COAA Best Practices Conference
Canadian Model Best Practice Update
May 13, 14, 2014

Workshop Ground rules

Please:
• put your cell phone on silent or vibrate, and
• Please avoid side conversations.
• Questions are welcome

Canadian Model Review Team Agenda
1. Workshop panel
2. Review team
3. Canadian Model History
4. Current review
5. Premise for review
6. Focus areas
7. Discussions
8. Recommended changes
9. Consensus/non-consensus
10. Path forward

Workshop Participants and Panel
Neil Tidsbury
CLRA

Hal Middlemiss
ACSA

Dr. Ted Dunn
Gamma-Dynacare Medical Laboratories

Micah Field
Alberta Building Trades/Blakely Buhler

Josee Brouliette
Homewood Human Solutions

Shelley Gallant
Organizational Health Inc.

Dave Hagen
Chemco Electrical Contractors
Canadian Model Best Practice Update

Review Team

- Rene Boisvert
  - CarvAmm
- Dr. Bruce Demers
  - CarvAmm
- Barb Jones
  - Gamma-Dynacare
- Dr. Ted Dunn
  - Gamma-Dynacare
- Tammy Temple
  - Canadian Natural Resources
- Stephen Kushner
  - Merritt Contractors

Canadian Model History

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 in 1999, 2001, and 2005. The most recent version of the Model was published as an Addendum in October 2010.

Current Review

- Reps from CLR, BTA, CLAC, PCAC, Merit, Owners
- Review efforts stalled
- Updates necessary
- Re-start meetings in December 2013.
- Mandate to complete the review in the coming months.
Review Team
- 5 Committee meetings broad and appropriate expertise
- CannAmm, Homewood Health, OHI, Gamma Dynacare
- Draft recommendations submitted for review by COAA Board
- Discussions with Building Trades re Collective Agreement references
- Probable proposals at Framework Bargaining

Canadian Model Review Team Premise for review
- COAA Model is an “at work” policy
- COAA Model is about risk and safety
- Defensibility
- Human Rights, confidentiality, fair and just.
- Do not get in front of DOT
- Issues discussed at length
- Decisions made on consensus.
- COAA Board will ultimately approve

Canadian Model Review Team Focus Areas
- Self Help Provisions
- Collection Practices
- Medical Review Officer role and Terminology
- Drugs Tested
- Laboratory Analysis Options
- Independent Medical and Legal Opinions
- FAQ and Role Guides

Canadian Model Review Team Discussions
Meeting #1 December 2013
- Collection practices
  - MRO Role and terminology
  - Drugs tested
  - Laboratory analysis options
- Review and approval of proposed language changes
- Interview and review of third party administrator processes.
- Develop action plan
Meeting #2 - Canadian Model Review Team

Discussions
Meeting #2  January 2013

• Review of Third Party Administrator process
• Point of collection testing
• Expanded drug panels.
• Review ITF facilities
• Review proposed changes to date with the COAA BOD
• Review and update action plan

Meeting #2 - Canadian Model Review Team

Key Issue Considerations for the COAA BOD

Key Issues
• Express Test Kits – whether there is a role in the model policy; if so, under what conditions and limitations
• Drug Panel – whether to expand the panel beyond US DOT
• Medical Marijuana – whether a prescription or physician recommendation should affect the test result
• Site bans – not-for-rehires – processes to lift?

Meeting #2 - Canadian Model Review Team

Proposed Changes to BOD

• Self Help
• POCT – whether to provide for use and if so under what conditions
• Panel – additional drugs
• Prescription drugs
• MRO Report
• Disclosure and process
• Safety Alert
• Owner site bans

Meeting #2 - Canadian Model Review Team

Proposed Changes to BOD

• Resources
• MRO Role and Support
• Sample collection, analysis, retest option
• FAQ section
• Independent legal opinion
• Independent medical opinion
• Medical marijuana update?
Canadian Model Review Team Discussions
Meeting #3  February 2013
• Review Self-Help sections of COAA Model
• Report on presentation to COAA BOD
• Owner site bans, lifting of suspensions and re-instatement
• Disclosure of A&D test information and violations to workers, employers, and owners.
• Review and update action plan

Canadian Model Review Team Discussions
Meeting #4  March 2014
• Review actions on self help, site bans and re-instatement, disclosure of information
• Presentation on Oral Fluid testing
• Report to the BOD on recommendation summary and progress
• Best Practices Conference presentation design

Canadian Model Review Team Discussions
Meeting #5  April 2014
• Review April 8th report to the BOD
• Review actions relating to self help
• Review frequently asked questions proposals
• Review non-consensus items and confirm/develop path if necessary
• Process and participants for final review of the revisions to the COAA model
• Presentation outline an participants for the BP conference.

Canadian Model Review Team Recommendation Summary Report to the COAA BOD
April 2014
• Presented summary of committee’s recommendations to COAA Board of Directors
• Consensus on the Board.
• Approved recommendations from review team
• Requested committee to complete its work
• Bring completed document to Board in September for final approval
Use of Express Kits (POCT)

- No kits for oral fluids are near DOT reliability. Wait for DOT
- Reviewed oral fluid technology and progress
- ONLY permitted drug testing: Laboratory analysis, MRO interpretation of results, whether oral fluid or urine.
- Permitting POCT as a risk assessment tool
  - To determine whether a worker should return to safety sensitive work pending drug testing result.

Proposed Guidelines and Conditions for use of POCT

1. POCT devices must be FDA or Health Canada approved
2. Cut off levels are to be aligned with the Canadian Model to the extent that they can be.
3. POCT is to be by urine only
4. The results of the POCT should be negative or non-negative only

5. POCT should only be used for Reasonable Grounds or Post Incident testing. There was consensus but not unanimity on this point – there is a suggestion that POCT be used for pre-access testing
6. There should be lab confirmation for every POCT result. There was consensus but not unanimity on this point – there is a suggestion that only a percentage of test be sent for lab confirmation as a “quality assurance.”

7. Only certified or trained Collectors are used to administer POCT testing. There is no “standardized” training program being recommended at this time.
8. Organization that use POCT should have Standard Operating Procedures that at the very least include:
   - Chain of Custody
   - Quality Control
No specific SOP is being recommended at this time.
Proposed Guidelines and Conditions for use of POCT

9. That language be added to the Canadian Model under the POCT provisions that states:

“Any other use of POCT is non-compliant with the Canadian Model”

There was consensus on this language until the issues in numbers 5 and 6 have been further discussed.

Expand the Drug Screening Panel?

• Consistent advice to not expand the panel
• Until US DOT leads the way?
• Most of the additions would be prescription
• Negative with a “safety advisory” results

Medical Marijuana

• New Medical Marijuana regulations this year
• US Department of Transportation’s Drug and Alcohol Testing Regulation – 49 CFR Part 40 at 40.151
• Prohibits MRO from verifying a drug test as negative based upon information that a physician recommended that the employee use “medical marijuana.”

Canadian Model Review Team Non-consensus Issues

• Small number of non-consensus issues
• Committee will decide whether to adjust recommended amendments
• Final decisions made in the fall by COAA Board
• Parties will then determine how they will apply model policy
Canadian Model Review Team Path Forward

- Incorporate recommendations into draft policy
- Work with professional writer
- Solicit independent medical and legal opinions
- Specify some of the questions to be addressed
- Present completed document (all parts)
- If approved, publish online

COAA Board Fall ‘14