Workshop Ground rules

Please:

• put your cell phone on silent or vibrate, and

• Please avoid side conversations.
Sean Evans
• Chairperson for the COAA Canadian Model Review Team

Gary Truhn
• PCL Industrial Constructors

Barbara Jones & Ted Dunn
• Gamma-Dynacare Medical Laboratories

Natashya Sherbot-Stronach
• Homewood Human Solutions
COAA Best Practices Conference
Canadian Model Best Practice Update
~ Canadian Model Review Team ~

Sean Evans
Enbridge
Development of the Model has been an evolving process since 1999

The Model has been updated and revised to reflect the state of law and industry needs with versions published is 1999, 2001 and 2005

The most recent version of the Model was published as an Addendum in October 2010
Canadian Model Review Team Members

Sean Evans - Enbridge
Wayne Prins – Christina Labour Association of Canada
Paul DeJong – Progressive Contractors Association Canada
Warren Fraleigh – Building Trades
Jim Corson – CNRL
Stephen Kushner – Merritt Contractors
Hal Middlemiss – NWR Partnership
Neil Tidsbury – Construction Labour Relations
Mark Rice – Alberta Government
Ivan Krissa – Stuart Olson
Winston Fynn – Shell
Micah Field – Blakely & Dushenski
Canadian Model Review Team
Subject Matter Experts

McLennan Ross LLP
Gamma - Dynacare
CannAmm Occupational Testing Services
Homewood Human Solutions
Canadian Model Review Team
Focus Areas

• Examine the use of POCT devices in industry.
• Evaluate the effectiveness of the IITF’s in Alberta in reducing wait times and becoming a viable alternative to POCT devices.
• Self Help Sections.
• Procedural issues with oral fluid drug testing.
The Canadian Model – A Contractors Perspective

Gary Truhn

PCL Industrial Constructors Inc.
STARTING POINT - IMPLEMENTATION

• Detailed internal review of “Model”

• Gap Analysis with Company Policy

• Verify Company Policy meets / exceeds

• Finalize Company Policy
STARTING POINT - IMPLEMENTATION

• Issue “Red Book” to target audience

• Train to Company Policy

• Relate real stories during training

• Flowchart process into easy read
OVERCOMING CHALLENGES

• Develop matrix for unique Owner policies

• Test time validity, alcohol content

• Type of testing utilized in Industry

• Site access policy after violation
OVERCOMING CHALLENGES

• Close relationship with partners
• Seek out advice and listen
• Don’t be afraid to modify program
• Be consistent in application of policy
OVERCOMING CHALLENGES

• Analyze data monthly

• Topic at every Supt. Monthly Meeting

• Discussed at weekly managers meeting

• Immediately correct process “violators”
MAINTAINING CONSISTENCY

• Dedicated a group in the District Office
• Build close relationships with partners
• Only “Owner” of the policy can modify it
• Assign a “Champion” at each project site
MAINTAINING CONSISTENCY

- Don’t waver on policy, find proper path
- Immediately correct process “violators”
- Get the paper (checklists, statements)
- Senior Management involved
In Summary

• Develop sound policy

• Train to the policy

• Follow the policy

• Assign “Champions”
The Science and Administration of Testing

Barbara Jones & Dr. Ted Dunn
Gamma Dynacare
Basics of drug and alcohol testing

• What happens after the sample is collected?
• Why did it take so long for the results of a test to be received?
• What has been done to shorten the time it takes to receive test results?
• Introduce the IITF (what it is and why it meets the model).
• How the IITF has shortened test turnaround times.
• Why the use of POCT devices presents a risk to the employer – legal defensibility
What happens after the sample is collected?
What happens after the sample is collected?

- SAMPLE RECEIPT
  - ACCESSIONING
    - ACCEPT
      - NO
      - YES
What happens after the sample is collected?
What happens after the sample is collected?

1. ACCEPT
   - YES: ALIQUOT
   - NO: SCREENING

2. SCREENING
   - NEG: DATA
   - non-NEG: CERTIFICATION NEG CS

3. CERTIFICATION NEG CS
   - NO: ACCEPT
   - YES: REPORT

4. REPORT
   - END

NEGATIVES
What happens after the sample is collected?

Canadian Model Best Practice Update
Why did it take so long for the results of a test to be received?
Reasons for Delivery Delays

- Weather conditions
- Flight delays
- Courier delays
- Courier holding samples
- Packages bumped from flight
Reasons for Processing Delays

- Incorrect information on the Chain of Custody form
- Incomplete information on the Chain of Custody form
- New client not set up in GDML system
- Breakdown in testing systems
- Breakdown in computer systems
- Accessioner misses information on data entry
- Accessioner requires clarification of information through Memorandum for Record (MFR)
- Samples inadvertently sent to incorrect location (ie. DOT or confirmation samples)
What has been done to shorten the time it takes to receive the test results?
Introduce the IITF (what it is and why it meets the model).

NATIONAL LABORATORY CERTIFICATION PROGRAM (NLCP)
INITIAL INSPECTIONs

Two types of test facilities are eligible for certification under the NLCP: Initial Instrumented Test Facilities (IITFs) and laboratories. Once a test facility has been successful in the initial performance testing (PT) phase, it must successfully undergo an onsite inspection to become certified. This document describes the NLCP initial inspection process. Inspections will be carried out in accordance with the requirements of the Department of Health and Human Services (HHS) Mandatory Guidelines for Federal Workplace Drug Testing Programs (Federal Register, 25 November 2008, effective 1 October 2010). The HHS Guidelines, along with other important program information, can be found at the website www.workplace.samhsa.gov. The Department of Transportation (DOT) regulations, Procedures for Transportation Workplace Drug and Alcohol Testing Programs, can be found at the website www.dot.gov/ost/dapc.
NATIONAL LABORATORY CERTIFICATION PROGRAM
URINE IITF INITIAL CHECKLIST
Table of Contents

I. URINE IITF INITIAL INFORMATION CHECKLIST
A. Instructions for the IITF
B. IITF Information
C. IITF Procedures

II. URINE IITF INITIAL INSPECTION CHECKLIST with Inspector Instructions
D. Chain of Custody
E. Accessioning
F. Security
G. Quality Control Materials and Reagents
H. Quality Assurance: Review of QC Results
I. Equipment and Maintenance
J. Specimen Validity Tests
K. Initial Drug Tests
L. not applicable for an IITF
M. Certification and Reporting
N. Standard Operating Procedures - Procedures Manual
O. Personnel
P. IITF Computer Systems
Q. Not applicable for an initial inspection
R. Specimen Records
S. Method Validation/Periodic Re-Verification
T. NLCP Performance Test (PT) Records
U. Reports

Canadian Model Best Practice Update
How the IITF has shortened test turnaround times.

Western lab is currently demonstrating the release of negative result within 5-6 hrs. of receipt in the Laboratory.

GDML has established a daily air flight from Ft. McMurray to the Western Lab. Ft. McMurray samples collected today are resulted before start of next business day.

Edmonton samples delivered by the ground courier to the Western Lab have negative results being released the same day.

Shipping times can be less when shipping to Western Lab as some cities in the west have a one-day delivery whereas to the Eastern Lab it could be a two-day delivery.
## Canadian Model Best Practice Update

<table>
<thead>
<tr>
<th>Drop Time</th>
<th>Courier</th>
<th>From</th>
<th>Accessioning Time</th>
<th>Screening Time</th>
<th>Certifying Time</th>
<th>Time to Send Out (Next Day)**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mon</strong></td>
<td>Purolator</td>
<td>BC, AB, SK, MB</td>
<td>2.5 hours</td>
<td>2.5-3 hours</td>
<td>1.5-2 hours</td>
<td>2 – 3 hours</td>
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<tr>
<td>1130-1200</td>
<td>Ground</td>
<td>Edmonton area</td>
<td>2.5-3 hours</td>
<td>2.5-3 hours</td>
<td>1.5-2 hours</td>
<td></td>
</tr>
<tr>
<td>1630-1700</td>
<td>Air</td>
<td>Ft. McMurray</td>
<td>1 hour</td>
<td>1-1.5 hours</td>
<td>1 hour</td>
<td></td>
</tr>
<tr>
<td>1930-2000</td>
<td>Purolator</td>
<td>BC, AB, SK, MB</td>
<td>2.5-3 hours</td>
<td>2.5-3 hours</td>
<td>1.5-2 hours</td>
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<tr>
<td></td>
<td>Ground</td>
<td>Edmonton area</td>
<td>2.5-3 hours</td>
<td>2.5-3 hours</td>
<td>1.5-2 hours</td>
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<tr>
<td></td>
<td>Air</td>
<td>Ft. McMurray</td>
<td>1 hour</td>
<td>1-1.5 hours</td>
<td>1 hour</td>
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</tr>
<tr>
<td><strong>Tue - Fri</strong></td>
<td>Puralator</td>
<td>BC, AB, SK, MB</td>
<td>2.5-3 hours</td>
<td>2.5-3 hours</td>
<td>2-2.5 hours</td>
<td>For the preparation of Non negative samples and samples not belong to Edmonton Lab to send London</td>
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<tr>
<td>0700-0730</td>
<td>Ground</td>
<td>BC, AB, SK, MB</td>
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<td>2.5-3 hours</td>
<td>1.5-2 hours</td>
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<tr>
<td>1130-1200</td>
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<td>Edmonton area</td>
<td>2.5-3 hours</td>
<td>2.5-3 hours</td>
<td>1.5-2 hours</td>
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<tr>
<td>1630-1700</td>
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<td>Edmonton area</td>
<td>2.5-3 hours</td>
<td>2.5-3 hours</td>
<td>1.5-2 hours</td>
<td></td>
</tr>
<tr>
<td>1930-2000</td>
<td>Air</td>
<td>Ft. McMurray</td>
<td>1 hour</td>
<td>1-1.5 hours</td>
<td>1 hour</td>
<td></td>
</tr>
<tr>
<td><strong>Sat</strong></td>
<td>Ground</td>
<td>Edmonton area</td>
<td>1.5-2 hours</td>
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<td></td>
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<td>1100-1200</td>
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<td>3-3.5 hours</td>
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<td>1.5-2 hours</td>
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<td>1300-1400</td>
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</table>
Why the use of POCT devices presents a risk to the employer – legal defensibility.

- Can have a false positive or a false negative
- Many different devices available, no set standards
  - Reading can be subject to interpretation and error
  - Line vs. no line, colors, etc. – do collectors have a color test
  - Not all devices meet Canadian Model cut-off levels
    - FDA/Health Canada: device does what it says it is going to do; does not indicate whether cut-off levels and error rates are within acceptable standards
- Backing positive **AND** negative POCT with SAMHSA lab results would mitigate risks
- Legally defending results would be difficult
  - No permanent record of result
  - No history with legal challenges
- Inconsistent interpretation of results between people
So you have a positive test...now what?

Natashya Sherbot-Stronach
Ph.D., R. Psych.
Homewood Human Solutions
Agenda

SAE context
• 3 sets of needs
• Balance considerations
• Medical model and public health model
• SAP versus SAE

SAE Assessment Process

SAE Assessment Report and Recommendations

Case Management
Positive test: now what?

3 sets of needs:

In the context of the Canadian Model:

- The individual wants to retain the right to privacy and non-discrimination, and
- The employer seeks to meet its duties, i.e. obligation to ensure the individual does not present a safety risk in the workplace
- The Union seeks to protect Member’s rights, worker safety, and provide best available treatment for Members
Balance Considerations

Accurate Assessment of the Individual Privacy Rights
Discrimination Legislation
Informed Consent
Risk Management
Safety
Medical Model & Public Health Model

• Homewood Human Solutions SAE assessment and treatment recommendations is grounded in both the public health model and the medical model

• Public health: early intervention to better meet the individual’s and community’s health and safety needs

• Medical model: disease and disability aspects of substance disorders and the level of treatment required to successful intervene at this stage of substance use
SAP versus SAE

<table>
<thead>
<tr>
<th>Harm Reduction</th>
<th>Medical Model</th>
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</thead>
<tbody>
<tr>
<td>Considers Readiness for Change</td>
<td>Treatment Based on Severity of Disorder</td>
</tr>
</tbody>
</table>
Canadian Model Best Practice Update

SAP versus SAE

Screening Model  Diagnostic Model
Why is Diagnosis Important?

- Reduces Safety Risks for all Members
- Helps Members Get the Right Care
- Helps Members Get Care for Concurrent Conditions
- Reduces the Risk of Misdiagnosis
  - Depression in alcoholics may be a result of alcohol abuse rather than actual clinical depression.
  - Bipolar disorder can be imitated by the effects of regular cocaine use.
- Reduces the Risk of Under Reporting
  - Extent of use of drug or alcohol
SAE Assessment Process:
What to Expect?
What can you expect from the SAE Assessment?

A qualified expert in addictions

A competent, standardized assessment

Clinical interview including:

- MAST/DAST
- DSM-IV-TR diagnostic questions & mental health screening
- Psychosocial history & full review of alcohol/drug use history

Objective testing (SASSI-3)

Recommendations for treatment, return to work statement, unannounced substance testing

- Based upon diagnosis & understanding of Canadian Human Rights/Privacy laws

Standardized reporting

Risk reduction
Identification promotes early intervention (e.g. education & 3 tests) & reduces risk in workplace

SAE Assessment Outcomes:

- Dependence: 35%
- Abuse: 15%
- Harmful use*: 50%
- Non-compliant, not FTW
- No diagnosis, FTW

* Identification promotes early intervention (e.g. education & 3 tests) & reduces risk in workplace
Harmful/Problematic Use
Public Health Model

- Below DSM IV TR diagnosis of Substance Abuse
- Beyond casual alcohol use; any illicit substance use
- Use incurs negative consequences to physical or mental health, or occupational or financial well-being
  - suspended from work, barred from work placement, a loss of income
  - purchase of illegal drugs risks legal consequences
  - problematic work performance due to hangover
- Promotes early intervention
Substance Abuse
DSM IV TR Diagnosis

- A maladaptive pattern of substance use
- Clinically significant impairment or distress
- One (or more) symptoms over 12-months involving recurrent use and
  - resulting in a failure to fulfill major role obligations
  - in situations in which it is physically hazardous
  - substance-related legal problem
  - recurrent problems caused or exacerbated by substance use
Substance Dependence
DSM IV TR Diagnosis

• A maladaptive pattern of substance use
• Clinically significant impairment or distress
• Three (or more) symptoms in the same 12-month period
  – Tolerance
  – Withdrawal symptoms
  – Increasingly more consumption (volume, frequency, duration)
  – Repeated efforts to cut down or control use
  – Focus on obtaining or using substance
  – Giving up important other aspects of life for use
  – Continued use despite negative physical or psychological consequences
SAE Assessment Report and Recommendations: What to Expect?
There are several components to our SAE Reports

- Name, date, reason for referral (post-incident, pre-access or with reasonable cause)

  1. Summary statement of assessment practices/tools used
  2. Diagnostic conclusions
  3. Recommendations for treatment
  4. Fitness for work statement
Treatment

- Impact sessions
- Substance Abuse Counseling
- Inpatient Treatment
  - Bridge Counseling
- Outpatient Treatment
- Structured Relapse Prevention for Substance Dependence
- Substance testing
Treatment Guidelines
Harmful/Problematic Use

- Sessions of substance use impact education
- Obtain a negative substance screen prior to the re-assignment of safety-sensitive duties
- Unannounced substance testing at the rate of....
Treatment Guidelines
Alcohol and/or Drug Abuse

- Sessions of short term counselling by a qualified counsellor for initial treatment and for the determination and monitoring of any additional treatment recommendations (e.g. appropriate self-help group)

- Obtain a negative substance screen prior to the re-assignment of safety-sensitive duties

- Unannounced substance testing at the rate of...
Treatment Guidelines
Alcohol and/or Drug Dependence

• Abstinence from all illicit or non-prescribed mood altering substances

• Require medical evaluation by a GP for substance impacts. Recommend detoxification as determined by a Physician.

• Require inpatient treatment (SAE judgment).

• Short term counselling by a qualified counsellor for relapse prevention and for the determination/monitoring of any additional treatment recommendations (e.g. appropriate self-help group).

• Obtain a negative substance screen prior to the re-assignment of safety-sensitive duties

• Unannounced substance testing at the rate of…
Case Management
What is the purpose of Case Management?

To support the worker’s actions to successfully complete all of the SAE recommendations for their earliest return to work and “active” status.
All 3 sets of needs are met with a SAE and case management:

• The individual wants to retain the right to privacy and non-discrimination, and
• The employer seeks to meet its duties, i.e. obligation to ensure the individual does not present a safety risk in the workplace
• The Union seeks to protect Member’s rights, worker safety, and provide best available treatment for Members
Thank you!
Questions?