential personnel file.



**9.2 Incidents, Near Misses and Dangerous Incidents**

- 9.2.1 A supervisor or manager of an Employee must request an Employee to submit to an alcohol and drug test under 9.1 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, a near miss or other potentially dangerous incident.
- 9.2.2 A supervisor or manager of an Employee must provide to the Employee the reason for the request under 9.2.1.
- 9.2.3 A supervisor or manager must make a request under 9.2.1 immediately following the incident, a near miss or other potentially dangerous incident unless it is not practicable or reasonable to do so until a later time.

If an alcohol test required by this section is not administered within two hours following the incident, the employer shall prepare and maintain on file a record stating the reason the alcohol test was not promptly administered. If an alcohol test is not administered within eight hours following the incident, the employer shall cease attempts to administer the test and maintain the record.

An employer shall ensure that an employee who is required to be drug tested following an incident, is tested as soon as practicable but within 8 hours of the incident.

- 9.2.4 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 are reasonable grounds to believe that the use of alcohol or drugs may not have materially contributed to the incident, near miss, or other dangerous incident. Such a decision must be documented in detail, including the decision making process used to reach the decision not to test (Appendix D).

**9.3 Referring an Employee for an Alcohol & Drug Test Supervisor's Actions:**

- 9.3.1 The supervisor shall, after consultation with the next level of management and in the presence of a credible witness, call the Employee aside. The supervisor shall advise the Employee of his/her suspicion, that the Employee is not in compliance with the Alcohol & Drug Policy.

The supervisor shall state the reasons for this suspicion, i.e. smell of alcohol, slurred speech, unusual behavior, etc. (refer to Appendix D).

The supervisor shall advise the Employee of the consequences of his/her behavior. The supervisor shall listen and consider the response of the Employee - no attempt at reasoning, rationalization or negotiating shall be offered by the supervisor or accepted from the Employee.

The supervisor shall inform the Employee that an appropriate time for further discussion will be made after the alcohol & drug test has been completed.

- 9.3.2 The supervisor shall contact the Senior Site Management Representative to make an appointment with an accredited alcohol and drug testing facility (see Appendix E).



After an appointment has been made, the supervisor shall provide transportation for the Employee to the testing facility.

Upon registration for the test, the Employee shall complete the Appendix F- Employee Consent form, in order to proceed with the test.

On completion of the test, the supervisor may have the Employee return to the work site and await the results of the test, or the Employee can be returned to their local place of residence pending further instructions from the supervisor. If the results of the test are negative the supervisor will assign the Employee to return to work.

- 9.3.3 If the results of the test are positive, the supervisor will refer the Employee to the Employee Family Assistance Program. The Employee will be precluded from attending the work site until they provide proof of enrollment in the appropriate Rehabilitation Program, as deemed by the substance abuse professional.

If there are obvious signs of impairment and the Employee refuses to participate in an alcohol and drug test, the supervisor, after consultation with the Senior Management Representative must ensure the impaired Employee is transported safely off site and to their local place of residence. If an impaired Employee refuses to accept safe transportation or insists on driving their own vehicle, the local police must be notified immediately. Every effort must be made to ensure an impaired Employee does not operate a vehicle.

### **Employee Actions:**

- 9.3.4 Upon being advised that a supervisor has reason to believe that an Employee is not in compliance with the Alcohol & Drug policy, the Employee shall be provided ample opportunity to explain any behavior or other indications of drug or alcohol use. The meeting should be held in private with the supervisor.

All Employees are advised that management retains the right to accept or reject the explanation of the Employee based on the probability of the evidence available at the time.

When registering for the test, the Employee shall complete the Appendix F- Employee Consent form, in order to proceed with the test.

Upon being instructed to attend an accredited alcohol and drug testing facility, the Employee shall indicate to the supervisor his/her intentions regarding participation in the test.

**Note: Refusal to submit to the alcohol and drug test will be viewed as a contravention of the CODC Alcohol & Drug Policy and will result in immediate termination of employment.**

- 9.3.5 Once agreement regarding the test has been reached, a company Employee will transport the Employee to the testing facility.

Verbal or physical abuse of the driver or medical staff while en-route or returning from, or while at the testing facility, will be deemed as insubordination and will result in disciplinary action up to and including dismissal.

Upon completion of the test, the Employee will be transported back to the work site, pending supervisory approval, to await the results of the

test. The Employee is not to perform any work tasks until directed to do so by his supervisor.

#### **9.4 Cost Apportionment for Alcohol and Drug Testing**

9.4.1 An Employee who is requested to submit to a test and who subsequently is found not to be in compliance of the Policy shall not be eligible for regular wages, benefits, subsistence or travel expenses. An Employee who is tested and found not to be in compliance with this Policy and may be deemed to be suffering a disability shall be accommodated as provided in 8.1.2 of the Alcohol & Drug Policy. On the advice of the substance abuse professional the Employee may be reassigned to alternative duties, where available, provided he or she agrees to comply with pre-assigned terms and conditions. Failure to comply with the treatment plan will result in termination of employment.

9.4.2 The Employer will pay the cost of alcohol and drug tests required to be taken by the Employees and subcontractor Employees when tests are required by the Employer. The Employee shall be paid two hours at the Employee's regular straight time rate of pay for attending the pre-access test conducted by the Employer's selected TPA at a Collection Site which is closest to the Employee's Saskatchewan residence. The Employee shall be paid actual time for incident, post incident and reasonable grounds testing except as noted below.

Where an individual has failed a test and is required to retest for the purpose of returning to work, the costs of the retest and subsequent compliance tests will be at the Employee's expense.

In the event of an inconclusive test on the initial (screening) test, wages benefits and all standard remuneration for that project will be paid to the Employee while awaiting the test results of a confirmatory test providing the follow up test is negative. If the confirmatory test is positive, the Employee shall have any wages paid while waiting the results of the confirmatory test deducted from his/her wages owing.

#### **9.5 Use of Prescription and Non-Prescription Medication**

Any Employee using prescription medication must do so as directed by his/her physician and should be aware of any side effects that could impact performance.

If the Employee is uncertain about the side effects of a prescription or non-prescription drug s/he should consult with the physician, nurse or pharmacist. If there are potentially unsafe side effects the Employee must notify his/her supervisor when reporting for work.

Medical Cannabis is recognized as having safety side effects by Health Canada and therefore needs to be disclosed to the worker's supervisor and/or designated management representative.

#### **9.6 Authority to Search and Seize**

Where there are reasonable and probable grounds that an Employee has breached these standards, the Employer may at any time, conduct searches and inspections of Employees or subcontract Employees (refer to Appendix D) and seize anything that may show a breach of these standards.

## **9.7 Alcohol & Drug Testing**

- 9.7.1 The Employer shall appoint a Third Party Administrator (“TPA”) to conduct accurate and confidential Alcohol & Drug testing. The Employer shall use the services of a staff physician from this TPA to serve as its accredited Medical Review Officer (“MRO”) on a per case basis. The Employer shall advise the appropriate Union(s) of the TPA and MRO they have contracted prior to testing. A sample list of the major TPAs operating in Saskatchewan can be found in Appendix E.
- 9.7.2 Substance testing is conducted to determine the presence of marijuana, cocaine, opiate, phencyclidine, amphetamines and ethanol in the specimen provided by the Employee.
- 9.7.3 A summary of the features of the third party administered, Canadian Alcohol Testing Program is set out in Appendix H of this Alcohol & Drug Policy. An Employer or Employee who wishes to review the third party administered Canadian Alcohol Testing Program may request an opportunity to review these documents.
- 9.7.4 By continuing his or her employment with the employing Employer, the Employer or Employee accepts the terms of the CODC Alcohol & Drug Policy and authorizes the laboratory to provide the test results to the Employee, the Designated Employer Representative, and the Designated Union Representative.

## **9.8 Alcohol and Drug Testing Results**

### **9.8.1 Negative Test Procedures**

A report from the TPA/MRO to the designated Employer representative and the designated union representative that the Employee’s sample produced a negative test result means that the Employee complied with the Alcohol & Drug Policy. The TPA/MRO will notify the Employer of the negative test result and that no other steps under this Alcohol & Drug Policy will be taken. 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.

### **9.8.2 Positive Test Procedures**

A confidential written report from the medical review officer to the Designated Employer Representative and the Designated Union Representative that the Employee’s sample produced a positive test result means that the Employee failed to comply with the Alcohol & Drug Policy. The employee providing the sample is directly contacted by the MRO regarding any non-negative test results prior to reporting the result.

The written report from the MRO may state the result as a “refusal to test” or “substituted”. Both of these test results are considered and managed as positive tests.

### **9.8.3 Canceled Tests**

The MRO may report to the DER and DUR that a test is canceled and may provide further required actions, if any, depending on the circumstances that led to the cancellation of the test.



- 9.8.4 In order to preserve the confidentiality of test results, any person to whom disclosure is permitted under this Alcohol & 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 & Drug Policy.

### **9.9 Assistance of a Union Representative**

- 9.9.1 A representative of a Union of which the Employee is a member and with whom the Employer has a bargaining relationship may assist an Employee with any matter arising under this Alcohol & Drug Policy if the Employee wishes to have the assistance of a representative.
- 9.9.2 A representative of a Union 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 & 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.

## **10.0 Consequences for Failure to Comply with the Alcohol & Drug Policy**

### **10.1 Company Response 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 consequences depends on the facts of the case, including the nature of the violation, the existence of prior violations, the response to prior corrective programs, and the seriousness of the violation.

### **10.2 Non-Compliance with 6.1(b) of the Alcohol and Drug Rule**

- 10.2.1 Prior to the company making a final decision with the regard to disciplining or terminating the employment of an Employee who fails to comply with 6.1(b) of the alcohol and drug work rule, the company shall direct the Employee to and the Employee shall meet with a substance abuse professional. The substance abuse professional shall make an initial assessment of the Employee and make appropriate recommendations. The assessment of the substance abuse professional shall be applied utilizing the processes and approaches set out in Appendix B of the COAA Canadian Model. The Employee shall, through the substance abuse professional, provide the company and the union with a confidential report of his or her initial assessment and recommendations. The company then shall make the final decision under 10.1. 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 an Employee to attend to 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 professional the Employee shall be deemed to be suspended from his or her employment without pay.

- 10.2.2 In addition to disciplining or terminating for cause the employment of an Employee who fails to comply with 6.1(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) 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, and
- (b) A statement signed by the person and by a union bargaining agent acknowledging that the person agrees to any conditions imposed as part of the 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 a statement.

A copy of the letter and any other relative documents should be marked "Confidential" and must be placed in the Employees medical file. The Employee must comply with any recommended follow up program as outlined by his/her treatment agency or by the Employer. During the follow-up interval, of up to two years, the supervisor should continue to closely monitor the Employee's job performance and should there be any compliance failures, the supervisor should contact the Senior Site Management representative to discuss the appropriate action.

### **10.3 Non-Compliance with 6.1(a), (c) or (d) of the Alcohol and Drug Rule**

If a company decides to discipline or terminate for cause the employment of an Employee who fails to comply with 6.1 (a), (c) or (d) of the alcohol and drug work rule, the company shall refer such Employee to a substance abuse professional and shall notify the bargaining agent of such referral.

### **10.4 Lapses**

10.4.1 Immediate disciplinary action, up to and including dismissal, should be taken against an Employee who has a relapse. Employees should be treated on an individual basis. There may be certain circumstances where the company may allow an Employee who has reverted back to alcohol and/or drug use, to undergo a further assessment and, if necessary, enter into another rehabilitation program. A repeat mandatory treatment program must receive the approval of the Company's General Manager or his delegate.

### **11.0 Joint Labour/Management Participation**

The parties recognize the need to ensure the fair and consistent implementation and application of this Policy.

CODC shall oversee the implementation and ongoing operation of the program and will also be responsible for the development of a review process to address issues arising from the application of the Policy.

## **EMPLOYER'S GUIDE: ALCOHOL AND DRUG AWARENESS FOR EMPLOYERS**

### **Introduction**

As an employer, you are encouraged to implement the policy and guidelines for your employees and your entire operations.

### **Endorsement**

Successful implementation of this policy throughout your company will only happen if it has the support, endorsement and active participation of the highest level of management. That commitment must be communicated to everyone in your company and reinforced with the message that it is **corporate policy**.

Successful implementation also requires committing sufficient funds for effectively rolling out the policy and assigning the necessary people to make it happen.

### **Communications plan**

An effective policy requires communicating with every person at every level that a policy is in place. Every member of the management team must be committed to its implementation. To reinforce the importance, it is recommended that a policy statement, signed by the chief executive officer, is prominently displayed throughout the company and at various operations points.

The chances of successful implementation and acceptance requires:

- a written policy that is readily accessible to each individual
- communicating to and cooperating with the organized labour provider (if applicable)
- communicating expectations and enforcement guidelines to each employee.

### **Commitment**

Once the policy is endorsed, it will still require ongoing commitment and attention. Regular meetings with personnel assigned to implement the policy shows your ongoing interest and the importance you place on the implementation of the policy and its success. Your interest, as the employer, creates accountability that is transparent and effective.

It is important to note that commitment on the corporation's part includes the need to apply the policy universally to all employees, at every level.

### **Education**

To achieve true progress with the CODC A & D Policy, attitudes among all workers relating to alcohol and drug use affecting workplace performance must shift such that no one accepts any workplace safety risks associated with alcohol and drug use. The proven tool for changing attitude is education. Employers will find that an investment in effective education will have a significant payback for reducing safety incidents. The following topics should be covered through various educational vehicles.

#### **For all workers, include the following subjects:**

- safety concerns and safety focus of the policy
- key elements of the policy, particularly the work rule standards, the alcohol and drug testing procedures and the circumstances where the policy requires alcohol and drug testing
- effects on workers that result from alcohol and drug use
- behaviours that a person demonstrates when under the influence of alcohol and/or drugs
- role of employee assistance services programs and how to access these services
- second chance principles of the policy that focus on rehabilitation and re-employment.

#### **For company supervisors, include the following subjects:**

- intervention techniques and styles with people who are suspected of being at work under the influence of alcohol and/or drugs
- proper investigation and inquiry procedures when interviewing employees and investigating incidents pursuant to the policy requirements

- effective decision-making procedures in applying the alcohol and drug testing requirements of the policy
  - return to work and relapse issues
  - proper management of policy information obtained pursuant to policy application
  - managing and structuring conditional return to work agreements
  - appropriate communication with crew members about the content of the policy referral procedures to employee assistance services programs and the full capability and potential of these services.
- Identify who your testing provider and medical review officer will be.
  - Set up an account with your testing provider and receive your client code number.
  - Identify who your designated employer representative will be and communicate that to the testing provider. Your designated employer representative is the person who will receive all confidential records and invoices.
  - Identify who will be authorized to make appointments and receive results. This person(s) may or may not be the same person as the designated employer representative.
  - Establish clear and concise guidelines and procedures for booking appointments so you ensure consistency with all people being identified as potential employees.

Excellent and well-established education programs about the policy are available through labour providers, employer associations, and community programs offered by organizations such as Saskatchewan Health and the CODC's PRO Care EAP provider. Utilizing them, along with customized communication and education packages for your company's circumstances, will go a long way toward achieving the policy goal - to ensure workplaces are free from the safety risks associated with alcohol and drug use.

### **Implementing the CODC A & D Policy**

It is recognized that the use of lawful or unlawful drugs and the inappropriate use of alcohol and prescription and non-prescription drugs can have serious adverse effects on a person's health, safety and job performance.

Implementing a solid industry-wide model, including both a policy and guidelines, will help to enhance the level of health and safety at the workplace. In implementing the CODC A & D Policy, it is critical to think through the structure prior to implementation. Here are some points to consider.

- Make arrangements for access to substance abuse professional (SAP) services.
- Identify your employee assistance services program (EAP) service provider, and ensure employees know how to access those EAP services.
- Establish the testing and notification criteria you will use.

## **SUPERVISORS GUIDE: ALCOHOL AND DRUG AWARENESS FOR SUPERVISORS**

### **Introduction**

#### **Background**

As individuals, we hold varying opinions about the use and the personal or societal impact of alcohol and drugs, and we make our lifestyle choices accordingly. Regardless of our opinions, the fact is that an individual's mental and physical abilities are adversely affected by alcohol and drugs. That fact presents an obvious and real concern for companies in the construction industry regarding the safe operation of their enterprise. Companies are committed to providing a safe workplace for all their workers, at all times and in all situations.

As part of the construction industry's commitment to safety, new and revised standard alcohol and drug guidelines have been introduced. The CODC Alcohol & Drug Policy & Procedures has been developed in collaboration with the Saskatchewan Provincial Building & Construction Trades Unions.

#### **Roles and responsibilities of supervisors and leaders**

The successful implementation of the CODC A & D Policy is the shared responsibility of owner companies, contractors, workers and labour providers. As part of this shared responsibility, supervisors and leaders must:

- communicate and give leadership in the implementation of the CODC A & D Policy
- be knowledgeable about and communicate the company's alcohol and drug work rule and procedures to all workers
- be knowledgeable about and be able to recognize the symptoms of the use of alcohol and drugs
- understand the company's performance management policy and how the CODC A & D Policy is integral to that policy
- take action on performance deviations
- take action on reported or suspected alcohol or drug use by workers.

### **Importance of education**

Worker awareness of the actual and potential risks, both on and off the job, related to the consumption or use of alcohol or drugs is very important. Education and communication are the vehicles through which we can bring this awareness to all people engaged on our work sites. In fact, awareness and education are the principal methods that our industry is utilizing to ensure compliance with the CODC A & D Policy by all workers. With everyone complying with the standards defined in this policy, we can achieve our goal of eliminating workplace health and safety concerns associated with noncompliance.

As a supervisor, you have a very key role and responsibility in bringing this education alive in the work site with your work crews. By investing in the education of the people you are responsible for in the workplace, and ensuring they understand the standards contained in the CODC A & D Policy as well as the risks and dangers associated with alcohol and drug use, you will have gone a long way to achieving the necessary policy compliance. In the long run, this makes your job as a supervisor easier and meaningfully contributes to the success of ensuring a safe workplace.

Many opportunities exist that can help to ensure effective education and learning occurs in the workplace. While education can take place formally, such as in a classroom or a structured meeting, it will also very frequently happen through less formal means. For example, excellent opportunities arise when orienting new employees to their work areas. Other examples include tool box meetings and safety meetings. Leading by personal example is also a powerful means of education. Good supervisors are respected and looked at as a model of behaviour, especially by apprentices. Supervisors must demonstrate behaviours that are consistent with the standards defined in the CODC A & D Policy.

As a first principle, it is important to realize that the policy applies to all employees, regardless of whether or not a worker has problems relating to the use of alcohol or drugs. This understanding will avoid exclusively targeting workers who have substance abuse problems. Additionally, in communicating the intent of the policy to workers, it is helpful to emphasize that, in the first instance, the policy is designed to correct - not punish - unacceptable actions and behaviours because of the safety risks associated with alcohol and drug use. Employee assistance services programs will help assess and facilitate any corrections that are necessary to ensure ongoing compliance with the CODC A & D Policy.

This supervisors' guide has been designed to provide supervisors with the skills and knowledge required to facilitate education within their work crews about alcohol and drug issues, as well as to effectively manage alcohol and drug related performance issues. To this end, the guide addresses matters beyond the alcohol and drug guidelines such as:

- understanding terminology associated with alcohol and drug use
- providing awareness of the needs of workers who are returning to work from counseling or a rehabilitation program
- recognizing that support systems are available that are designed to assist supervisors, leaders and other workers in addressing alcohol or drug related issues.

### **Desired outcomes**

After reviewing this supervisors' guide, you should:

- understand the fundamental purpose of the guidelines and know the standards and requirements established by those guidelines
- know the meaning of some common alcohol and drug related terms
- understand the concept of enabling and the importance of avoiding behaviours that allow problems related to alcohol or drug use to continue unaddressed

- have information about alcohol and drug issues related to the CODC A & D Policy to help you in communicating policy issues to your work crews
- know your role and responsibilities in addressing performance problems related to alcohol and drug use
- have a greater ability to recognize the behaviours or conduct that may indicate performance problems related to alcohol and drug use
- know and clearly understand the process and steps to manage and address performance issues in general, as well as performance problems related to alcohol or drugs specifically
- know the support systems designed to assist
- supervisors and team members in addressing performance issues.

### **Alcohol and Drug Guidelines**

#### **Guiding principles**

The guidelines are based on a number of key fundamental principles.

- **Shared responsibility for safety** As a matter of law and as a practical fact, both individuals and companies in the construction industry have a shared responsibility for safety in the workplace. The Saskatchewan Employment Act imposes a legal obligation on all workers to protect the health and safety of themselves and other workers.
- **Behaviour on and off the job** The commitment of workers to safety cannot be measured only by their conduct and performance on the job. By necessity, given the nature of operations in the construction industry, workers must have regard to conduct or behaviour on and off the job that may adversely affect their ability to safely perform their duties at work. This specifically extends to the consumption or use of alcohol and drugs as addressed by the alcohol and drug guidelines and policy.

- **Balancing safety and privacy interests** Society's view with respect to alcohol and drug use in Canada has been rapidly evolving in recent years, especially in regards to how this use potentially affects the safety and well-being of others. Well-recognized examples, such as those relating to the dangers of drinking and driving or the promotion of the use of seat belts, are becoming more prominent and common.  
  
Initiatives to manage and eliminate safety risks in the workplace benefit all stakeholders including workers (and their families) as well as business organizations. At the same time, it is also important that the rights of workers be respected, particularly regarding protection against unnecessary intrusion into their personal privacy, as we work towards achieving zero workplace incidents. When the CODC A & D Policy's work rule, guidelines, and procedures are followed, a balance can be attained between ensuring safety in the workplace and respecting the privacy of all workers.
- **Privacy of information** In 2004, privacy legislation was enacted that provides for protection surrounding the collection, use and disclosure of personal information about individuals. The CODC A & D Policy also stresses the importance of ensuring confidentiality of information and that in all circumstances workers be treated with dignity and respect in the application of the policy. Efforts have been taken to ensure that the CODC A & D Policy complies with Saskatchewan privacy legislation (*The Privacy Act*) as well as federal privacy legislation PIPEDA (*Personal Information Protection and Electronic Documentation Act*)
- **Encourage worker self-referral** Workers who feel they may be experiencing problems associated with alcohol or drug use should voluntarily seek help under an employee assistance services program that has been identified by the company, labour provider, employer organization, or worker association.

## **A closer look at the alcohol and drug guidelines**

### **Work standards**

The guidelines set out, very definitively, the standards that must be met by all workers to ensure their safety and the safety of others.

- No worker shall distribute, possess, consume or use alcohol or drugs on any company workplace, subject to section 6.2 of the work rule.
- No worker shall report to work or be at work under the influence of alcohol or drugs that may or will affect their ability to work safely.
- No worker shall test positive for any alcohol or drugs at concentrations as specified in section 6.1 of the alcohol and drug work rule.
- No worker shall misuse prescription or nonprescription drugs while at work. If a worker is taking a prescription, medically authorized or non-prescription drug for which there is a potential unsafe side effect, he or she has an obligation to report it to the supervisor.

### **Alcohol and drug testing circumstances**

Alcohol and drug testing may be conducted in the following circumstances:

- prior to accessing the owner's property.
- where the employer has reasonable grounds to believe an employee may be unable to work in a safe manner because of the use of alcohol or drugs.
- as part of an investigation into an incident or near miss to determine if alcohol or drugs could have played a role.

### **Consequences for non-negative test results except cancelled tests**

- The employer may discipline, up to termination for cause, an employee who fails to comply with the alcohol and drug work rule.

- Prior to the employer making a decision with regard to discipline or termination, the employee shall meet with a substance abuse professional who shall make an assessment of the employee and make appropriate recommendations.
  - The employee must demonstrate compliance with the recommendations of the substance abuse professional or licensed physician with knowledge of substance abuse disorders as well as sign an agreement specifying return to work conditions imposed as part of a rehabilitation program and other reasonable conditions set by the employer.
- **change in tolerance** – initially increases (more amount of the drug needed to produce the desired effect) and in later stages tolerance decreases (less amount of the drug needed to produce the same effect)
  - **loss of control** – the amount of substance consumed, and the timing or place of consumption
  - **blackouts** (if the drug of choice is alcohol) – no recall of events (alcohol-induced amnesia)
  - **physical complications** – e.g. malnutrition, hypertension, liver damage
  - **psychological symptoms** – defense mechanisms designed to minimize feelings of anxiety and despair. These defense mechanisms are a coping strategy as the person's self-esteem is diminished and his or her sense of powerlessness is increased. Examples include:

### Education

The industry recognizes the importance of making workers aware through education of the actual and potential risks, both on and off the job, related to the consumption or use of alcohol or drugs. As with other safety programs, the industry will use worker education and awareness as the principal method of ensuring compliance with the guidelines and reducing workplace health and safety concerns associated with noncompliance.

### Self-referral to employee assistance services

The industry encourages workers to seek professional assistance if they know or suspect they have a problem with drugs or alcohol, and supports self-referral to existing employee assistance services programs for that purpose.

Any worker who is receiving assistance from an employee assistance services program for an alcohol or drug problem must comply with the terms and conditions of the program and must comply with the standards set by the guidelines.

### Common definitions

To assist you, following are definitions of some terms commonly used in the context of alcohol and drug use.

#### Addiction

Traditionally, this term has been synonymous with physical dependence and full-fledged withdrawal symptoms. Addiction is characterized by:

- denial (the most common defense mechanism) – denying that the person is experiencing negative consequences and that the person has lost control over the use and amount of drug of choice
- projection – blaming others and events that cause the person to use the drug of choice
- rationalization – using excuses to support the use of the drug of choice
- **social or family complications** – the drug of choice may replace people (family, friends, work) as the chief source of comfort, nurture and object of loyalty leading to social isolation, increased secrecy, inconsistent moods and loss of people who were important in the person's life.

### Dependency

- **physical** - the user's body has become so accustomed to the presence of the drug that when it is no longer used, withdrawal symptoms occur. These may be mild, such as sneezing and a runny nose, to very severe, such as potentially fatal convulsions. The severity of withdrawal increases with the level of the drug taken and the duration of its use



- **psychological** - users, though not experiencing withdrawal symptoms upon cessation of use, nonetheless believe that they cannot function without the drug and crave it.

### **Drugs**

Any drug, mind altering substance, chemical or agent the use or possession of which is lawful or unlawful in Canada; requires a personal prescription from a physician, or a medical authorization from a physician; or any nonprescription medication lawfully sold in Canada and any drug paraphernalia.

### **Employee assistance services**

Services that are designed to help employees and their families who are experiencing personal problems such as the use of alcohol and drugs. These are also organizations that have the ability to put a rehabilitation program in place. Examples include Employee Assistance Programs (EAP) and Employee and Family Assistance Programs (EFAP).

### **Rehabilitation program**

A program tailored to the needs of an individual that may include education, counseling and residential care offered to assist a person to comply with the alcohol and drug work rule.

### **Tolerance**

An adaptation of the body to the presence of a drug. When tolerance occurs, the body requires greater amounts of the drug to produce the desired effect.

### **What is enabling?**

While we may genuinely want to help a worker with a performance problem that is related to alcohol or drug use, often by our actions or inaction we allow the problem to continue unaddressed.

There are many reasons that may prevent or deter us from addressing alcohol or drug related performance problems. One of the most common reasons is that we want to protect the worker from the potential consequences of his or her actions, such as loss of employment or damage to the worker's reputation and self-esteem. This is called , "enabling". Enabling is a natural reaction that many of us experience when we see someone who is in trouble or pain.

Ironically, by failing to deal directly with the issue, we may be exposing the worker, other team members, and ourselves to even greater consequences (namely injury or death) when the performance issue becomes or may become a safety issue, which is inevitably the case in a work environment such as ours.

Enabling is an easy trap to fall into, particularly when it involves performance issues in a team. First, there is comfort in numbers, which causes us to wait for someone else in the team to raise or address the issue. Second, as social beings we naturally avoid conflict. Ignoring the situation is a common avoidance method. Another is to defer dealing with it by making adjustments and compromises, hoping that it will somehow resolve itself without conflict or our involvement.

In either case, we end up protecting the worker with the performance problem and exposing ourselves and the team to unnecessary anxiety and risk. Furthermore, we prevent the worker from taking the steps necessary to resolve the problem and from experiencing the associated learning and development to help reduce the risk of reoccurrence.

### **Breaking the cycle of enabling**

When performance issues arise in a team, and in particular the issues relate to a team member's use of alcohol or drugs, it is important for the employer, team supervisor, and other team members to avoid enabling behaviors by:

- recognizing that enabling behaviors do not solve performance issues, they allow them to continue and often result in them worsening
- realizing that the sooner performance issues are addressed (particularly sensitive ones) the easier they are to resolve
- remembering that everyone on the team, including the worker with the performance problem, shares a common objective – to create a healthy and safe team environment
- implementing a policy that leads by example and is consistent for all workers regardless of what title they may have
- ensuring that the company also leads by example
- making sure that all instances requiring an alcohol and drug test are assessed based on their individual circumstances

## **Addressing performance issues**

### **Supervisors' roles and responsibilities**

Every supervisor's prime responsibility on a team is to help manage the performance of the other team members, by ensuring that:

- **job understanding** - each team member has a clear understanding of the expected level of performance required for his or her job
- **job skills** - each team member has the base competencies and skills required to achieve the expected level of performance
- **job performance** - performance that consistently exceeds the expected level of performance is promptly recognized and rewarded, and performance that consistently or sporadically falls below the expected level is promptly addressed and resolved.

In their leadership role, supervisors need to be sensitive to changes in behaviour or performance of a fellow team member that may be related to alcohol or drug use off the workplace, and to be familiar with the support systems within the company designed to assist both the supervisor and that team member in dealing with the issue in a constructive and effective manner. The process to be followed in addressing and resolving alcohol and drug related performance issues is discussed in the next section.

Where a supervisor believes that a worker's performance or behaviour problem is related to alcohol or drug use off the workplace, it is not the supervisor's role or responsibility to make any further assessment or diagnosis or to provide counseling to the worker. In such cases, the supervisor should seek the assistance of his or her human resources representative, manager or both.

It is also inappropriate and counterproductive for a supervisor to judge or evaluate whether a worker's behaviour is morally or socially acceptable. Supervisors must remain objective by focusing on the facts of each case and not let their personal views on alcohol and drugs affect their judgment and actions.

Whenever a supervisor believes that alcohol or drug use by a worker may be impacting work performance, then the basis or focus for the intervention or discussion with the employee should be specific work performance indicators. The following sections look at basic fundamentals of how to manage work performance issues.

### **Managing performance issues**

Addressing alcohol or drug related performance issues is simply another component of performance management. It does not require any new skills other than an understanding of the application of the alcohol and drug guidelines and policy. The following discussion is a good opportunity for supervisors to refresh their memories and skills in the area of performance management. This discussion will also explain how addressing such issues falls within the usual performance management process.

Performance and behaviour issues that are or may be related to alcohol or drug use off the workplace should be identified, documented, addressed and resolved using essentially the same process as any other performance concern.

• **Step One – Identify substandard performance**

Supervisors are responsible for monitoring worker performance and addressing situations where performance consistently or sporadically falls below the expected level of performance.

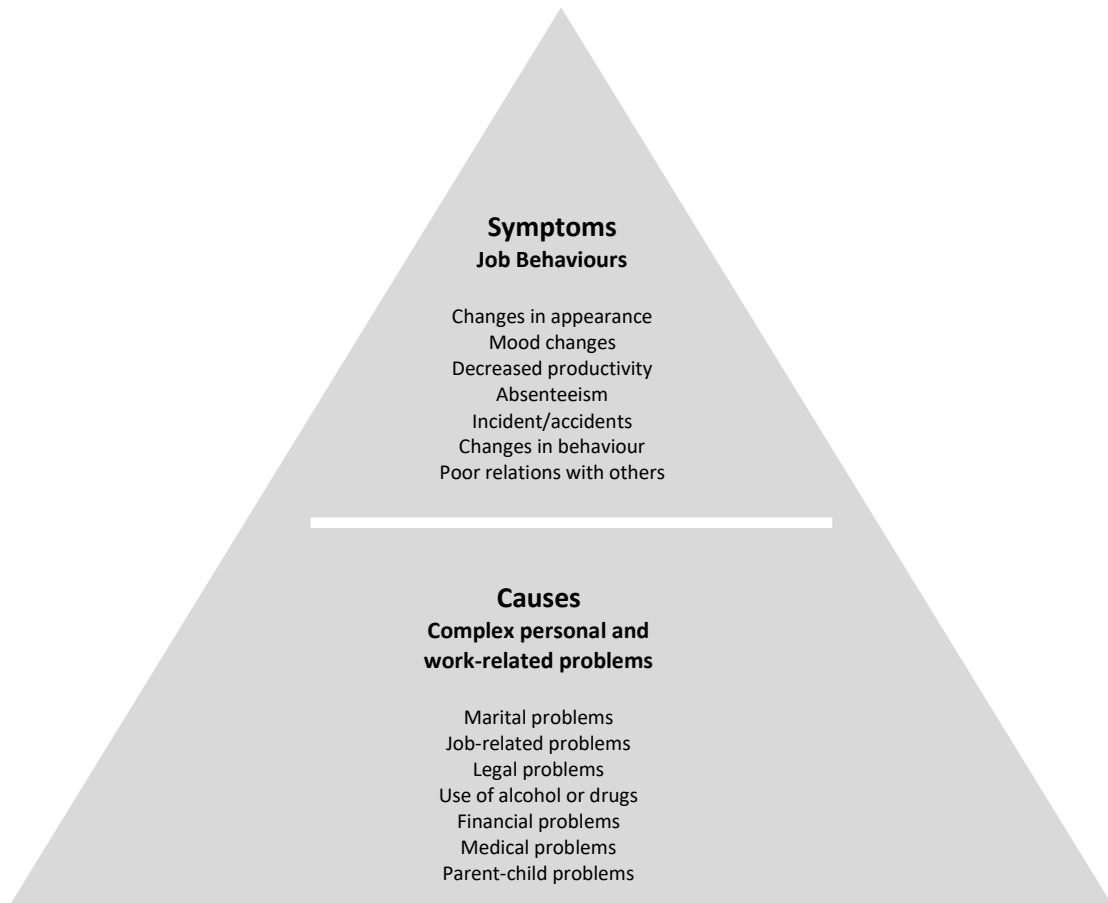
Performance issues can arise in a worker's career for a variety of reasons. Deteriorating work performance can be caused by a work related problem (such as a conflict with a team member or uncertainty about job responsibilities or employment security) or by personal problems (such as marital or financial stress or the use of alcohol or drugs).

Noticeable and prolonged deviation in a worker's standard of performance or usual behaviour can sometimes be the result of use of alcohol or drugs. Behaviours that may be symptomatic of alcohol or drug use can appear singularly or in combination, as shown in the figure below.

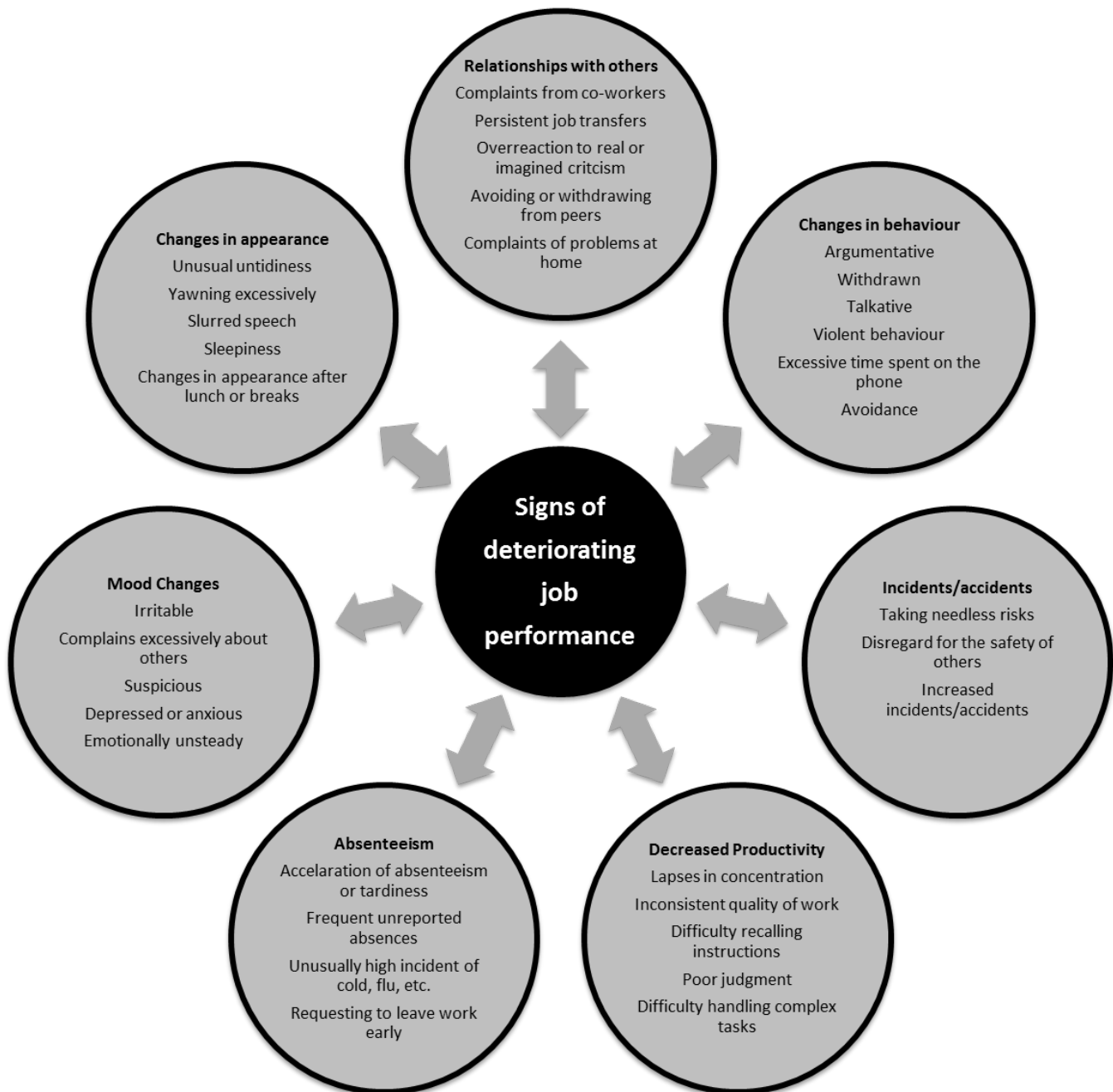
However, it is important for supervisors to understand that a decline in work performance does not necessarily mean a worker has a problem associated with the use of alcohol or drugs. For example, some of the behaviours identified in this supervisors' guide may indicate problems not related to alcohol or drug use, such as diabetes, high blood pressure, etc.

As mentioned previously, it is not the responsibility of the supervisor to determine whether or not a worker's performance problem is a consequence of the use of alcohol or drugs off the workplace. The supervisor's responsibility is limited to monitoring work performance and identifying, documenting and addressing performance problems in accordance with the company's existing discipline policy.

**Iceberg concept of employee performance problems**



Instead of looking for behaviours that may indicate a problem related to alcohol and drug use, supervisors should concentrate on identifying and documenting changes in a worker's job performance without making moral judgments or assuming the role of counselor.



• **Step Two – Document performance and behaviour concerns**

Once a potential performance problem has been identified, the supervisor must continue to monitor the worker's behaviour and document what is observed.

All workers experience bad days or temporary periods where their performance may slip for a variety of reasons associated with the normal challenges of life. What distinguishes performance problems, which may be related to alcohol or drug use or to some other serious cause, from these normal and regular occurrences is the formation of a pattern, either continuous or repeating. Documentation allows a supervisor to properly record and identify trends that may indicate a performance problem requiring special attention. This documentation is critical because a supervisor cannot request an alcohol and drug test for a worker without showing the manager the proper support for that request.

When documenting performance, supervisors should:

1. **Keep a daily journal of the worker's behaviour.** Record not only negative behaviours or substandard job performance but also cases where the worker has met or exceeded expectations. By keeping a daily log, a supervisor can more easily see changes or patterns in a worker's behaviour over an extended period of time.
2. **Keep all information strictly confidential.** Records of performance should be kept out of sight of other workers and should be safely stored and locked when not in use.
3. **Follow the five w's (who, what, where, when and why).** Record specific details of observed behaviour, and ensure that such observations are objective and free of personal bias or judgment. Think of yourself as a newspaper reporter – document only what you see.
4. **Relate all observations to job performance.** Explain in measurable terms how a worker is performing in relation to agreed upon expectations such as job descriptions, goals or objectives.

5. **Keep track of issues and communication.** Maintain a chronological account of performance issues and problems as well as meetings and coaching sessions with the worker and related interactions and improvements.

It is important that the supervisor keep in mind that his or her job is to monitor job performance and record relevant facts. By identifying and addressing substandard performance, the supervisor is taking the first steps in assisting the worker to improve his or her performance.

• **Step Three – Meet with the worker to discuss observations and concerns**

Discussing a performance problem with a worker is often the most difficult and uncomfortable step in the performance management process. A supervisor must overcome that discomfort and meet with the worker once sufficient information has been gathered to adequately discuss the performance issue. This means establishing clear goals and expectations for the interview.

It should be noted that, in keeping with the alcohol and drug policy, a representative of a union with whom the employer has a bargaining relationship, may attend any meeting or discussion. The Supervisor must ask if the worker wishes the representative to attend.

Supervisors must also be prepared for a worker's anger and denial. It is common for a person who is confronted with a problem to deny it either because they do not recognize that their behaviour is inappropriate or because they fear reprisal or disciplinary action. At that point, the supervisor must be very careful not to enter into a debate or argument with the worker.

It usually helps to review the goals of the interview with the worker at the start of the meeting to ensure that the worker understands that the purpose of the interview is to discuss a deterioration in job performance that the supervisor has observed and documented. By focusing on the facts in an objective, professional and concerned manner, the supervisor should be able to diffuse any anger so that the problem can be discussed in a calm and constructive manner.

### Tips for good interviews

1. Have clear goals for the interview.
2. Review documentation and information prior to interview.
3. Conduct the interview in private and without interruption.
4. Direct the course of the interview. Do not allow the worker to direct the discussion away from his or her performance.
5. Discuss positive aspects of the worker's performance, as well as reviewing documented concerns.
6. Explain the consequences of not addressing and resolving substandard performance.
7. Conclude the interview with a positive outlook. Communicate your confidence that the worker can improve his or her performance.

#### • Step Four – Develop an action plan

Developing an action plan to correct a performance problem is an essential step in managing serious or potentially serious issues, particularly those that may be related to alcohol and drug use off the workplace. However, simple action plans can also be used in addressing relatively minor performance issues.

Ideally, the action plan should be developed and signed jointly by the supervisor and the worker. It should also be identified as one of the goals of the interview and completed at the end of the initial meeting whenever possible. Alternatively, it should be done as soon after the initial meeting as is reasonably practicable.

The action plan should address very clearly the following matters:

1. A description of the performance problem to be addressed by the action plan.
2. A description of the level of performance expected of the worker having regard to the worker's training and experience, years of service, level and past performance.
3. The course of action and schedule to bring the worker's performance to the expected level including, where applicable, targets and associated dates.

4. Special requirements or support, such as internal or external training courses or the involvement of an employee assistance services provider.
5. The role of the supervisor and the role of the worker in the successful completion of the action plan.

#### • Step Five – Continue to document performance and conduct follow-up interviews

Once the action plan has been completed, the supervisor must continue to monitor the worker's performance to ensure that the goals and schedule of the action plan are being met. Using the techniques described earlier in this section, the supervisor needs to objectively and thoroughly document relevant behaviour and monitor the progress or status of the worker's performance against the agreed upon expectations.

The supervisor should conduct regular follow-up meetings to review the worker's performance and to discuss progress. It is important that the worker be supported and encouraged during this time. Follow-up meetings provide an opportunity to reinforce positive behaviours as well as offering assistance in areas where progress is lacking.

The frequency of follow-up meetings can be expressly addressed in the action plan.

#### • Step Six – Assessing the outcome and need for further action

- **When the plan objectives are met** If the worker's performance improves to the expected level in accordance with the action plan, then the supervisor's responsibilities revert to normal monitoring and coaching with performance feedback occurring during regular performance review sessions.
- **When the plan objectives are not met** If the worker fails or later refuses to meet the requirements of the action plan and bring his or her performance to the expected level, or if the worker meets the requirements of the action plan but is unable to sustain the expected level of performance, then the supervisor should proceed with a formal , "corrective action process" if the supervisor has not already adopted that process.

• **When the failure may be related to alcohol or drug use**

If the supervisor suspects that the worker's failure, refusal, or inability to achieve or maintain the expected level of performance may be related to alcohol or drug use off the workplace, then the supervisor should meet with the worker to discuss that concern. The supervisor must ask the worker if they wish a union representative to attend. At that meeting, the supervisor should refer to the documented behaviours that he or she feels may be symptomatic of alcohol or drug use. The supervisor should then suggest that the worker seek assistance of an employee assistance services program by self-referral and allow the worker reasonable time to do so. Self-referral to an employee assistance services program usually involves a worker or family member attending the program without the knowledge or assistance of anyone else. Depending on the circumstances, the supervisor may also offer to help the worker in seeking that assistance

Alternatively, if the supervisor would prefer to have confirmation that the worker is under the care of an employee assistance services program, then the supervisor can initiate an "informal referral" to the program. An informal referral means a referral of a worker to the program by another person such as the worker's leader, health and wellness advisor or human resources representative. An informal referral is made on the express understanding that the program's personnel will only confirm to the leader or other person requesting the referral whether or not the worker has attended the program as requested.

If the worker's performance does not improve, the supervisor can also initiate a formal referral to an employee assistance services program where the program's counselor provides the supervisor with reports on the progress of the worker.

As noted in this supervisors' guide, if a supervisor has a reasonable suspicion at any time that a worker's failure to correct a chronic performance problem is due to the worker using alcohol or drugs at work or being under the influence of alcohol or drugs at work, then the supervisor should so advise the worker and allow the worker an opportunity to provide an explanation. However, if the worker's explanation does not dispel or contradict the supervisor's suspicion, then the worker should be required to submit to an alcohol and drug test.

**Questions and answers (to be completed by supervisors)**

- What communications do you undertake to inform your team about the alcohol and drug guidelines?
- What do you currently do to monitor behaviour and performance within your team?
- What signs or indications in a worker's performance or behaviour would alert you to the possibility that such performance or behaviour may be related to alcohol or drug use?

**Supervisor and team support**

**Returning to work – What can you do to help?**

In the cases where a worker has admitted to being under the care of an employee assistance services program or where a worker was in a rehabilitation program as part of an offer of conditional rehire, there are things we can do as supervisors to make the return to work process successful in the long term.

The manner in which a supervisor manages a worker who has returned to work should not be different than management of other staff.

Good leadership involves establishing clear job performance expectations, open communication, and mutual respect. Supervisors must be aware of the confidential nature of the situation and should not disclose or discuss the nature of the worker's problem or the details of his or her absence with other staff members. The returning worker needs to make his or her own decisions about sharing this personal information with other members of the team.

### **The return to work interview**

When a worker returns to work following rehabilitation for an alcohol or drug problem, an interview between the supervisor or designated team members and the returning worker should take place immediately. This interview should include:

- a discussion of the worker's job description noting any changes stemming from the personal action plan (i.e. limited duties, arrangements for continued counseling)
- a clear description of expectations and specific areas that require improvement
- development of a follow-up process, so that both the supervisor and worker know when regular follow-up sessions are to occur and what will be discussed
- a provision of time if the worker wishes to comment on his or her experience in counseling or the rehabilitation program. This discussion time may involve the worker proposing changes in how he or she intends to handle work-related stress
- an offer of support – this interview provides an opportunity to establish a new, positive working relationship based on a solid understanding of realistic and clear job performance expectations.

It is important to remember that the first several weeks of a worker's return to work are crucial in setting a tone and atmosphere of cooperation and support.

### **Understanding what has changed**

People who have experienced negative effects from their use of alcohol or drugs may develop problems in many areas. For some, social and family relationships have suffered, while others have experienced financial, legal or physical health problems. Such an individual may be in the process of making a number of major lifestyle changes.

These changes will not occur overnight – new health-related skills must be learned. Family, social and work expectations and relationships need to be re-negotiated and re-defined.

### **What is a relapse?**

Seventy-six per cent of relapses occur when individuals are trying to cope with negative emotional states such as loneliness, anger and boredom (many of these problems may have been contributing factors in the individual's initial use). Most people who have experienced problems from their alcohol or drug use may return to drinking or drug use not because they want to, but because they perceive themselves as having no other acceptable choices. Relapse indicates that the individual has not yet developed alternatives for dealing with day-to-day stresses.

Signs of a potential relapse may include:

- emotional outbursts, the person over-reacts to common situations and appears to be stressed
- physical and social isolation
- irritation with friends and co-workers, relationships with other workers become strained
- interruption of daily routines - the individual may change their normal eating and sleeping patterns leading to listlessness and fatigue, development of an , "I don't care" attitude
- open rejection of help
- premature cessation of counseling and/or attendance of self-help groups.

### **Access to help or support**

It is important to recognize that supervisors do not have all the answers and may require help or support from other resources within the company. There are a number of resources and/or support systems that can assist us in addressing alcohol or drug related concerns.

- **Employee family assistance services programs** The aim of employee assistance services is to assist the worker and family members to obtain diagnosis, counsel and treatment for problems that can affect a worker's or family member's ability to cope. The program places emphasis on prevention and early detection of potential problems before they become a threat to the worker and the job.





Workers are encouraged to seek help under the designated employee assistance services program for any alcohol or drug related problem. Workers can contact employee assistance services on their own, or with the assistance of their manager, supervisor or human resources representative.

In addition to providing counseling and referral services to workers and family members who are experiencing problems, employee assistance services can also provide assistance to co-workers and/or supervisors who may be concerned about an individual's behaviour and/or actions but are unsure as to what to do.

Helpful literature on a wide variety of health, behavioral and life style concerns is available through the employee assistance services program. Information will be mailed on a , "personal and private" basis as requested by workers or family members.

## WORKERS GUIDE: ALCOHOL AND DRUG AWARENESS FOR WORKERS

### Background

The construction industry is committed to ensuring a safe work environment for all workers, free from alcohol and drugs. As part of the construction industry's commitment to safety, new and revised standard alcohol and drug guidelines have been introduced. The CODC Alcohol & Drug Policy & Procedures has been developed in collaboration with the Saskatchewan Provincial Building & Construction Trades Unions.

The intent of this awareness package is to help workers understand the alcohol and drug guidelines and work rule and their role in ensuring its success.

### Roles and responsibilities of workers

The successful implementation of the CODC A & D Policy is the shared responsibility of owner companies, contractors, workers and labour providers. As part of this shared responsibility, workers must:

- have an understanding of the alcohol and drug work rule
- take responsibility to ensure their own safety and the safety of others
- ensure they comply with the work standards as part of their obligation to perform work activities in a safe manner
- comply with the work rule and follow appropriate treatment if deemed necessary
- use medications responsibly, be aware of potential side effects and notify their supervisor of any potential unsafe side effects where applicable.
- encourage their peers or co-workers to seek help when there is a potential breach or breach of policy.

### Alcohol and drug guidelines

The alcohol and drug guidelines are based on four fundamental principles:

- **Shared responsibility for safety** Both individuals and companies in the construction industry have a shared responsibility for safety in the workplace. The Saskatchewan Employment Act, imposes a legal obligation on all workers to protect the health and safety of themselves and other workers.
- **Behaviour on and off the job** By necessity, given the nature of operations in the construction industry, workers must have regard to conduct or behaviour on and off the job that may adversely affect their ability to safely perform their duties at work. This specifically extends to the consumption or use of alcohol and drugs as addressed by the CODC A & D Policy.
- **Balancing the needs of safety and individual rights** The interests of ensuring safety in the workplace and respecting the rights of all workers are given equal consideration. For example, the CODC A & D Policy balances human rights protecting individuals with disabilities (including alcohol and drug addiction) by providing for assessment, rehabilitation and return to work processes. The CODC A & D Policy also balances privacy concerns by ensuring any information collected is used solely for the reasonable purpose for which it was collected.
- **Encourage worker self-referral** Workers who feel they may be experiencing problems associated with alcohol or drug use should voluntarily seek help under an employee assistance services program which has been identified or put in place by the company, labour provider, employer organization or worker association.

## **Common definitions and important concepts**

### **Drugs**

Any drug, mind altering substance, chemical or agent the use or possession of which is lawful or unlawful in Canada; or requires a personal prescription from a physician, or a medical authorization from a physician; or nonprescription medication lawfully sold in Canada and any drug paraphernalia.

### **Addiction**

Traditionally, this term has been synonymous with physical dependence and full-fledged withdrawal symptoms. Addiction may be characterized by one or more of the following: change in tolerance, loss of control, blackouts, physical complications, psychological symptoms and social or family complications.

### **Dependency**

There are two components involved with the concept of drug dependency:

- **physical** - The user's body has become so accustomed to the presence of the drug that when it is no longer used, withdrawal symptoms occur
- **psychological** - Users upon cessation of use believe that they cannot function without the drug and crave it.

### **Employee assistance services**

Services that are designed to help employees and their families who are experiencing personal problems such as alcohol and drug abuse. These are also organizations that have the ability to put a rehabilitation program in place. Examples include employee assistance programs (EAP) and employee and family assistance programs (EFAP).

### **Rehabilitation program**

A program tailored to the needs of an individual which may include education, counseling and residential care offered to assist a person to comply with the alcohol and drug work rule.

### **Tolerance**

An adaptation of the body to the presence of a drug. When tolerance occurs, the body requires greater amounts of the drug to produce the same effect.

## **What is enabling?**

While we may genuinely want to help a worker with an alcohol or drug problem, often by our actions or inaction we allow the problem to continue unaddressed. Many motives may prevent or deter us from addressing alcohol or drug related performance problems. One of the most common is protecting the worker from potential consequences of his or her actions, like loss of employment or damage to the worker's reputation and self-esteem. This is called enabling.

Enabling is an easy trap to fall into, particularly when it involves performance issues in a team. First, there is comfort in numbers which causes us to wait for someone else in the team to raise or address the issue. Second, as social beings we naturally avoid conflict. Ignoring the situation is a common avoidance method. Another is to defer dealing with it by making adjustments and compromises, hoping it will somehow resolve itself without conflict or our involvement.

Ironically, by not dealing directly with the issue, we may be exposing the worker, other team members and ourselves to even greater consequences (namely injury or death) when a performance issue becomes a safety issue, which is inevitable in a work environment like ours. Also, we prevent the worker from taking the steps necessary to resolve the problem and from experiencing the associated learning and development to help reduce the risk of reoccurrence.

### **Breaking the cycle of enabling**

When performance issues arise in a team, and in particular when those performance issues relate to a team member's use of alcohol or drugs, it is important for the team members to avoid enabling behaviours by:

- recognizing that enabling behaviours do not solve performance issues, instead enabling behaviours allow performance issues to continue and often result in them worsening
- realizing that the sooner performance issues are addressed (particularly sensitive ones) the easier they are to resolve
- remembering that everyone on the team, including the worker with the performance problem, shares a common objective – creating a healthy and safe team environment

### **Returning to work**

People who have experienced negative effects from their use of alcohol or drugs may develop problems in many areas. For some, social and family relationships have suffered, while others have experienced financial, legal or physical health problems. Such individuals may be in the process of making a number of major lifestyle changes to overcome these effects. These changes will not occur overnight and family, social and work expectations and relationships need to be renegotiated and re-defined. The first several weeks of a worker's return to work are crucial in setting a tone and atmosphere of cooperation and support.

### **What is a relapse?**

Most people who have experienced problems from their alcohol or drug use may return to drinking or drug use, not because they want to but because they perceive themselves as having no other acceptable choices. Relapse indicates that the individual has not yet developed alternatives to the harmful behaviour for dealing with day-to-day stresses. Seventy-six per cent of relapses occur when individuals are trying to cope with negative emotional states such as loneliness, anger and boredom, many of which may have been contributing factors in the individual's initial use of alcohol or drugs.

Signs of a potential relapse may include emotional outbursts, physical and social isolation, irritation with friends and co-workers, interruption of daily routines, open rejection of help, and premature quitting of counseling or attendance at self-help groups.

### **Access to help or support**

It is important to recognize that team members do not have all the answers and may require help or support from other resources.

Regardless of whether you are a worker experiencing a problem or a concerned co-worker or supervisor, there are a number of resources and/or support systems that can assist you in addressing alcohol or drug related concerns.

- **Employee assistance services** Workers are encouraged to seek help for any alcohol or drug related problem from an employee assistance services program that has been identified by the company. Workers can contact employee assistance services on their own, or with the assistance of their manager, supervisor, leader, human resources representative, or the occupational health centre if one is established. In addition to providing counseling and referral services to workers and family members who are experiencing problems, employee assistance services can also provide assistance to co-workers who may be concerned about a worker's behaviour but are unsure about what to do.

Helpful literature on a wide variety of health, behavioral and life style concerns is available through employee assistance services programs. Information will be mailed on a , "personal and private" basis as requested by workers or family members.



## APPENDIX A

### Supervisor's Acknowledgment Form

I, \_\_\_\_\_ hereby acknowledge receipt of the  
(Employee's Name)

CODC Alcohol & Drug Policy and Procedures.

I acknowledge that I have read and understand the policy and procedures and agree to enforce the standards herein contained as part of my job responsibilities and accountability as a supervisor.

I understand that a high standard of confidentiality is required when dealing with issues related to chemical dependency and forthwith agree to maintain the confidentiality of all persons involved with the administration of this policy and procedure.

I agree to comply with the Alcohol and Drug Policy and Procedures and understand that non-compliance can result in disciplinary action up to and including termination and suspension from re-hire for an indefinite period.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Senior Manager Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name



## APPENDIX B

### Pre-Access Alcohol & Drug Testing Procedure

- 1) The Employer site personnel will send the Manpower Order Form to the applicable Local Union. Manpower Order Form must specify **“Pre-Access A & D test required for this site”**.
- 2) The Local Unions will proceed with their call out procedure.
- 3) The Local Union will dispatch Employees to meet the Manpower Order.
- 4) The Local Union will provide each Employee with a copy of

---

(Company Name)

“Instruction to Employees for Pre-Access A&D Testing” (see Appendix C) and “Alcohol and Drug Collection Sites” (see Appendix E).

- 5) In most cases, the tests will be arranged by either the Employer or the dispatching Union. In some cases, the Employee may need to book their own test.
  - a) To arrange an appointment, the Employee should refer to the included list of Alcohol and Drug Testing Sites for the most convenient location. If the Employee is unable to arrange an appointment at one of the locations listed, the Employee must phone for an alternate location.

Out-of-province Employees must call \_\_\_\_\_ for the nearest location.  
 (Phone #)

- b) The Employee will call the selected Collection Site and advise them of the following:

**“I need to make arrangements for a pre-access alcohol and drug test for**

---

(Company Name)

**What is the soonest available appointment?”**

These arrangements must be made as soon as possible to ensure the results are available for the Employees’ possible employment.

- 6) **The Employee must bring a photo ID (driver’s license, passport) as well as the dispatch slip to the testing site.** Employees will not be permitted to test without these two items.



- 7) The Employee **must** sign the Appendix F - Employee Consent Form in order to proceed with the test.
- 8) The Employee must arrive at the testing facility prepared to provide a specimen sample (saliva or urine). Failure to do so may result in waiting for a period of up to 3 hours and drinking liquids until such time as a sample is provided.
- 9) The Employee's visit to the collection site will include a collection for either a saliva or urine drug screen test and either a Breath Alcohol Test or an additional urine sample collection for a Timed Urine Test.
- 10) Once the collection test is completed the Employee will receive a copy of the collection form for the saliva or urine drug screen test, as well as a copy of either the Breath Alcohol results. The Employee must retain these forms in order to get test results from the testing laboratory and for future reference.
- 11) **Employees' results must be NEGATIVE to report to the project.**
- 12) Employees with an inconclusive (non-negative) result will be contacted by the Medical Review Officer (MRO) following a laboratory confirmation test. The Employee will not be permitted to sign on at the site until the MRO has confirmed the test is negative.
- 13) Test results will be available within \_\_\_ hours. To find out if test results are negative, the Employee must phone \_\_\_\_\_.  
(Telephone Number)
- 14) When calling for the test results indicate "I am calling to get my Pre-Access test results for \_\_\_\_\_."  
(Company Name)

**The Employee MUST have the Saliva Collection Form(s) or Urine Collection Form(s) available to refer to when phoning for results. In addition, the Employee must keep the form(s) secure to prevent unauthorized access to their test results. The Employee will not receive the results without the reference numbers contained on these forms.**

- 15) If an Employee reports to site with a positive test or testing procedure not completed, the Employee will be turned away at his or her own expense.
- 16) The alcohol and drug test results will also be relayed to a Designated Employer Representative and the Designated Union Representative, where applicable.
- 17) Any Employee with a positive test will be required to have a Professional Assessment conducted by a Substance Abuse Professional to determine if rehabilitation or counseling is required prior to employment with the Employer.



## APPENDIX C

### Instructions to Employees For Pre-Access Testing

You are required to undergo a pre-access alcohol and drug test in accordance with the CODC Alcohol & Drug Policy. Please follow these steps in order to facilitate your employment with \_\_\_\_\_.  
(Company Name)

- 1) Upon receiving your dispatch slip, in most cases, the tests will be arranged by either the Employer or the dispatching Union. In some cases, the Employee may need to book their own test.
  - a) To arrange an appointment, refer to the included list of Designated Collection Sites for a convenient location to arrange an appointment. If you are unable to arrange an appointment at one of the locations listed, phone \_\_\_\_\_, for alternate locations.  
(Telephone Number)

If you live out-of-province please call \_\_\_\_\_, for the nearest location.  
(Telephone Number)

- b) Call the selected Collection Site and advise them of the following:  
*"I need to make arrangements for a pre-access alcohol and drug test for \_\_\_\_\_ . What is your soonest possible appointment?"*  
(Company Name)

These arrangements must be made as soon as possible to ensure the results are available for your employment.

- 2) You **must** bring photo ID as well as your dispatch slip with you to the collection facility. (Without these two items, the collection/test will not be performed).
- 3) You **must** sign the Appendix F - Employee Consent Form in order to proceed with the test.
- 4) You must arrive at the testing facility prepared to provide a specimen sample (saliva or urine). Failure to do so may result in waiting up to 3 hours and drinking liquids until such time as sample provided.
- 5) Your visit to the collection site will include a collection for a saliva or urine drug screen test and either a Breath Alcohol Test or an additional urine sample collection for a Timed Urine Alcohol.
- 6) Once the collection/testing is complete you will receive a copy of the collection form for the saliva or urine drug screen test, as well as a copy of either the Breath Alcohol results or a copy of the Timed Urine Alcohol collection form. You must retain these forms for future reference.
- 7) **Your test results must be NEGATIVE to report for the job.**
- 8) To find out if test results are negative, phone \_\_\_\_\_ . Indicate "*I am*  
(Telephone Number)  
*to get my Pre-Access test result for \_\_\_\_\_ ."*  
(Company Name)

**You MUST have your saliva or urine collection form(s) available to refer to when phoning for your results. Keep your form(s) secure to prevent unauthorized access to your test results.**

- 9) If you report to site with a positive test or the testing procedure not completed, you will be turned away at your own expense.
- 10) Your alcohol and drug test results will also be relayed to a Designated Employer Representative and the Designated Union Representative, where applicable.





## APPENDIX D

### Incident, Post-Incident Reasonable Grounds for Alcohol & Drug Testing

**Step 1 - Did an Incident Occur?**

The supervisor or manager of an Employee must make a determination that there are reasonable grounds to believe that an incident, near miss or other potentially dangerous incident occurred. **Notify job steward to participate.**

- Incident Please describe: Injury/ Vehicle damage, equipment damage
- Near Miss \_\_\_\_\_
- Other Potentially \_\_\_\_\_
- Dangerous \_\_\_\_\_
- Occurrence \_\_\_\_\_

Supervisor \_\_\_\_\_  
 Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date & Time \_\_\_\_\_

Reviewed by next level of management \_\_\_\_\_  
 Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date & Time \_\_\_\_\_

**Step 2 - Determining Reasonable Grounds**

Determine if there are reasonable grounds to believe the use of alcohol or drugs did not cause the incident, near miss or other potentially dangerous occurrence. Criteria to determine that the use of A & D did not cause the incident, near miss or other potentially dangerous occurrence.

- Acts of God i.e. wind, weather
- Clear mechanical breakdown
- Victim of another person's actions
- Innocent bystander
- Victim of an operational upset
- Other, please describe \_\_\_\_\_

**A & D Testing is not required**

Reasonable Grounds (use checklist on next page to determine reasonable grounds)

- Physical evidence \_\_\_\_\_
- Physical symptoms \_\_\_\_\_
- Behavioral symptoms \_\_\_\_\_
- Other \_\_\_\_\_

**Reasonable Cause for A & D Testing**

Supervisor \_\_\_\_\_  
 Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date & Time \_\_\_\_\_

Reviewed by next level of management \_\_\_\_\_  
 Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date & Time \_\_\_\_\_

Job Steward \_\_\_\_\_  
 Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date & Time \_\_\_\_\_



## APPENDIX D2 Reasonable Grounds Checklist

There are many signs and symptoms that go along with substance use and abuse. The following list describes some of the symptoms that may be related to alcohol and drug use. A checklist must be completed by the supervisor for each reasonable grounds situation.

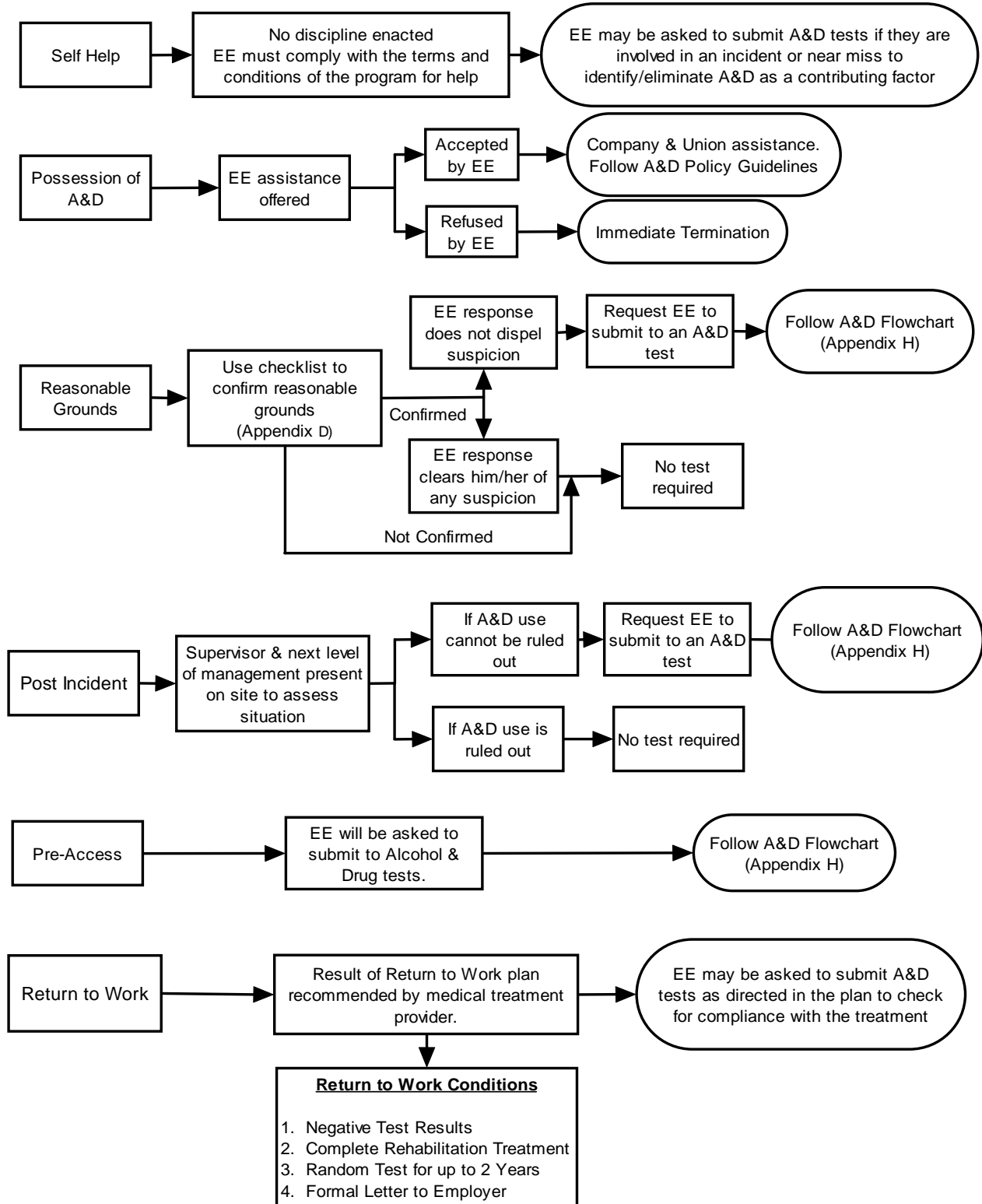
Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name: \_\_\_\_\_ Project No: \_\_\_\_\_

| Physical Evidence  | Date | Comments |
|--|------|----------|
| Odor of marijuana (like burnt rope) in room or on clothing         |      |          |
| Incense or room deodorizers  |      |          |
| Eye drops, mouthwash   |      |          |
| Marijuana cigarettes (rolled and twisted at each end)              |      |          |
| Powders, seeds, leaves, plants, mushrooms                          |      |          |
| Capsules or tablets  |      |          |
| Pipes, pipe filters, screens, strainers                            |      |          |
| Roach clips (metal clips to hold the butt of the marijuana joint)  |      |          |
| Bongs, water pipes (usually glass or plastic)                      |      |          |
| Small spoons, straws, razor blades, mirrors (for use with cocaine) |      |          |
| Stash cans (soft drink, beer and other cans that unscrew)          |      |          |
| Unfamiliar small containers or locked boxes                        |      |          |
| Drug-related; books, magazines, comics                             |      |          |
| Presence of alcohol, drugs or drug paraphernalia                   |      |          |
| Physical Symptoms  | Date | Comments |
| Acting intoxicated / Alcohol smell                                 |      |          |
| Bloodshot or red eyes, droopy eyelids                              |      |          |
| Imprecise eye movements  |      |          |
| Abnormally pale complexion   |      |          |



# Actions Required Flow Chart



## APPENDIX E

### Accredited Testing Providers

Major TPAs operating in Saskatchewan:

CannAmm Occupational Testing Services  
DriverCheck Inc.  
Haztech  
ITS Occupational Health Services  
Medicentres  
SureHire Occupational Testing

Some criteria for selecting your TPA:

- 1) How many locations do they have in Saskatchewan & where are they located? What types of tests are available at each location? You will need to provide this to your Employees and their Unions.
- 2) What hours are services available?
- 3) Can tests be booked by a central toll free number or on-line?
- 4) Is the TPA able to provide MRO services?
- 5) What is the turnaround time on Express and Confirmation tests? Long waits may result in higher direct labour costs.
- 6) Is the TPA using an accredited Lab and do they have backup Labs under contract?
- 7) What is the fee structure for tests and other services?
- 8) How useful is the TPA's website?
- 9) What other services are available?
- 10) Is the testing protocol compliant with the CODC Alcohol & Drug Policy?
- 11) What references can the TPA provide?
- 12) Is there a service agreement detailing the rights & responsibilities of the service provider?



## APPENDIX E (Cont'd)

### CANNAMM OCCUPATIONAL TESTING SERVICES CONTACT INFORMATION

Wayne St. John                      1-800-440-0023                      [www.cannamm.com](http://www.cannamm.com)

#### **Saskatchewan Locations:**

|              |                  |
|--------------|------------------|
| Battleford   | North Battleford |
| Churchbridge | Paradise Hill    |
| Corman Park  | Prince Albert    |
| Esterhazy    | Regina           |
| Estevan      | Rocanville       |
| Kindersley   | Saskatoon        |
| Lanigan      | Swift Current    |
| LLoydminster | Vanscoy          |
| Meadow Lake  | Yorkton          |
| Moose Jaw    |                  |

**Note:**     All appointments are available through the toll free 1-800- 440-0023 number.

**On-site testing available.**

**Mobile Collectors available.**

**We are also available in +900 different sites Canada-wide.**

#### **Additional Services:**

- Program Administrator Website
  - Clearance letter generator
  - Report manager
  - On line appointment scheduling
- Text messaging for results notification



## APPENDIX E (Cont'd)

### DRIVERCHECK INC CONTACT INFORMATION

Central Booking

1-800-463-4310

[www.drivercheck.ca](http://www.drivercheck.ca)

#### **Saskatchewan Locations:**

Alida  
Carlyle  
Carnduff  
Emerald Park/Regina  
Esterhazy  
Estevan  
Kincaide  
Kindersley  
Kipling  
Lampman  
Lashburn  
Lloydminster  
Luseland  
Meadow Lake  
Melville

Moose Jaw  
Nipawin  
North Battleford  
Oxbow  
Prince Albert  
Regina  
Rocanville  
Saskatoon  
Swift Current  
Unity  
Vanguard  
Wadena  
Weyburn  
Whitewood  
Yorkton

**24/7, 365 availability for emergency testing (ie. post incident, reasonable cause)**

**On-site mobile testing.**

**Network of over 1,000 testing sites in Canada.**

**Network of over 8,800 testing sites in the US.**

#### **Additional Services:**

- Supervisor Training (live, webinar and online)
- EAP/SAP Programs
- Case Management
- Medical Cannabis Review Program
- Occupational Health Services
- Injury Management



## APPENDIX E (Cont'd)

### HAZTECH CONTACT INFORMATION

Central Booking      1-866-919-9114 ext 1      [www.haztech.com](http://www.haztech.com)

Online Booking      [bookings@haztech.com](mailto:bookings@haztech.com)

Adam Kletchko, Health Services Manager  
Direct: 306-352-9114 ext 117  
Email: [akletchko@haztech.com](mailto:akletchko@haztech.com)

Central Office:  
Haztech Health Centre  
#1 – 1010 Pasqua Street North  
Regina, SK S4X 4V3

Office Hours: Mon-Fri 08:00 – 17:00

#### **Saskatchewan Locations:**

Regina  
Saskatoon

**On-site/Mobile Collectors available throughout Saskatchewan**

**24/7 After hours & emergency testing available**





## APPENDIX E (Cont'd)

### ITS OCCUPATIONAL HEALTH SERVICES CONTACT INFORMATION

Central Booking                      1-877-858-0306                      [www.innovativetrainingsolutions.ca](http://www.innovativetrainingsolutions.ca)

Online Booking                      [bookings.its@sasktel.net](mailto:bookings.its@sasktel.net)

#### **Saskatchewan Locations:**

|                  |             |               |
|------------------|-------------|---------------|
| Assiniboia       | Kindersley  | Prince Albert |
| Beauval          | La Loche    | Saskatoon (3) |
| Black Lake       | La Ronge    | Regina        |
| Carnduff         | Meadow Lake | Wollaston     |
| Cumberland House | Moosomin    | Yorkton       |
| Estevan          | Moose Jaw   |               |
| Fondulac         | Patuanak    |               |
| Ile ala Crosse   | Pinehouse   |               |

DATIA Accredited (Drug and Alcohol Testing Industry Association)

24 Hour Testing Service Available

On-site and Mobile Testing Units Available

#### **Additional Services:**

- Aftercare Services and Testing
- Reasonable Cause/ Supervisor Training
- Substance Abuse Professional Services (SAP)
- Online Results Management
- Clearance Letter/ Report Management Software



## APPENDIX E (Cont'd)

### MEDICENTRES CONTACT INFORMATION

Central Booking                      1-877-374-9079                      [www.medicentres.com](http://www.medicentres.com)

#### **Saskatchewan Locations:**

|              |                  |               |
|--------------|------------------|---------------|
| Coronach     | Meadow Lake      | Saskatoon     |
| Edam         | Moose Jaw        | Swift Current |
| Esterhazy    | Neilburg         | Unity         |
| Estevan      | North Battleford | Weyburn       |
| Hazenmore    | Onion Lake       | Whitewood     |
| Humboldt     | Oxbow            | Yorkton       |
| Kindersley   | Prince Albert    |               |
| Lloydminster | Regina           |               |
| Luseland     | Rocanville       |               |

#### **Note:**

Collections can be arranged through centralized call center via email at [ccbookings@medicentres.com](mailto:ccbookings@medicentres.com) or phone at 1-877-374-9079.

**We are also available in 150+ different cities Canada-wide.**

#### **Additional Services:**

- After Hours and On-Site Testing
- Web Portal Results System
- Online Supervisor training/Reasonable Cause and Employee Awareness Training



## APPENDIX E (Cont'd)

### SUREHIRE OCCUPATIONAL TESTING CONTACT INFORMATION

Central Booking      1-866-944-4473      [www.surehire.ca](http://www.surehire.ca)

#### **Saskatchewan Locations:**

Coronach  
Emerald Park  
Esteran  
Hazenmore  
Kindersley  
Lampman  
Macklin  
Moose Jaw  
Moosomin  
North Battleford  
Oxbow  
Preeceville (Mobile Only)  
Prince Albert  
Regina  
Saskatoon  
Swift Current  
Yorkton

**Note:**      All collections are done through the 1-800 number.

**On-site testing/mobile collectors available.**

**24/7 After hours & emergency testing available.**



## APPENDIX F

### Alcohol & Drug Testing Employee Consent Form

I \_\_\_\_\_, authorize \_\_\_\_\_ Medical  
(Employee's Name) (TPA)

Laboratories to obtain a breath sample to determine any of its alcohol content and an oral fluid and/or urine sample to determine any of its drug content.

I understand that the results will be used in evaluating my physical condition and I authorize the release of these findings to a certified Medical Review Officer who will release the results to a Designated Employer Representative and a Designated Union Representative of the Saskatchewan Local listed below.

I understand and agree to comply with the conditions set out in the policy and procedures up to and including cooperating with the collection process.

Employee Name (print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Work Site: \_\_\_\_\_

Saskatchewan Union: \_\_\_\_\_



# APPENDIX G Referral Form for Alcohol & Drug Testing

To be completed by Employer:

## Employee Letter of Introduction Saliva or Urine Drug Screen and/or Alcohol Testing

Please instruct Employee to bring picture I.D. and this letter when reporting to the collection site for testing. **A pre-arranged appointment for this testing is necessary.**

**COLLECTION SITE INFORMATION:**

Name of Site: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Appointment Date: \_\_\_\_\_

**DONOR INFORMATION:**

Employee Name: \_\_\_\_\_  
Employee SIN #: \_\_\_\_\_ Employee ID #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Union Local: \_\_\_\_\_

**REASON AND TYPE OF TESTING**

| <u>PRE-ACCESS TESTING</u>        |                          |                              |                          |
|----------------------------------|--------------------------|------------------------------|--------------------------|
| Alcohol (breath)                 | <input type="checkbox"/> | Oral Fluid Drug Screen (Lab) | <input type="checkbox"/> |
| Urine Drug Screen (Express Test) | <input type="checkbox"/> | Other: _____                 | <input type="checkbox"/> |
| Urine Drug Screen (Lab)          | <input type="checkbox"/> |                              |                          |

| <u>POST INCIDENT, REASONABLE GROUNDS, FOLLOW-UP, ANNUAL COMPLIANCE AND RETURN TO DUTY TESTS</u> |                          |                                  |                          |
|---|--------------------------|----------------------------------|--------------------------|
| <b>Reason for Test</b>  |                          | <b>Type of Test</b>              |                          |
| Post Incident   | <input type="checkbox"/> | Alcohol (breath)                 | <input type="checkbox"/> |
| Reasonable Cause  | <input type="checkbox"/> | Oral Fluid Drug Screen (Lab)     | <input type="checkbox"/> |
| Return to Duty  | <input type="checkbox"/> | Urine Drug Screen (Express Test) | <input type="checkbox"/> |
| Follow-up   | <input type="checkbox"/> | Other: _____                     | <input type="checkbox"/> |
| Annual Compliance   | <input type="checkbox"/> |                                  |                          |

AUTHORIZING SIGNATURE: \_\_\_\_\_

Company Name: \_\_\_\_\_

Worksite: \_\_\_\_\_

Contact Persons: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

MRO Name: \_\_\_\_\_ Phone: \_\_\_\_\_



## APPENDIX H

### Alcohol and Drug Testing Procedures

The Employee will be requested to review and sign the Alcohol and Drug Test Consent Form (Appendix F).

The specimen will be collected using Chain of Custody Protocol. This assures the Employee and the Employer the specimen is secure and cannot be mixed up or tampered with. A rigid procedure for testing the specimen is employed at the laboratory that ensures the accuracy and legal admissibility of the results.

#### **PART 1 – DRUG TESTING (ORAL FLUID)**

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 escorted (for reasonable grounds and post-incident tests) to the collection site for the purpose of providing an oral fluid specimen.
3. The collector must establish the identity of the donor. Photo 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 labeled for shipment to laboratory.
9. The collection site person places a tamper-evident bottle seal on the specimen identifying it as specimen A. If a second oral fluid specimen is to be collected, steps 6 through 8 should be repeated and the second specimen should be labeled specimen B.
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.
12. The collector notes any unusual donor behaviour on the custody and control form.
13. The collection site personnel arrange to ship the specimen bottle(s) to the laboratory as quickly as possible.



14. The laboratory must be the holder of a certificate issued by the Alcohol & Drug and Mental Health Services Administration of the United States Department of Health and Human Services under the National Laboratory Certification Program.
15. The laboratory must use chain of custody procedures to maintain control and accountability of specimens at all times.
16. 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.
17. Laboratory personnel conduct validity testing to determine the suitability of the specimens.
18. Laboratory personnel conduct an initial screening test on the specimen for the drugs set out in 6.1 using established immunoassay procedures. No further testing is conducted if the initial screening test produces a negative test result.
19. Laboratory personnel conduct a confirmatory test on specimens identified as positive by the initial screening test. The confirmatory test uses approved mass spectrometry techniques.
20. A certifying scientist reviews the test results before certifying the results as an accurate report.
21. The laboratory reports the test results on the primary specimen to the company's medical review officer (MRO) in confidence.
22. The MRO, if satisfied that there is no legitimate medical explanation for a positive test result, will inform the company's designated representative in a confidential written report that an employee tested positive. Prior to making a final decision on whether a test result is positive, the MRO must give the employee an opportunity to discuss the results. The MRO shall report to the employer whether the test result is negative, tampered, invalid or positive, or, if positive, whether or not there is a legitimate medical explanation.
23. 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 employee is responsible for reimbursing the company for the cost of the second test.
24. The laboratory reports the results of the retest to the company's MRO in confidence. The MRO will declare the test results negative if the test results for the split specimen are negative and the failure to reconfirm is not due to the presence of an interfering substance or adulterant.



25. Oral Fluid Drug Concentration Limits:

| Drug or drug class   | Screen   | Confirmation   |
|--|----------|--|
| Cannabis metabolites (THCA)  | 4 ng/ml  | 2 ng/ml  |
| Cocaine metabolites<br>- Cocaine metabolite or Benzoyllecgonine  | 20 ng/ml | 8 ng/ml  |
| Opioids<br>- Codeine<br>- Morphine<br>- Hydrocodone<br>- Hydromorphone<br>- Oxycodone<br>- Oxymorphone | 40 ng/ml | 40 ng/ml<br>40 ng/ml<br>40 ng/ml<br>40 ng/ml<br>40 ng/ml<br>40 ng/ml |
| 6-Acetylmorphine   | 4 ng/ml  | 4 ng/ml  |
| Phencyclidine  | 10 ng/ml | 10 ng/ml   |
| Amphetamines<br>- Amphetamines<br>- Methamphetamines<br>- MDMA <sup>1</sup><br>- MDA <sup>2</sup>      | 50 ng/ml | 50 ng/ml<br>50 ng/ml<br>50 ng/ml<br>50 ng/ml                         |

**PART 2 - ALCOHOL TESTING**

1. The donor is the person from whom a breath, saliva or urine sample is collected.
2. The donor is directed to attend at a collection site in order to give a breath, saliva or urine sample.
3. The collection site person establishes the identity of the donor. The Employee will be asked to provide photo identification (Driver's License, Passport, or (2) pieces of signature identification). Positive identification by an Employer Representative who holds a supervisory position is acceptable.
4. The collection site person explains the testing procedure to the donor.
5. Any person to whom disclosure is permitted under this policy 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.

<sup>1</sup> Methylenedioxyamphetamine

<sup>2</sup> Methylenedioxyamphetamine





### Breath Testing

1. The collection site person and the donor complete those parts of the breath alcohol testing form that are to be completed before the donor provides a breath sample.
2. The collection site person opens a sealed mouthpiece in the presence of the donor and attaches it to the breath-testing device in the prescribed manner.
3. The collection site person tells the donor how to provide a breath sample and asks the donor to provide a breath sample.
4. The collection site person reads the test result and ensures that the test result is recorded on the breath alcohol testing form after showing the results to the donor.
5. The collection site person asks the donor to complete the part of the breath alcohol testing form that is to be completed after the donor provides a breath sample and does so as well.
6. If the test result shows an alcohol level that is less than forty milligrams of alcohol in one hundred milliliters of blood the collection site person informs the donor that there is no need to conduct any further testing and reports in a confidential manner the test result to the Designated Employer Representative. While the initial communication need not be in writing, the collection site person must provide a written report of the test result in due course.
7. If the test result shows an alcohol level that exceeds forty milligrams of alcohol in one hundred milliliters of blood, the collection site person informs the donor of the need to conduct a confirmation test.

### Saliva Testing

1. The collection site person and the donor complete those parts of the breath alcohol testing form that are to be completed before the donor provides a sample.
2. The collection site person checks the expiration date of the saliva testing device, shows the date to the Employer or Employee and uses a saliva testing device only if the expiration date has not passed.
3. The collection site person opens a sealed package containing the saliva-testing device in the presence of the donor.
4. The collection site person invites the donor to insert the swab into the donor's mouth for the time it takes to secure a proper specimen. If the donor does not wish to do this, the collection site person offers to do so.
5. The collection site person inserts the swab into the saliva-testing device until the saliva-testing device indicates that it is activated.
6. The collection site person reads the result the saliva testing device produces and records the test result on the breath alcohol testing form after showing the results to the donor.



7. The collection site person asks the donor to complete the part of the breath alcohol testing form that is to be completed after the donor provides a breath sample and does so as well.
8. If the test result shows an alcohol level that is less than forty milligrams of alcohol in one hundred milliliters of blood, the collection site person informs the donor that there is no need to conduct further testing.
9. If the test result shows an alcohol level that exceeds forty milligrams of alcohol in one hundred milliliters of blood, the collection site person informs the donor of the need to conduct a confirmation test.
10. After the collection site person has conducted all necessary tests, he or she immediately reports in a confidential manner the test result to the Designated Employer Representative. While the initial communication need not be in writing, the collection site person must provide a written report of the test result in due course.

### Confirmation Test

1. If a breath alcohol testing device was used for the screening test, a 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 the breath alcohol test or timed urine testing method. The other paragraphs under the heading "Confirmation Test" assume that a breath alcohol device was used to conduct the confirmation test.
2. The collection site person advises the donor not to eat, drink, put anything in his or her mouth, or belch before the confirmation test is complete.
3. The confirmation test must start not less than fifteen minutes after the completion of the screening test and not more than thirty minutes after the completion of the screening test.
4. The collection site person and the donor complete those parts of the alcohol testing form that are to be completed before the donor provides a breath sample.
5. After confirming that the breath testing device is properly calibrated, the collection site person 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 collection site person explains to the donor how to provide a breath sample and asks the donor to provide a breath sample.
7. The collection site person reads the test result on the device and shows the donor the result displayed. The collection site person ensures that the test result is recorded on the alcohol testing form. The collection site person verifies the printed result with the donor.
8. The collection site person 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 collection site person immediately reports in a confidential manner the test results to the Employer's Designated Representative. While the initial communication need not be in writing,



the collection site person must subsequently provide a written report of the test result to the Employer's Designated Representative.

### **PART 3 – DRUG TESTING (URINE)**

1. The donor is the person from who a urine specimen is collected.
2. The donor is directed to attend at a collection site in order to give a urine specimen.
3. The collection site person must establish the identity of the donor. The Employee will be asked to provide photo identification (Driver's License, Passport, or (2) pieces of signature identification). Positive identification by an Employer 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 collections 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 the 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.
7. The collection site person may set a reasonable time limit for the providing of 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 cases. The specimen must contain at least forty-five milliliters.
10. The collection site person notes any unusual donor behavior on the specimen chain of custody form.
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 any unusual findings on the specimen chain of custody form.
13. If the temperature of the specimen is outside the acceptable range or there is evidence that the sample has been tampered with, the donor must provide another specimen under direct observation 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 chain of custody form and seal the specimen bottles and the laboratory copy of the chain of custody form in a plastic bag.
18. The collection site personnel arrange to ship the two specimens to the testing laboratory as quickly as possible.
19. The laboratory must be the holder of a certificate issued by 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 for evidence of possible tampering and note evidence of tampering on the specimen chain of custody forms.
22. Laboratory personnel conduct validity testing to determine whether certain adulterants or foreign substance were added to the urine specimen.
23. Laboratory personnel conduct an initial test on the primary specimen for the drugs set out in the table in #32 following. No further testing is conducted on specimens that produce negative test results.
24. Laboratory personnel conduct a confirmatory test on specimens identified as positive by the initial test. The confirmatory test uses gas chromatography/mass spectrometry. No further testing is conducted on specimens that test negative in the confirmatory testing.
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 applicable medical review officer in confidence.
27. The medical review officer, if satisfied that there is no legitimate medical explanation for a positive test result(s), will inform the Designated Employer Representative in a confidential written report that an Employee tested positive. Prior to making a final decision on whether a test result is positive, the medical review officer must give the Employer or Employee an opportunity to discuss the results.
28. An Employer or Employee who has received notice from the medical review officer that he or she has tested positive may ask the medical review officer within seventy-two hours of receiving notice that he or she has tested positive to direct the laboratory to test the split



specimen bottle. The Employee is responsible for reimbursing the Employer for the cost of the second test.

- 29. The laboratory reports the test results on the split specimen to the Employer’s medical review officer in confidence.
- 30. The medical review officer will declare the test results negative if the test results for the second specimen bottle are negative.
- 31. If you have any questions or require additional information, please feel free to contact your Employer or your Local Union or CODC:

CODC Construction Opportunities Development Council Inc.  
 Tel: (306) 347-7299 Fax: (306) 352-8081 Email: [info@codc.ca](mailto:info@codc.ca)

31. Urine Drug Concentration Limits:

| Drug or drug class   | Screen   | Confirmation   |
|--|--|--|
| Cannabis metabolites (THCA)  | 50 ng/ml   | 15 ng/ml   |
| Cocaine metabolites<br>- Cocaine metabolite or<br>Benzoylecgonine                                      | 150 ng/ml  | 100 ng/ml  |
| Opioids<br>- Codeine<br>- Morphine<br>- Hydrocodone<br>- Hydromorphone<br>- Oxycodone<br>- Oxymorphone | 2,000 ng/ml<br>2,000 ng/ml<br>300ng/ml<br>300ng/ml<br>100ng/ml<br>100ng/ml | 2,000 ng/ml<br>2,000 ng/ml<br>100 ng/ml<br>100 ng/ml<br>100 ng/ml<br>100 ng/ml |
| 6-Acetylmorphine   | 10 ng/ml   | 10 ng/ml   |
| Phencyclidine  | 25 ng/ml   | 25 ng/ml   |
| Amphetamines<br>- Amphetamines<br>- Methamphetamines<br>- MDMA <sup>3</sup><br>- MDA <sup>4</sup>      | 500 ng/ml<br>500 ng/ml<br>500 ng/ml<br>500 ng/ml                           | 250 ng/ml<br>250 ng/ml<br>250 ng/ml<br>250 ng/ml                               |

**PART 4 – UNION NOTIFICATION OF NON-COMPLIANCE**

- 1. When a donor tests positive through either an alcohol or drug test, pursuant to the Alcohol and Drug Test Consent Form (Appendix F), the collector will also notify the appropriate Designated Union Representative of the non-compliance.

<sup>3</sup> Methylenedioxyamphetamine

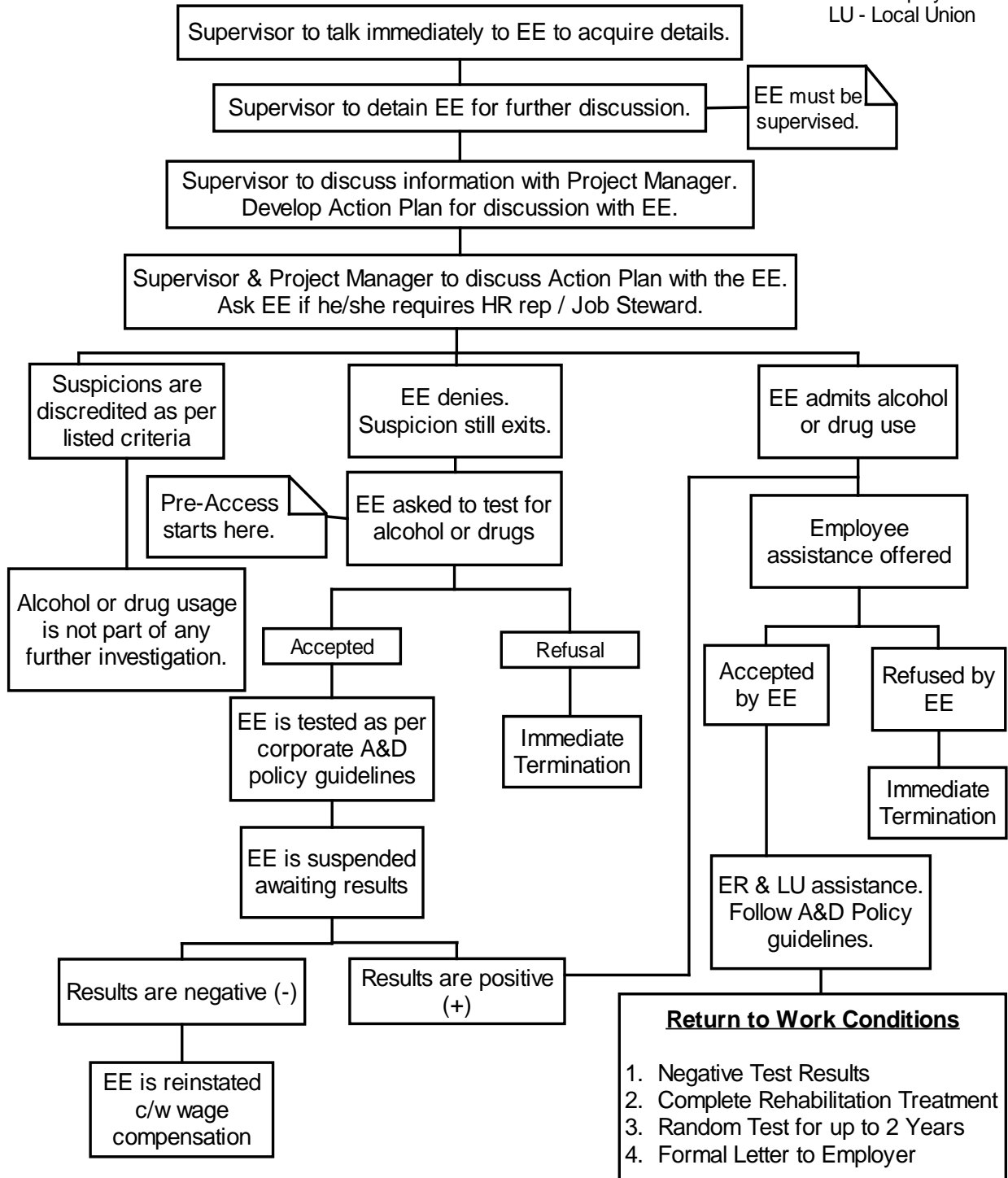
<sup>4</sup> Methylenedioxyamphetamine



# Alcohol & Drug Flow Chart

Flow chart to follow for suspicion of Alcohol or Drug use or in case of an injury, accident or potentially serious near miss where alcohol or drug use cannot be ruled out.

EE - Employee  
ER - Employer  
LU - Local Union





# APPENDIX I

## Referral to an Employee Family Assistance Program

### Personal & Confidential

#### Client Referral to:

PRO Care **1-866-757-6620**

Referring Party \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

- Purpose of Referral
- Information
  - Assessment
  - Treatment

List Factors and details indicating need for referral:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is a report required:  Yes  No

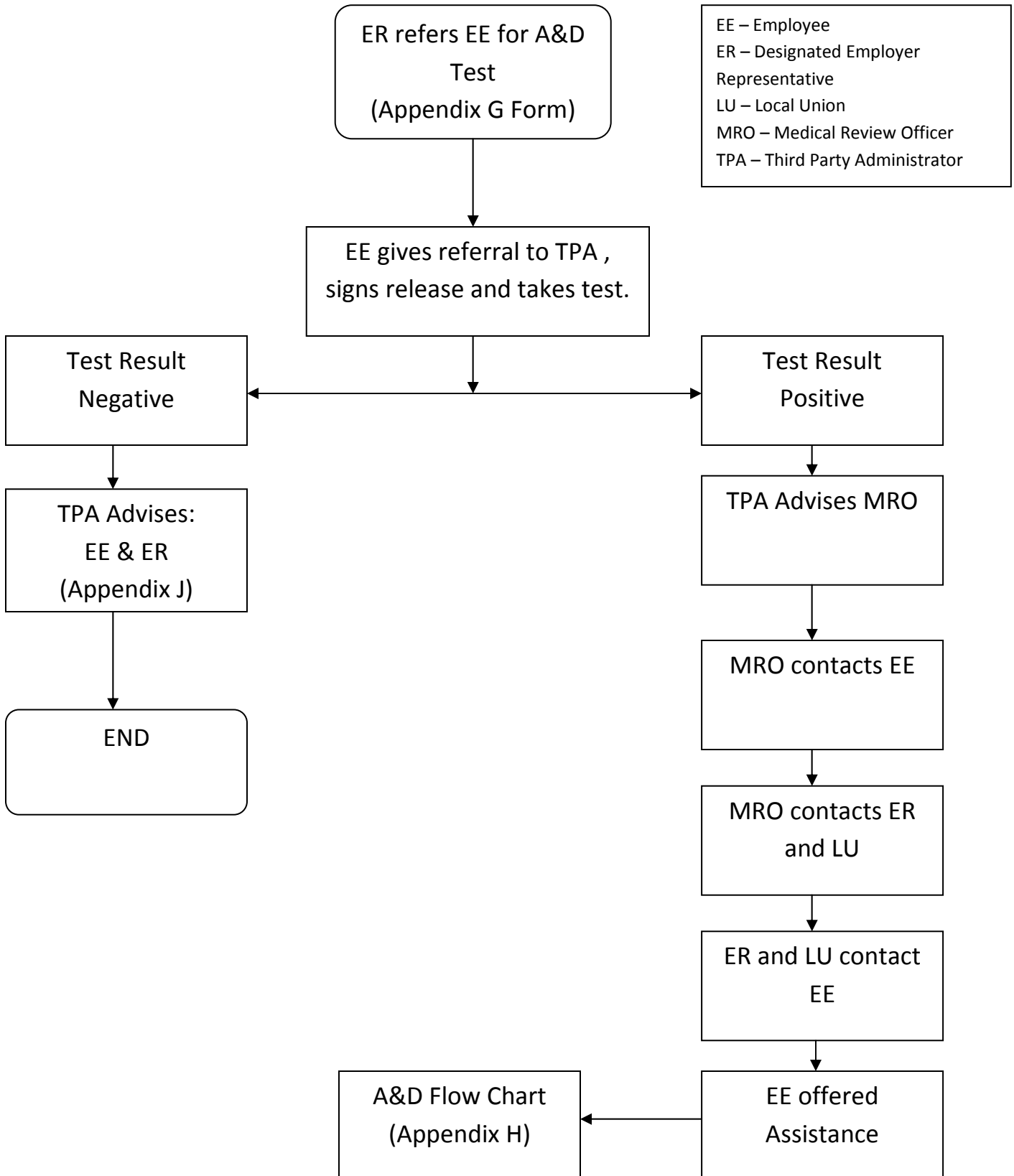
If Yes  Written  Verbal

Signature: \_\_\_\_\_  
(Referring Party)

Date: \_\_\_\_\_



## Alcohol & Drug Procedure Flow Chart





## APPENDIX K

### Frequently Asked Questions (FAQ's)

**Q: Isn't drug testing against my rights?**

A: The Canadian Human Rights Commission and the various Provincial Human Rights Commissions all publish position papers on drug and alcohol testing. In general terms, testing is only allowed in safety sensitive positions where safety is a bona fide occupational requirement. There is also a duty to accommodate individuals who are positive on an alcohol or drug test. There are various court cases that set the guideline for establishing bona fide occupational requirements and duties to accommodate.

In Saskatchewan construction is ranked highest of high risk industries in Table 8 of the Occupational Health & Safety Act.

**Q: I'm concerned about privacy. Who gets my results and who are the results shared with?**

A: We agree that privacy must be respected. Test results are relayed from the Medical Review Officer to a Designated Employer Representative or Alternate Designated Employer Representative and the Designated Union Representative. Test results are to be kept separate from personnel files with results shared with Employer decision makers as required. Test results cannot be released outside of the Employer.

**Q: I have a medical condition that requires the regular use of a prescription drug. The prescribed drug does not interfere with my ability to work in my safety sensitive position however I am concerned that the drug will show up in my test.**

A: All test results are reviewed by a Medical Review Officer (MRO) who will contact the donor of all positive tests. The MRO will investigate the use of the prescription drugs and if the use is medically acceptable, the MRO will report the test results as negative to the Designated Employer Representative. The MRO will not disclose the contents of his/her conversation with the donor.

**Q: Can I challenge a positive test?**

A: A donor may challenge a positive test in the first sample by providing a legitimate reason for the positive test when contacted by the Medical Review Officer (MRO). The donor may also request that the MRO arrange for a retest on the split portion of the original urine specimen and a retest of the original oral fluid specimen, at the donor's expense, at the same laboratory or an alternate certified laboratory. This request must be made within 72 hours of the Employee being notified by the MRO that the first test was found to be positive.

**Q: Does this policy include random testing?**

A: This policy does not include random testing.

**Q: Does this policy contain pre-employment testing?**

A: No, the policy contains pre-access testing when required for a specific site. Pre-access testing provides for the "duty to accommodate" as required. (Refer to 4.0 Definitions)



**Q: How reliable are drug test results?**

A: A confirmed positive result offers virtually 100% assurance that the specific drug is actually present in the specimen.

**Q: Is specimen adulteration effective?**

A: Specimen adulteration is a mixture of myth and reality. Most products such as vitamins, herbal preparations and cleaning agents are not effective. Adulteration products have been developed that interfere with the laboratory's screening and/or confirmation procedures. However, laboratories have procedures in place to detect the use of interfering substances. We consider adulteration a more serious offence than a positive result.

**Q: Do I have to report a non-prescription medication I take - like cold, flu, allergy or headache medication?**

A: Any medication, prescription or non-prescription, which may affect an Employee's ability to perform their job safely, must be reported. Other medications, which do not affect the Employees ability to perform their job safely, need not be reported. Any medications or medical information reported will be treated as confidential.

**Q: What determines whether an incident is significant to warrant testing?**

A: All incidents provide cause for testing. If there are reasonable grounds to believe that the use of alcohol or drugs was not a factor in the occurrence, the requirement for testing may be waived.

**Q: Marijuana is to become legal for recreational use on October 17, 2018, so why are we testing for it?**

A: Marijuana is one of the five drugs that are part of the drug testing standard. Marijuana causes impairment which is a hazard on a worksite. Alcohol is legal for recreational use and we test for it as per the standard.

**Q: Is it possible for people to test positive for cannabinoids if they have only passively inhaled marijuana smoke from nearby smokers?**

A: This is not considered a realistic possibility at the cutoff concentration used by the laboratory.

**Q: What I do at home is my own business. I like to smoke pot at home, I don't do it at work, but I'm concerned that I will fail the drug test.**

A: We agree that what you do at home is your own business. The Employer has the right to expect that when you come to work you are fit for duty and that includes not having drugs or alcohol in your body above the standard. You have to make your own choices about what you do and how it may affect you and your responsibility to your Employer.

**Q: Is "Crack" detected as cocaine?**

A: Yes, "Crack" is a form of cocaine and is detected as cocaine.

**Q: I know that alcohol testing can measure impairment and drug testing can't so why do we drug test?**



A: Alcohol tests confirmed by an Evidential Breath test Alcohol Testing Device can measure levels of impairment. Drug testing cannot measure levels of impairment. In fact drug tests can only tell you limited information i.e. specific drug level has been verified above the established cutoff levels. A positive alcohol or drug test cannot tell us if an individual has a dependency issue, therefore we depend on the evaluation of a Substance Abuse Expert to provide us direction in assisting our Employee.

**Q: What if someone I know at work has an alcohol or drug problem?**

A: Every individual at the workplace has a personal responsibility to ensure the safety of themselves and others. Part of that responsibility would be to encourage and help that individual seek assistance through the Employee assistance services or a supervisor. If that individual is putting themselves or others in danger, you have the responsibility to report that individual to your supervisor.

**Q: As a manager I'm concerned that a large number of my people will quit when we start a testing program.**

A: Prior to implementing a testing program we will conduct drug education training which will allow the Employees to identify their concerns and receive answers. It is our belief that if the program is explained properly it will be embraced by our Employees as a positive step in assisting members of our workplace who need assistance.

**Q: How long after use are drugs detectable in urine?**

A: Table 1 reflects the varying rates at which drugs in the bloodstream are metabolized (broken down) and excreted from the body. Retention time differ among individuals according to many factors, including: the amount consumed, the method of drug use, whether use is chronic or occasional, individual rates of metabolism and excretion, diet, the acidity of the urine and the concentration of the urine at the time the specimen is collected. Because of these variables, the values presented in Table 1 should be used as general guidelines only.

**Table 1**  
Approximate Retention Time of Drugs in Urine

| <b>Drug or Drug Class</b> | <b>Approximate Retention Times</b>                       |
|---------------------------|--|
| Amphetamines              | 1 – 2 days   |
| Cocaine metabolites       | 2 – 4 days   |
| Ethanol                   | 2 – 14 hours   |
| Marijuana Metabolites     | Occasional use: 1 – 7 days<br>Chronic use: 1 – 4 weeks   |
| Opiates                   | 1 – 2 days   |
| Phencyclidine (PCP)       | Occasional use: 1 – 8 days<br>Chronic use: up to 30 days |



## APPENDIX L

### Interim Guideline for Incident, Post-Incident and Reasonable Grounds Tests

The CODC recognizes that there can be time sensitivity around obtaining preliminary results in the cases of Incident, Post-Incident and Reasonable Grounds tests. As a practice in the industry, parties have come to rely upon the use of point of collection drug screening tests ("POC" or "quick tests") in providing preliminary negative or non-negative indications.

It is further recognized that there are no valid or reliable quick tests using oral fluid technology available at the present time.

Until such time as valid and reliable oral fluid POC tests are made available, employers will maintain the option to request the use of urine POC tests to use as preliminary screening.

Oral fluid laboratory results will provide the final answer on questions of drug compliance under this policy for the above types of test requests.

**Note:** Pursuant to section 7.2.5 of the Policy, this testing protocol may also be used for Pre-access tests at the Owner's request.

**The CODC Alcohol & Drug Policy and Procedures may be downloaded  
from our website at [www.codc.ca](http://www.codc.ca)**

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