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CMD : 20-M35

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Approve Regulatory Document

Approuver le document d'application
de la réglementation

REGDOC-2.2.4, *Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3*

REGDOC-2.2.4, *Aptitude du travail, tome II : Gérer la consommation d'alcool et de drogues, version 3*

Public Meeting

Réunion publique

Scheduled for:
November 5, 2020

Prévue pour le :
5 novembre 2020

Submitted by:
CNSC Staff

Soumis par :
Le personnel de la CCSN

Summary

This Commission Member Document (CMD) pertains to a request for a decision regarding:

- draft regulatory document REGDOC-2.2.4, *Fitness for Duty, Volume II: Managing Alcohol and Drug Use*, Version 3

The following action is requested of the Commission:

- approve draft REGDOC-2.2.4, *Fitness for Duty, Volume II: Managing Alcohol and Drug Use*, Version 3

The following items are attached:

- draft REGDOC-2.2.4, *Fitness for Duty, Volume II: Managing Alcohol and Drug Use*, Version 3
- consultation report
- detailed comments table

Résumé

Ce document à l'intention des commissaires (CMD) concerne une demande de décision au sujet de :

- l'ébauche du document d'application de la réglementation REGDOC-2.2.4, *Aptitude du travail, tome II : Gérer la consommation d'alcool et de drogues*, version 3

La Commission pourrait considérer prendre la mesure suivante :

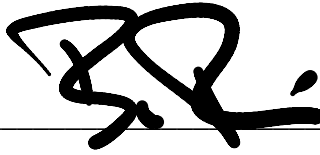
- approuver l'ébauche du REGDOC-2.2.4, *Aptitude du travail, tome II : Gérer la consommation d'alcool et de drogues*, version 3

Les pièces suivantes sont jointes :

- l'ébauche du REGDOC-2.2.4, *Aptitude du travail, tome II : Gérer la consommation d'alcool et de drogues*, version 3
- le rapport de consultation
- le tableau des réponses aux commentaires reçus

Signed / signé le

October 19, 2020 / 19 octobre 2020

A handwritten signature in black ink, appearing to be 'BT', written over a horizontal line.

Brian Torrie

Director General

Regulatory Policy Directorate

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Direction de la politique de réglementation

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
1 OVERVIEW.....	2
1.1 Background	2
1.2 Highlights.....	2
2 CONSULTATION.....	2
3 IMPLEMENTATION.....	3
4 OVERALL CONCLUSIONS AND RECOMMENDATIONS.....	3
4.1 Overall Conclusions.....	3
4.2 Overall Recommendations	4

EXECUTIVE SUMMARY

Regulatory document REGDOC-2.2.4, *Fitness for Duty, Volume II: Managing Alcohol and Drug Use*, Version 3 sets out requirements and guidance for managing worker fitness for duty with respect to alcohol and drug use.

The revised regulatory document allows additional drug testing methodologies to be used by licensees. The changes incorporated in Version 3 do not affect the Commission's decision to allow for a comprehensive set of measures to manage alcohol and drug use including random testing.

The draft REGDOC-2.2.4, Volume II, Version 3 was published for public consultation from March 12 to May 30, 2020 and 57 comments were received from 7 reviewers. The feedback on comments period was from June 19 to July 4 with an additional 3 comments from 2 reviewers being received. Key themes raised during public consultation were around point of collection, the lack of accredited laboratories, the possibility to change methodologies, and the cut-off levels for cannabis and other drugs.

An overview of the key issues raised and CNSC staff responses are found in the attached consultation report. Complete details are provided in the attached detailed comments table.

1 OVERVIEW

1.1 Background

REGDOC-2.2.4, Volume II sets out requirements and guidance for managing fitness for duty of workers in relation to alcohol and drug use and abuse at all high-security sites, as defined in the *Nuclear Security Regulations*. Human performance is a key contributor to the safety and security of nuclear facilities. The document was revised to add oral fluid testing as an accepted methodology for drug testing and to allow for the use of point of collection testing (POCT).

In October 2018, Canada legalized cannabis. In addition, on November 30, 2018, CNSC staff received formal written requests from affected licensees (i.e., NB Power, Ontario Power Generation and Canadian Nuclear Laboratories) to revise REGDOC-2.2.4, Volume II to add oral fluid testing as an acceptable methodology for drug testing. Bruce Power submitted the same request on December 3, 2018.

Licensees also proposed the use of urine based POCT in conjunction with oral fluid laboratory based testing for THC metabolites of cannabis. After extensive follow up, CNSC staff asked licensees to provide a formal submission detailing the precise modifications requested to the REGDOC; the scientific basis for the request; and a response to a set of clarifying questions provided by CNSC staff. On June 28, 2019, industry provided a substantive proposal.

1.2 Highlights

Version 3 allows for additional testing methodologies (i.e., oral fluid testing and point of collection testing) to be used as well as other changes in response to the legalization of cannabis in Canada.

The document does not unduly impede human rights, including privacy rights.

The revised document does not affect the Commission's decision to allow for a comprehensive set of measures to manage alcohol and drug use including random testing.

2 CONSULTATION

On March 12, 2020, a draft version of REGDOC-2.2.4, *Fitness for Duty, Volume II: Managing Alcohol and Drug Use*, Version 3 was issued for a 79-day public consultation period ending on May 30, 2020.

During the consultation period, the CNSC received 57 distinct comments from 7 respondents:

- Bruce Power
- Canadian Nuclear Laboratories
- Draeger Safety Canada Ltd.
- New Brunswick Power Corporation
- Ontario Power Generation
- Power Workers' Union

- The Society of United Professionals

Following the public consultation period, submissions from respondents were posted on the CNSC's website, from June 19, 2020 to July 4, 2020, for feedback on the comments received. The CNSC received 3 distinct comments from 2 respondents.

The following key issues were raised during public consultation:

- The appropriate cut off levels for screening and confirmation for cannabis testing
- The use, reliability of POCT devices as well as training requirements for those using the devices
- A lack of laboratories accredited to conduct oral fluid testing

Further information concerning the issues as well as CNSC staff responses are provided in the attached Consultation Report. The complete dispositioning of all comments submitted are provided in the detailed comments table that is part of the package provided to the Commission.

3 IMPLEMENTATION

Should the document be approved by the Commission and published on the CNSC's website, it will be incorporated into licensees' Licence Condition Handbook (LCH) in the guidance section. Licensees were asked to perform a gap analysis and provide the CNSC with an implementation plan upon publication of version 2. Gentilly-2 was the only licensee to implement version 2 in July 2019. All other affected licensees requested that their version 2 implementation be amended until after the publication of Version 3. Specifically, licensees committed to implement Version 3, six months following publication, with the exception of random testing, which would be implemented twelve months after publication. CNSC staff will monitor these milestones. Once the implementation plan is completed, the REGDOC will then move to the Compliance Verification Criteria (CVC) section of the LCH and form part of the licensing basis.

If published, REGDOC-2.2.4, *Fitness for Duty, Volume II: Managing Alcohol and Drug Use*, Version 3 will supersede REGDOC-2.2.4, *Fitness for Duty, Volume II: Managing Alcohol and Drug Use*, Version 2.

4 OVERALL CONCLUSIONS AND RECOMMENDATIONS

4.1 Overall Conclusions

Draft REGDOC-2.2.4, *Fitness for Duty, Volume II: Managing Alcohol and Drug Use*, Version 3 was developed through consultation with stakeholders and is essential to communicating and formalizing the CNSC's requirements and guidance related to human performance management.

CNSC staff conclude REGDOC-2.2.4, *Fitness for Duty, Volume II: Managing Alcohol and Drug Use*, Version 3, is ready for final approval by the Commission for publication.

4.2 Overall Recommendations

CNSC staff recommend that the Commission approve REGDOC-2.2.4, *Fitness for Duty, Volume II: Managing Alcohol and Drug Use*, Version 3.



Human Performance Management **Fitness for Duty, Volume II: Managing Alcohol and Drug Use**

REGDOC-2.2.4
Version 3

TBD 2020

DRAFT



Fitness for Duty, Volume II: Managing Alcohol and Drug Use

Regulatory document REGDOC-2.2.4, Version 3

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Document availability

This document can be viewed on the [CNSC website](#). To request a copy of the document in English or French, please contact:

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Preface

This regulatory document is part of the CNSC's human performance management series of regulatory documents, which also covers human factors, personnel training and personnel certification. The full list of regulatory document series is included at the end of this document and can also be found on the [CNSC's website](#).

Regulatory document REGDOC-2.2.4, *Fitness for Duty, Volume II: Managing Alcohol and Drug Use*, sets out requirements and guidance for managing fitness for duty of workers in relation to alcohol and drug use and abuse at all high-security sites, as defined in the *Nuclear Security Regulations*.

REGDOC-2.2.4, *Fitness for Duty, Volume II* is intended to form part of the licensing basis for a regulated facility or activity within the scope of the document. It is intended for inclusion in licences as either part of the conditions and safety and control measures in a licence, or as part of the safety and control measures to be described in a licence application and the documents needed to support that application.

The CNSC's regulatory framework includes CNSC regulatory documents as well as national and international standards. Specifically, the Canadian Standards Association (CSA Group) N-series standards provide an interlinked set of regulatory requirements for the management of nuclear facilities and activities. The CSA N286 standard provides an overall management framework and direction to develop and implement sound management practices and controls for the licensing basis. This regulatory document does not duplicate the generic requirements of CSA N286. However, it provides more specific direction for those requirements.

For proposed new regulated facilities and activities, this document will be used to assess licence applications.

Guidance contained in this document exists to inform the applicant, to elaborate further on requirements or to provide direction to licensees and applicants on how to meet requirements. It also provides more information about how CNSC staff evaluate specific problems or data during their review of licence applications. Licensees are expected to review and consider guidance; should they choose not to follow it, they should explain how their chosen alternate approach meets regulatory requirements.

For existing facilities: The requirements contained in this document do not apply unless they have been included, in whole or in part, in the licence or licensing basis.

A graded approach, commensurate with risk, may be defined and used when applying the requirements and guidance contained in this regulatory document. The use of a graded approach is not a relaxation of requirements. With a graded approach, the application of requirements is commensurate with the risks and particular characteristics of the facility or activity.

For information on the implementation of regulatory documents and on the graded approach, see REGDOC-3.5.3, *Regulatory Fundamentals*.

Important note: Where referenced in a licence either directly or indirectly (such as through licensee-referenced documents), this document is part of the licensing basis for a regulated facility or activity.

The licensing basis sets the boundary conditions for acceptable performance at a regulated facility or activity, and establishes the basis for the CNSC's compliance program for that regulated facility or activity.

Where this document is part of the licensing basis, the words “shall” and “must” are used to express requirements to be satisfied by the licensee or licence applicant. “Should” is used to express guidance or that which is advised. “May” is used to express an option or that which is advised or permissible within the limits of this regulatory document. “Can” is used to express possibility or capability.

Nothing contained in this document is to be construed as relieving any licensee from any other pertinent requirements. It is the licensee’s responsibility to identify and comply with all applicable regulations and licence conditions.

Table of Contents

1.	Introduction.....	1
1.1	Purpose.....	1
1.2	Scope.....	1
1.3	Relevant legislation.....	1
1.4	Relevant international standards and guidelines.....	2
2.	Background	2
3.	Managing Alcohol and Drug Use.....	3
3.1	Policy statements	3
3.2	Fitness-for-duty program	3
3.3	Authorities, accountabilities and responsibilities.....	4
3.4	General fitness-for-duty process	4
3.5	Access to assistance	5
3.6	Behavioural observation	5
3.6.1	Peer observation and reporting	5
3.6.2	Supervisory awareness program	5
3.7	Assessment and continual improvement.....	6
3.8	Training, education, and awareness	6
4.	Positions Subject to Alcohol and Drug Testing	7
4.1	Safety-critical and safety-sensitive positions	7
5.	Alcohol and Drug-Testing Requirements by Circumstance and Workgroup.....	7
5.1	Pre-placement alcohol and drug testing	7
5.2	Reasonable grounds alcohol and drug testing.....	8
5.3	Post-incident alcohol and drug testing	8
5.4	Follow-up and return-to-duty alcohol and drug testing	9
5.5	Random alcohol and drug testing	9
6.	Alcohol- and Drug-Testing Processes.....	10
6.1	Breath alcohol-testing process	10
6.2	Drug-testing process	11
6.2.1	Point of collection testing	12
6.3	Process for positive alcohol and drug tests	13
6.4	Substance abuse evaluation process.....	13
6.5	Investigative and alcohol and drug screening tools	14
6.6	Records	14

Appendix A: Alcohol and Drug Tests by Workgroup and Circumstance 15

Appendix B: Alcohol- and Drug-Testing Thresholds 16

 B.1 Blood alcohol concentration ranges and associated actions 16

 B.2 Urine immunoassay screening 16

 B.3 Urine GC-MS and LC-MS/MS confirmation 17

 B.4 Urine: Recommended dilution protocol cut-off concentrations..... 17

 B.5 Oral fluid immunoassay screening..... 18

 B.6 Oral fluid GC-MS and LC-MS/MS confirmation..... 18

Abbreviations 19

Glossary 20

References..... 24

Additional Information 25

Fitness for Duty, Volume II: Managing Alcohol and Drug Use

1. Introduction

1.1 Purpose

This regulatory document establishes requirements and guidance for managing worker fitness for duty with respect to alcohol and drug use.

1.2 Scope

This regulatory document is intended for high-security sites as defined in the [Nuclear Security Regulations](#). The requirements and guidance in this document apply to workers holding safety-critical or safety-sensitive positions as described in section 4.1.

1.3 Relevant legislation

The following provisions of the [Nuclear Safety and Control Act](#) (NSCA) and the regulations made under it are relevant to this document:

- Subparagraph 9(a)(i) of the NSCA states that one of the objects of the Commission is “to regulate the development, production and use of nuclear energy and the production, possession and use of nuclear substances, prescribed equipment and prescribed information in order to prevent unreasonable risk, to the environment and to the health and safety of persons, associated with that development, production, possession or use”.
- Paragraph 12(1)(a) of the [General Nuclear Safety and Control Regulations](#) requires that every licensee shall “ensure the presence of a sufficient number of qualified workers to carry on the licensed activity safely and in accordance with the Act, the regulations made under the Act and the licence”.
- Paragraph 12(1)(b) of the [General Nuclear Safety and Control Regulations](#) requires that every licensee shall “train the workers to carry on the licensed activity in accordance with the Act, the regulations made under the Act and the licence”.
- Paragraph 17(b) of the [General Nuclear Safety and Control Regulations](#) requires that every worker shall “comply with the measures established by the licensee to protect the environment and the health and safety of persons, maintain security, control the levels and doses of radiation, and control releases of radioactive nuclear substances and hazardous substances into the environment”.
- Subparagraph 17(c)(i) of the [General Nuclear Safety and Control Regulations](#) requires that every worker shall “promptly inform the licensee or the worker’s supervisor of any situation in which the worker believes there may be a significant increase in the risk to the environment or the health and safety of persons”.
- Paragraph 17(e) of the [General Nuclear Safety and Control Regulations](#) requires that every worker shall “take all reasonable precautions to ensure the worker’s own safety, the safety of the other persons at the site of the licensed activity, the protection of the environment, the protection of the public and the maintenance of the security of nuclear facilities and of nuclear substances”.
- Paragraph 3(d.1) of the [Class I Nuclear Facilities Regulations](#) requires that an application for a licence to operate a Class I nuclear facility shall contain “the proposed human performance program for the activity to be licensed, including measures to ensure workers’ fitness for duty”.

- Paragraph 6(d) of the *Class I Nuclear Facilities Regulations* stipulates that an application for a licence to operate a Class I nuclear facility shall contain “the proposed measures, policies, methods and procedures for operating and maintaining the nuclear facility”.
- Section 18.4 of the *Nuclear Security Regulations* states that “an authorization referred to in section 18 may be issued for any term not exceeding five years and shall be subject to any terms and conditions necessary to minimize the risk to the security of the facility.”
- Section 38 of the *Nuclear Security Regulations* requires that “every licensee shall develop a supervisory awareness program and implement it on an ongoing basis to ensure that its supervisors are trained to recognize behavioural changes in all personnel, including contractors that could pose a risk to security at a facility at which it carries on licensed activities.”

1.4 Relevant international standards and guidelines

The International Atomic Energy Agency (IAEA) has identified the need for nuclear facilities to address fitness for duty. The IAEA’s framework that supports fitness for duty is embedded in two safety requirement documents [1, 2] and in numerous safety guides [3 to 6].

For all nuclear facilities, the IAEA recommends that regulators inspect licensees’ fitness-for-duty programs and evaluate their effectiveness [3]. Regulators are also to ensure nuclear facility operators have “guidelines on fitness for duty in relation to hours of work, health, and substance abuse” [4].

With respect to drugs and alcohol, the IAEA recommends that all nuclear facilities have guidelines on fitness for duty related to substance use [5]. The IAEA further recommends that licensees have methods for identifying those with a tendency toward alcohol or drug abuse, and that administrative controls be established to allow the fitness for duty of shift personnel to be observed, verified and controlled. As well, the IAEA also advises that “personnel prone to drug or alcohol abuse should not be employed for safety related tasks” [6].

2. Background

Human performance is a key contributor to the safety and security of nuclear facilities. One factor that affects human performance is fitness for duty. The adoption of measures that monitor alcohol and drug use or abuse is a key component of ensuring worker fitness for duty. For the purposes of this document, fitness for duty is defined as:

A condition in which workers are physically, physiologically, and psychologically capable of competently and safely performing their tasks.

The implementation of an effective fitness-for-duty program relating to alcohol and drug use and abuse provides reasonable assurance that workers have the capacity, and are free of impairment that could hinder their ability, to competently and safely perform the duties of their position, and as such do not pose a safety or security risk.

The fitness-for-duty requirements herein in relation to alcohol and drug use and abuse represent reasonable occupational and operational requirements for the applicable worker population. An employer is responsible for assessing the extent, where considered necessary, of the duty to accommodate. In fulfilling the duty to accommodate, an employer is required to accommodate a worker whose need(s) are based on any of the grounds of discrimination in the *Canadian Human Rights Act* – for example, someone identified with a disability – to the point where accommodation would cause undue hardship for the employer [7]. The licensee is also responsible for ensuring that any duties assigned to a worker do not pose a risk to his or her health or safety, the health or safety of others, the safety of the facility and the environment, and do not impact the effectiveness of the licensee’s operation.

3. Managing Alcohol and Drug Use

With respect to alcohol and drug use and abuse, licensees shall manage the fitness for duty of applicable workers (see section 4.1) who could pose a risk to nuclear safety or security in accordance with their management system as defined in the licensee’s licensing basis. The following subsections specify how the management system’s generic requirements apply to managing fitness for duty in relation to alcohol and drug use and abuse.

3.1 Policy statements

Licensees shall establish, implement and maintain clear fitness-for-duty policy statements regarding alcohol and drug use and abuse. The policy statements shall provide workers with information on what is expected of them and the consequences that may result from policy violations.

Guidance

Licensees’ alcohol- and drug-related policy statements should:

1. prohibit reporting to work or remaining at work under the influence of alcohol, cannabis, cannabis-derived products, or illicit drugs;
2. prohibit bringing, keeping or consuming alcohol, cannabis, cannabis-derived products, illicit drugs, drug paraphernalia or prescribed medications without a legal prescription on the grounds of the high-security site;
3. reinforce the responsible use of prescription or over-the-counter medications, or mood-altering substances, and the process to follow if a worker uses medication that impairs or has the potential to impair his or her ability to competently and safely perform his or her duties;
4. describe the responsibilities of workers, supervisors, oversight personnel and escorts to report fitness-for-duty concerns in relation to alcohol and drug use and abuse;
5. describe the expectations regarding the reasonable length of time that workers should abstain from the use of alcohol and/or drugs prior to reporting to work, with due consideration of longer-term impairing effects.

3.2 Fitness-for-duty program

With respect to alcohol and drug use and abuse, a licensee shall implement a documented fitness-for-duty program that includes a set of coordinated measures designed to provide reasonable assurance that applicable workers (see section 4.1) are capable of performing their tasks and as such do not pose a risk to their safety, the safety of others, or the safety or security of

the facility. Note: In implementing the fitness-for-duty program, licensees are required to consider all relevant privacy-related legislation.

3.3 Authorities, accountabilities and responsibilities

With respect to alcohol and drug use and abuse, licensees shall define and document the authorities, accountabilities, and responsibilities for those involved with managing worker fitness for duty including the interfaces with external organizations.

Guidance

With respect to alcohol and drug use and abuse, licensees should define and document the authorities, accountabilities, and responsibilities of the following, if applicable:

- senior management
- supervisors, oversight personnel and escorts
- workers
- security personnel
- human resources
- fitness-for-duty program administrators
- duly qualified health professionals
- duly qualified forensic toxicologists
- duly qualified pharmacists
- breath alcohol technicians
- specimen collectors
- medical review officers (MROs)
- accredited laboratories
- third-party providers
- employee assistance program (EAP) providers
- substance abuse evaluation providers

3.4 General fitness-for-duty process

Licensees shall establish, implement and maintain a process to identify and manage applicable workers who have temporary or ongoing limitations that may make them incapable of performing their assigned duties competently and safely due to alcohol or drug use or abuse. This process shall include actions for a supervisor to take if he or she believes – through self-reporting, peer reporting, observed behaviour, physical condition, a fitness-for-duty screening or assessment, a health professional’s report or after receiving credible information – that a worker may be unable to competently and safely perform his or her assigned duties because of alcohol or drug use or abuse.

Licensees shall establish, implement and maintain a referral process to guide workers to seek assistance from the appropriate resources.

Guidance

The fitness-for-duty process may include both self-referrals and directed referrals to appropriate fitness-for-duty resources, such as health professionals, employee assistance program provider or

testing program through the fitness-for duty administrator. Processes should identify the conditions that warrant for-cause assessments.

Prior to a mandatory referral based on observed behaviour, a fitness-for-duty screening should be conducted. The screening should be based on face-to-face interaction between the worker, a supervisor and at least one other person. A screening checklist should be used.

3.5 Access to assistance

Licensees shall ensure that applicable workers have access to an EAP. EAPs shall be designed to achieve early intervention and provide confidential assistance.

Guidance

The EAP should offer confidential assessment, short-term counselling, referral services and treatment monitoring to workers who have problems, including alcohol or drug use or abuse that could adversely affect their ability to competently and safely perform their duties.

3.6 Behavioural observation

Licensees shall ensure that applicable workers are subject to behavioural observation, specifically related to alcohol or drug use or abuse.

3.6.1 Peer observation and reporting

Licensees shall ensure that expectations regarding peer observation and reporting are included in their fitness-for-duty processes and aligned with their respective policy statements on peer observation for potential alcohol or drug use or abuse issues.

3.6.2 Supervisory awareness program

As indicated in section 1.3 of this document, section 38 of the *Nuclear Security Regulations* requires licensees to develop a supervisory awareness program. This is to ensure that supervisors are trained to recognize behavioural changes in all personnel, including contractors that could pose a risk to security at a facility.

Supervisory awareness training shall be delivered to supervisors and other designated personnel identified by the licensee.

Guidance

Observations related to a worker's fitness for duty related to alcohol or drug use or abuse should be made in a variety of situations, such as during task assignments, observation and coaching sessions, field inspections, pre-job briefings, performance reviews, one-on-one sessions, shift turnovers and incident investigations.

Aberrant behaviour and incidents related to alcohol and drug use and abuse should be documented and trended to facilitate appropriate intervention strategies based on risk.

Supervisory awareness training may include the following aspects:

- knowledge of the authorities, accountabilities, and responsibilities of supervisors and other designated personnel with respect to behavioural observation
- knowledge of the interfaces between related fitness-for-duty policies, procedures, and supporting programs
- the ability to recognize behaviours that may indicate the possible use, sale, or possession of illegal drugs; use or possession of alcohol or impairment from prescription and over-the-counter medication onsite or while on duty

Further information on observed behaviours can be found in section 5.2.

3.7 Assessment and continual improvement

An assessment of the fitness-for-duty program related to alcohol and drug use and abuse and the supervisory awareness program shall be performed periodically to identify opportunities for continual improvement and to confirm the program's effectiveness.

Licensees shall carry out trend analyses of problems and causes related to the use and abuse of alcohol and drugs.

3.8 Training, education, and awareness

Licensees shall ensure that those with authorities, accountabilities, and responsibilities for monitoring alcohol and drug use and abuse, including workers, receive initial and continuing training commensurate with their authorities, accountabilities and responsibilities.

Guidance

With respect to alcohol and drug use and abuse, licensees' training, education and awareness for workers who are subject to the fitness-for-duty program should include the following aspects:

- knowledge of the fitness-for-duty policy statements and procedures that apply to the worker, the methods that will be used to implement them, and the consequences of violating the policy and procedures
- knowledge of the individual's authorities, accountabilities, and responsibilities under the fitness-for-duty program
- knowledge of the EAP and other support or assessment services available to the worker
- knowledge of the health and safety hazards associated with abuse of illegal and legal drugs and alcohol
- knowledge of the potential adverse effects of alcohol, and prescription and over-the-counter drugs on job performance
- the ability to recognize behaviours in peers that may indicate the possible use, sale or possession of illegal drugs; use or possession of alcohol or impairment from prescription and over-the-counter medication on site or while on duty
- knowledge of the individual's responsibility to report a fitness-for-duty concern and the ability to initiate appropriate actions related to self- and peer-reporting

Additional requirements and guidance related to training can be found in sections 3.6.2, 6.1, 6.2 and 6.5.

Requirements and guidance for training systems are found in REGDOC-2.2.2, *Personnel Training*.

4. Positions Subject to Alcohol and Drug Testing

4.1 Safety-critical and safety-sensitive positions

Safety-critical positions shall include:

1. workers certified under [Class I Nuclear Facilities Regulations](#) subsection 9 (2), excluding certified health physicists
2. onsite nuclear response force (NRF) members

For the purposes of alcohol and drug testing, safety-sensitive positions shall include:

3. certified health physicists
4. the following security personnel: nuclear security officers (NSOs), and designated non-NRF personnel
5. emergency response teams (ERTs) / fire brigade

Guidance

Additional information regarding certified workers and ERTs may be found in RD-204, Certification of Persons Working at Nuclear Power Plants [8], CSA N293, Fire protection for nuclear power plants [9], and CSA N393, Fire protection for facilities that process, handle, or store nuclear substances [10].

5. Alcohol and Drug-Testing Requirements by Circumstance and Workgroup

Alcohol and drug testing of workers holding safety-critical or safety-sensitive positions shall be conducted in accordance with the breath alcohol-testing and drug-testing processes described in sections 6.1 to 6.6. The testing circumstances relevant to the prescribed workgroups are summarized in table A.1 of appendix A.

5.1 Pre-placement alcohol and drug testing

Licensees shall require all candidates who succeed in progressing through all the previous stages of a job competition to a safety-critical position (see section 4.1, bullets 1 and 2) to submit to alcohol and drug testing as a condition of placement. Incumbent workers transferring into a safety-critical position (see section 4.1, bullets 1 and 2) shall also be required to submit to a pre-placement alcohol and drug test.

Guidance

As job applicants are not workers, a substance test should not be used as a screening tool and should only be administered once a candidate has met all other qualifications necessary.

5.2 Reasonable grounds alcohol and drug testing

Licensees shall require all workers in safety-critical or safety-sensitive positions (see section 4.1, bullets 1–5) to submit to for-cause testing under the reasonable grounds testing circumstance.

Licensees shall define within their fitness-for-duty governance documents when workers in safety-critical or safety-sensitive positions will be required to submit to for-cause reasonable grounds testing.

Under for-cause reasonable grounds testing, workers in safety-critical or safety-sensitive positions (see section 4.1, bullets 1–5) shall be required to submit to for-cause reasonable grounds testing when there is reasonable cause to believe, through observed behaviour, physical condition or after receiving credible information, that the individual is unfit to perform his or her duties, due to the adverse effects of alcohol or drug use. The grounds for for-cause reasonable grounds testing shall be independently verified by at least two people (one of whom is a supervisor).

Guidance

Observed behaviours and physical conditions that may establish for-cause reasonable grounds testing include:

- breath odour
- observed use or possession of alcohol, illicit drugs, or drug paraphernalia
- speech patterns
- physical appearance and behaviour
- an episode or events that suggest irrational or reckless behaviour

Further information on supervisory awareness is found in section 3.6.2.

5.3 Post-incident alcohol and drug testing

Licensees shall require all workers in safety-critical or safety-sensitive positions (see section 4.1 bullets 1–5) to submit to for-cause testing under the post-incident testing circumstance.

Under post-incident testing, workers in safety-critical or safety-sensitive positions (section 4.1 bullets 1–5) shall be required to submit to for-cause testing as soon as practicable after a significant incident where a human act or omission by the worker may have caused or contributed to the event.

Guidance

In deciding whether or not to conduct post-incident testing, it is not necessary to determine if alcohol or drugs were contributing factors to the significant incident.

Significant incidents refer to a subset of incidents that have safety significance (see Glossary for definitions of “incident” and “safety significance”).

5.4 Follow-up and return-to-duty alcohol and drug testing

Licensees shall require all workers in safety critical or safety-sensitive positions (see section 4.1, bullets 1–5) to submit to follow-up testing after confirmation of a substance use disorder by a health professional, and return-to-duty testing as part of the reinstatement process.

Workers shall be subject to follow-up alcohol and drug testing in an unannounced and random fashion at a minimum of every 3 months for a minimum period of 2 years. At the discretion of the health care professional, additional testing beyond these minimum requirements may be conducted to ensure abstinence.

Licensees shall, as part of the reinstatement process to a safety-critical or safety-sensitive position, require workers identified with a substance use disorder to be tested prior to returning to and on assuming safety-sensitive duties. The worker must have a negative drug test result and/or an alcohol test with an alcohol concentration below 20 mg/100mL before resuming performance of safety-sensitive duties.

5.5 Random alcohol and drug testing

Licensees shall require all workers holding safety-critical positions (see section 4.1, bullets 1 and 2) to submit to random alcohol and drug testing. Licensees' sampling process used to select these workers for random testing shall ensure that the number of random tests performed at least every 12 months is equal to at least 25 percent of the applicable worker population.

Licensees shall develop procedures and practices to ensure that random testing is administered in a manner that provides reasonable assurance that individuals are unable to predict when specimens will be collected.

The following shall be addressed for the implementation and conduct of random testing:

1. Ensure that all individuals in the population subject to testing have an equal probability of being selected and tested.
2. Require that individuals who are offsite when selected for testing, or who are onsite and are not reasonably available for testing when selected, be tested at the earliest reasonable opportunity when both the donor and specimen collectors are available to collect specimens for testing and without prior notification to the individual that he or she has been selected for testing.
3. Provide that an individual completing a test is immediately eligible for another unannounced test.

Guidance

The following should be considered for the implementation and conduct of random testing:

- Collect specimens on an unpredictable schedule, including weekends, night shifts and holidays, and at various times during a shift.
- Have testing administered by the fitness-for-duty program on a nominal weekly frequency.
- Require individuals who are selected for random testing to report to the collection site as soon as reasonably practicable after notification, within the time period specified in the fitness-for-duty program policy.
- Establish, implement and maintain alcohol- and drug-testing processes.

6. Alcohol- and Drug-Testing Processes

6.1 Breath alcohol-testing process

Licensees shall establish, implement and maintain a process to test workers holding safety-critical and safety-sensitive positions for the presence of alcohol.

Licensees shall retain or maintain competency in the administration, collection, and analysis of evidential breath alcohol testing. The qualified technicians conducting the breath alcohol testing shall be independent from workgroups subject to testing. For licensee-maintained processes, licensees shall establish, implement, and maintain procedures for the administration of evidential breath alcohol testing. For retained services, licensees shall ensure service providers maintain procedures for the administration of evidential breath alcohol testing.

Licensees shall ensure that an evidential breath testing instrument is used that has been evaluated, tested and recommended by the Alcohol Test Committee (a committee under the auspices of Canada's Department of Justice) as an approved instrument published in the *Approved Breath Analysis Instruments Order* (SI/85-201) [11].

Licensees shall ensure that the following blood alcohol concentrations (BACs) are used for the determination of positive breath alcohol test results:

1. A BAC below 20 mg/100mL shall be considered a negative test, and no further action is required.
2. A BAC from 20 to 39 mg/100mL shall be considered an action level. The licensees shall prohibit the worker from performing safety-sensitive duties until a determination of fitness indicates that the worker is fit to competently and safely perform his or her duties.
3. A BAC of 40 mg/100mL or greater shall be considered a positive test and a fitness-for-duty policy violation (see section 6.3).

Table B.1 in appendix B provides a summary of BAC ranges and associated actions [12].

Guidance

Licensees should refer to the Alcohol Test Committee when establishing procedures for the administration of evidential breath alcohol testing, including:

- the initial and continuing training and qualification of breath alcohol technicians for the operation of approved instruments, including conversion training
- the initial and continuing training and qualification of designated service personnel for the preventative and corrective maintenance of approved instruments
- the development and implementation of protocol(s) for:
 - maintaining approved instruments authorized for use at the nuclear site
 - the preparation required prior to conducting alcohol testing
 - handling and processing workers that will be tested, including escort procedures
 - conducting an initial alcohol test using a breath specimen
 - conducting a confirmatory test for alcohol (when the initial test is 20 mg/100mL or greater)
 - determining a confirmed positive breath alcohol test result
 - shy lung
 - documenting and reporting requirements of breath alcohol specimens

6.2 Drug-testing process

Licensees shall establish, implement and maintain a process to test workers holding safety-critical and safety-sensitive positions for the presence of drugs. In meeting this requirement, licensees may choose to use either laboratory urine drug testing or laboratory oral fluid drug testing, or a combination of both.

Licensees shall develop, implement, and maintain procedures for the administration of drug testing including the collection, storage, and transportation of specimens to a designated accredited laboratory. Licensees shall retain or maintain competency in the collection, storage and transportation of specimens, and shall ensure that specimen collectors are independent from workgroups subject to testing.

Licensees shall retain and utilize the services of an accredited laboratory to analyze and report the results of urine or oral fluid drug specimens. For urine drug testing, licensees shall use a laboratory accredited by the Substance Abuse and Mental Health Services Administration (SAMHSA).¹ For oral fluid drug testing, licensees shall use a laboratory accredited by SAMHSA or a laboratory that meets ISO/IEC 17025, *General Requirements for the Competence of Testing and Calibration Laboratories* [14].

For each drug class, licensees shall document in their governance whether urine or oral fluid test results will be used to determine a policy violation. Licensees shall direct the accredited laboratory to report positive test results in conjunction with the urine or oral fluid drug panel (initial and confirmatory cut-off thresholds) as established in appendix B (see tables B.2 and B.3 for urine and tables B.5 and B.6 for oral fluid).

Licensees shall develop, implement, and maintain a procedure for reviewing and verifying positive, adulterated or invalid drug test results from a medical, toxicological or pharmacological perspective. The procedure shall ensure that a medical review officer (MRO) is designated to review, interpret and verify the laboratory test results for each drug class as specified in the urine and oral fluid drug panels [13, 15] in appendix B.

Licensees shall direct the accredited laboratory to report all positive, adulterated or invalid test results directly to the MRO conducting the drug test review.

In determining whether the donor has violated the fitness-for-duty policy, licensees shall direct the MRO to:

1. provide the donor an opportunity to explain any alternative reasons for the positive test result
2. only report verified positive test results to the licensee

Licensees shall direct the MRO to raise any for-cause mandatory referrals for other fitness-for-duty assessments, as necessary, to ensure safety and security.

¹ Effective May 12, 1998, the Standards Council of Canada (SCC) voted to end its laboratory accreditation program and adopt United States Department of Transportation regulations for the conduct of forensic urine drug testing. The SCC program was formerly known as the Laboratory Accreditation Program for Substance Abuse (LAPSA).

Guidance

Procedures for the administration of drug-testing collection and transportation of specimens should include or make reference to the following:

- licensee-approved collection kits, containers, and other supplies for specimen collection
- protocol for chain of custody, including relevant forms
- protocol for urine and oral fluid specimen collection, including collector duties, specific collection site requirements, verification of donor identity, and potential collection errors (recoverable and non-recoverable)
- protocols for handling and processing workers that will be tested, including escort procedures
- protocol for verification and assurance of sample integrity, including tampering and adulteration
- protocols for urine and oral fluid specimen storage and security
- protocols for urine and oral fluid specimen packaging and transportation to a designated accredited laboratory
- licensee-approved shipment containers
- protocols for shy bladder and dry mouth
- protocol for refusal to test
- initial and continuing training and qualification of urine and oral fluid specimen collectors

Licenseses should retain and utilize the services of a third-party provider, where feasible, for the administration, collection, verification and assurance of specimen integrity and chain of custody, and shipment of specimens to an accredited laboratory.

Licenseses should consider adopting a dilution protocol for urine samples and should consider testing samples identified as dilute against the urine drug panel (initial and confirmatory cut-off thresholds) established in table B.4 [13] of appendix B.

Licenseses should direct the MRO to consult with duly qualified toxicologists, duly qualified pharmacists, or other specialists as required when reviewing, interpreting, and verifying test results. In the event that the MRO determines that there is a legitimate medical explanation for the positive drug test – such as legitimate use of prescription drugs, or a medical condition – the positive test should not be considered verified. However, a fitness-for-duty assessment may be required to determine if the worker is fit for duty.

6.2.1 Point of collection testing

Requirements and guidance contained above in section 6.2 also apply to point of collection testing (POCT), where appropriate.

Licenseses may choose to utilize POCT as a screening tool (following up with additional testing only for non-negative results) or to assess the risk of having a worker return to safety-sensitive or safety-critical duties pending the MRO's report on the urine- or oral-fluid-based laboratory test.

If licenseses choose to utilize POCT, a protocol shall be established and documented. Non-negative results shall be verified by laboratory immunoassay screening and confirmation testing.

For a minimum of 5% of negative POCT tests, licensees shall compare negative POCT results with laboratory-based results on the same type of biological sample (urine or oral fluid), for quality assurance purposes.

Licensees who decide to conduct POCT shall select devices that are:

1. certified by Health Canada or independently evaluated by qualified laboratory personnel on an initial and annual basis to ensure that the devices meet forensic standards such as specificity, sensitivity and efficiency
2. calibrated to the extent possible ($\pm 25\%$) with the urine or oral fluid drug testing cut-offs established in appendix B (see table B.2 for urine immunoassay or table B.5 for oral fluid immunoassay cut-offs)

If licensees choose to utilize POCT, POCT devices shall be used only in random or post-incident testing circumstances. POCT devices shall not be used in pre-placement, reasonable grounds, follow-up or return to duty testing circumstances.

Guidance

For the minimum 5% of negative POCT tests used to assess quality assurance, a second sample from the same person should be collected, labelled only with a quality assurance sample identifier, and sent to the laboratory for testing. The laboratory test results should be used to evaluate the performance of the POCT device and the collection techniques of the collector. As a good practice, all collectors and all sites should be evaluated every quarter.

6.3 Process for positive alcohol and drug tests

Workers who provide a verified positive alcohol or drug test shall be removed from safety-critical or safety-sensitive duties and referred for a mandatory substance abuse evaluation.

The licensee shall not consider the worker for reinstatement to safety-critical or safety-sensitive duties until a recommendation for reinstatement has been received from a duly qualified health professional.

6.4 Substance abuse evaluation process

Licensees shall establish, implement and maintain an assessment process to evaluate workers in safety-critical or safety-sensitive positions for a substance use disorder. Licensees shall identify the conditions under which a substance abuse evaluation is required, including a verified positive alcohol or drug test.

Licensees shall ensure that both licit and illicit drugs are addressed.

The substance abuse evaluation shall be conducted by a duly qualified health professional. Duly qualified health professionals shall be certified by a professional association that includes substance abuse evaluation or shall have received training in substance abuse evaluation and be affiliated with a provincial college of physicians or nurses.

Workers assessed as having a substance use disorder shall not return to safety-critical or safety-sensitive duties until they have met conditions for reinstatement, as recommended by the duly qualified health professional.

Guidance

The assessment process should include consideration of the following aspects:

- organizational and procedural interfaces between internal and external stakeholders with defined roles in the management of substance dependency, such as the duly qualified health professionals, supervisors and oversight personnel, and external third-party providers
- reporting to the designated fitness-for-duty program administrator
- referral to the licensee's designated substance testing facility

In determining the duly qualified health professional's qualifications, licensees may consider the following or equivalent certifying bodies as listed below:

- Canadian Addiction Counsellors Certification Federation
- Canadian Society for Addiction Medicine
- Canadian Counselling and Psychotherapy Association
- Association of Cooperative Counselling Therapists of Canada
- Canadian Professional Counsellors Association
- Indigenous Certification Board of Canada
- Canadian Council of Professional Certification

Substance use disorders may also be diagnosed through medical or psychological assessments.

Licensees should consider adopting relapse agreements with workers assessed as having a substance use disorder.

6.5 Investigative and alcohol and drug screening tools

Licensees shall establish and document the accepted use of investigative and alcohol and drug screening tools included in their respective fitness-for-duty programs. Use of these tools shall be clearly documented, and training programs shall be provided to support the designated personnel in the proper use of the tools.

Guidance

Licensees may consider the adoption of the following investigative and alcohol and drug screening tools:

- fitness-for-duty assessment screening checklist for supervisors
- fitness-for-duty self-assessment screening checklist for workers
- passive alcohol screening devices
- drug detection dogs and devices (for example, ion scanners)
- physical searches

6.6 Records

The licensee shall retain alcohol and drug testing results for workers holding safety-critical or safety-sensitive positions.

Appendix A: Alcohol and Drug Tests by Workgroup and Circumstance

Table A.1 provides a summary of the alcohol and drug testing to be conducted, by workgroup and circumstance.

Table A.1: Summary of alcohol and drug testing to be conducted, by workgroup and circumstance

Workgroup		Pre-placement	For-cause reasonable grounds	For-cause post-incident	Follow-up	Random
Certified workers (excluding certified health physicists)		YES	YES	YES	YES	YES
Security personnel	Onsite nuclear response force (NRF) members	YES	YES	YES	YES	YES
	Nuclear security officers	NO	YES	YES	YES	NO
	Designated non-NRF personnel	NO	YES	YES	YES	NO
Certified health physicists		NO	YES	YES	YES	NO
Emergency response teams / fire brigade		NO	YES	YES	YES	NO

Appendix B: Alcohol- and Drug-Testing Thresholds

B.1 Blood alcohol concentration ranges and associated actions

Table B.1 provides a summary of blood alcohol concentration (BAC) ranges and associated actions to be taken by licensees [12].

Table B.1: Blood alcohol concentration ranges and associated actions to be taken by licensees

BAC range	Action
Below 20 mg/100mL	Negative test – no action required
20 to 39 mg/100mL	Action level – removal of worker from safety-critical or safety-sensitive duties until assessed as fit
40 mg/100mL or greater	Positive test – fitness-for-duty policy violation and removal of worker from safety-critical or safety-sensitive duties until assessed as fit by duly qualified health professional

B.2 Urine immunoassay screening

Table B.2 provides the urine analysis drug panel and the associated cut-offs to be used for immunoassay screening [13].

Table B.2: Urine analysis drug panel and associated cut-offs

Drug / Drug class/ Metabolite	Cut-off (ng/mL)
Cocaine metabolite (benzoylecgonine)	150
Opiates :	
Morphine, codeine	2,000
Hydromorphone and hydrocodone	300
Oxymorphone and oxycodone	100
6-acetylmorphine	10
Amphetamines	500
Cannabinoids	50
Benzodiazepines	100
Methadone metabolite (EDDP)	100

B.3 Urine GC-MS and LC-MS/MS confirmation

Table B.3 provides the urine analysis drug panel and the associated cut-offs to be used for GC-MS and LC-MS/MS confirmation [13].

Table B.3: Urine analysis drug panel and associated cut-offs for GC-MS and LC-MS/MS confirmation

Drug / Drug class / Metabolite	Cut-off (ng/mL)
Amphetamines (amphetamine, methamphetamine, MDMA, MDA)	250
Cannabinoids (as 11-nor- Δ -9 THC COOH)	15
Cocaine metabolite (benzoylecgonine)	100
Methadone metabolite (EDDP)	100
Opiates:	
Morphine, codeine	2,000
Hydromorphone, hydrocodone, oxycodone and oxycodone	100
6-monoacetyl morphine (6-AM, heroin metabolite)	10
Benzodiazepines (LC-MS/MS):	
Oxazepam, temazepam, diazepam, nordiazepam	50
Alprazolam, lorazepam, triazolam, clonazepam	50
Bromazepam, flurazepam	50

B.4 Urine: Recommended dilution protocol cut-off concentrations

Table B.4 provides the urine analysis drug panel and the associated cut-offs recommended to be used as part of a dilution protocol for immunoassay screening and GC-MS and LC-MS/MS confirmation.

Table B.4: Urine analysis drug panel and recommended associated cut-offs to be used as part of dilution protocol

Drug / Drug class / Metabolite	Screening cut-off (ng/mL)	Confirmation cut-off (ng/mL)
Amphetamine/ methamphetamine	100	100
Benzodiazepines	50	50
Cannabinoids	20	6
Cocaine metabolite	15	15
Opiates (codeine and morphine only)	120	120
Methadone metabolite	50	50

B.5 Oral fluid immunoassay screening

Table B.5 provides the oral fluid analysis drug panel and the associated cut-offs to be used for immunoassay screening [15].

Table B.5: Oral fluid analysis drug panel and associated cut-offs

Drug / Drug class / Metabolite	Cut-off (ng/mL)
Amphetamines	50
Cannabinoids	10
Cocaine	20
Opiates:	
Morphine, codeine	30
Hydromorphone and hydrocodone	30
Oxymorphone and oxycodone	30
6-acetylmorphine	4
Benzodiazepines	10
Methadone	20

B.6 Oral fluid GC-MS and LC-MS/MS confirmation

Table B.6 provides the oral fluid analysis drug panel and the associated cut-offs to be used for GC-MS and LC-MS/MS confirmation [15].

Table B.6: Oral fluid analysis drug panel and associated cut-offs for GC-MS and LC-MS/MS confirmation

Drug / Drug class / Metabolite	Cut-off (ng/mL)
Amphetamines (amphetamine, methamphetamine)	25
Cannabinoids (THC)	5
Cocaine and its metabolite (benzoylecgonine)	8
Opiates:	
Morphine, codeine	15
Hydromorphone, hydrocodone, oxymorphone and oxycodone	15
6-monoacetyl morphine (6-AM, heroin metabolite)	2
Benzodiazepines (LC-MS/MS):	3
Methadone and its metabolite (EDDP)	15

Abbreviations

BAC	blood alcohol concentration
CSA	Canadian Standards Association
EAP	employee assistance program
ERT	emergency response team
FFD	fitness for duty
GC-MS	gas chromatography–mass spectrometry
IAEA	International Atomic Energy Agency
LC-MS/MS	liquid chromatography-tandem mass spectrometry
MRO	medical review officer
NRF	nuclear response force
NSO	nuclear security officer
POCT	point of collection testing

Glossary

For definitions of terms used in this document, see [REGDOC-3.6, *Glossary of CNSC Terminology*](#), which includes terms and definitions used in the [Nuclear Safety and Control Act](#) and the regulations made under it, and in CNSC regulatory documents and other publications. REGDOC-3.6 is provided for reference and information.

The following terms are either new terms being defined, or include revisions to the current definition for that term. Following public consultation, the final terms and definitions will be submitted for inclusion in the next version of REGDOC-3.6, *Glossary of CNSC Terminology*.

accredited laboratory

With respect to drug testing, a laboratory accredited by the Substance Abuse and Mental Health Services Administration or that meets ISO/IEC 17025, *General Requirements for the Competence of Testing and Calibration Laboratories* to analyze and report the results of urine or oral fluid drug specimen tests.

Alcohol Test Committee

A scientific committee, under the auspices of the Canadian Society of Forensic Science, that evaluates the scientific, technical and law enforcement aspects of breath alcohol. Its scope includes road-side screening devices, the advent of automated breath test equipment, mobile breath testing and provisions to demand blood samples.

approved instrument

With respect to breath samples, an instrument of a kind that is designed to receive and make an analysis of a sample of the breath of a person in order to measure the concentration of alcohol in the blood of that person and is approved as suitable for the purposes of section 258 of the Canadian Criminal Code by order of the Attorney General of Canada.

breath alcohol technician

With respect to breath samples, a person that is qualified to operate an approved instrument. Also known as a qualified technician. See also “approved instrument”.

certified

Certified by the Commission under paragraph 21(1)(i) of the [Nuclear Safety and Control Act](#) (NSCA) or by a designated officer authorized under paragraph 37(2)(b) of the NSCA.

conversion training

Additional training a breath alcohol technician previously qualified to operate an approved instrument is required to take to become qualified to operate a different approved instrument.

designated non-nuclear response force personnel

Nuclear security staff who are authorized under the Public Agents Firearms Regulations to possess or have access to prohibited and restricted firearms, items or devices on behalf of and under the authority of the CNSC for the purpose of carrying out their duties. These duties may encompass the storage, transport, handling, maintenance and use of firearms related to nuclear response force functions.

dry mouth

The inability of a donor to provide a sufficient amount or volume of oral fluid (i.e., saliva) to permit a valid oral fluid drug test.

fitness for duty (FFD)

A condition in which workers are physically, physiologically, and psychologically capable of competently and safely performing their tasks.

follow-up testing

As part of a follow-up plan to verify an individual's continued abstinence from substance abuse.

for-cause testing

With respect to fitness for duty, for-cause testing includes post-incident testing and reasonable grounds testing. See also "post-incident testing" and "reasonable grounds testing".

high-security site

A nuclear power plant or a nuclear facility where Category I or II nuclear material is processed, used or stored.

incident

Any unintended event, including operating errors, equipment failures, initiating events, accident precursors, near misses or other mishaps, or unauthorized act, malicious or non-malicious, the consequences or potential consequences of which are not negligible from the point of view of protection or safety. (International Atomic Energy Agency Safety Glossary 2007 Edition)

licensing basis

A set of requirements and documents for a regulated facility or activity comprising:

- the regulatory requirements set out in the applicable laws and regulations
- the conditions and safety and control measures described in the facility's or activity's licence and the documents directly referenced in that licence
- the safety and control measures described in the licence application and the documents needed to support that licence application

medical review officer (MRO)

A person who is a licensed physician and board-certified as a medical review officer responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results.

mood-altering substance

Any product that is legally or illegally used, resulting in cognitive or physical limitations that negatively impact performance on the job.

nuclear security officer (NSO)

A person whose function is to provide security at a high-security site and to whom an authorization referred to in subsection 18(2) of the Nuclear Security Regulations has been issued.

onsite nuclear response force (NRF)

- (a) a team of nuclear security officers whose members are
 - (i) trained in the use of firearms, authorized to carry firearms in Canada and qualified to use them, and
 - (ii) permanently located at a high-security site or
- (b) a local, provincial or federal police service, a Canadian Forces unit or any other force
 - (i) under contract to a licensee
 - (ii) whose members are trained in the use of firearms, authorized to carry firearms in Canada and qualified to use them, and

(iii) whose members are permanently located at a high-security site

oral fluid specimen collector

A trained person who instructs and assists workers at an oral fluid collection site, receives the specimen provided by each worker and performs an initial inspection of that specimen, and initiates and completes a custody control form for that specimen.

point of collection testing

An immunoassay urine or oral fluid drug screening test that is conducted in the field outside the laboratory setting and that provides immediate results.

post-incident testing

An element of for-cause testing, where an alcohol or drug test is administered to a worker designated in a safety-critical or safety-sensitive position as soon as practical after a significant incident, where an act or omission by the worker may have caused or contributed to the event. See also “incident” and “safety significance”.

pre-placement testing

An assessment of fitness for duty of an applicant to a safety-critical position before employment begins or a fitness-for-duty assessment conducted before the transfer of an incumbent worker into a safety-critical or safety-sensitive position.

qualification

A recognized level of mastery of task performance in a work-related field, which is normally acquired through successful completion of training. Qualification involves mastery of all the knowledge, skills and safety-related attributes required for successful task performance on the job.

random testing

A statistically random and unannounced basis for selecting which workers designated in safety-critical positions will be subject to alcohol and drug testing, so that each worker has an equal probability of being selected and tested.

reasonable grounds testing

An element of for-cause testing, where workers in safety-sensitive or safety-critical positions are required to submit to testing when there is reasonable cause to believe, through observed behaviour, physical condition or after receiving credible information, that the individual is unfit to perform their duties, due to the adverse effects of alcohol or drug use.

safety-critical position

A position certified (see [RD-204, Certification of Persons Working at Nuclear Power Plants](#)) or authorized (see [REGDOC-2.12.1, High-Security Sites: Nuclear Response Force](#)) by the CNSC that requires workers to make decisions and take actions that have a direct and immediate impact on nuclear safety and security of the high security site.

safety-sensitive position

A position that has a role in the operation of the high-security site, where impaired performance could result in a significant incident affecting the environment, the public, the health and safety of workers and others at site, or the safety and security of the facility. This includes all workers who are regularly required to rotate through or regularly relieve in safety-sensitive positions.

Those who directly supervise working-level positions, or who may perform the same duties or exercise the same responsibilities as safety-sensitive positions, are deemed to hold safety-sensitive positions.

safety significance

The significance of a situation, event or issue with respect to the impact on meeting the nuclear safety objectives as defined by the International Atomic Energy Agency in document SF1, Fundamental Safety Principles. In general, a situation, event or issue has safety significance if it denotes a deviation from the safety case accepted in the licence, in a direction detrimental to safety, such as but not limited to:

- reducing margins to (or exceeding) the accepted limits
- increasing risk to the health, safety and security of persons and the environment
- impairments (various degrees) of the special safety systems or of the safety functions for accident mitigation
- reduction in defence in depth
- events causing radioactive releases and spills of hazardous substances, injuries to workers or the public, etc.

shy bladder

The inability to provide a urine sample as a result of a physiological or psychological medical condition.

shy lung

The inability to provide a sufficient amount or volume of breath to permit a valid alcohol test as a result of a physiological or psychological medical condition.

urine specimen collector

A trained person who instructs and assist workers at a urine collection site, receives the specimen provided by each worker and performs an initial inspection of that specimen, and initiates and completes a custody control form for that specimen.

verified positive drug test

A drug test result from an accredited laboratory that has undergone review by a medical review officer, and that has been determined by the medical review officer to be a positive test result for which no legitimate medical explanation has been provided.

worker

A person who performs work that is referred to in a licence, including someone directly employed by a licensee, contractor or subcontractor.

References

1. International Atomic Energy Agency (IAEA), [GSR Part 1 \(Rev. 1\), Governmental, Legal and Regulatory Framework for Safety](#), Vienna, 2016.
2. IAEA, [NS-R-2, Safety of Nuclear Power Plants: Operation, Requirements](#), Vienna, 2000.
3. IAEA, [GS-G-1.3, Regulatory Inspection of Nuclear Facilities and Enforcement by the Regulatory Body](#), Vienna, 2002.
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5. IAEA, NS-G-2.4, [The Operating Organization for Nuclear Power Plants](#), Vienna, 2001.
6. IAEA, NS-G-2.8, [Recruitment, Qualification and Training of Personnel for Nuclear Power Plants](#), Vienna, 2002.
7. Canadian Human Rights Commission, *Bona Fide Occupational Requirements and Bona Fide Justifications under the Canadian Human Rights Act –The Implications of Meiorin and Grismer*, Ottawa, 2007.
8. Canadian Nuclear Safety Commission, [RD-204, Certification of Persons Working at Nuclear Power Plants](#), Ottawa, 2008.
9. CSA Group, CSA N293, *Fire protection for nuclear power plants*, Mississauga, Ontario.
10. CSA Group, CSA N393, *Fire protection for facilities that process, handle, or store nuclear substances*, Mississauga, Ontario.
11. Canada, [Approved Breath Analysis Instruments Order](#) (SI/85-201).
12. J. Wigmore. [The Forensic Toxicology of Alcohol and Best Practices for Alcohol Testing in the Workplace: A Report to the Canadian Nuclear Safety Commission](#), RSP-0315, Ottawa, 2014.
13. A. Fraser, PhD. [Urine Drug Testing Practice: Report to the Canadian Nuclear Safety Commission](#), RSP-0314, Ottawa, 2014.
14. International Organization for Standardization, ISO/IEC 17025:2017, *General Requirements for the Competence of Testing and Calibration Laboratories*, Geneva, Switzerland.
15. M. Huestis, PhD. *Oral Fluid Drug Testing Practice: Report to the Canadian Nuclear Safety Commission*, RSP-673.2, Ottawa, 2019.

Additional Information

The following documents provide additional information that may be relevant and useful for understanding the requirements and guidance provided in this regulatory document:

- 1 Canadian Nuclear Safety Commission (CNSC), [INFO-0831, *Recent Alcohol and Drug Workplace Policies in Canada: Considerations for the Nuclear Industry*](#), Ottawa, 2012.
- 2 CNSC, [REGDOC-2.2.2, *Personnel Training*](#), Ottawa, 2016.
- 3 United States Nuclear Regulatory Commission, [NUREG/CR-7183, *Best Practices for Behavioral Observation Programs at Operating Power Reactors and Power Reactor Construction Sites*](#). Washington, D.C., 2014.
- 4 United States Department of Transportation, [*Prescription and Over-the Counter Medications Tool Kit*](#), Washington, D.C., 2011.
- 5 Canada, [*Canadian Human Rights Act*](#) (R.S.C., 1985, c. H-6).
- 6 Canadian Human Rights Commission, [*Accommodation Works! A user-friendly guide to working together on health issues in the workplace*](#), (no date).

CNSC Regulatory Document Series

Facilities and activities within the nuclear sector in Canada are regulated by the CNSC. In addition to the *Nuclear Safety and Control Act* and associated regulations, these facilities and activities may also be required to comply with other regulatory instruments such as regulatory documents or standards.

CNSC regulatory documents are classified under the following categories and series:

1.0 Regulated facilities and activities

- Series 1.1 Reactor facilities
- 1.2 Class IB facilities
- 1.3 Uranium mines and mills
- 1.4 Class II facilities
- 1.5 Certification of prescribed equipment
- 1.6 Nuclear substances and radiation devices

2.0 Safety and control areas

- Series 2.1 Management system
- 2.2 Human performance management
- 2.3 Operating performance
- 2.4 Safety analysis
- 2.5 Physical design
- 2.6 Fitness for service
- 2.7 Radiation protection
- 2.8 Conventional health and safety
- 2.9 Environmental protection
- 2.10 Emergency management and fire protection
- 2.11 Waste management
- 2.12 Security
- 2.13 Safeguards and non-proliferation
- 2.14 Packaging and transport

3.0 Other regulatory areas

- Series 3.1 Reporting requirements
- 3.2 Public and Indigenous engagement
- 3.3 Financial guarantees
- 3.4 Commission proceedings
- 3.5 CNSC processes and practices
- 3.6 Glossary of CNSC terminology

Note: The regulatory document series may be adjusted periodically by the CNSC. Each regulatory document series listed above may contain multiple regulatory documents. Visit the CNSC's website for the latest [list of regulatory documents](#).



Gestion de la performance humaine
Aptitude au travail, tome 2 :
**Gérer la consommation d'alcool et
de drogues**

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Version 3

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ÉBAUCHE



Gestion de la performance humaine : Aptitude au travail, tome 2 : Gérer la consommation d'alcool et de drogues, version 3

Document d'application de la réglementation REGDOC-2.2.4

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Préface

Ce document d'application de la réglementation fait partie de la série de documents d'application de la réglementation de la CCSN intitulée Gestion de la performance humaine, qui porte également sur les facteurs humains, la formation du personnel et l'accréditation du personnel. La liste complète des séries figure à la fin de ce document et elle peut être consultée à partir du [site Web de la CCSN](#).

Le document d'application de la réglementation REGDOC-2.2.4, *Aptitude au travail, tome 2 : Gérer la consommation d'alcool et de drogues, version 3* énonce les exigences et l'orientation pour gérer l'aptitude au travail des travailleurs de tous les sites à sécurité élevée en ce qui a trait à la consommation d'alcool et de drogues, tel que défini dans le *Règlement sur la sécurité nucléaire*.

Le REGDOC-2.2.4, *Aptitude au travail, tome 2*, se veut un élément du fondement d'autorisation d'une installation ou d'une activité réglementée, telle que définie par la portée de ce document. Il sera intégré soit aux conditions et aux mesures de sûreté et de réglementation d'un permis, soit aux mesures de sûreté et de réglementation décrites dans la demande de permis et les documents soumis à l'appui de cette demande.

Le cadre de réglementation de la CCSN comprend des documents d'application de la réglementation ainsi que des normes nationales et internationales. Plus particulièrement, la série N des normes de l'Association canadienne de normalisation (Groupe CSA) fournit un ensemble interrelié d'exigences réglementaires pour la gestion des installations et des activités nucléaires. La norme N286 du Groupe CSA fournit une orientation et un cadre de gestion général pour élaborer et mettre en œuvre de solides contrôles et pratiques de gestion pour le fondement d'autorisation. Le présent document d'application de la réglementation ne reproduit pas les exigences génériques de la norme N286 du Groupe CSA. Toutefois, il fournit de l'orientation précise à l'égard de ces exigences.

Pour les nouvelles installations et activités réglementées proposées, ce document servira à évaluer les demandes de permis.

L'orientation contenue dans ce document vise à informer le demandeur, à expliquer plus en détail des exigences ou à fournir de l'orientation aux demandeurs et aux titulaires de permis sur la façon de répondre aux exigences. Il précise aussi comment le personnel de la CCSN évalue des problèmes particuliers ou des données particulières pendant l'examen des demandes de permis. Il est attendu que les titulaires de permis suivent les orientations contenues dans ce document. Dans le cas où d'autres approches sont adoptées, les titulaires de permis doivent démontrer que celles-ci répondent aux exigences réglementaires.

Pour les installations existantes, les exigences contenues dans ce document ne s'appliquent que si elles ont été incluses, en totalité ou en partie, dans le permis ou le fondement d'autorisation.

Une approche graduelle et proportionnelle au risque peut être définie et utilisée dans l'application des exigences et des orientations de ce document d'application de la réglementation. Une approche graduelle ne suppose pas un relâchement des exigences : les exigences sont appliquées de façon proportionnelle aux risques et aux caractéristiques particulières de l'installation ou de l'activité.

Pour en savoir plus sur la mise en œuvre des documents d'application de la réglementation et sur l'approche graduelle, consultez le REGDOC-3.5.3, *Principes fondamentaux de réglementation*.

Remarque importante : Ce document fait partie du fondement d'autorisation d'une installation ou d'une activité réglementée si on s'y réfère directement ou indirectement dans le permis (notamment dans des documents cités en référence du titulaire de permis).

Le fondement d'autorisation établit les conditions limites du rendement acceptable pour une installation ou une activité réglementée et établit les bases du programme de conformité de la CCSN à l'égard de cette installation ou activité réglementée.

Dans le cas où le document est un élément du fondement d'autorisation, le terme « doit » est employé pour exprimer une exigence à laquelle le titulaire ou le demandeur de permis doit se conformer; le terme « devrait » dénote une orientation ou une mesure conseillée; le terme « pourrait » exprime une option ou une mesure conseillée ou acceptable dans les limites de ce document d'application de la réglementation; et le terme « peut » exprime une possibilité ou une capacité.

Aucune information contenue dans le présent document ne doit être interprétée comme libérant le titulaire de permis de toute autre exigence pertinente. Le titulaire de permis a la responsabilité de prendre connaissance de tous les règlements et de toutes les conditions de permis applicables et d'y adhérer.

Table des matières

1.	Introduction.....	1
1.1	Objet	1
1.2	Portée	1
1.3	Législation pertinente	1
1.4	Normes et lignes directrices internationales pertinentes	2
2.	Contexte	2
3.	Gérer la consommation d'alcool et de drogues	3
3.1	Énoncés de politique	3
3.2	Programme d'aptitude au travail.....	4
3.3	Pouvoirs, obligations de rendre compte et responsabilités	4
3.4	Processus général d'aptitude au travail.....	5
3.5	Accès à des mesures de soutien	5
3.6	Observation des comportements	5
3.6.1	Observation et signalement par les pairs	5
3.6.2	Programme de sensibilisation des superviseurs	6
3.7	Évaluation et amélioration continue	6
3.8	Formation, éducation et sensibilisation.....	7
4.	Postes visés par les tests de dépistage d'alcool et de drogues.....	7
4.1	Postes essentiels et importants sur le plan de la sûreté	7
5.	Exigences relatives aux tests de dépistage d'alcool et de drogues en fonction des circonstances et du groupe de travail.....	8
5.1	Tests de dépistage d'alcool et de drogues préalables à l'affectation	8
5.2	Tests de dépistage d'alcool et de drogues pour des motifs raisonnables	8
5.3	Tests de dépistage d'alcool et de drogues à la suite d'un incident.....	9
5.4	Tests de dépistage de suivi de la consommation d'alcool et de drogues	10
5.5	Tests aléatoires de dépistage d'alcool et de drogues.....	10
6.	Processus de dépistage d'alcool et de drogues.....	11
6.1	Processus de dépistage d'alcool dans l'haleine.....	11
6.2	Processus de dépistage de drogues	12
6.2.1	Analyse au point de prélèvement.....	14

6.3	Processus pour les tests de dépistage d'alcool et de drogues positifs	15
6.4	Processus d'évaluation de la toxicomanie	15
6.5	Outils d'enquête et de dépistage de la consommation d'alcool et de drogues	16
6.6	Conservation des documents.....	17
Annexe A : Tests de dépistage d'alcool et de drogues en fonction du groupe de travail et des circonstances.....		18
Annexe B : Seuils de dépistage de l'alcool et des drogues		19
B.1	Plages de taux d'alcool dans le sang et mesures connexes	19
B.2	Dépistage par dosage immunologique pour l'urine	19
B.3	Confirmation par CG-SM et CL-SM/SM pour l'urine	20
B.4	Seuils de concentration recommandés s'appliquant au protocole de dilution de l'urine.....	20
B.5	Dépistage par dosage immunologique pour les sécrétions orales	21
B.6	Confirmation par CG-SM et CL-SM/SM pour les sécrétions orales	22
Sigles et abréviations.....		23
Glossaire.....		24
Références		29
Renseignements supplémentaires		30

Aptitude au travail, tome 2 : Gérer la consommation d'alcool et de drogues, version 3

1. Introduction

1.1 Objet

Le présent document d'application de la réglementation précise les exigences et l'orientation en matière de gestion de l'aptitude au travail des travailleurs en ce qui a trait à la consommation d'alcool et de drogues.

1.2 Portée

Le présent document d'application de la réglementation est destiné aux sites à sécurité élevée, tels que définis dans le [Règlement sur la sécurité nucléaire](#). Les exigences et l'orientation énoncées dans le présent document s'appliquent à tous les travailleurs qui occupent des postes importants ou essentiels sur le plan de la sûreté, tels que définis à la section 4.1.

1.3 Législation pertinente

Les dispositions de la [Loi sur la sûreté et la réglementation nucléaires](#) (LSRN) et de ses règlements qui s'appliquent au présent document sont les suivantes :

- Le sous-alinéa 9a)(i) de la LSRN stipule que la Commission a notamment pour mission « de réglementer le développement, la production et l'utilisation de l'énergie nucléaire ainsi que la production, la possession et l'utilisation des substances nucléaires, de l'équipement réglementé et des renseignements réglementés afin que le niveau de risque inhérent à ces activités tant pour la santé et la sécurité des personnes que pour l'environnement, demeure acceptable ».
- L'alinéa 12(1)a) du [Règlement général sur la sûreté et la réglementation nucléaires](#) indique que chaque titulaire de permis doit « veille[r] à ce qu'il y ait suffisamment de travailleurs qualifiés pour exercer l'activité autorisée en toute sécurité et conformément à la Loi, à ses règlements et au permis ».
- L'alinéa 12(1)b) du [Règlement général sur la sûreté et la réglementation nucléaires](#) indique que chaque titulaire de permis doit « forme[r] les travailleurs pour qu'ils exercent l'activité autorisée conformément à la Loi, à ses règlements et au permis ».
- L'alinéa 17b) du [Règlement général sur la sûreté et la réglementation nucléaires](#) indique que chaque travailleur doit « se conforme[r] aux mesures prévues par le titulaire de permis pour protéger l'environnement, préserver la santé et la sécurité des personnes, maintenir la sécurité et contrôler les niveaux et les doses de rayonnement, ainsi que le rejet de substances nucléaires radioactives et de substances dangereuses dans l'environnement ».
- Le sous-alinéa 17c)(i) du [Règlement général sur la sûreté et la réglementation nucléaires](#) indique que chaque travailleur doit « signale[r] sans délai à son supérieur ou au titulaire de permis toute situation où, à son avis, il pourrait y avoir une augmentation considérable du niveau de risque pour l'environnement ou pour la santé et la sécurité des personnes ».
- L'alinéa 17e) du [Règlement général sur la sûreté et la réglementation nucléaires](#) indique que le travailleur doit « prend[re] toutes les précautions raisonnables pour veiller à sa propre sécurité et à celle des personnes se trouvant sur les lieux de l'activité autorisée, à la protection de l'environnement et du public ainsi qu'au maintien de la sécurité des installations nucléaires et des substances nucléaires ».

- L'alinéa 3(d.1) du [Règlement sur les installations nucléaires de catégorie I](#) exige qu'une demande de permis visant une installation nucléaire de catégorie I contienne « le programme de performance humaine proposé pour l'activité visée, y compris les mesures qui seront prises pour assurer l'aptitude au travail des travailleurs ».
- L'alinéa 6d) du [Règlement sur les installations nucléaires de catégorie I](#) indique qu'une demande de permis pour exploiter une installation nucléaire de catégorie I doit comprendre les renseignements concernant « les mesures, politiques, méthodes et procédures proposées pour l'exploitation et l'entretien de l'installation nucléaire ».
- L'article 18.4 du [Règlement sur la sécurité nucléaire](#) indique que « [t]oute autorisation visée à l'article 18 est assortie des conditions nécessaires pour réduire au minimum tout risque pour l'installation et sa période de validité ne peut excéder cinq ans ».
- L'article 38 du [Règlement sur la sécurité nucléaire](#) exige que « le titulaire de permis élabore un programme de sensibilisation des surveillants et le met en application de façon continue pour faire en sorte que ceux-ci soient formés pour reconnaître, chez les employés et les entrepreneurs, les changements de comportement qui pourraient constituer une menace pour la sécurité de l'installation où il exerce des activités autorisées ».

1.4 Normes et lignes directrices internationales pertinentes

L'Agence internationale de l'énergie atomique (AIEA) a établi que les installations nucléaires devaient tenir compte de l'aptitude au travail. Le cadre de l'AIEA qui soutient l'aptitude au travail est décrit dans deux documents sur les prescriptions de sûreté [1, 2] et dans de nombreux guides de sûreté [3-6].

Pour toutes les installations nucléaires, l'AIEA recommande que les organismes de réglementation inspectent les programmes d'aptitude au travail des titulaires de permis et en évaluent l'efficacité [3]. Les organismes de réglementation sont aussi chargés de veiller à ce que les exploitants d'installation nucléaire mettent en œuvre les « directives concernant l'aptitude physique en fonction du nombre d'heures de travail, de la santé et de l'abus éventuel d'alcool et d'autres drogues » [4].

L'AIEA recommande également que toutes les installations nucléaires se dotent de directives sur l'aptitude au travail liées à la consommation de substances intoxicantes [5]. Elle recommande en outre que les titulaires de permis se dotent de mécanismes visant à déterminer qui sont les personnes ayant une tendance à la toxicomanie (alcool et drogues) et mettent en place des contrôles administratifs en vue d'observer, de surveiller et de contrôler l'aptitude au travail du personnel de quart. Par ailleurs, l'AIEA conseille également que le personnel prédisposé à l'abus de drogues ou d'alcool ne soit pas employé pour accomplir des tâches liées à la sûreté [6, document de référence anglais].

2. Contexte

La performance humaine contribue de manière essentielle à la sûreté et à la sécurité des installations nucléaires. Un des facteurs qui influent sur la performance humaine est l'aptitude au travail. L'adoption de mesures pour surveiller la consommation ou l'abus d'alcool et de drogues est un élément clé pour gérer l'aptitude au travail des travailleurs. Dans le présent document, on entend par aptitude au travail :

État des travailleurs capables sur les plans physique, physiologique et psychologique d'effectuer leurs tâches avec compétence et de manière sécuritaire.

La mise en œuvre d'un programme d'aptitude au travail efficace en ce qui a trait à la consommation et l'abus d'alcool et de drogues fournit l'assurance raisonnable que les travailleurs ont toutes leurs facultés, afin que leur capacité de réaliser de façon sécuritaire et compétente les tâches liées à leur poste ne soit pas altérée, et qu'ils ne constituent pas un risque en matière de sûreté ou de sécurité.

Les exigences relatives à l'aptitude au travail en ce qui a trait à la consommation et l'abus d'alcool et de drogues qui sont spécifiées dans le présent document représentent des exigences professionnelles et opérationnelles raisonnables à l'égard de la population de travailleurs applicable. C'est à l'employeur qu'il incombe d'évaluer dans quelle mesure il a l'obligation d'adaptation, lorsque cela est jugé nécessaire. Dans le cadre de l'obligation d'adaptation, l'employeur doit prendre des mesures pour adapter le poste au travailleur lorsque le ou les besoins d'une personne visent l'un des motifs de distinction en vertu de la *Loi canadienne sur les droits de la personne*, par exemple un travailleur désigné comme étant handicapé, pourvu que cela n'impose pas de contrainte excessive à l'employeur [7]. Il incombe également au titulaire de permis de s'assurer que les tâches confiées à un travailleur ne mettent pas la santé ou la sécurité de cette personne en danger, ni la santé ou la sécurité d'autrui, ni la sûreté de l'installation et qu'elles n'ont aucune incidence sur le bon fonctionnement de l'installation du titulaire de permis.

3. Gérer la consommation d'alcool et de drogues

Au chapitre de la consommation et l'abus d'alcool et de drogues, les titulaires de permis doivent gérer l'aptitude au travail des travailleurs concernés (voir la section 4.1) pouvant poser un risque pour la sûreté ou la sécurité nucléaire, conformément à leur système de gestion défini dans leur fondement d'autorisation. Les sous-sections qui suivent expliquent comment les exigences génériques du système de gestion s'appliquent à la gestion de l'aptitude au travail en ce qui a trait à la consommation et l'abus d'alcool et de drogues.

3.1 Énoncés de politique

Les titulaires de permis doivent établir, mettre en œuvre et tenir à jour des énoncés de politique clairs sur l'aptitude au travail en ce qui a trait à la consommation et l'abus d'alcool et de drogues. Les énoncés de politique doivent fournir aux travailleurs de l'information sur ce que l'on attend d'eux et sur les conséquences pouvant résulter de violations de la politique.

Orientation

Les énoncés de politique des titulaires de permis relatifs à l'alcool et aux drogues devraient :

1. interdire aux travailleurs de se présenter au travail ou de rester au travail sous l'effet de l'alcool, du cannabis, des produits dérivés du cannabis, ou de drogues illicites;
2. interdire aux travailleurs d'apporter, de conserver ou de consommer de l'alcool, du cannabis, des produits dérivés du cannabis, des drogues illicites, des médicaments prescrits sans ordonnance légale ou d'avoir en leur possession des accessoires facilitant la consommation de drogues sur les lieux d'un site à sécurité élevée
3. renforcer la consommation responsable de médicaments sous ordonnance ou en vente libre, ou de substances psychoactives, et le processus à suivre en cas de prise d'un médicament altérant ou susceptible d'altérer la capacité d'un travailleur à exécuter ses tâches de façon sécuritaire et compétente

4. décrire les responsabilités des travailleurs, des superviseurs, du personnel de surveillance et des accompagnateurs pour signaler les problèmes d'aptitude au travail
5. décrire les attentes concernant la durée raisonnable pendant laquelle les travailleurs devraient s'abstenir de consommer de l'alcool et/ou des drogues avant de se présenter au travail, en tenant dûment compte des effets d'affaiblissement des facultés à plus long terme

3.2 Programme d'aptitude au travail

Au chapitre de la consommation et l'abus d'alcool et de drogues, le titulaire de permis doit mettre en œuvre un programme d'aptitude au travail documenté qui inclut un ensemble de mesures coordonnées visant à fournir l'assurance raisonnable que les travailleurs concernés (voir la section 4.1) sont capables d'effectuer leurs tâches et donc qu'ils ne posent pas de risques pour leur sécurité, la sécurité des autres ou la sûreté et la sécurité de l'installation. Remarque : Dans le cadre de la mise en œuvre du programme d'aptitude au travail, les titulaires de permis doivent tenir compte de toutes les lois pertinentes relatives à la protection des renseignements personnels.

3.3 Pouvoirs, obligations de rendre compte et responsabilités

Au chapitre de la consommation et l'abus d'alcool et de drogues, les titulaires de permis doivent définir et documenter les pouvoirs, les obligations de rendre compte et les responsabilités de ceux qui participent à la gestion de l'aptitude au travail des travailleurs, y compris les interfaces avec des organisations externes.

Orientation

Au chapitre de la consommation et l'abus d'alcool et de drogues, les titulaires de permis devraient définir et documenter les pouvoirs, les obligations de rendre compte et les responsabilités des personnes ou des organisations suivantes, le cas échéant :

- les cadres supérieurs
- les superviseurs, le personnel chargé de la surveillance et les accompagnateurs
- les travailleurs
- le personnel chargé de la sécurité
- les ressources humaines
- les administrateurs du programme d'aptitude au travail
- des professionnels de la santé dûment qualifiés
- des toxicologues judiciaires dûment qualifiés
- des pharmaciens dûment qualifiés
- des éthylométristes
- des personnes chargées du prélèvement des échantillons
- des médecins examinateurs (ME)
- des laboratoires accrédités
- des fournisseurs tiers
- des fournisseurs de programme d'aide aux employés
- des fournisseurs de services d'évaluation de la toxicomanie

3.4 Processus général d'aptitude au travail

Les titulaires de permis doivent établir, mettre en œuvre et tenir à jour un processus pour identifier et gérer les travailleurs concernés qui éprouvent des limitations temporaires ou continues pouvant les rendre incapables d'accomplir les tâches qui leur sont assignées avec compétence et de manière sécuritaire en raison de leur consommation ou abus d'alcool ou de drogues. Ce processus doit comprendre les mesures à prendre par le superviseur s'il croit, en raison d'un auto-signallement, d'un signallement par les pairs, de l'observation du comportement ou de la condition physique, d'un examen préliminaire ou d'une évaluation de l'aptitude au travail, du rapport d'un professionnel de la santé ou après avoir reçu une information digne de foi, qu'un travailleur peut être incapable d'accomplir les tâches qui lui sont assignées de manière sécuritaire et avec compétence en raison de sa consommation ou abus d'alcool ou de drogues.

Les titulaires de permis doivent établir, mettre en œuvre et tenir à jour un processus de référence pour guider les travailleurs à demander l'aide des ressources appropriées.

Orientation

Le processus d'aptitude au travail peut comprendre à la fois l'accès sans et avec recommandation aux ressources appropriées, comme des professionnels de la santé, le fournisseur du programme d'aide aux employés (PAE) ou la personne chargée de l'aptitude au travail qui administre les programmes de dépistage. Les processus devraient comprendre les conditions qui justifient des évaluations pour raisons valables.

Avant un accès avec recommandation fondé sur l'observation d'un comportement, il faudrait effectuer un examen préliminaire de l'aptitude au travail. L'examen préliminaire devrait reposer sur une interaction en personne entre le travailleur, son superviseur et au moins une autre personne. Une liste de vérification de l'examen préliminaire devrait être utilisée.

3.5 Accès à des mesures de soutien

Les titulaires de permis doivent s'assurer que les travailleurs concernés ont accès à un PAE. Les PAE doivent être conçus pour réaliser une intervention précoce et fournir une aide confidentielle.

Orientation

Le PAE devrait offrir une évaluation confidentielle, des conseils à court terme, des services de référence et une surveillance des traitements administrés aux travailleurs présentant des problèmes pouvant influencer négativement leur capacité à accomplir leurs tâches de façon sécuritaire et avec compétence, y compris la consommation ou l'abus d'alcool ou de drogues.

3.6 Observation des comportements

Les titulaires de permis doivent s'assurer que les comportements des travailleurs concernés sont observés, en particulier ceux relatifs à la consommation ou l'abus d'alcool ou de drogues.

3.6.1 Observation et signalement par les pairs

Les titulaires de permis doivent s'assurer que les attentes relatives à l'observation et au signalement par les pairs figurent dans leurs processus d'aptitude au travail et soient alignées sur

leurs énoncés de politique visant l'observation par les pairs de problèmes possibles de consommation ou d'abus d'alcool ou de drogues.

3.6.2 Programme de sensibilisation des superviseurs

Comme il est indiqué à la section 1.3 du présent document, l'article 38 du *Règlement sur la sécurité nucléaire* oblige les titulaires de permis à élaborer un programme de sensibilisation des superviseurs afin que ceux-ci soient formés pour reconnaître, chez les employés et les entrepreneurs, les changements de comportement qui pourraient constituer une menace pour la sécurité de l'installation.

La formation de sensibilisation des superviseurs doit être donnée aux superviseurs et aux autres membres du personnel désigné indiqués par le titulaire de permis.

Orientation

Les observations liées à l'aptitude au travail d'un travailleur qui ont trait à la consommation ou l'abus d'alcool ou de drogues devraient être faites dans différentes situations, comme lors de l'attribution des tâches, de séances d'observation et d'encadrement, d'inspections sur le terrain, de séances d'information préalables au travail, d'examen du rendement, d'entrevues individuelles, de changements de quart de travail et d'enquêtes sur les incidents.

Il faudrait établir un processus permettant de consigner et d'établir les tendances des incidents liés à des comportements aberrants de chaque travailleur afin de faciliter l'application de stratégies d'intervention appropriées fondées sur le risque.

La formation de sensibilisation des superviseurs peut aborder les aspects suivants :

- la connaissance des pouvoirs, des obligations de rendre compte et des responsabilités des superviseurs et des autres membres du personnel désigné en ce qui concerne l'observation des comportements
- la connaissance des interfaces entre les politiques, les procédures et les programmes de soutien liés à l'aptitude au travail
- la capacité de détecter les comportements qui pourraient indiquer la consommation, la vente ou la possession éventuelle de drogues illicites, la consommation ou la possession d'alcool, ou l'affaiblissement des facultés par des médicaments en vente libre et délivrés sur ordonnance quand les travailleurs sont sur le site ou sont en fonction

D'autres renseignements sur les comportements observés sont fournis à la section 5.2.

3.7 Évaluation et amélioration continue

Une évaluation du programme d'aptitude au travail en ce qui a trait à la consommation et à l'abus d'alcool et de drogues ainsi que du programme de sensibilisation des superviseurs doit être effectuée périodiquement pour identifier les possibilités d'amélioration continue et pour confirmer qu'il est efficace.

Les titulaires de permis doivent effectuer des analyses des tendances concernant les problèmes et les causes de la consommation et de l'abus d'alcool et de drogues.

3.8 Formation, éducation et sensibilisation

Les titulaires de permis doivent s'assurer que les personnes qui ont des pouvoirs, des obligations de rendre compte et des responsabilités reliés à la surveillance de la consommation et de l'abus d'alcool et de drogues, y compris les travailleurs, reçoivent une formation initiale et une formation continue proportionnelle à leurs pouvoirs, leurs obligations de rendre compte et leurs responsabilités.

Orientation

Au chapitre de la consommation et de l'abus d'alcool et de drogues, la formation, l'éducation et les activités de sensibilisation du titulaire de permis destinées aux travailleurs assujettis au programme d'aptitude au travail devraient comprendre les éléments suivants :

- la connaissance des énoncés de politique sur l'aptitude au travail et des procédures qui s'appliquent au travailleur, des méthodes qui seront utilisées pour les mettre en œuvre, et des conséquences d'une violation de la politique et des procédures
- la connaissance des pouvoirs, des obligations de rendre compte et des responsabilités de la personne dans le cadre du programme d'aptitude au travail
- la connaissance des services du PAE offerts au travailleur
- la connaissance des risques pour la santé et la sécurité liés à l'abus de drogues licites et illicites et d'alcool
- la connaissance des effets négatifs potentiels sur le rendement au travail des médicaments sur ordonnance et en vente libre
- la capacité de détecter chez les pairs des comportements susceptibles d'indiquer la consommation, la vente ou la possession éventuelle de drogues illicites, la consommation ou la possession d'alcool, ou l'affaiblissement des facultés par des médicaments en vente libre et délivrés sur ordonnance quand les travailleurs sont sur le site ou sont en fonction
- la connaissance de la responsabilité individuelle de signaler un problème d'aptitude au travail et la capacité de prendre les mesures appropriées suivant la déclaration volontaire et la déclaration par les pairs

Des exigences et de l'orientation supplémentaires liées à la formation se trouvent aux sections 3.6.2, 6.1, 6.2 et 6.5.

Les exigences et l'orientation sur les systèmes de formation sont énoncées dans le document REGDOC-2.2.2, *Formation du personnel*.

4. Postes visés par les tests de dépistage d'alcool et de drogues

4.1 Postes essentiels et importants sur le plan de la sûreté

Les postes essentiels sur le plan de la sûreté doivent comprendre :

1. les travailleurs accrédités en vertu du paragraphe 9(2) du [Règlement sur les installations nucléaires de catégorie I](#), à l'exception des spécialistes en radioprotection accrédités
2. les membres de la force d'intervention pour la sécurité nucléaire (FISN)

Aux fins du dépistage d'alcool et de drogues, les postes importants sur le plan de la sûreté doivent comprendre :

3. les spécialistes en radioprotection accrédités
4. le personnel de sécurité suivant : agents de sécurité nucléaire (ASN) et le personnel désigné qui ne fait pas partie de la FISN
5. les équipes d'intervention d'urgence (EIU)/corps de pompiers

Orientation

Des renseignements supplémentaires sur les travailleurs accrédités et les EIU se trouvent dans le document d'application de la réglementation RD-204, *Accréditation des personnes qui travaillent dans des centrales nucléaires* [8] ainsi que dans les normes du Groupe CSA N293, *Protection contre l'incendie dans les centrales nucléaires* [9], et N393, *Protection contre l'incendie dans les installations qui traitent, manipulent ou entreposent des substances nucléaires* [10].

5. Exigences relatives aux tests de dépistage d'alcool et de drogues en fonction des circonstances et du groupe de travail

Les tests de dépistage d'alcool et de drogues pour les travailleurs occupant des postes essentiels ou importants sur le plan de la sûreté seront menés conformément aux processus de dépistage de l'alcool dans l'haleine et de dépistage de drogues décrits aux sections 6.1 à 6.6. Le tableau A1 de l'annexe A présente un résumé des tests de dépistage d'alcool et de drogues à effectuer en fonction du groupe de travail et des circonstances.

5.1 Tests de dépistage d'alcool et de drogues préalables à l'affectation

Les titulaires de permis devront exiger que tous les candidats à un poste essentiel sur le plan de la sûreté (voir la section 4.1, puces 1 et 2) qui ont réussi les étapes précédentes du concours se soumettent à des tests de dépistage d'alcool et de drogues, en tant que condition d'emploi. Les personnes transférées à un poste essentiel sur le plan de la sûreté (voir la section 4.1, puces 1 et 2) seront également tenues de se soumettre à un test de dépistage d'alcool et de drogues préalable à l'affectation.

Orientation

Étant donné que les candidats à un poste ne sont pas des travailleurs, le test de dépistage de la consommation de substances intoxicantes ne devrait pas être utilisé en tant qu'outil de sélection pour l'emploi et ne devrait être administré qu'une fois que le candidat possède toutes les autres qualifications requises.

5.2 Tests de dépistage d'alcool et de drogues pour des motifs raisonnables

Les titulaires de permis devront exiger que tous les travailleurs occupant des postes essentiels et des postes importants sur le plan de la sûreté (voir la section 4.1, puces 1 à 5) se soumettent à des tests de dépistage pour raison valable.

Il incombera aux titulaires de permis de déterminer, dans le cadre de leurs documents de gouvernance sur l'aptitude au travail, le moment où les travailleurs occupant des postes essentiels ou des postes importants sur le plan de la sûreté devront se soumettre aux tests de dépistage pour des motifs raisonnables.

Dans le cadre de tests de dépistage pour motifs raisonnables, les travailleurs occupant des postes essentiels ou des postes importants sur le plan de la sûreté (voir la section 4.1, puces 1 à 5) devront se soumettre à un test de dépistage pour raison valable s'il existe un motif raisonnable de croire, en raison de l'observation du comportement ou de la condition physique ou après avoir reçu une information digne de foi, que la personne est incapable d'accomplir ses tâches en raison des effets néfastes de la consommation d'alcool ou de drogues. Les motifs d'un tel test de dépistage doivent être vérifiés de manière indépendante par au moins deux personnes (dont l'une d'elles est un superviseur).

Orientation

Les comportements et les conditions physiques observés pouvant constituer les motifs raisonnables d'une évaluation pour raison valable comprennent :

- l'odeur de l'haleine
- l'observation de la consommation ou de la possession d'alcool, de drogues illicites ou d'accessoires facilitant la consommation de drogues
- l'élocution
- l'apparence physique et le comportement
- un épisode ou des événements semblant indiquer un comportement irrationnel ou téméraire

D'autres renseignements sur la sensibilisation des surveillants sont fournis à la section 3.6.2, Programme de sensibilisation des superviseurs.

5.3 Tests de dépistage d'alcool et de drogues à la suite d'un incident

Les titulaires de permis devront exiger que tous les travailleurs occupant des postes essentiels ou des postes importants sur le plan de la sûreté (voir la section 4.1, puces 1 à 5) se soumettent à des tests de dépistage pour raison valable à la suite d'un incident.

Dans le cadre de tests de dépistage à la suite d'un incident, les travailleurs occupant des postes essentiels ou des postes importants sur le plan de la sûreté (voir la section 4.1, puces 1 à 5) devront se soumettre à un test de dépistage pour raison valable le plus tôt possible après un incident grave au cours duquel un acte humain ou une omission de la part du travailleur pourrait avoir causé l'événement ou y avoir contribué.

Orientation

En ce qui a trait à la décision de procéder ou non à des tests à la suite d'un incident, il n'est pas nécessaire de déterminer si l'alcool ou la drogue a contribué à l'incident grave.

Les incidents graves se réfèrent à un sous-ensemble d'incidents présentant une importance sur le plan de la sûreté. Voir les définitions d'« incident » et d'« importance pour la sûreté ».

5.4 Tests de dépistage de suivi de la consommation d'alcool et de drogues

Les titulaires de permis devront exiger que tous les travailleurs occupant des postes essentiels ou des postes importants sur le plan de la sûreté (voir la section 4.1, puces 1 à 5) se soumettent à des tests de suivi après confirmation d'un trouble lié à l'usage d'une substance par un professionnel de la santé, ainsi qu'à des tests aux fins de réintégration en vue de leur retour au travail.

Les travailleurs seront soumis à des tests de suivi de la consommation d'alcool et de drogues de façon aléatoire et sans préavis tous les 3 mois pendant au moins 2 ans. À la discrétion du professionnel de la santé, des tests supplémentaires peuvent être demandés afin de garantir l'abstinence.

Les titulaires de permis doivent, dans le cadre du processus de réintégration à un poste essentiel ou un poste important sur le plan de la sûreté, exiger que les travailleurs ayant un trouble lié à l'usage d'une substance connu se soumettent à des tests avant de réintégrer leur poste et de reprendre des tâches importantes sur le plan de la sûreté. Le résultat du test de dépistage de la consommation de drogue du travailleur doit être négatif et la concentration d'alcool du test de dépistage de la consommation d'alcool doit être inférieure à 20 mg/100 ml avant que le travailleur puisse réintégrer ses fonctions importantes sur le plan de la sûreté.

5.5 Tests aléatoires de dépistage d'alcool et de drogues

Les titulaires de permis devront exiger que tous les travailleurs occupant un poste essentiel sur le plan de la sûreté (voir la section 4.1, puces 1 et 2) se soumettent à des tests aléatoires de dépistage d'alcool et de drogues. Le processus d'échantillonnage qu'utilisent les titulaires de permis pour sélectionner ces travailleurs qui devront se soumettre à un test aléatoire de dépistage devra faire en sorte que le nombre de tests aléatoires de dépistage réalisés au moins tous les 12 mois soit égal à au moins 25 % de la population de travailleurs visée.

Les titulaires de permis devront élaborer des procédures et des pratiques permettant de s'assurer que le test aléatoire de dépistage est administré d'une manière qui fournit l'assurance raisonnable que les personnes ne sont pas en mesure de prédire le moment où les échantillons seront prélevés.

La mise en œuvre et l'exécution des tests aléatoires de dépistage devront prendre en compte les éléments suivants :

1. veiller à ce que toutes les personnes de la population soumise aux tests de dépistage aient une probabilité égale d'être sélectionnées et soumises aux tests
2. exiger que les personnes se trouvant à l'extérieur du site au moment de la sélection pour le test de dépistage, ou celles qui se trouvent sur le site, mais qui, pour de bonnes raisons, ne sont pas disponibles en vue de subir le test de dépistage au moment de leur sélection, soient soumises au test de dépistage dans les plus brefs délais lorsque le donneur et les personnes chargées du prélèvement des échantillons sont tous disponibles pour recueillir les échantillons à analyser et sans préavis à la personne sélectionnée pour le test de dépistage
3. prévoir qu'une personne ayant subi un test de dépistage soit à nouveau admissible à un autre test de dépistage non annoncé, et ce de façon immédiate

Orientation

La mise en œuvre et l'exécution des tests aléatoires de dépistage devraient prendre en compte les éléments suivants :

- prélever les échantillons selon un échéancier imprévisible, y compris durant les fins de semaine, les quarts de nuit et les congés, ainsi qu'à différents moments au cours d'un quart de travail
- être administrés par le programme d'aptitude au travail à une fréquence nominale hebdomadaire
- exiger que les personnes sélectionnées pour le test aléatoire de dépistage se présentent au lieu de prélèvement dès que les circonstances le permettent après l'avis, dans le respect du délai établi dans la politique sur l'aptitude au travail
- les processus de dépistage d'alcool et de drogues

6. Processus de dépistage d'alcool et de drogues

6.1 Processus de dépistage d'alcool dans l'haleine

Les titulaires de permis doivent établir, mettre en œuvre et tenir à jour un processus pour dépister la présence d'alcool chez les travailleurs occupant des postes essentiels et des postes importants sur le plan de la sûreté.

Les titulaires de permis doivent conserver ou maintenir leur compétence en matière d'administration, de prélèvement et d'analyse d'un alcootest de constat. Les techniciens qualifiés qui procèdent au dépistage de l'alcool dans l'haleine doivent être indépendants des groupes de travail soumis au test de dépistage. Les détenteurs de permis doivent établir, mettre en œuvre et tenir à jour leurs procédures d'administration de l'alcootest de constat. Les détenteurs de permis doivent s'assurer que le fournisseur de service tient également ses processus pour l'administration de l'alcootest de constat à jour.

Les titulaires de permis doivent s'assurer que l'alcootest de constat utilisé a été évalué, mis à l'épreuve et recommandé par le Comité des analyses d'alcool (comité créé sous les auspices du ministère de la Justice du Canada) en tant qu'instrument approuvé publié dans l'*Arrêté sur les alcootests approuvés* (TR/85-201) [11].

Les titulaires de permis doivent veiller à ce que les taux d'alcoolémie (TA) suivants soient utilisés pour la détermination des résultats positifs d'un test de dépistage de l'alcool :

1. Un TA inférieur à 20 mg/100 ml doit être considéré comme un test négatif, et aucune autre mesure n'est nécessaire.
2. Un TA de 20 à 39 mg/100 ml doit être considéré comme un seuil d'intervention. Les titulaires de permis doivent interdire au travailleur d'accomplir des tâches importantes sur le plan de la sûreté jusqu'à ce qu'une détermination de l'aptitude au travail indique que le travailleur est apte à accomplir ses tâches de façon sécuritaire et compétente.
3. Un TA égal ou supérieur à 40 mg/100 ml doit être considéré comme un test positif et une violation de la politique sur l'aptitude au travail (voir la section 6.3).

Le tableau B.1 de l'annexe B fournit un résumé des plages de TA et des mesures connexes [12].

Orientation

Les titulaires de permis devraient consulter le Comité des analyses d'alcool lors de l'établissement des procédures d'administration de l'alcootest de constat, notamment :

- la formation initiale et continue et la qualification des éthylométristes pour l'utilisation des instruments approuvés, y compris une formation de conversion
- la formation initiale et continue et la qualification du personnel désigné pour l'entretien préventif et correctif des instruments approuvés
- l'élaboration et la mise en œuvre de protocoles visant :
 - l'entretien d'instruments approuvés dont l'utilisation est autorisée au site nucléaire
 - la préparation nécessaire avant de procéder aux tests de dépistage
 - la gestion et le traitement des travailleurs qui seront testés, y compris les procédures d'accompagnement
 - l'exécution d'un test de dépistage de l'alcool initial à l'aide d'un échantillon d'haleine
 - l'exécution d'un alcootest de confirmation (quand le test initial est de 20mg/100ml ou plus)
 - la détermination du résultat positif d'un alcootest confirmé
 - le dépistage d'une insuffisance pulmonaire
 - la consignation et à l'établissement de rapports concernant les échantillons d'haleine destinés au dépistage de l'alcool

6.2 Processus de dépistage de drogues

Les titulaires de permis doivent établir, mettre en œuvre et tenir à jour un processus pour dépister la présence de drogues chez les travailleurs occupant des postes essentiels et des postes importants sur le plan de la sûreté. Pour répondre à cette exigence, les titulaires de permis peuvent choisir le dépistage en laboratoire de drogues dans l'urine ou le dépistage en laboratoire de drogues dans les sécrétions orales, ou une combinaison de ces méthodes.

Les titulaires de permis doivent établir, mettre en œuvre et tenir à jour des procédures pour l'administration de tests de dépistage de drogues comprenant le prélèvement, l'entreposage et le transport des échantillons vers un laboratoire accrédité désigné. Les titulaires de permis doivent conserver ou maintenir leur compétence en matière de prélèvement, d'entreposage et de transport des échantillons, et doivent s'assurer que les personnes chargées du prélèvement des échantillons sont indépendantes des groupes de travail soumis aux tests de dépistage.

Les titulaires de permis doivent retenir et utiliser les services d'un laboratoire accrédité pour analyser et signaler les résultats d'échantillons d'urine ou de sécrétions orales. Pour les tests de dépistage de drogues dans l'urine, les titulaires de permis doivent utiliser les services d'un laboratoire accrédité par la Substance Abuse and Mental Health Services Administration (SAMHSA)¹. Pour les tests de dépistage de drogues dans les sécrétions orales, les titulaires de permis doivent utiliser les services d'un laboratoire accrédité par la SAMHSA ou d'un laboratoire

¹ Le Conseil canadien des normes (CCN) a voté en faveur de l'abolition de son programme d'accréditation des laboratoires et de l'adoption de la réglementation du département des Transports des États-Unis pour le dépistage médico-légal des drogues dans l'urine. La décision est entrée en vigueur le 12 mai 1998. Le nom officiel du programme du CCN était Programme d'accréditation des laboratoires de dépistage de substances intoxicantes (LAPSA).

respectant la norme ISO/IEC 17025, *Exigences générales concernant la compétence des laboratoires d'étalonnages et d'essais* [14].

Pour chaque catégorie de drogue, le titulaire de permis doit documenter dans sa gouvernance si les résultats des tests de dépistage de drogue dans l'urine ou les sécrétions orales seront utilisés pour déterminer s'il y a eu infraction à une politique. Les titulaires de permis doivent ordonner au laboratoire accrédité de signaler les résultats d'analyse positifs en combinaison avec le groupe type de drogues utilisé dans le dépistage par analyse d'urine ou de sécrétions orales (seuils de concentration initiale et de confirmation) de la façon établie à l'annexe B (voir les tableaux B.2 et B.3 pour l'urine, et les tableaux B.5 et B.6 pour les sécrétions orales).

Les titulaires de permis doivent élaborer, mettre en œuvre et tenir à jour une procédure d'examen et de vérification des résultats positifs, altérés ou invalides des tests de dépistage d'un point de vue médical, toxicologique ou pharmaceutique. La procédure doit assurer la désignation d'un médecin examinateur (ME) compétent pour examiner, interpréter et vérifier les résultats des tests de dépistage en laboratoire pour chaque catégorie de drogues précisée dans les groupes types de drogues utilisés dans le dépistage par analyse d'urine et de sécrétions orales figurant à l'annexe B [13][15].

Les titulaires de permis doivent ordonner au laboratoire accrédité de signaler directement tous les résultats positifs, altérés ou invalides des tests de dépistage au ME procédant à l'examen des tests de dépistage de drogues.

Lorsqu'ils déterminent si le donneur a enfreint la politique sur l'aptitude au travail, les titulaires de permis doivent ordonner au ME de :

1. donner l'occasion au donneur d'expliquer toute autre raison du résultat positif au test de dépistage
2. signaler uniquement les résultats des tests positifs vérifiés au titulaire de permis

Les titulaires de permis doivent ordonner au ME de signaler au besoin tout accès avec recommandation pour raison valable destiné à d'autres évaluations de l'aptitude au travail afin d'assurer la sûreté et la sécurité.

Orientation

Les procédures destinées à l'administration du prélèvement et du transport des échantillons d'urine servant au dépistage de drogues devraient inclure, directement ou par renvoi, les éléments suivants :

- des trousse, des récipients et d'autres fournitures de prélèvement approuvés par le titulaire de permis pour le prélèvement d'échantillons
- un protocole pour la chaîne de possession, y compris les formulaires pertinents
- un protocole pour le prélèvement d'échantillons d'urine et de sécrétions orales, comprenant les tâches de la personne chargée du prélèvement des échantillons, les exigences précises concernant le site de prélèvement, la vérification de l'identité du donneur et les erreurs potentielles (récupérables et irrécupérables) de prélèvement
- des protocoles pour la gestion et le traitement des travailleurs qui seront testés, y compris les procédures d'accompagnement

- des protocoles pour la vérification et l'assurance de l'intégrité des échantillons, incluant la falsification et l'altération
- des protocoles pour le stockage et la sécurité des échantillons d'urine et de sécrétions orales
- des protocoles pour l'emballage et le transport des échantillons d'urine et de sécrétions orales vers un laboratoire accrédité désigné
- des conteneurs de transport approuvés par le titulaire de permis
- un protocole pour les « vessies timides » et la bouche sèche
- un protocole pour les refus de subir un test
- une formation initiale et continue et la qualification des personnes chargées du prélèvement des échantillons d'urine et de sécrétions orales

Les titulaires de permis devraient, dans la mesure du possible, retenir et utiliser les services d'un fournisseur indépendant pour l'administration, le prélèvement, la vérification et l'assurance de l'intégrité des échantillons et de la chaîne de possession, et pour l'expédition des échantillons vers un laboratoire accrédité.

Les titulaires de permis devraient envisager d'adopter un protocole de dilution pour les échantillons d'urine et devraient considérer d'analyser les échantillons identifiés comme étant dilués par rapport au groupe type de drogues utilisé dans le dépistage par analyse d'urine (seuils de concentration initiale et de confirmation) établi au tableau B.4 de l'annexe B [13].

Les titulaires de permis devraient exiger que le ME consulte des toxicologues judiciaires dûment qualifiés, des pharmaciens dûment qualifiés ou d'autres spécialistes pour examiner, interpréter et vérifier les résultats des tests de dépistage. Si le ME détermine que le résultat positif d'un test de dépistage présente une explication médicale légitime (comme la prise légitime de médicaments sur ordonnance ou un état de santé), le test positif ne devrait pas être considéré comme vérifié. Cependant, une évaluation de l'aptitude au travail peut être requise pour déterminer si le travailleur est apte à l'emploi.

6.2.1 Analyse au point de prélèvement

Les exigences et l'orientation contenues dans la section 6.2 ci-dessus s'appliquent également à l'analyse au point de prélèvement (APP), le cas échéant.

Les titulaires de permis pourraient choisir l'APP comme outil initial de dépistage (suivi d'analyses supplémentaires uniquement pour les résultats non négatifs) ou pour évaluer le risque associé au retour d'un travailleur à des tâches importantes ou essentielles sur le plan de la sûreté en attendant le rapport du médecin examinateur sur les résultats des tests de dépistage en laboratoire par analyse d'urine ou de sécrétions orales.

Si les titulaires de permis optent pour l'AAP, un protocole doit être établi et documenté. Les résultats non négatifs doivent être vérifiés en laboratoire au moyen de tests de dépistage par dosage immunologique initial et de confirmation.

Pour un minimum de 5 % de résultats négatifs de l'AAP, le titulaire de permis doit comparer les résultats négatifs de l'AAP avec les résultats obtenus en laboratoire sur le même type d'échantillon biologique (urine ou sécrétions orales) à des fins d'assurance de la qualité.

Les titulaires de permis qui effectuent une AAP doivent choisir des appareils qui :

1. sont homologués par Santé Canada ou évalués de manière indépendante par un laboratoire qualifié sur une base initiale et annuelle pour confirmer qu'ils respectent les normes médicolégales, comme la spécificité, la sensibilité et la précision
2. étalonnés, dans la mesure du possible ($\pm 25\%$), en fonction des seuils de dépistage d'alcool et de drogues dans l'urine ou les sécrétions orales établis à l'annexe B (voir le tableau B.2 pour le dépistage par dosage immunologique pour l'urine ou le tableau B.5 pour le dépistage par dosage immunologique pour les sécrétions orales)

Si les titulaires de permis optent pour l'AAP, les appareils d'AAP ne doivent être utilisés que dans des circonstances de dépistage aléatoire ou faisant suite à un événement. Les appareils d'APP ne doivent pas être utilisés pour les tests de dépistage préalables à l'affectation, les tests de dépistage pour des motifs raisonnables, les tests de dépistage de suivi, ou encore les tests de dépistage en vue du retour d'un travailleur à ses tâches.

Orientation

Pour le minimum de 5 % de résultats négatifs de l'APP utilisés pour évaluer l'assurance de la qualité, un second échantillon de la même personne devrait être prélevé, identifié en tant que test d'assurance de la qualité et envoyé au laboratoire pour analyse. Le résultat du test du laboratoire devrait être utilisé pour évaluer la performance de l'appareil d'APP et les techniques de prélèvement de la personne chargée du prélèvement des échantillons. En tant que bonne pratique, toutes personnes chargées du prélèvement des échantillons et tous les lieux de prélèvement devraient être évalués à tous les trimestres.

6.3 Processus pour les tests de dépistage d'alcool et de drogues positifs

Les travailleurs qui présentent un résultat positif vérifié au test de dépistage de l'alcool ou de drogues doivent être retirés des postes essentiels ou des postes importants sur le plan de la sûreté et se soumettre à une évaluation obligatoire de la toxicomanie.

Le titulaire de permis ne doit pas envisager la réintégration du travailleur à des tâches essentielles ou des tâches importantes sur le plan de la sûreté sans avoir obtenu une recommandation de réintégration d'un professionnel de la santé dûment qualifié.

6.4 Processus d'évaluation de la toxicomanie

Les titulaires de permis doivent établir, mettre en œuvre et tenir à jour un processus pour évaluer un trouble lié à l'usage d'une substance chez les travailleurs occupant des postes essentiels ou des postes importants sur le plan de la sûreté. Les titulaires de permis doivent identifier les conditions dans lesquelles une évaluation de la toxicomanie est requise.

Les titulaires de permis doivent veiller à ce que les drogues tant licites qu'illicites soient prises en compte.

L'évaluation de la toxicomanie doit être effectuée par un professionnel de la santé dûment qualifié. Ceux-ci doivent être accrédités par une association professionnelle ou avoir reçu une formation en évaluation de la toxicomanie et être affiliés à un collège de médecins ou d'infirmiers.

Les travailleurs évalués comme ayant un trouble de l'usage d'une substance ne pourront reprendre des tâches essentielles ou des tâches importantes sur le plan de la sûreté tant qu'ils n'auront pas rempli les conditions permettant leur réintégration, lesquelles sont recommandées par le professionnel de la santé dûment qualifié.

Orientation

Le processus d'évaluation devrait inclure l'examen des aspects suivants :

- les liaisons organisationnelles et procédurales entre les parties intéressées internes et externes présentant des rôles définis en matière de gestion de la dépendance aux drogues ou à l'alcool, comme les professionnels de la santé dûment qualifiés, les superviseurs et le personnel chargé de la surveillance, ainsi que les fournisseurs indépendants externes
- la présentation de rapports à l'administrateur du programme d'aptitude au travail désigné
- le renvoi à l'installation de dépistage d'alcool ou de drogues désignée par le titulaire de permis

Lors de la détermination des qualifications des professionnels de la santé dûment qualifiés, les titulaires de permis peuvent prendre en considération les organismes d'accréditation cités ci-dessous, ou des organismes équivalents :

- Fédération canadienne d'agrément des conseillers en toxicomanie
- Société médicale canadienne sur l'addiction
- Association canadienne de counseling et de psychothérapie
- Association of Cooperative Counselling Therapists of Canada
- Canadian Professional Counsellors Association
- Conseil autochtone d'agrément professionnel du Canada
- Conseil canadien de certification professionnel

Les troubles liés à l'alcool ou la toxicomanie et la pharmacodépendance peuvent également être diagnostiqués dans le cadre d'évaluations médicales ou psychologiques.

Les titulaires de permis devraient envisager l'adoption d'accords en cas de récurrence avec les travailleurs évalués comme présentant une dépendance aux substances intoxicantes.

6.5 Outils d'enquête et de dépistage de la consommation d'alcool et de drogues

Les titulaires de permis doivent établir et documenter l'utilisation acceptée des outils d'enquête et de détection de l'affaiblissement des facultés figurant dans leurs programmes d'aptitude au travail respectifs. L'utilisation de ces outils doit être clairement documentée, et des programmes de formation doivent être offerts pour permettre au personnel désigné d'utiliser les outils de façon correcte.

Orientation

Les titulaires de permis pourraient adopter les outils d'enquête et de détection de l'affaiblissement des facultés suivants :

- une liste de vérification pour l'examen préliminaire à l'évaluation de l'aptitude au travail destinée aux superviseurs

- une liste de vérification pour l'examen préliminaire à l'auto-évaluation de l'aptitude au travail destinée aux travailleurs
- des appareils de détection passive de l'alcool
- des chiens et des appareils de détection des drogues (par exemple des détecteurs ioniques)
- des fouilles physiques

6.6 Conservation des documents

Le titulaire de permis doit conserver les résultats des tests de dépistage de l'alcool et des drogues pour les travailleurs occupant des postes importants ou des postes essentiels sur le plan de la sûreté

Annexe A : Tests de dépistage d'alcool et de drogues en fonction du groupe de travail et des circonstances

Le tableau A.1 présente un résumé des tests de dépistage d'alcool et de drogues à effectuer en fonction du groupe de travail et des circonstances.

Tableau A.1 : Résumé des tests de dépistage d'alcool et de drogues à effectuer en fonction du groupe de travail et des circonstances

Groupe de travail		Avant affectation	Motifs raisonnables pour raison valable	Pour raison valable à la suite d'un incident	Suivi	Aléatoire
Travailleurs accrédités (à l'exception des spécialistes en radioprotection accrédités)		OUI	OUI	OUI	OUI	OUI
Personnel de sécurité	Membres de la force d'intervention nucléaire interne (FISN)	OUI	OUI	OUI	OUI	OUI
	Agents de sécurité nucléaire	NON	OUI	OUI	OUI	NON
	Personnel désigné qui ne fait pas partie de la FISN	NON	OUI	OUI	OUI	NON
Spécialistes en radioprotection accrédités		NON	OUI	OUI	OUI	NON
Équipes d'intervention d'urgence/corps de pompiers		NON	OUI	OUI	OUI	NON

Annexe B : Seuils de dépistage de l'alcool et des drogues

B.1 Plages de taux d'alcool dans le sang et mesures connexes

Le tableau B.1 présente un résumé des plages de taux d'alcool dans le sang (TAS) et des mesures connexes à prendre par les titulaires de permis [12].

Tableau B.1 : Plages de taux d'alcool dans le sang et mesures connexes à prendre par les titulaires de permis

Plage de TAS	Mesure
Inférieur à 20 mg/100 ml	Test négatif – aucune mesure requise
De 20 à 39 mg/100 ml	Seuil d'intervention – retrait du travailleur des tâches essentielles ou des tâches importantes sur le plan de la sûreté jusqu'à ce qu'il ait été évalué comme apte au service
Égal ou supérieur à 40 mg/100 ml	Test positif – violation de la politique sur l'aptitude au travail et retrait du travailleur des tâches essentielles ou des tâches importantes sur le plan de la sûreté jusqu'à ce qu'il ait été évalué comme apte au service par un professionnel de la santé dûment qualifié

B.2 Dépistage par dosage immunologique pour l'urine

Le tableau B.2 présente le groupe type de drogues servant au dépistage par analyse d'urine et les valeurs seuils à utiliser pour le dépistage par dosage immunologique [13].

Tableau B.2 : Groupe type servant au dépistage par analyse d'urine et valeurs seuils connexes

Drogue/Catégorie de drogue/Métabolites	Valeur seuil (ng/ml)
Métabolite de la cocaïne (benzoylecgonine)	150
Opiacés :	
Morphine, codéine	2 000
Hydromorphone et hydrocodone	300
Oxymorphone et oxycodone	100
6-acétylmorphine	10
Amphétamines	500
Cannabinoïdes	50
Benzodiazépines	100
Métabolite de la méthadone (EDDP)	100

B.3 Confirmation par CG-SM et CL-SM/SM pour l'urine

Le tableau B.3 présente le groupe type de drogues servant au dépistage par analyse d'urine et les valeurs seuils à utiliser pour la confirmation par CG-SM et CPL-SM/SM.

Tableau B.3 : Groupe type de drogues servant au dépistage par analyse d'urine et valeurs seuils à utiliser pour la confirmation par CG-SM et CL-SM/SM

Droque/Catégorie de drogue/Métabolites	Valeur seuil (ng/ml)
Amphétamines (amphétamine, méthamphétamine, MDMA, MDA, MDEA)	250
Cannabinoïdes (sous forme de 11-nor- Δ^9 THC COOH)	15
Métabolite de la cocaïne (benzoylecgonine)	100
Métabolite de la méthadone (EDDP)	100
Opiacés :	
Morphine, codéine	2 000
Hydromorphone, hydrocodone, oxymorphone et oxycodone	100
6-monoacétylmorphine (6-MAM, métabolite de l'héroïne)	10
Benzodiazépines (CL-SM/SM)	
Oxazépam, témazépam, diazépam, nordiazépam	50
Alprazolam, lorazépam, triazolam, clonazépam	50
Bromazépam, flurazépam	50

B.4 Seuils de concentration recommandés s'appliquant au protocole de dilution de l'urine

Le tableau B.4 présente le groupe type de drogues servant au dépistage par analyse d'urine et les valeurs seuils recommandées à utiliser dans le cadre d'un protocole de dilution pour le dépistage par dosage immunologique et pour la confirmation par CG-SM et CL-SM/SM.

Tableau B.4 : Groupe type de drogues servant au dépistage par analyse d'urine et valeurs seuils à utiliser dans le cadre d'un protocole de dilution

Drogue/Catégorie de drogue/Métabolites	Valeur seuil de dépistage (ng/ml)	Valeur seuil de confirmation (ng/ml)
Amphétamine, méthamphétamine	100	100
Benzodiazépines	50	50
Cannabinoïdes	20	6
Métabolite de la cocaïne	15	15
Opiacés (codéine et morphine uniquement)	120	120
Métabolites de la méthadone	50	50

B.5 Dépistage par dosage immunologique pour les sécrétions orales

Le tableau B.5 présente le groupe type de drogues servant au dépistage par analyse des sécrétions orales et les valeurs seuils connexes [15].

Tableau B.5 : Groupe type de drogues servant au dépistage par analyse des sécrétions orales et valeurs seuils

Drogue/Catégorie de drogue/Métabolite	Valeur seuil (ng/ml)
Amphétamines	50
Cannabinoïdes	10
Cocaïne	20
Opiacés :	
Morphine, codéine	30
Hydromorphone et hydrocodone	30
Oxymorphone et oxycodone	30
6-monoacétylmorphine	4
Benzodiazépines	10
Méthadone	20

B.6 Confirmation par CG-SM et CL-SM/SM pour les sécrétions orales

Le tableau B.6 présente le groupe type de drogues servant au dépistage par analyse des sécrétions orales et les valeurs seuils à utiliser pour la confirmation par CG-SM et CPL-SM/SM [15].

Tableau B.6 : Groupe type de drogues servant au dépistage par analyse des sécrétions orales et valeurs seuils à utiliser pour la confirmation par CG-SM et CPL-SM/SM

Drogue/Catégorie de drogue/Métabolite	Valeur seuil (ng/ml)
Amphétamines (amphétamine, méthamphétamine)	25
Cannabinoïdes (THC)	5
Cocaïne et son métabolite (benzoylecgonine)	8
Opiacés :	
Morphine, codéine	15
Hydromorphone, hydrocodone, oxymorphone et oxycodone	15
6-monoacétylmorphine (6-MAM, métabolite de l'héroïne)	2
Benzodiazépines (CL-SM/SM)	3
Méthadone et son métabolite (EDDP)	15

Sigles et abréviations

AIEA	Agence internationale de l'énergie atomique
AAP	analyse au point de prélèvement
ASN	agent de sécurité nucléaire
CG-SM	chromatographie en phase gazeuse/spectrométrie de masse
CPL-SM/SM	chromatographie en phase liquide/spectrométrie de masse en tandem
CSA	Association canadienne de normalisation (maintenant appelée Groupe CSA)
EIU	équipe d'intervention d'urgence
FISN	force d'intervention pour la sécurité nucléaire
ME	médecin examinateur
PAE	programme d'aide aux employés
TAS	taux d'alcool dans le sang

Glossaire

Les définitions des termes utilisés dans le présent document figurent dans le [REGDOC-3.6, Glossaire de la CCSN](#), qui comprend des termes et des définitions tirés de la [Loi sur la sûreté et la réglementation nucléaires](#), de ses règlements d'application ainsi que des documents d'application de la réglementation et d'autres publications de la CCSN. Le REGDOC-3.6 est fourni à titre de référence et pour information.

Les termes suivants sont soit nouveaux, soit modifiés. À la suite de la consultation publique, la version définitive des termes et des définitions sera ajoutée à la prochaine version du REGDOC-3.6, *Glossaire de la CCSN*.

accrédité

Accrédité par la Commission en vertu de l'alinéa 21(1)i) de la [Loi sur la sûreté et la réglementation nucléaires](#) ou par un fonctionnaire désigné autorisé en vertu de l'alinéa 37(2)b) de la LSRN.

agent de sécurité nucléaire (ASN)

Personne dont la fonction est d'assurer la sécurité sur un site à sécurité élevée et à qui a été accordée l'autorisation visée au paragraphe 18(2) du *Règlement sur la sécurité nucléaire*.

analyse au point de prélèvement

Dépistage immunologique de l'urine ou des sécrétions orales effectué sur le terrain, à l'extérieur du laboratoire, et qui donne des résultats immédiatement.

aptitude au travail

État des travailleurs capables sur les plans physique, physiologique et psychologique d'effectuer leurs tâches avec compétence et de manière sécuritaire.

bouche sèche

Incapacité du donneur à fournir une quantité ou un volume suffisant de sécrétions orales (c.-à-d. la salive) pour pouvoir effectuer un test de dépistage valide des sécrétions orales.

Comité des analyses d'alcool

Comité scientifique créé sous les auspices de la Société canadienne des sciences judiciaires, qui évalue les aspects scientifiques, techniques et d'application de la loi de la concentration d'alcool dans l'haleine. Sa portée comprend les alcootests pour les conducteurs, l'équipement servant aux alcootests automatisés, les alcootests mobiles et les dispositions relatives aux demandes d'échantillons de sang.

éthylométriste

En ce qui concerne les échantillons d'haleine, personne qualifiée pour utiliser un instrument approuvé. Aussi appelé « technicien qualifié ». Voir aussi « instrument approuvé ».

fondement d'autorisation

Ensemble d'exigences et de documents visant une installation ou une activité réglementée, qui comprend :

- les exigences réglementaires stipulées dans les lois et règlements applicables
- les conditions et les mesures de sûreté et de réglementation décrites dans le permis relatif à l'installation ou à l'activité et les documents cités en référence directement dans ce permis
- les mesures de sûreté et de réglementation décrites dans la demande de permis et les documents soumis à l'appui de cette demande

force d'intervention pour la sécurité nucléaire (FISN) interne

- a) Soit une équipe composée d'agents de sécurité nucléaire dont les membres :
- i) ont été formés au maniement des armes à feu, sont autorisés à porter des armes à feu au Canada et sont qualifiés pour s'en servir
 - ii) sont postés en permanence dans un site à sécurité élevée
- b) Soit un service de police locale, provinciale ou fédérale, une unité des Forces canadiennes ou toute autre force :
- i) dont le titulaire de permis a retenu les services par contrat
 - ii) dont les membres ont été formés au maniement des armes à feu, sont autorisés à porter des armes à feu au Canada et sont qualifiés pour s'en servir
 - iii) dont les membres sont postés en permanence dans un site à sécurité élevée

formation de conversion

Formation complémentaire qu'un éthylométriste déjà qualifié pour utiliser un instrument approuvé doit suivre pour devenir qualifié à utiliser un instrument approuvé différent.

importance pour la sûreté

Importance d'une situation, d'un événement ou d'un enjeu pour l'atteinte des objectifs de sûreté nucléaire définis par l'Agence internationale de l'énergie atomique dans le document SF-1, *Principes fondamentaux de sûreté*. Généralement, une situation, un événement ou un enjeu revêt une importance pour la sûreté s'il dénote un écart par rapport au dossier de sûreté accepté dans le permis, et que cet écart est préjudiciable à la sûreté, par exemple :

- réduction de marges (ou dépassement) des limites acceptées
- augmentation du risque pour la santé, la sûreté et la sécurité des personnes et l'environnement
- défaillances (à des degrés divers) des systèmes spéciaux de sûreté ou des fonctions de sûreté pour l'atténuation des effets des accidents
- réduction de la défense en profondeur
- événements causant des rejets radioactifs et des déversements de substances dangereuses, des blessures aux travailleurs ou au public, etc.

incident

Événement inattendu, y compris les erreurs d'exploitation, les défaillances de l'équipement, les événements initiateurs, les précurseurs d'accidents, les accidents évités de justesse ou autres incidents, ou un acte non autorisé, malveillant ou sans mauvaise intention, dont les conséquences réelles ou potentielles ne sont pas négligeables du point de vue de la protection ou de la sûreté. (Glossaire de sûreté de l'Agence internationale de l'énergie atomique, 2007)

instrument approuvé

En ce qui concerne les échantillons d'haleine, instrument destiné à recueillir un échantillon de l'haleine d'une personne et à en faire l'analyse en vue de déterminer l'alcoolémie de cette personne, et qui est approuvé pour l'application de l'article 258 par un arrêté du procureur général du Canada.

insuffisance pulmonaire

Incapacité de fournir une quantité ou un volume d'haleine suffisant pour réaliser un alcootest valide en raison d'une condition médicale physiologique ou psychologique

laboratoire accrédité

En ce qui concerne le dépistage de drogues, laboratoire accrédité par la Substance Abuse and Mental Health Services Administration ou qui respecte la norme ISO/IEC 17025 *Exigences générales concernant*

la compétence des laboratoires d'étalonnage et d'essais en vue d'analyser et de rapporter les résultats d'analyse d'échantillons d'urine.

médecin examinateur

Médecin autorisé et détenteur d'un certificat de spécialiste en tant que médecin examinateur, responsable de la réception et de l'analyse des résultats de tests de laboratoire obtenus dans le cadre du programme de dépistage de drogues d'un employeur ainsi que de l'évaluation des explications médicales de certains résultats de tests de dépistage de drogues.

personne chargée du prélèvement des échantillons d'urine

Personne formée qui dirige et aide les travailleurs d'un site de collecte d'urine, qui reçoit les échantillons fournis par les travailleurs et procède à leur analyse initiale et qui remplit le formulaire de contrôle et de chaîne de possession.

personne chargée du prélèvement des échantillons de sécrétions orales

Personne formée qui dirige et aide les travailleurs d'un site de prélèvement de sécrétions orales, qui reçoit les échantillons fournis par les travailleurs, procède à leur analyse initiale et remplit le formulaire de contrôle et de chaîne de possession.

personnel désigné qui ne fait pas partie de la force d'intervention pour la sécurité nucléaire

Personnel de sécurité nucléaire autorisé, en vertu du *Règlement sur les armes à feu des agents publics*, à posséder des armes à feu, des articles ou des dispositifs prohibés ou restreints ou à y avoir accès, au nom et sous l'autorité de la CCSN, dans le but d'exécuter ses fonctions, notamment l'entreposage, le transport, le maniement, l'entretien et l'utilisation d'armes à feu en lien avec les fonctions de la Force d'intervention pour la sécurité nucléaire.

poste essentiel sur le plan de la sûreté

Poste accrédité (voir le [RD-204, Accréditation des personnes qui travaillent dans des centrales nucléaires](#)) ou autorisé (voir le [REGDOC-2.12.1, Sites à sécurité élevée : Force d'intervention pour la sécurité nucléaire](#)) par la CCSN qui nécessite que les travailleurs prennent des décisions ou des mesures ayant une incidence directe et immédiate sur la sûreté et la sécurité nucléaire des sites à sécurité élevée.

poste important sur le plan de la sûreté

Poste qui joue un rôle dans l'exploitation d'un site à sécurité élevée et pour lequel une baisse de la performance pourrait causer un incident grave ayant un impact sur l'environnement, le public, la santé et la sécurité des travailleurs et d'autres personnes sur le site ou sur la sûreté et la sécurité de l'installation. Tous les travailleurs qui doivent régulièrement occuper, par rotation, des postes importants sur le plan de la sûreté ou remplacer des collègues dans ce type de postes sont visés.

Les superviseurs et les gestionnaires qui supervisent directement les postes de niveau opérationnel, ou qui sont appelés à exécuter des tâches ou à assumer des responsabilités similaires à celles qui relèvent des postes importants sur le plan de la sûreté, sont jugés comme occupant ce type de postes.

qualification

Niveau de maîtrise reconnu pour exécuter une tâche dans un domaine lié au travail, qui est normalement acquis une fois qu'on a réussi une formation. Concerne la maîtrise de toutes les connaissances, compétences et attributs liés à la sûreté qui sont requis pour exécuter avec succès les tâches du poste.

site à sécurité élevée

Centrale nucléaire ou installation nucléaire où des matières nucléaires de catégorie I ou II sont traitées, utilisées ou stockées.

substance psychoactive

Toute substance, qu'elle soit utilisée légalement ou non, qui altère les capacités cognitives ou physiques et qui a un impact négatif sur le rendement au travail.

test aléatoire de dépistage

Mode statistiquement aléatoire et non annoncé permettant de sélectionner les travailleurs désignés à des postes essentiels sur le plan de la sûreté qui devront se soumettre à un test de dépistage d'alcool et de drogues, afin que chaque travailleur ait une probabilité égale d'être sélectionné et soumis aux tests.

test de dépistage de suivi

Test effectué dans le cadre d'un plan de suivi destiné à vérifier l'abstinence continue de substances intoxicantes.

test de dépistage faisant suite à un incident

Élément du dépistage pour raison valable, dans le cadre duquel un test de dépistage de l'alcool ou de drogues est administré à un travailleur désigné à un poste essentiel ou un poste important sur le plan de la sûreté le plus tôt possible après un incident grave au cours duquel un acte humain ou une omission de la part du travailleur pourrait avoir causé l'événement ou y avoir contribué.

Voir aussi « incident » et « importance pour la sûreté ».

test de dépistage de drogues positif

Test de dépistage de drogues analysé par un laboratoire accrédité et examiné par un médecin examinateur et pour lequel ce dernier a déterminé que le résultat était positif et pour lequel aucune explication médicale légitime n'a été fournie.

test de dépistage pour motifs raisonnables

Élément des tests de dépistage pour raison valable, où les travailleurs occupant des postes importants ou essentiels sur le plan de la sûreté doivent se soumettre à un test de dépistage s'il y a un motif raisonnable de croire, par l'observation du comportement ou de la condition physique ou après avoir reçu une information digne de foi, que la personne est incapable d'accomplir ses tâches en raison des effets néfastes de la consommation d'alcool ou de drogues.

test de dépistage pour raison valable

En ce qui concerne l'aptitude au travail, le dépistage pour raison valable comprend le dépistage faisant suite à un incident et le dépistage pour motifs raisonnables.

Voir aussi « test de dépistage faisant suite à un incident » et « test de dépistage pour motifs raisonnables ».

test préalable à l'affectation

Évaluation de l'aptitude au travail d'un candidat à un poste essentiel sur le plan de la sûreté effectuée avant le début de la période d'emploi, ou évaluation de l'aptitude au travail menée avant le transfert d'un titulaire de poste à un poste essentiel sur le plan de la sûreté.

travailleur

Personne qui effectue un travail mentionné dans un permis, y compris quelqu'un directement employé par un titulaire de permis, un entrepreneur ou un sous-traitant.

vessie timide

Incapacité de fournir un échantillon d'urine attribuable à une condition médicale physiologique ou psychologique.

Références

1. Agence internationale de l'énergie atomique (AIEA). [GSR Partie 1 \(rév. 1\), Cadre gouvernemental, législatif et réglementaire de la sûreté](#), Vienne, 2016.
2. AIEA. NS-R-2, [Sûreté des centrales nucléaires : exploitation, Prescriptions](#), Vienne, 2000.
3. AIEA. GS-G-1.3, [Inspection réglementaire des installations nucléaires et pouvoir de coercition de l'organisme de réglementation](#), Vienne, 2004.
4. AIEA. GS-G-1.2, [Examen-évaluation des installations nucléaires par l'organisme de réglementation](#), Vienne, 2004.
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6. AIEA. NS-G-2.8, [Recruitment, Qualification and Training of Personnel for Nuclear Power Plants](#), Vienne, 2002.
7. Commission canadienne des droits de la personne. [Exigences professionnelles justifiées et motifs justifiables dans la Loi canadienne sur les droits de la personne – Incidences des arrêts Meiorin et Grismer](#), Ottawa, 2007.
8. Commission canadienne de sûreté nucléaire. RD-204, [Accréditation des personnes qui travaillent dans les centrales nucléaires](#), Ottawa, 2008.
9. Groupe CSA. CSA N293, *Protection contre l'incendie dans les centrales nucléaires*, Mississauga, Ontario.
10. Groupe CSA. CSA N393, *Protection contre l'incendie dans les installations qui traitent, manipulent ou entreposent des substances nucléaires*, Mississauga, Ontario.
11. Canada. [Arrêté sur les alcootests approuvés](#) (TR/85-201).
12. WIGMORE, J. [The Forensic Toxicology of Alcohol and Best Practices for Alcohol Testing in the Workplace: A Report to the Canadian Nuclear Safety Commission](#), RSP-0315, Ottawa, 2014.
13. FRASER, A., Ph. D. [Urine Drug Testing Practice: Report to the Canadian Nuclear Safety Commission](#), RSP-0314, Ottawa, 2014.
14. Organisation internationale de normalisation. ISO/IEC 17025:2017, *Exigences générales concernant la compétence des laboratoires d'étalonnages et d'essais*, Genève, Suisse.
15. HUESTIS, M., Ph. D. [Oral Fluid Drug Testing Practice: Report to the Canadian Nuclear Safety Commission](#), RSP-673.2, Ottawa, 2019.

Renseignements supplémentaires

Les documents suivants fournissent des renseignements supplémentaires qui pourraient être pertinents et faciliter la compréhension des exigences et de l'orientation fournis dans le présent document d'application de la réglementation :

- 1 Commission canadienne de sûreté nucléaire (CCSN). [INFO-0831, Incidence sur l'industrie nucléaire des politiques canadiennes récentes en matière de consommation d'alcool et de drogues en milieu de travail](#), Ottawa, 2012.
- 2 CCSN. [REGDOC-2.2.2, La formation du personnel](#), Ottawa, 2016.
- 3 Nuclear Regulatory Commission des États-Unis. [NUREG/CR-7183, Best Practices for Behavioral Observation Programs at Operating Power Reactors and Power Reactor Construction Sites](#), Washington, D.C., 2014.
- 4 Département des transports des États-Unis. [Prescription and Over-the Counter Medications Tool Kit](#), Washington, D.C., 2011.
- 5 Canada. [Loi canadienne sur les droits de la personne](#), L.R.C. (1985), ch. H-6.
- 6 Commission canadienne des droits de la personne. [L'adaptation, ça se travaille! Un guide convivial pour favoriser la collaboration sur les questions de santé au travail](#) (non daté).

Séries de documents d'application de la réglementation de la CCSN

Les installations et activités du secteur nucléaire du Canada sont réglementées par la CCSN. En plus de la *Loi sur la sûreté et la réglementation nucléaires* et de ses règlements d'application, il pourrait y avoir des exigences en matière de conformité à d'autres outils de réglementation, comme les documents d'application de la réglementation ou les normes.

Les documents d'application de la réglementation préparés par la CCSN sont classés en fonction des catégories et des séries suivantes :

1.0 Installations et activités réglementées

- Séries
- 1.1 Installations dotées de réacteurs
 - 1.2 Installations de catégorie IB
 - 1.3 Mines et usines de concentration d'uranium
 - 1.4 Installations de catégorie II
 - 1.5 Homologation d'équipement réglementé
 - 1.6 Substances nucléaires et appareils à rayonnement

2.0 Domaines de sûreté et de réglementation

- Séries
- 2.1 Système de gestion
 - 2.2 Gestion de la performance humaine
 - 2.3 Conduite de l'exploitation
 - 2.4 Analyse de la sûreté
 - 2.5 Conception matérielle
 - 2.6 Aptitude fonctionnelle
 - 2.7 Radioprotection
 - 2.8 Santé et sécurité classiques
 - 2.9 Protection de l'environnement
 - 2.10 Gestion des urgences et protection-incendie
 - 2.11 Gestion des déchets
 - 2.12 Sécurité
 - 2.13 Garanties et non-prolifération
 - 2.14 Emballage et transport

3.0 Autres domaines de réglementation

- Séries
- 3.1 Exigences relatives à la production de rapports
 - 3.2 Mobilisation du public et des Autochtones
 - 3.3 Garanties financières
 - 3.4 Délibérations de la Commission
 - 3.5 Processus et pratiques de la CCSN
 - 3.6 Glossaire de la CCSN

Remarque : Les séries de documents d'application de la réglementation pourraient être modifiées périodiquement par la CCSN. Chaque série susmentionnée peut comprendre plusieurs documents d'application de la réglementation. Pour obtenir la plus récente [liste de documents d'application de la réglementation](#), veuillez consulter le site Web de la CCSN.

Consultation Report: REGDOC-2.2.4, *Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3*

(March 12 to May 30, 2020, and June 19 to July 4, 2020)

Rapport de consultation : REGDOC-2.2.4, *Aptitude au travail, tome II : Gérer la consommation d'alcool et de drogues, version 3*

(12 mars au 30 mai 2020 et 19 juin au 4 juillet 2020)

Introduction

REGDOC-2.2.4, *Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3*, sets out requirements and guidance of the CNSC with respect to alcohol and drug use for workers at high-security sites, as defined in the *Nuclear Security Regulations*. Version 3 allows for additional testing methodologies (i.e., oral fluid testing and point of collection testing) to be used as well as other changes in response to the legalization of cannabis in Canada.

Consultation process

REGDOC-2.2.4, *Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3* was issued for a targeted public consultation from March 12 to May 30, 2020. 57 comments were received from:

- Draeger Safety Canada Ltd.
- Power Workers' Union
- Bruce Power
- Canadian Nuclear Laboratories
- New Brunswick Power Corporation
- Ontario Power Generation
- The Society of United Professionals

Introduction

Le document d'application de la réglementation REGDOC-2.2.4, *Aptitude au travail, tome II : Gérer la consommation d'alcool et de drogues, version 3* énonce les exigences et l'orientation de la CCSN relatives à la consommation d'alcool et de drogues par les travailleurs aux sites à sécurité élevée, comme il est défini dans le *Règlement sur la sécurité nucléaire*. La version 3 permet l'utilisation d'autres méthodes de dépistage (soit le dépistage par sécrétions orales et l'analyse au point de prélèvement), et contient d'autres changements pour tenir compte de la légalisation du cannabis au Canada.

Processus de consultation

Le REGDOC-2.2.4, *Aptitude au travail, tome II : Gérer la consommation d'alcool et de drogues, version 3* a été soumis à une consultation publique ciblée du 12 mars au 30 mai 2020. Au total, 57 commentaires ont été reçus de :

- Draeger Safety Canada Ltd.
- Syndicat des Travailleurs et Travailleuses du Secteur Énergétique
- Bruce Power
- Laboratoires Nucléaires Canadiens
- Société d'énergie du Nouveau-Brunswick
- Ontario Power Generation
- Society of United Professionals

Feedback on comments was issued from June 19 to July 4, 2020. Three comments were received from the Power Workers' Union and a member of the general public.

Feedback was only solicited on sections with changes relative to Version 2 of the document. Key themes and CNSC responses are provided below.

Comment 1: Cut-off levels for cannabis

Both industry and unions made comments on the cut-off limits for testing cannabis proposed in the draft REGDOC-2.2.4, Volume II, set at 5 ng/mL screening level and 2 ng/mL confirmation level.

Industry proposed 10 ng/mL for both screening and confirmation levels, citing the Toronto Transit Commission levels.

The union, notwithstanding its continued opposition to alcohol and drug testing, proposed 25 or 15 ng/mL as the screening level to align with roadside testing in Canada or Australia respectively, and a minimum of 5 ng/mL for the confirmation level.

CNSC response:

CNSC staff feel that a screening cut-off level of 10 ng/mL and a confirmation cut-off level of 5 ng/mL does not unduly impede human rights, including privacy rights.

La période pour fournir des observations sur les commentaires reçus s'est déroulée du 19 juin au 4 juillet 2020. Trois commentaires ont été reçus du Syndicat des Travailleurs et Travailleuses du Secteur Énergétique et d'un membre du grand public.

Les observations portaient seulement sur les sections mises à jour depuis la version 2 du document. Les grands thèmes et les réponses de la CCSN sont fournis plus bas.

Commentaire 1 : Seuils de dépistage pour le cannabis

Les membres du secteur et les syndicats ont commenté les seuils de dépistage du cannabis proposés dans le projet de REGDOC-2.2.4, tome II, qui sont établis à 5 ng/mL (seuil de dépistage) et à 2 ng/mL (seuil de confirmation).

Les membres du secteur proposent 10 ng/mL, tant pour les seuils de dépistage que de confirmation, en citant les seuils établis par la Commission de transport de Toronto.

Le syndicat, nonobstant son opposition continue envers le dépistage d'alcool et de drogues, propose d'établir le seuil de dépistage à 25 ou 15 ng/mL pour se conformer aux tests de dépistage routiers effectués au Canada et en Australie, respectivement, et un minimum de 5 ng/mL pour le seuil de confirmation.

Réponse de la CCSN :

Le personnel de la CCSN estime qu'un seuil de 10 ng/mL pour le dépistage et de 5 ng/mL pour la confirmation n'entrave pas indûment les droits de la personne, y compris les droits relatifs à la vie privée.

The proposed oral fluid cut-offs identify recent drug use and risk of acute impairment at the time of testing.

The confirmation cut-off should be lower than the screening cut-off because multiple cannabinoids are measured in the screening test whereas a single cannabinoid (THC) is detected in the confirmation test.

Comment 2: Point of Collection Testing (POCT)

Point of collection testing raised concerns for some stakeholders. Industry requested that POCT not be used for reasonable grounds testing. The unions raised concerns with use, training and reliability.

CNSC response:

The REGDOC was modified to further restrict POCT use. POCT can only be considered for use in random or post-incident testing circumstances.

Text was added to the document clarifying that training requirements listed in section 6.2 Drug-testing process, apply to POCT as well.

To address the union's concerns about reliability of POCT devices, the REGDOC was modified to require a minimum of 5% of negative POCT results be anonymously tested in an accredited laboratory against the same type of biological samples. This provides a means to evaluate the performance of the POCT device and the collection techniques of the collector.

Les seuils proposés pour les sécrétions orales identifient la consommation récente de drogues et le risque d'intoxication aiguë au moment du test de dépistage.

Le seuil de confirmation devrait être inférieur au seuil de dépistage, étant donné que de multiples cannabinoïdes sont mesurés pendant le test de dépistage, tandis qu'un seul cannabinoïde (THC) est détecté dans le test de confirmation.

Commentaire 2 : Analyse au point de prélèvement (APP)

Quelques parties intéressées avaient des préoccupations quant à l'APP. Les membres du secteur ont demandé que cette analyse ne serve pas aux tests de dépistage pour motifs raisonnables. Les syndicats ont soulevé des préoccupations quant à l'utilisation, la formation et la fiabilité.

Réponse de la CCSN :

Le REGDOC a été modifié pour restreindre davantage l'utilisation de l'APP. L'utilisation de l'APP peut seulement être envisagée dans le cas de tests aléatoires ou à la suite d'un incident.

Du texte a été ajouté au document pour préciser que les exigences de formation énumérées à la section 6.2, Processus de dépistage de drogues, s'appliquent aussi à l'APP.

Pour donner suite aux préoccupations du syndicat concernant les appareils d'APP, le REGDOC a été modifié pour exiger qu'au moins 5 % des résultats négatifs d'APP soient testés de façon anonyme dans un laboratoire accrédité, en fonction du même type d'échantillon biologique. Il s'agit d'une façon

d'évaluer le rendement de l'appareil d'APP et des techniques de collecte des personnes chargées du prélèvement.

Comment 3: Laboratory Accreditation

Licensees noted that there is currently no laboratory in Canada that is accredited to analyze oral fluid tests required to be compliant with the draft REGDOC-2.2.4, Volume II.

CNSC response:

CNSC staff note that the Dynacare laboratory in London, ON is seeking accreditation for their oral fluid testing program. Other Canadian laboratories may pursue accreditation in the future.

The CNSC provides flexibility for licensees to provide alternative means of achieving the intent of requirements. Therefore, should an acceptable laboratory be found that is capable of doing testing to the same level of sensitivity, specificity and efficiency, with the same level of oversight, licensees could suggest the alternative through the licensing process.

Concluding remarks

In addition to the comments outlined above, the CNSC also received several specific comments concerning REGDOC-2.2.4, *Fitness for Duty, Volume II: Managing Alcohol and Drug Use*, Version 3. The

Commentaire 3 : Accréditation des laboratoires

Les titulaires de permis remarquent qu'aucun laboratoire au Canada n'est actuellement accrédité pour analyser les résultats des tests de dépistage des sécrétions orales, lesquels sont exigés pour se conformer au projet de REGDOC-2.2.4, tome II.

Réponse de la CCSN :

Le personnel de la CCSN note que le laboratoire Dynacare à London (Ontario) travaille à faire accréditer son programme d'analyse des tests de dépistage des sécrétions orales. D'autres laboratoires canadiens pourraient aussi chercher à obtenir une accréditation à l'avenir.

La CCSN fait preuve de souplesse en permettant aux titulaires de permis de trouver d'autres moyens de répondre à l'intention des exigences. Par conséquent, si un laboratoire acceptable est trouvé, c'est-à-dire un laboratoire capable de faire des tests avec les mêmes niveaux de sensibilité, de spécificité et d'efficacité et avec le même niveau de surveillance que ceux recherchés, les titulaires de permis pourraient proposer ce laboratoire par l'intermédiaire du processus d'autorisation.

Conclusions

En plus des commentaires décrits ci-dessus, la CCSN a également reçu plusieurs commentaires précis concernant le REGDOC-2.2.4, *Aptitude au travail, tome II : Gérer la consommation d'alcool et de*

complete dispositioning of all comments submitted are provided in the detailed comments table that is part of the package provided to the Commission.

drogues, version 3. Toutes les réponses aux commentaires soumis sont présentées dans un tableau détaillé, qui est fourni à la Commission avec l'ensemble de la documentation.

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

Comments received from public consultation / Commentaires reçus dans le cadre du processus de consultation

Comments received:

- during first round (March 12 to May 30, 2020): 57 comments from 7 reviewers
- during feedback period (June 19 to July 4): 3 comments from 2 reviewers

Commentaires reçus :

- lors de la première période (12 mars au 30 mai 2020) : 57 commentaires reçus de sept examinateurs
- lors de la période des observations (19 juin au 4 juillet 2020) : 3 commentaires reçus de deux examinateurs

Table A: Comments on the “Request for Information” that was included for comment with the draft document:

Reviewer	Section or Para. #	Reviewer’s Comment and Proposed Change	Response
No comments specific to the Request for Information statement were received. All comments received during public consultation are listed in Table B, below. Feedback on comments is listed in Table C.			

Table B: Comments received on the draft document

	Reviewer	Section or Para. #	Reviewer’s Comment and Proposed Change	Response
1.	Draeger Safety Canada Ltd	General	In meeting these requirements, it is now given in version 3 of REGDOC-2.2.4. that licensees may choose to use either urine drug testing or oral fluid drug testing, or a combination of both. The fact that licensees will be allowed to collect and test an oral fluid specimen as part of their drug testing programs is highly appreciated. The interest of more and more employers has shifted from urine testing alone towards a combination of different specimens to help maximize drug screening program efficiencies and return on investment. Each specimen offers particular strengths and weaknesses, and the use of multiple specimens in testing programs can complement each other.	While the comment was acknowledged, there were no suggested changes to the content of the document.
2.	Draeger Safety Canada Ltd	General	Oral fluid is popular due to its easy, rapid collection, its non-invasiveness compared to urine or blood, the convenience of collecting a specimen anywhere, anytime, and the difficulty of adulteration. The main advantage of oral fluid, with its tighter window of detection, is that it gives an almost immediate result that would show a person’s peak levels of intoxication at the time of the test on the job, since the presence of a parent drug can assist in the determination of an individual being ‘under the influence’ of a drug. It’s a faster approach for more timely results.	While the comment was acknowledged, there were no suggested changes to the content of the document.

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
			<p>Developments in technology now allow immunoassay screening of oral fluid samples to be carried out onsite. Tests are commercially available, mobile and easy to use and, used on-site, can ensure sample collection without delay. The Dräger DrugTest 5000, is an oral fluid device developed by Dräger. It has been used globally for over a decade by law enforcement and workplace applications. The device is also approved by Canadian Society of Forensic Science and the Attorney General for use in criminal charges by law enforcement. Although the approval only includes THC and Cocaine, additional drugs can be monitored on the same hardware if desired by the Canadian legal system. Workplace customers using the Draeger DrugTest 5000 device can choose from 7 different drugs using the test panels for workplace applications.</p>	
3.	Power Workers' Union	General	<p><i>The PWU and its Past Submissions</i></p> <p>1. The Power Workers' Union ("PWU") is a trade union that represents over 15,000 workers employed in Ontario's electricity industry, most of whom are employed in the nuclear power industry. Its members work throughout Ontario and make up a large majority of employees in the nuclear power industry, including at Ontario's nuclear power plants: Darlington Nuclear Generating Station, Pickering Nuclear Generating Station, and Bruce Power Generating Station ("PWU Employers"). PWU members form the majority of workers employed at Ontario's other electrical generating facilities, as well as transmission and local distribution companies.</p> <p>2. As an external stakeholder who represents employees in nuclear facilities, the PWU has an important role to play in ensuring that Ontario's nuclear facilities are safe and secure through the development and implementation of effective policies to ensure fitness for duty ("FFD") of its employees.</p> <p>3. In 2012, the PWU made lengthy submissions regarding the Commission's 2012 Discussion Paper for Public Consultation, DIS-12-03: <i>Fitness for Duty: Proposals for Strengthening Alcohol and Drug Policy, Programs and Testing</i> ("FFD Discussion Paper") and an accompanying Reference document: INFO-0831: <i>Recent Alcohol and Drug Workplace Policies in Canada: Considerations for the Nuclear Industry</i>, prepared by Barbara Butler and Associates Inc.</p> <p>4. In 2016, the PWU made lengthy submissions regarding the Commission's draft Regulatory Document, 2.2.4 <i>Human Performance Management, Fitness for Duty</i> ("Draft Regulatory Document"). These submissions set out the PWU's comments, concerns and feedback on the Draft Regulatory Document and in particular, the proposed requirement for alcohol and drug testing for certain employees in nuclear facilities, and appended two reports of experts, Professor Olaf Drummer and Professor Scott Macdonald.</p> <p>5. In summary, the PWU's comments on the Draft Regulatory Document were three-fold:</p> <p>a. The PWU supported the "programmatic elements" for FFD including supportive</p>	<p>While the comment was acknowledged, there were no suggested changes to the content of draft REGDOC 2.2.4, <i>Fitness for Duty, Volume II: Managing Alcohol and Drug Use, version 3</i>.</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
			<p>employee assistance programs, and peer and supervisor behavioural observation. Licensees, their bargaining agents, managers and employees have been operating nuclear facilities safely for over 40 years, without evidence of safety issues arising from substance misuse, using these programs. They work, on a lawful and non-intrusive basis. The PWU supports the adoption of this set of general principles for successful and legal drug and alcohol policies, as long as they are flexible enough to permit nuclear facility licensees to adopt policies and practices that are workplace-specific and comply with the legal duty to accommodate employees on a case-by-case basis under Human Rights legislation. Apart from such programs and the specific FFD assessments and tests mandated by the <i>Nuclear Security Regulations</i>, there is no need to mandate changes that intrude on the privacy rights of citizens employed in safety-sensitive positions at nuclear facilities.</p> <p>b. The PWU opposed the Draft Regulatory Document's alcohol and testing requirements because they do not comply with human rights and privacy legislation, or the <i>Charter of Rights and Freedoms</i>. Most significantly, random alcohol and drug testing requirements do not strike the appropriate balance between safety concerns and the rights of employees, and is inconsistent with established Canadian jurisprudence.</p> <p>c. The PWU also submitted that the Draft Regulatory Document contained insufficient guidance for the consequence of a positive alcohol or drug test, the circumstances under which substance abuse evaluations are required, or the appropriate collection of personal health and other information. The Commission must ensure that any changes to the regulatory regime are consistent with the licensees' duty to accommodate, comply with privacy legislation and ensure the highest level of protection of the privacy and respect for employees.</p> <p>6. After the Commission announced that it would be publishing RegDoc 2.2.4, V. II in November 2017, which included alcohol and drug testing requirements, the PWU grieved the use of and implementation of workplace policies proposed by the PWU Employers, as did several other unions at nuclear sites across Canada. The PWU provided the CNSC with notice of these grievances in November 2017. RegDoc 2.2.4 V. II was published in January 2018 ("RegDoc Version 2").</p> <p>7. The PWU is aware that the PWU Employers, who previously advised the Commission that a Commission-mandated FFD regime was not necessary, have since requested that the Commission revise RegDoc Version 2 to permit oral fluid testing.</p> <p>8. The PWU continues to take the position that the alcohol and drug testing requirements set out in RegDoc Version 2 and maintained in version 3, released for public comment in March 2020 ("RegDoc Version 3"), are unnecessary for public safety and unlawful. The proposed adoption of oral fluid testing does not address the significant constitutional,</p>	

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response										
			human rights and privacy issues associated with drug and alcohol testing. 9. The PWU has provided these submissions in response to the Commission's direction that it will receive submissions only on the proposed revisions to the RegDoc Version 3 (which relate primarily to the addition of oral fluid testing). None of the submissions of the PWU should be taken to agree with or accept the premise that the drug testing regime set out in any version of the RegDoc is appropriate or lawful.											
4.	Bruce Power, Canadian Nuclear Laboratories, New Brunswick Power Corporation, Ontario Power Generation	General	<p>PURPOSE</p> <p>1. This Brief provides the joint feedback of Bruce Power, Canadian Nuclear Laboratories, New Brunswick Power Corporation and Ontario Power Generation (collectively, the "Licensees") to specific changes in the CNSC's current update to REGDOC 2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, which are highlighted in a draft version 3 ("REGDOC V3"). The Licensees do not comment upon all of the proposed changes in the REGDOC V3.</p> <p>2. This Brief is supplemented and informed by the following substantive Enclosures: (a) Case Law Update, prepared by Hicks Morley [Enclosure 2]; (b) Expert Report of DriverCheck – Dr. Melissa Snider-Adler [Enclosure 3]; and (c) Expert Report of Dr. Leo Kadehjian [Enclosure 4].</p> <p>SPECIFIC FEEDBACK</p> <p>3. The Licensees provide feedback to the CNSC on the following aspects of the CNSC's proposed changes to REGDOC-2.2.4 found in Version 3:</p> <p>(a) Tables B5 and B6 Oral Fluid Screening and Confirmation Levels</p> <table border="1" data-bbox="620 987 1663 1052"> <tr> <td data-bbox="620 987 701 1052">(i)</td> <td data-bbox="701 987 1663 1052">Oral fluid cannabinoid (or "THC") screening and confirmation levels of 5 ng/ml and 2 ng/ml, respectively, versus 10 ng/ml and 10 ng/ml</td> </tr> </table> <table border="1" data-bbox="620 1089 1620 1122"> <tr> <td data-bbox="620 1089 701 1122">(ii)</td> <td data-bbox="701 1089 1620 1122">Technical Impediments to a THC oral fluid screening cut-off of 5 ng/ml</td> </tr> </table> <p>(iii) Oral fluid cut-off levels for testing other than THC</p> <table border="1" data-bbox="620 1159 1696 1224"> <tr> <td data-bbox="620 1159 701 1224">(b)</td> <td data-bbox="701 1159 1696 1224">Section 6 Alcohol- and Drug-Testing Processes: Feedback on testing methodology</td> </tr> </table> <table border="1" data-bbox="620 1261 1690 1326"> <tr> <td data-bbox="620 1261 701 1326">(c)</td> <td data-bbox="701 1261 1690 1326">Section 6.2 Drug-testing Process: Feedback with respect to licensing requirements for urine analysis and oral fluid drug testing</td> </tr> </table> <p>(d) Section 6.2.1 Initial Point of Collection Test (POCT) urine screening</p> <table border="1" data-bbox="620 1364 1626 1429"> <tr> <td data-bbox="620 1364 701 1429">(i)</td> <td data-bbox="701 1364 1626 1429">Use of POCT urine screening as an initial cannabinoid screen to determine if oral fluid testing for THC is warranted</td> </tr> </table> <p>(ii) Use of POCT devices for reasonable grounds testing</p> <p>4. Each of these areas of feedback is discussed in more detail below.</p>	(i)	Oral fluid cannabinoid (or "THC") screening and confirmation levels of 5 ng/ml and 2 ng/ml, respectively, versus 10 ng/ml and 10 ng/ml	(ii)	Technical Impediments to a THC oral fluid screening cut-off of 5 ng/ml	(b)	Section 6 Alcohol- and Drug-Testing Processes: Feedback on testing methodology	(c)	Section 6.2 Drug-testing Process: Feedback with respect to licensing requirements for urine analysis and oral fluid drug testing	(i)	Use of POCT urine screening as an initial cannabinoid screen to determine if oral fluid testing for THC is warranted	The comments were noted and will be addressed in subsequent comments below.
(i)	Oral fluid cannabinoid (or "THC") screening and confirmation levels of 5 ng/ml and 2 ng/ml, respectively, versus 10 ng/ml and 10 ng/ml													
(ii)	Technical Impediments to a THC oral fluid screening cut-off of 5 ng/ml													
(b)	Section 6 Alcohol- and Drug-Testing Processes: Feedback on testing methodology													
(c)	Section 6.2 Drug-testing Process: Feedback with respect to licensing requirements for urine analysis and oral fluid drug testing													
(i)	Use of POCT urine screening as an initial cannabinoid screen to determine if oral fluid testing for THC is warranted													

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
5.	Power Workers' Union	General	<p>10. In assessing the scope and propriety of alcohol and drug testing in the workplace, the Supreme Court of Canada has confirmed that the issue is one of balancing the competing interests of an employer (and here, the Commission) to ensure a safe and productive work environment for employees and members of the public against an employee's rights to equality, dignity and security of the person.¹ In past submissions, the PWU have described the employees' constitutional, common law and statutorily provided rights to privacy, dignity, equality, security of the person and security against unreasonable search and seizure, and to be free from discrimination.</p> <p>11. Compliance with the "Canadian model" from the jurisprudence on alcohol and drug testing, requires employers to have a reasonable basis for testing. Random testing, divorced from any employee-specific reasonable cause, has been upheld by adjudicators in very limited cases. In particular, arbitrators have permitted such programs <i>only</i> where there is compelling evidence of a widespread substance abuse problem in the workplace that cannot be addressed by less invasive measures.² In such circumstances, an employer may be able to meet the heavy onus to justify resorting to random alcohol testing if it has met the "threshold test of reasonable cause" to suspect widespread impairment in the workplace.</p> <p>12. In short, in order to justify the adoption of any alcohol and drug testing as an appropriate balancing of interests, the Commission must demonstrate that</p> <ul style="list-style-type: none"> (1) such testing addresses a legitimate safety issue present in nuclear sites; (2) that such testing provides accurate, relevant and significant information about employees and their ability to perform their duties, and (3) such testing actually results in a safer workplace using the least intrusive means possible. <p>13. The PWU submits that the Commission's RegDoc Version 3, like earlier versions, is not justifiable, appropriate or lawful. As set out in the PWU's prior submissions (on which the PWU continues to rely), the testing requirements of the RegDoc (all versions) do not comply with constitutional, human rights or privacy protections of employees nor represent an appropriate balancing of interests. The testing requirements are not rationally connected to the objective of safety, and do not infringe as little as possible to achieve the safety objective.</p>	<p>While the comment was acknowledged, the decision regarding which testing circumstances are included in REGDOC-2.2.4 Vol II was made by the Commission upon approval of version 1, and is not within the scope of changes addressed in version 3.</p>
6.	Power Workers' Union	General	<p>14. There is no evidence of a safety issue arising from alcohol and drug use at nuclear sites. While the Commission's goal of safety and security in nuclear facilities is indisputable, the Commission has not explained why it has elected to adopt alcohol and drug testing, apart from a general reference to its mandate to protect public safety. The Commission has not explained why any testing is appropriate, given the robust practices and policies at nuclear sites that promote the prevention and early detection of substance abuse issues, while</p>	<p>While the comment was acknowledged, the decision regarding incorporating alcohol and drug testing provisions in REGDOC-2.2.4 Vol II was made by the Commission upon approval of version 1, and is not within the scope of changes addressed in version 3.</p> <p>The Nuclear Safety and Control Act (NSCA) 9 (a) states than an object of the Commission is: "to regulate the development, production and</p>

Public Consultation
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			<p>respecting the rights and privacy of employees,³ or assessed any alternatives to assess impairment.</p>	<p>use of nuclear energy and the production, possession and use of nuclear substances, prescribed equipment and prescribed information in order to</p> <p>(i) prevent unreasonable risk, to the environment and to the health and safety of persons, associated with that development, production, possession or use,</p> <p>(ii) prevent unreasonable risk to national security associated with that development, production, possession or use,”</p> <p>It is CNSC’s position that REGDOC-2.2.4 Vol II’s alcohol and drug testing provisions support the object of NSCA 9(a).</p> <p>In addition, the <i>Class I Nuclear Facilities Regulations</i> Paragraph 3 (d.1) requires that an application for a licence to operate a Class I nuclear facility shall contain “the proposed human performance program for the activity to be licensed, including measures to ensure workers’ fitness for duty”.</p> <p>Although Paragraph 3 (d.1) does not explicitly address alcohol and drug testing, it does require measures to be put in place to ensure fitness for duty.</p> <p>Further to this are the recommendations that Canada has received from International Physical Protection Advisory Service (IPPAS) mission, advising Canada to include “at least random drug and alcohol testing for persons entering the protected areas to ensure they can safely carry out their duties”. Additionally, Bruce Power and Pickering two of CNSC’s NPP licensees have received, in December 2015 and February 2017 respectively, a recommendation from the IAEA Operational Safety Review Team (OSART). The recommendation stated, “the plant should include ‘without cause’ alcohol and drug tests in its fitness for duty program”. CNSC staff believe that a nuclear workforce that is unimpaired by alcohol or drugs is rationally connected to the work in safety-sensitive and safety-critical positions, because of the known human performance degradations that alcohol and drugs can cause. Given that a significant incident could result from impaired performance, the CNSC believes that safety sensitive and safety critical workers being free from the influence of alcohol and drugs is</p>

Public Consultation
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 e-Doc 6307329

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				<p>essential to ensure nuclear safety and security.</p> <p>Therefore, the CNSC took a proactive approach to fitness for duty in the published version 1 & 2 by ensuring that comprehensive measures are required to deter alcohol and drug use and to provide reasonable assurance that safety-sensitive and safety-critical workers are free from the influence of alcohol and drugs at Canada's high security nuclear facilities.</p>
7.	Power Workers' Union	General	25. Given the lack of evidence of safety issues in the nuclear sites, and the inability of OFT testing to assess impairment, the Commission cannot justify the imposition of OFT.	<p>While the comment was considered, no changes were made to the content of the document.</p> <p>The CNSC seeks reasonable assurance that workers are free of impairment that could hinder their ability to competently and safely perform the duties of their position and as such do not pose a safety or security risk.</p> <p>Oral fluid testing has been shown to be effective in determining recent use of drugs. Oral fluid drug testing, similar to urine drug testing, identifies drug exposure, but the window of drug detection in oral fluid is more similar to the window of drug impairment than the longer window of drug detection in urine, and as such is a good indicator of risk of impairment. Oral fluid testing is less invasive and less prone to sample adulteration than other means of testing.</p>
8.	Power Workers' Union	General	41. Whether or not it is acceptable for regulators or employers to engage in deterrence of off-duty use of drugs or alcohol in the United States, a country afflicted with a constitutional right to bear arms and a history of a "war on drugs" culture, it has never been acceptable or lawful for Canadian employers or workplace regulators to invade and control the private lives of workers in that way.	<p>While the comment was considered, there were no suggested changes to the content of the document.</p> <p>See comment 6 concerning international peer-mission recommendations for Canada and Canadian facilities.</p>
9.	Power Workers' Union		51. Nuclear generating facilities have been operated safely in Ontario for over 40 years without the mandating by any regulator of a specific means of ensuring that employees at these facilities are fit for duty, let alone the mandating of a drug or alcohol testing regime.	<p>While the comment was acknowledged, the decision regarding incorporating alcohol and drug testing provisions in REGDOC-2.2.4 Vol II was made by the Commission upon approval of version 1, and is not within the scope of changes addressed in version 3.</p> <p>See comment 6 concerning CNSC's proactive approach to regulating.</p>
10.	Power Workers' Union	General	52. The PWU maintains its position that the Commission's drug testing regime is unnecessary and unlawful. The Commission's drug testing regime does not meet its stated objective of detecting and avoiding workplace impairment. The proposed OFT testing is	<p>The text was modified as a result of the comment.</p> <p>See comment 6 concerning CNSC's proactive approach to regulating.</p>

Public Consultation
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 e-Doc 6307329

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			<p>based on a report that does not provide a clear connection between testing and length of impairment, and does not give due regard to relevant cut-off levels in other non-U.S. jurisdictions. OFT does not provide accurate evidence of impairment. The cut-off levels selected will capture past drug use, not current impairment, and are therefore not justifiable or appropriate. If the Commission elects to include OFT, it should increase the cut-off levels to reflect only detection windows that correlate with periods of likely impairment. The PWU further submits that the Commission has not carefully considered the use of POCT devices, and that the use of such devices should, at a minimum, be undertaken by trained individuals in a privacy-protective manner.</p>	<p>See comments 24, 25, and 26 below regarding changes to the text related to point of collection testing (POCT) use and training.</p> <p>While REGDOC 2.2.4, <i>Fitness for Duty, Volume II: Managing Alcohol and Drug Use, version 3</i> was informed by a report prepared by an internationally recognized specialist in the field, Dr. Huestis, the CNSC also reviewed other research and conducted benchmarking related to oral fluid testing practices.</p> <p>Recent drug use can impair executive function, and cognitive and motor performance, raising safety concerns for workers, the environment and the general public. The windows of drug impairment can be different for each drug effect (e.g., psychomotor vs physiologic effects) and there is considerable variation in drug impairment between individuals, especially between occasional and chronic frequent drug users. An advantage of oral fluid drug testing is that in general the parent active drug is monitored rather than the inactive metabolite that is targeted in urine drug tests. The window of active drug detection in oral fluid is shorter and more similar to the window of drug impairment, than the longer window of detection of the primarily inactive drug metabolite in urine. Oral fluid measures recent drug use that is associated with the window of drug impairment. Professor Huestis researched, considered and provided in her report the publicly available Canadian and international oral fluid drug screening and confirmation cut-offs and published controlled drug administration data to guide her recommended selection of cut-off concentrations.</p> <p>In the case of chronic frequent cannabis use (near daily use), published data show psychomotor impairment lasting at least three weeks after last cannabis use (Bosker et al 2013) and for cognitive effects in this population, impairment was documented in some studies for more than 30 days (Bolla, 2002; Broyd, 2016). Acute cannabis impairment in occasional cannabis users is estimated by different investigators as 3-12 h. Thus, the window of drug impairment varies substantially based on the drug, the dose, the frequency of use, the route of drug administration, the presence of other psychoactive substances and interindividual differences. Therefore, the decision of screening and confirmation cut-offs must ensure nuclear safety, and not duly impede</p>

Public Consultation
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 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

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				human rights, including privacy rights.
11.	Power Workers' Union		53. The PWU thanks the Commission for the opportunity to make submissions.	While the comment was acknowledged, there were no suggested changes to the content of the document.
12.	The Society of United Professionals	General	<p>The Society of United Professionals represents over 8,600 engineers, scientists, supervisors, and other professionals in Canada's energy and legal sectors. As an organization, we have represented professionals for over 70 years.</p> <p>The Society represents employees working for a dozen different employers in the electricity sector, including Ontario Power Generation, Bruce Power, Nuclear Waste Management Organization, Hydro One, the Independent Electricity System Operator, the Ontario Energy Board, New Horizon System Solutions, Toronto Hydro, Inergi, Kinectrics, and the Electrical Safety Authority.</p> <p>Our members work in every aspect of the electricity industry. They are involved in generation, transmission and distribution of electricity, management of the electricity system, regulation and enforcement of standards, and management of the electricity market. They are employed as first-line managers and supervisors, professional engineers, scientists, information systems professionals, economists, auditors and accountants, as well as many other professional, administrative, and associated occupations.</p> <p>The Society's members are knowledge workers who take great pride in exercising their civic, social, and professional responsibilities. As a union, we stand behind our members' professionalism, integrity, and commitment to excellence in all areas, particularly workplace safety, public health, and environmental sustainability.</p> <p>At OPG and Bruce Power, Society members provide technical expertise in areas of conventional health and safety, radiation safety, emergency preparedness, and environmental issues. Society represented safetyrelated occupations include ergonomists, safety specialists, industrial hygienists, safety officers, health physicists, emergency managers, environmental scientists and environmental engineers.</p> <p>Advocating for safe and healthy operation of our nuclear workplaces is one of the Society's highest priorities as a union. Our members work inside of, and in close proximity to, nuclear facilities, and they are among the first in harm's way if the highest standards of safe operation, and occupational health and safety are not adhered to. They and their families are residents of Clarington and Durham and Kincardine/Port Elgin and they are very conscious of the importance of ensuring a safe and healthy environment in the areas where they live.</p> <p>The Society takes an active leadership role in workplace health and safety and accident reduction at our workplaces. We advocate for our members' health and safety interests in</p>	While the comment was acknowledged, there were no suggested changes to the content of the document.

Public Consultation
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 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
			<p>collective agreement negotiations and through grievance processes. Society leaders participate on multiple joint health and safety committees at each of the companies where our members work, including joint working groups, joint health and safety policy committees, Joint Committees on Radiation Protection at OPG and Bruce Power, Corporate Safety Rule Advisory Groups, and Corporate Code Advisory Groups. Society leaders also participate in broader health and safety initiatives, including the Infrastructure Health and Safety Association Board, the Provincial Labour Management Safety Committee, and the Ontario Federation of Labour Health and Safety Committee. The Society believes that any workplace safety programs implemented within workplaces where our members are employed must be effective and focused on improving safety and are not just about improving public relations. And while we are passionate advocates for workplace safety, we are concerned that individual privacy and dignity, also deeply valued and carefully safeguarded in this country, are not needlessly and inappropriately compromised in the name of public safety.</p>	
13.	The Society of United Professionals	General	<p>The Society has serious concerns about the proposed changes to REGDOC-2.2.4, and the intrusive impact it will have on the privacy, dignity, and physical integrity of the Society's membership working at nuclear facilities.</p> <p>In addition to the existing fitness for duty regulation, the Society is very familiar with existing fitness for duty programs at both Ontario Power Generation and Bruce Power. These programs are comprehensive and effective. In their submission on the original draft of REGDOC-2.2.4, OPG highlighted their "mature and successful program to ensure Fitness for Duty", stating that "[t]here is no evidence that our existing measures have been inadequate in this area nor indication that they will fail to be adequate in the future."¹ Similarly, Bruce Power highlighted in their submission their "existing, highly-effective fitness for duty protocols."² Adding that they are proud of their "mature, multi-faceted programs that keep our employees fit for duty and our plants and surrounding communities safe."³</p> <p>The Society agrees that these programs are comprehensive and effective. They address all issues which may impact fitness for duty, not just impairment from drugs or alcohol. They involve training and awareness in the recognition of signs of impairment or other factors impacting fitness for duty, as well as access to support for individuals who may not be fit for duty for a range of reasons. There are also tools for ensuring that prohibited substances are not brought into workplaces. Importantly, these programs are effective because they are accepted and understood by the employees to whom they apply.</p> <p>Furthermore, in their submission on the original draft of REGDOC-2.2.4, OPG stated that "drug testing does not necessarily indicate impairment, or fitness for duty, although it can</p>	<p>While the comment was acknowledged, the decision regarding incorporating alcohol and drug testing provisions in REGDOC-2.2.4 Vol II was made by the Commission upon approval of version 1, and is not within the scope of changes addressed in version 3.</p>

Public Consultation
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 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
			identify past drug use, second hand exposure, or potentially risky behaviours. The intent of the REGDOC is to ensure workers are fit for duty. Therefore, it is anticipated that the implementation of drug testing will fail to meet the fundamental intent of the REGDOC. ^{39,4}	
14.	The Society of United Professionals	General	The Society is concerned that the proposed changes would do nothing to detect impairment, as the Drummer report makes it clear that neither oral fluid testing, nor urine testing, can determine whether impairment is present. These tests will, however, simply identify whether, in the case of cannabis, an individual has used a legal substance in the past several days. The Society considers this an unnecessary violation of its members' privacy, with no added benefit to public safety. As such, the Society strongly opposes the proposed changes to REGDOC-2.2.4.	While the comment was considered, no changes were made to the content of the document. See comment 7 concerning oral fluid testing and risk of impairment. See comment 10 concerning window of drug detection and drug impairment.
15.	Bruce Power, Canadian Nuclear Laboratories, New Brunswick Power Corporation, Ontario Power Generation	General	8. As set out in the June 2019 Legal Brief, and discussed once again in the Case Law Update, Canadian jurisprudence requires that the Licensees' Fitness for Duty policies, which are to be promulgated pursuant to the REGDOC, be reasonable and constitutional. The REGDOC and the Fitness for Duty policies must balance the interests of the public, the CNSC (as Regulator) and the Licensees (as employers), with the interests of the individuals who are to be subjected to alcohol and drug testing. 9. In particular, to withstand legal scrutiny, current jurisprudence demands the testing methodology and cut-off standards found in the REGDOC and each Licensee's Fitness for Duty policy strike a reasonable balance between workers' individual rights and the objective of ensuring safety from an unacceptable risk of impairment in the workplace. 10. Given the legalization of cannabis in Canada ¹ , workers may assert that their individual rights include the right to legally consume cannabis while away from work, as workers are entitled to do with alcohol ² , without fear of repercussion in the workplace, provided that such consumption does not result in an unacceptable risk of impairment in the workplace. 11. Therefore, the REGDOC's testing methodology and established THC testing thresholds must effectively determine whether the concentration of THC in a worker's system exceeds a threshold which establishes a scientifically justifiable nexus between the presence of THC and the risk of current impairment.	The text was modified as a result of the comment. See comment 6 concerning regulatory basis. See comment 7 concerning oral fluid testing and risk of impairment. See comment 10 concerning window of drug detection and drug impairment. See comment 21 concerning changes to the text regarding cannabis oral fluid testing cut-offs.
16.	Bruce Power, Canadian Nuclear Laboratories, New Brunswick Power Corporation,	6	39. In their proposed amendments to the REGDOC enclosed with their June 28, 2019 submissions to the CNSC, the Licensees sought an amendment to Section 6 to reflect anticipated emerging developments to testing methodologies. In particular, the Licensees sought the addition of the following language: <i>As alcohol and drug testing evolves, licensees may update their testing methodology subject to CNSC staff acceptance.</i> 40. This proposed language is not reflected in REGDOC V3.	While the comment was considered, the proposed text was not included as it could lead to inconsistencies across alcohol and drug testing programs, and less transparency. REGDOC 2.2.4 Volume 2 ensures that alcohol and drug-related fitness for duty measures required across licensed facilities are clear, consistent and transparent. There are significant legal & human rights implications related to drug testing methodologies that necessitate a

Public Consultation
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 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
	Ontario Power Generation		<p>41. However, Dr. Snider-Adler confirms that the scientific and technical guidelines for testing, laboratory accreditations and approved and recommended testing devices are continuing to evolve.¹⁰ Indeed, with the legalization of cannabis the pace of this evolution is expected to increase.</p> <p>42. Consequently it is both appropriate and practical for the approval process of testing mechanisms and regimes to be nimble so that Licensees can ensure that best practices are introduced without delay to fitness for duty alcohol and drug testing policies.</p> <p>43. As a result, the Licensees seek an agile regulatory approach to responding to the evolution of alcohol and drug testing methodology and technology.</p> <p>44. The Licensees recommend that section 6 of REGDOC V3 be amended to include the following: As alcohol and drug testing evolves, licensees may update their testing methodology subject to CNSC staff acceptance.</p>	<p>thorough and transparent review of any proposed changes.</p> <p>CNSC regulatory documents are evergreen and can be revisited at any time. Should new credible testing methodologies emerge, licensees could request that REGDOC 2.2.4 Volume 2 be amended to reflect these developments. Furthermore, existing licensing processes exist that allow licensees to request changes to their respective facilities' license condition handbook in the event that methodological changes are needed.</p>
17.	Bruce Power, Canadian Nuclear Laboratories, New Brunswick Power Corporation, Ontario Power Generation	6.1	<p>17. With respect to the current fitness for duty measures, any drug testing regime will be one of several defence in depth measures already in place at the Licensees' facilities to further ensure the safety of the public, workers, the facilities and the environment. These were generally set out in paragraphs 20-22 of the June 2019 Legal Brief.</p> <p>18. Alcohol and drug testing will be but one of the measures used to promote and supplement existing measures to ensure fitness for duty in the workplace. The Licensees do not and should not rely solely upon alcohol and drug testing to ensure that workers attend work fit for duty. The reasonableness of the Licensees' testing processes, including the cut-off levels, will be assessed in this context.</p>	While the comment was considered, no changes were made to the content of the document.
18.	Bruce Power, Canadian Nuclear Laboratories, New Brunswick Power Corporation, Ontario Power Generation	6.2	<p>34. Specifically, it is our understanding that the Dynacare laboratory in London, Ontario does not currently have the technical ability to test for certain drugs using oral fluid at the screening cut-off levels set out in Table B5, and at the confirmation cut-off levels set out in Table B6.8 However, it is anticipated that the appropriate oral fluid testing capability for these drugs will be available in 2021. While awaiting this development in testing ability, the Licensees are content to employ urine analysis testing for this spectrum of drugs.</p> <p>35. With respect to Methadone, the Dynacare laboratory currently tests oral fluid at the screening testing cut-off level of 50 ng/ml and a confirmation cut-off level of 20 ng/ml, as opposed the 20 ng/ml and 15 ng/ml represented in Tables B5 and B6 of REGDOC V3.</p> <p>36. With respect to Benzodiazepines, the Dynacare laboratory current tests oral fluid at the confirmation cut-off level of 10 ng/ml as opposed the 3 ng/ml confirmation cut-off level represented in Table B6 of REGDOC V3.</p>	<p>The text was modified as a result of the comment.</p> <p>Table B5 has been changed from 'Methadone metabolite (EDDP) to 'Methadone' as methadone is the target analyte detected in oral fluid immunoassay screening. The cut-off value remains unchanged at 20 ng/mL.</p> <p>Table B6 has been changed from 'Methadone metabolite (EDDP)' to 'Methadone and its metabolite (EDDP)' as both are detected as part of oral fluid confirmation. The cut-off remains unchanged at 15 ng/mL.</p> <p>The Dynacare laboratory in London, Ontario has the capability to meet the proposed oral fluid screening and confirmation cut-off concentrations that are established by CNSC after they complete</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
				<p>method development and validation for the cut-offs. Any laboratory conducting the drug testing must document that their testing procedures' performance is acceptable at the specified cut-offs by demonstrating adequate sensitivity, specificity and efficiency. The process of demonstrating acceptable procedure performance is termed method validation. In order to achieve SAMHSA or other regulatory certification, methods must be fully validated. Dynacare Laboratory have confirmed that they intend to also validate the cut-off criteria specified in the SAMHSA Oral Fluid Guidelines to enable SAMHSA National Laboratory Certification Program (NLCP) certification of their oral fluid drug testing program. The Dynacare laboratory currently has SAMHSA NLCP certification of their urine drug testing program.</p> <p>Methadone. Methadone is an approved medication for pain management and opioid use disorder but is also frequently abused. Methadone is included in the European Workplace Drug Testing Society (EWDTS) and SYNLAB oral fluid drug testing programs. The EWDTS utilizes a 50 ng/mL screening cut-off and a 20 ng/mL confirmation cut-off, while SYNLAB uses a 20 ng/mL screening cut-off and a 20 ng/mL cut-off for methadone and its EDDP metabolite. The SYNLAB cut-offs are based on the current recommendations of the United Kingdom Laboratory Guidelines for Legally Defensible Workplace Drug Testing and subsequent amendments and the European Laboratory Guidelines for Legally Defensible Workplace Drug Testing. In addition, the Draeger Drug Test 5000 POCT includes a 20 ng/mL screening cut-off for methadone. The Dynacare laboratory screens oral fluid for methadone at 50 ng/mL and confirms methadone and EDDP at 20 ng/mL, but has the capability to meet the 20 ng/mL screening cut-off.</p> <p>Benzodiazepines. Only the EWDTS and SYNLAB currently include benzodiazepines in their oral fluid drug testing programs and they employ a 10 ng/mL screening cut-off and a 3 or 10 ng/mL, respectively, confirmation cut-off. Benzodiazepines are present in low concentrations in oral fluid because they do not transfer well from</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
				blood into oral fluid. Many benzodiazepines are legitimate pharmacotherapies but many are highly abused as well. There also are many different benzodiazepines that will be detected and their response summed in the screen. As such the cut-off remains unchanged with a 10 ng/mL screening cut-off and a 3 ng/mL confirmation cut-off due to their low concentrations in oral fluid and the fact that different benzodiazepines and their metabolites will contribute to the screening response, but single analytes must meet the confirmation cut-off concentration. If the same screening and confirmation cut-offs are selected, multiple true positive benzodiazepine samples might screen positive but fail to confirm. It is anticipated that the Dynacare Laboratory will be able to confirm 3 ng/mL benzodiazepines in oral fluid after validating their method.
19.	Bruce Power, Canadian Nuclear Laboratories, New Brunswick Power Corporation, Ontario Power Generation	6.2	<p>45. REGDOC V3 establishes licencing requirements for laboratories that will be carrying out testing of oral fluid samples pursuant to the REGDOC. Specifically, REGDOC V3 mandates the following: 6.2 Drug-testing process For urine drug testing, licensees shall use a laboratory accredited by the Substance Abuse and Mental Health Services Administration (SAMHSA). For oral fluid drug testing, licensees shall use a laboratory accredited by SAMHSA or a laboratory that meets ISO/IEC 17025.</p> <p>46. To the best of the Licensees' knowledge and as outlined at pages 10-11 of Dr. Snider-Adler's Expert Report, there is currently only one laboratory in Canada which is accredited by SAMHSA for urine testing; the Dynacare Laboratory located in London, Ontario. There is therefore no flexibility with respect to the laboratory at which urine drug testing may be conducted.</p> <p>47. The Dynacare Laboratory is not accredited by SAMHSA at this time for oral fluid testing nor, to the knowledge of the Licensees, are any other laboratories in Canada. Moreover, neither Dr. Snider-Adler nor the Licensees are aware of any Canadian laboratories that conduct oral fluid testing that have ISO/IEC 17025 accreditation for oral fluid testing.</p> <p>48. The Licensees oppose sending oral fluid samples from their workers for testing to the United States, or any other foreign jurisdiction, for reasons of both cost and privacy.</p> <p>49. Consequently, the Licensees recommend the REGDOC be amended as follows to address the fact that there is only one laboratory that is accredited by SAMSHA for urine testing and no laboratories accredited by SAMSHA or that meet ISO/IEC 17025 for oral</p>	<p>While the comment was considered, no changes were made to the content of the document.</p> <p>Oversight of laboratories to a recognized standard is a critical quality assurance practice. Currently the Dynacare laboratory is SAMHSA accredited for their urine drug testing program, and has stated that it is actively pursuing SAMHSA certification of their oral fluid drug testing program. It is hoped that other Canadian laboratories may pursue accreditation in the future.</p> <p>The CNSC provides flexibility for licensees to provide alternative means of achieving the intent of requirements. Therefore, should a non-SAMHSA or non-ISO/IEC 17025 accredited laboratory be found that is accredited to an equivalent quality assurance standard, capable of reliably conducting testing to the same level of sensitivity, specificity and efficiency, with the equivalent level of oversight, licensees could suggest the alternative through the licensing process. Including the suggested text would reduce the clarity of the requirement.</p> <p>It is anticipated that the Dynacare laboratory in London, Ontario will have the capability to meet the proposed oral fluid screening and confirmation cut-off concentrations after they complete method development and validation for the cut-offs. Any laboratory</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
			fluid testing: 6.2 Drug-testing process For urine drug testing, licensees shall use a laboratory accredited by the Substance Abuse and Mental Health Services Administration (SAMHSA) or a laboratory that will conduct urine drug testing to the equivalent standards as required for SAMHSA accreditation for urine testing. For oral fluid drug testing, licensees shall use a laboratory accredited by SAMHSA or a laboratory that will conduct oral fluid testing to the equivalent standards as required for SAMHSA accreditation for urine testing or a laboratory that meets ISO/IEC 17025	conducting drug testing must document that their testing procedures' performance is acceptable at the specified cut-offs by demonstrating adequate sensitivity, specificity and efficiency. The process of demonstrating acceptable procedure performance is termed method validation. In order to achieve SAMHSA or other accreditations, methods must be fully validated. It is not necessary to send the urine or oral fluid samples to the US, as Dynacare has the urine SAMHSA certification and is currently working towards the oral fluid accreditation from SAMHSA.
20.	Power Workers' Union	6.2	16. The PWU retained Professor Olaf Drummer jointly with the Society of United Professionals, to prepare an expert opinion regarding the use of OFT and the reliability of OFT testing. That report is attached as Appendix "A".	While the comment was acknowledged, there were no suggested changes to the content of the document.
21.	Power Workers' Union	6.2	42. As Professor Drummer recommends, the PWU submits that to the extent that any drug testing is appropriate (which the PWU disputes), to reflect the likely windows of impairment, the cut-off for cannabis should be 25ng/mL for screening as recommended by the DDC, or at a minimum 15ng/mL for screening used in Australia, and 5ng/mL for confirmation.	The text was modified as a result of the comment. See comment #44 concerning detection windows. See comment #46 concerning THC oral fluid testing cut-offs. Table B5 has been changed. The Cannabinoids oral fluid immunoassay screening cut-off has been changed from '5 ng/mL' to '10 ng/mL'. Table B6 has been changed. The Cannabinoids (THC) oral fluid GC-MS and LC-MS/MS confirmation cut-off has been changed from '2 ng/mL to '5 ng/mL'. Professor Huestis researched, considered and provided in her report to the CNSC (RSP-673.2, Oral Fluid Testing Practices, March 2020) the publicly available Canadian and international oral fluid workplace screening cut-offs and published controlled drug administration data to guide selection of cut-off concentrations. The Australian Standard® is the highest screening cut-off of the 7 cut-offs listed. The Canadian Construction Owners Association of Alberta (COAA) and Construction Opportunities Development Council Inc. (CODC), SYNLAB and SAMHSA all utilize a laboratory based 4 ng/mL THC screening cut-off and a 2 ng/mL THC confirmation cut-off. The EWDTs and Toronto Transit Commission utilize a 10 ng/mL screening cut-off and a 2 and a 10 ng/mL, respectively, confirmation

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
				<p>cut-off.</p> <p>Multiple THC metabolites are measured in the screening assay making it necessary, and similar to the benzodiazepine discussion above in comment 18, to have a lower THC confirmation cut-off. Only a single cross reacting cannabinoid is confirmed in the laboratory by mass spectrometry, but multiple cross reacting cannabinoids are measured in the screening immunoassay test. As a result, using the same THC laboratory confirmation cut-off as the screening cut-off would result in a higher percentage of non-negative screening results not confirming. In her report to the CSNC, Dr. Huestis recommended a laboratory-based 4 ng/mL oral fluid THC screening cut-off and a 2 ng/mL THC oral fluid confirmation cut-off.</p> <p>CNSC staff have carefully considered stakeholders' comments regarding the THC cut-offs, benchmarking, and expert recommendations and conclude that a THC oral fluid testing screening cut-off of 10 ng/mL and a confirmation cut-off of 5 ng/mL ensure nuclear safety and do not duly impede human rights, including privacy rights. These cut-offs are achievable, although the laboratory would need to independently prepare the calibrator and quality control samples and validate their methodology. The 10 ng/mL screening cut-off is also achievable for oral fluid POCT devices, as devices already exist that test at this cut-off.</p>
22.	The Society of United Professionals	6.2	<p>This concern is shared by the Society and is highlighted in a report prepared by Professor Olaf Drummer, Forensic Toxicology Consultant Specialist with the Victorian Institute of Forensic Medicine, and Professor of Forensic Medical Science at Monash University (Appendix I). In this report, Prof. Drummer states that “neither the presence of a drug in oral fluid nor in urine can be used to determine whether impairment is present or not. Impairment, however defined, can only be assessed through some form of standardized field assessment protocol relevant to a worker’s occupation by suitably trained personnel.”⁵ Of concern with the proposed changes to REGDOC-2.2.4 is the introduction of oral fluid collection for drug testing, and the associated cut-off values used in immunoassay screening. The Drummer report states clearly that “there is no effective relationship between an oral fluid concentration and impairment.”⁶</p>	<p>While the comment was considered, no changes were made to the content of the document.</p> <p>See comment 7 concerning oral fluid testing and risk of impairment.</p> <p>See comment 10 concerning window of drug detection and drug impairment.</p> <p>With respect to roadside impaired driving testing, the law states that an individual who has greater than or equal to a specified amount of THC in oral fluid cannot legally drive. It does not specifically state that there is impairment in an individual who meets or exceeds the cut-off. We agree that impairment must be assessed through a form of standardized field assessment protocol; however, these tests are not utilized in</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
				workplace drug testing programs. The goal of oral fluid drug testing within a workplace setting is to identify recent drug use and to mirror the window of drug impairment with the window of drug detection.
23.	Power Workers' Union	6.2, 6.2.1	<p>17. The right to privacy, as protected by the <i>Charter of Rights and Freedoms</i> is an essential value of Canadian society and lies at the heart of liberty in the modern state.⁴ This is particularly so for compelled searches of a person's body. As the Supreme Court of Canada has noted the "seizure of bodily samples is highly intrusive" and "the use of a person's body without his consent to obtain information about him invades an area of personal privacy essential to the maintenance of his human dignity."⁵</p> <p>18. All forms of biomedical testing for alcohol and drugs are invasive. The collection of bodily fluids intrudes upon the bodily integrity and dignity of employees, regardless of the method of collection. In the <i>Irving Pulp</i> case, the Supreme Court of Canada affirmed that breathalyzer testing "effects a significant inroad" on privacy, involving coercion and restriction on movement⁶ and that the compelled provision of bodily fluid for testing purposes (regarding of the form of testing) "effects a loss of liberty and personal autonomy. These are at the heart of the right to privacy."⁷</p> <p>19. The PWU submits that like breathalyzer testing, OFT is the compelled provision of bodily fluids, even if the manner of testing may be perceived as less intrusive than urine or blood testing.⁸ OFT also provides a much richer source of an individual's DNA than a breathalyzer sample.</p>	<p>While the comment was considered, no changes were made to the content of the document.</p> <p>See comment 6 on the regulatory basis.</p> <p>Oral fluid for workplace drug testing will not be utilized for DNA analysis. As noted under section 3.2 of the regulatory document, "In implementing the fitness-for-duty program, licensees are required to consider all relevant privacy-related legislation."</p>
24.	Bruce Power, Canadian Nuclear Laboratories, New Brunswick Power Corporation, Ontario Power Generation	6.2.1	<p>50. In their proposed revisions to the REGDOC enclosed with their June 28, 2019 submissions to the CNSC, the Licensees sought an amendment to the REGDOC that would permit the use of POCT urine analysis as an initial THC screen to determine whether additional oral fluid testing would be necessary. Specifically, the Licensees sought the following addition to section 6.2 of the REGDOC Version 2: <i>Licensees should establish a protocol for point of collection test (POCT) (urine) specimen collection and screening. Licensees should send urine specimens to an accredited laboratory to analyze and report results against the urine drug panel established in Tables B3 and B4 of Appendix B, in all cases with the exception of nonnegative THC POCT (urine) screening for pre-placement, reasonable grounds, post-incident and random testing.</i> <i>Licensees should establish a protocol for oral fluid specimen collection to be followed in the event of a non-negative THC POCT (urine) screening for pre-placement, reasonable grounds, post-incident and random testing.</i></p> <p>51. In REGDOC V3, section 6.2.1 was added which provides as follows: 6.2.1 Point of collection testing</p>	<p>The comment was considered and the proposed change to the text was accepted.</p> <p>The comma was removed as requested to add clarity. The second sentence of section 6.2.1, Point of collection testing was changed as follows: "Licensees may choose to utilize point of collection testing (POCT) as a screening tool (following up with additional testing only for non-negative results) or to assess the risk of having a worker return to safety-sensitive or safety-critical duties, pending the medical review officer's report on the urine- or oral-fluid-based laboratory test."</p> <p>As requested by licensees, the CNSC confirms that section 6.2.1 allows urine-based POCT testing to be used as an initial screening tool for cannabinoids, thereafter only proceeding with oral fluid testing where the POCT test is non-negative. Although draft version 3 permits this testing protocol, typically when following up a non-negative POCT with laboratory testing, the same type of biological sample (i.e.,</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
			<p>Licensees may choose to utilize point of collection testing (POCT) as a screening tool or to assess the risk of having a worker return to safety-sensitive or safety-critical duties, pending the medical review officer's report on the urine- or oral-fluid-based laboratory test.</p> <p>If licensees choose to utilize POCT, a protocol shall be established and documented. Non-negative results shall be verified by laboratory immunoassay screening and confirmation testing.</p> <p>The licensee shall compare negative POCT results with laboratory-based results on an anonymous and aggregate basis for quality assurance purposes.</p> <p>Licensees who decide to conduct POCT shall select devices that are:</p> <ol style="list-style-type: none"> 1. Health Canada certified or approved by the Department of Justice Canada for roadside use 2. independently evaluated by qualified laboratory personnel on an initial and annual basis to ensure that the devices meet forensic standards such as specificity, sensitivity and accuracy 3. calibrated to the extent possible with the urine or oral fluid drug testing cut-off levels established in appendix B (see table B2 for urine immunoassay or table B5 for oral fluid immunoassay) <p>POCT devices shall not be used in pre-placement or follow-up testing circumstances.</p> <p>52. The Licensees interpret this amendment as permitting the use of POCT screening for THC as an initial screening tool to determine whether further oral fluid samples are required in the case of random drug testing and post-incident testing under the REGDOC. However, the Licensees are concerned about ambiguity in the amendment arising from the placement of the comma in the following phrase of paragraph 1 of section 6.2.1 of REGDOC V3:</p> <p>...as a screening tool or to assess the risk of having a worker return to safety-sensitive or safety-critical duties, pending the medical review officer's report on the urine- or oral-fluid-based laboratory test.</p> <p>53. Assuming that POCT urine analysis may be used as an initial screen for THC (thereafter only proceeding with oral fluid testing where the POCT test is nonnegative), the Licensees ask that this be confirmed and recommend that the above-mentioned comma be removed.</p>	<p>urine or oral fluid) is used.</p> <p>It should be noted that urine specimens are easier to adulterate than oral fluid specimens thus increasing the possibility of false negatives. In addition, there may be many positive urine cannabinoid POCT tests that will not confirm in oral fluid due to the much larger cannabinoid window of drug detection in urine than in oral fluid.</p> <p>It is not recommended to send a worker with a positive cannabinoid POCT test back to work for the few day turnaround time to receive the verified results of the laboratory-based oral fluid test, due to safety considerations. Furthermore, workers that will be required to provide both urine and oral fluid samples will be away from work for a longer period of time to complete the urine and oral fluid forensic collections. For these reasons, licensees may wish to consider oral fluid POCT for cannabinoids rather than urine POCT.</p> <p>Draft version 3 provides for considerable flexibility to licensees when developing their programs. Specifically, draft version 3 allows for either urine laboratory testing (screening and confirmation), oral fluid laboratory testing (screening and confirmation), urine POCT followed by laboratory testing (screening and confirmation) for all non-negative results, oral fluid POCT followed by laboratory testing (screening and confirmation) for all non-negative results, or a combination of these options.</p>
25.	Bruce Power, Canadian Nuclear Laboratories, New Brunswick	6.2.1	<p>54. REGDOC V3 now includes in section 6.2.1 the following restriction:</p> <p>POCT devices shall not be used in pre-placement or follow-up testing circumstances.</p> <p>55. Reasonable grounds testing will be used in circumstances where Licensees have additional information and observations that have led them to question a worker's fitness for duty. It is the Licensees' view that the information and observations that have led to the</p>	<p>The comment was considered and the text was modified as a result of the comment. With this change to the text, the use of POCT is further restricted.</p> <p>Section 6.2.1, Point of collection testing has been changed to the following: "POCT devices shall be considered for use only in</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
	Power Corporation, Ontario Power Generation		<p>requirement for reasonable grounds testing should not be subordinated to the results of a POCT and that in those circumstances a worker should not be returned to a Safety-Sensitive or a Safety-Critical Position until the outcome of laboratory confirmation testing is known and communicated.¹¹</p> <p>56. The Licensees recommend that the current phrase in section 6.2.1 of REGDOC V3 be amended as follows: POCT devices shall not be used in pre-placement or follow-up or reasonable grounds testing circumstances.</p>	<p>random or post-incident testing circumstances. POCT devices shall not be used in pre-placement, reasonable grounds, or follow-up or return to duty testing circumstances.”</p>
26.	Power Workers' Union	6.2.1	<p>d. the RegDoc Version 3 permits licensees to adopt the use of point of-collection (“POCT”) device as a “screening tool.” The RegDoc Version 3 is unclear as to the scope of permissible use of POCT. The Commission should not clarify that protocols for use of POCT screening devices must include their administration by trained personnel and conducted in a matter that protects the privacy of workers.</p>	<p>The text was modified as a result of the comment.</p> <p>See comment 24 & 25 concerning changes to the text related to the POCT permissible use.</p> <p>Paragraph 12(1)(a) of the <i>General Nuclear Safety and Control Regulations</i> requires that every licensee shall “ensure the presence of a sufficient number of qualified workers to carry on the licensed activity safely and in accordance with the Act, the regulations made under the Act and the licence”.</p> <p>Paragraph 12 (1)(b) of the <i>General Nuclear Safety and Control Regulations</i> requires that every licensee shall “train the workers to carry on the licensed activity in accordance with the Act, the regulations made under the Act and the licence”.</p> <p>Section 3.8, Training, education, and awareness states: “Licensees shall ensure that those with authorities, accountabilities, and responsibilities for monitoring alcohol and drug use and abuse, including workers, receive initial and continuing training commensurate with their authorities, accountabilities and responsibilities.”</p> <p>Section 6.2, Drug-testing process states: “Licensees shall retain or maintain competency in the collection, storage and transportation of specimens, and shall ensure that specimen collectors are independent from workgroups subject to testing.”</p> <p>Section 6.2, Drug-testing process guidance states: “Procedures for the administration of drug-testing collection and transportation of specimens should include or make reference to the following:...initial</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
				<p>and continuing training and qualification of urine and oral fluid specimen collectors.”</p> <p>Furthermore, the glossary defines an oral fluid specimen collector as “A trained person who instructs and assists workers at an oral fluid collection site, who receives the specimen provided by workers and performs an initial inspection of that specimen, and who initiates and completes a custody control form.”</p> <p>The followed text was added to section 6.2.1, Point of collection testing to add clarity “Requirements and guidance contained in section 6.2 also apply to point of collection testing (POCT), as applicable.”</p> <p>The Preface of all REGDOCs states that licensees are expected to comply with all applicable legislation. Worker privacy is already addressed in the REGDOC in Section 3.2, Fitness-for-duty program which states: “Note – In implementing the fitness for duty program licensees are required to consider all relevant privacy-related legislation.”</p>
27.	Power Workers' Union	6.2.1	<p>44. The PWU has significant concerns about the inclusion of POCT devices in the RegDoc Version 3, for three reasons:</p> <p>a. POCT devices are not sufficiently reliable;</p> <p>b. The permissible use(s) of POCT devices is not well-articulated in the RegDoc; and</p> <p>c. The RegDoc does not require trained individuals to administer POCT devices nor require licensees to adopt their use in a manner that protects the privacy and dignity of workers.</p> <p>45. Dr. Huestis does not recommend POCT over laboratory testing in her report. She noted that successful development of a POCT device that performs acceptably for all drug classes “is a challenge”.²² She also stated that “perhaps the greatest current limitation for oral fluid testing is the small number of controlled drug administration studies available to inform interpretation of oral fluid tests.”²³ The Commission has not explained why it has elected to include POCT devices in the RegDoc Version 3, given Dr. Huestis’ view that laboratory testing is superior to POCT.</p> <p>46. In terms of the reliability of POCT devices, the PWU submits that the reliability of POCT devices have not been sufficiently studied to justify their use. Professor Drummer noted that one study found that the ability of the Draeger POCT device to detect a true negative (specificity) for THC was just under 50%.²⁴ Given Dr. Huestis’ recommendation, the limited study of POCT devices, and the mediocre results in terms of reliability, the Commission should not permit their use.</p>	<p>The text was modified as a result of the comment.</p> <p>See comment 24 and 25 concerning changes to the text to clarify POCT permissible use.</p> <p>See comment 26 concerning changes to the text to clarify training requirements for POCT collectors.</p> <p>Text related to quality assurance provision has been modified to add clarity. Specifically, section 6.2.1, Point of collection testing has been changed to the following:</p> <p>“For a minimum of 5% of negative POCT tests, The licensees shall compare negative POCT results with laboratory-based results, on the same biological sample (urine or oral fluid), on an anonymous and aggregate basis for quality assurance purposes.</p> <p>Licensees who decide to conduct POCT shall select devices that are:</p> <p>1. Health Canada certified or approved by the Department of Justice Canada for roadside use independently evaluated by qualified laboratory personnel on an initial and annual basis to ensure that the</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
			<p>47. The PWU submits that the Commission has not adequately considered how licensees would use POCT devices. The RegDoc Version 3, section 6.2.3 states that "Licensees may choose to utilize point of collection testing (POCT) as a screening tool or to assess the risk of having a worker return to safety-sensitive or safety-critical duties, pending the medical review officer's report on the urine- or oral-fluid-based laboratory test." It also states that POCT devices shall not be used in pre-placement or follow-up testing circumstances</p>	<p>devices meet forensic standards such as specificity, sensitivity and accuracy/efficiency.</p> <p>2. calibrated to the extent possible ($\pm 25\%$) with the urine or oral fluid drug testing cut-offs levels established in appendix B (see table B2 for urine immunoassay or table B5 for oral fluid immunoassay cut-offs)."</p> <p>In addition, text related to quality assurance provisions has been added to section 6.2.1, Guidance as follows:</p> <p>For the minimum 5% of negative POCT tests used to assess quality assurance, a second sample from the same person should be collected, labelled only with a quality assurance sample identifier, and sent to the laboratory for testing. The laboratory test results should be used to evaluate the performance of the POCT device and the collection techniques of the collector. As a good practice, all collectors and all sites should be evaluated every quarter.</p> <p>The Canadian government approved oral fluid screening at the roadside for driving under the influence of drugs and approved the Draeger DrugTest 5000 and the Alere DDS2 testing systems at a 25 ng/mL cut-off. Both POCT devices were also independently validated by many researchers and law enforcement jurisdictions in the European Union and US at a 5 ng/mL cut-off. Additionally, the Draeger DrugTest 5000 was recently independently verified by the National Association of Testing Authorities (NATA) and evaluated at the Victorian Institute of Forensic Medicine and found to be compliant and approved by AZ/NZS-4760:2019 for a 15 ng/mL THC oral fluid cut-off. According to Draeger, the POCT device is currently available with a validated 25, 10 or 5 ng/mL screening cut-off. Independent verification of the recommended POCT devices generally documents greater than 80% sensitivity, and greater than 95% specificity and efficiency. In addition, as per the requirements in section 6.2.1, Point of collection testing, all non-negative POCT test results will be confirmed by laboratory screening and confirmation tests. Professor Huestis supports the use of oral fluid POCT testing with all non-negative results confirmed by laboratory screening and confirmation of</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response		
				oral fluid.		
28.	Power Workers' Union	6.2.1	48. Section 6.2.3 does not clearly explain the scope of the use of POCT devices. The circumstances in which POCT devices may be used as a "screening tool" are not set out, nor is the term "screening tool" defined. In addition, the RegDoc does not clarify the circumstances in which a worker returning to duties may be subject to POCT, if such devices cannot be used in follow-up testing. To the extent that the RegDoc is intended to permit licensees to use POCT as a screening tool for testing only of workers with diagnosed substance use disorders and who have negotiated a random testing regime as part of their return to work, the RegDoc should be clarified to express this limited use.	The text was modified as a result of the comment. See comment 24 and 25 concerning changes to the text to clarify POCT permissible use. Section 6.2.1, Point of collection testing has been changed to the following: "Licensees may choose to utilize point of collection testing (POCT) as a screening tool (following up with additional testing only for non-negative results) or to assess the risk of..."		
29.	Power Workers' Union	6.2.1	50. The results of reasonable cause, post-incident, and random testing can have significant consequences for a worker. As set above and in past submissions, the Commission's alcohol and drug testing regime, as a whole, does not comply with constitutional, human rights or privacy protections of employees nor represent an appropriate balancing of interests. As the Commission is determined to impose an unlawful testing regime, the Commission should, at a minimum, clarify that licensees' protocols for the use of POCT devices must include the administration of testing using POCT devices: a. will be conducted only by trained individuals; and b. will be conducted in a manner that safeguards the privacy and dignity of workers.	The text was modified as a result of the comment. See comment 6 concerning regulatory basis. See comment 24 and 25 concerning changes to the text regarding POCT permissible use. See comment 26 concerning changes to the text to clarify training requirements for POCT collectors and privacy.		
30.	Bruce Power, Canadian Nuclear Laboratories, New Brunswick Power Corporation, Ontario Power Generation	Appendix B5	<table border="1" style="width: 100%;"> <tr> <td style="width: 20px; text-align: center;">(i)</td> <td>Oral fluid THC screening and confirmation levels of 5 ng/ml and 2 ng/ml versus 10 ng/ml and 10 ng/ml</td> </tr> </table> <p>5. In their June 28, 2019 submissions to the CNSC, including as captured in the enclosed June 2019 Legal Brief and the enclosed June 2019 Expert Reports from Dr. Melissa Snider-Adler and Dr. Leo Kadehjian, and in the July 19, 2019 email submission to the CNSC enclosing an updated proposed amended REGDOC, the Licensees proposed to the CNSC 10 ng/ml screening and confirmation test cut-off levels for THC. 6. The CNSC's current update identifies screening and confirmation test cut-off levels for cannabinoids of 5 ng/ml and 2 ng/ml respectively. 7. The Licensees maintain their submission that the 10 ng/ml cut-off level is the most appropriate and legally defensible level and provide the following additional commentary in support of that submission.</p>	(i)	Oral fluid THC screening and confirmation levels of 5 ng/ml and 2 ng/ml versus 10 ng/ml and 10 ng/ml	The text was modified as a result of the comment. As the primary concern of the CNSC, is always and will remain, protecting the health, safety and security of Canadians and the environment, CNSC staff use the most up-to-date science to ensure a modern, and robust regulatory framework. See comment 7 concerning oral fluid testing and risk of impairment. See comment 10 concerning window of drug detection and drug impairment. See comment 21 regarding changes to the document concerning THC oral fluid testing cut-offs for laboratory-based screening and confirmation testing and POCT testing.
(i)	Oral fluid THC screening and confirmation levels of 5 ng/ml and 2 ng/ml versus 10 ng/ml and 10 ng/ml					
31.	Bruce Power, Canadian Nuclear Laboratories,	Appendix B5	38. The Licensees make the following specific recommendations: <table border="1" style="width: 100%;"> <tr> <td style="width: 20px; text-align: center;">(a)</td> <td>that the screening level for oral fluid testing for Methadone in Table B5 be amended 50 ng/ml;</td> </tr> </table>	(a)	that the screening level for oral fluid testing for Methadone in Table B5 be amended 50 ng/ml;	The text was modified as a result of the comment. See comment 18, 40 & 53 regarding changes to the document concerning oral fluid cut-offs for Methadone and Benzodiazepines.
(a)	that the screening level for oral fluid testing for Methadone in Table B5 be amended 50 ng/ml;					

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response				
	New Brunswick Power Corporation, Ontario Power Generation		<table border="1"> <tr> <td>(b)</td> <td>that the confirmation level for oral fluid testing for Methadone in Table B5 be amended to 20 ng/ml; and</td> </tr> <tr> <td>(c)</td> <td>that the confirmation level for oral fluid testing for Benzodiazepines in Table B5 be amended to 10 ng/ml.</td> </tr> </table>	(b)	that the confirmation level for oral fluid testing for Methadone in Table B5 be amended to 20 ng/ml; and	(c)	that the confirmation level for oral fluid testing for Benzodiazepines in Table B5 be amended to 10 ng/ml.	
(b)	that the confirmation level for oral fluid testing for Methadone in Table B5 be amended to 20 ng/ml; and							
(c)	that the confirmation level for oral fluid testing for Benzodiazepines in Table B5 be amended to 10 ng/ml.							
32.	Power Workers' Union	Appendix B5	<p>20. As noted in Professor Drummer's report attached as Appendix "A", the use of oral fluid to detect the presence of drugs has evolved substantially over the last fifteen years. OFT tests the amount of a drug in an individual's mouth/saliva, whereas urine testing tests predominantly for the metabolites of a drug that has been used.</p> <p>21. Several cases have concluded that the inability of drug tests to measure current impairment is relevant in an assessment of whether a testing regime is reasonable and justified when balanced against the infringements on employees' rights. Where a drug test cannot accurately assess impairment, adjudicators have declined to uphold random testing.⁹</p>	<p>While the comment was considered, no changes were made to the content of the document.</p> <p>See comment 6 concerning regulatory basis.</p> <p>See comment 7 concerning oral fluid testing and risk of impairment.</p> <p>See comment 10 concerning window of drug detection and impairment.</p>				
33.	Power Workers' Union	Appendix B5	<p>37. The DDC noted that "[o]ne of the strongest factors that correlates with THC impairment is the time since last use. Occasional THC smoking causes impairment which begins almost immediately and generally resolves within 4 to 6 hours following last use. [...] Individuals who test positive on drug screening equipment [at 25ng/mL] following THC use could do so for up to 4 hours. In general, a temporal association can be made between a positive drug screening equipment result for THC and impairment."²⁰ Dr. Huestis does not explain the discrepancy between the DDC Report's conclusion that the detection window at a cut-off of 25ng/mL is 4 hours and her uncited opinion that an occasional user will test positive for 2-3 hours at a cut-off of 10ng/mL.</p>	<p>The text was modified as a result of the comment.</p> <p>See comment 7 concerning oral fluid testing and risk of impairment.</p> <p>See comment 10 concerning window of drug detection and drug impairment.</p> <p>See comment 21 regarding changes to the document concerning THC oral fluid testing cut-offs for laboratory-based screening and confirmation testing and POCT.</p> <p>See comment 22 concerning roadside impaired driving testing.</p> <p>There is no consensus on the window of cannabis impairment for all of the different effects of the drug. Heart rate increases dissipate in about 3 hours after cannabis smoking, while executive function, memory impairment and psychomotor impairment after acute cannabis use in occasional users are estimated by different experts as lasting between 4-12 hours generally, and these cognitive and psychomotor impairments were documented in chronic frequent cannabis users for more than 21 days. Professor Huestis' research on psychomotor impairment in chronic frequent users is described in Hirvonen et al, 2012, Bergamaschi et al 2013, and Bosker et al 2013. Long term cognitive impairment is described by Bolla et al 2002, Pope et al and</p>				

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
				Huestis 2001, and more recently by Broyd et al 2016.
34.	Power Workers' Union	Appendix B5	<p>38. Detection windows for cannabis use is variable among individuals and among drugs, and there is no consensus among experts like Professor Drummer, Dr. Huestis, and the DDC. The PWU submits that, to the extent that any random testing is appropriate (a premise the PWU rejects), the Commission is required to adopt the least restrictive OFT cut-offs that correlate with windows of impairment.</p> <p>39. The Commission has not done so. It retained an expert who has not opined on the period of impairment by cannabis, nor assessed whether there is a significant overlap between the detection windows at various cut-off levels and periods of likely impairment. Dr. Huestis has recommended the U.S.- based cut-off levels and discounted cut-off levels used in Europe, Australia and by the Toronto Transit Commission, without any acknowledgement of the fact that the cut-off levels she recommends provide detection windows that exceed periods of impairment for cannabis.</p>	<p>The text was modified as a result of the comment.</p> <p>See comment 6 concerning regulatory basis.</p> <p>See comment 7 concerning oral fluid testing and risk of impairment.</p> <p>See comment 10 concerning window of drug detection and drug impairment.</p> <p>See comment 21 regarding changes to the document concerning THC oral fluid testing cut-offs for laboratory-based screening and confirmation testing and POCT.</p> <p>See comment 22 concerning roadside impaired driving testing.</p> <p>See comment 33 concerning the window of cannabis impairment.</p> <p>Parliament has established the Canadian Nuclear Safety Commission, as enacted in the Nuclear Safety and Control Act, which stipulates the Commission's purpose and objects which includes to protect health, safety and security of Canadians and the environment. It is under this authority that the Commission finds the ability to decide appropriate cut-offs.</p>
35.	Power Workers' Union	Appendix B5	49. The oral fluid screening cut-off levels set out in Table B5 relate to cut-off values to be used for immunoassay screening and do not reference the use of POCT devices. To the extent that the Commission intended to permit licensees to adopt POCT collection in addition or in lieu of laboratory screening for reasonable cause testing, post-incident testing, and/or random testing, the PWU opposes this use.	<p>The text was modified as a result of the comment.</p> <p>See comment 21 regarding changes to the document concerning THC oral fluid testing cut-offs for laboratory-based screening and confirmation testing and POCT.</p> <p>See comment 24 and 25 concerning changes to the text regarding POCT permissible use.</p>
36.	Draeger Safety Canada Ltd	Appendix B.5	<p>Oral Fluid Immunoassay Screening</p> <p>In the following text passages, the associated cut-off values to the oral fluid analysis drug panel given in Chapter B.5, Table B5, will be commented on in more detail. It must be mentioned that drugs present in oral fluid are often the parent drug rather than a metabolite and tests kits reflect those differences. Therefore, the oral fluid analysis panel and the associated cutoff values should be chosen accordingly.</p>	While the comment was acknowledged, there were no suggested changes to the content of the document.

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
			<p>Oral fluid drug testing panel: Cannabinoids</p> <p>Setting the cut-off value for Cannabinoids at 5ng/mL – which is basically THC – seems to be a good decision. The detection time for THC in oral fluid is shorter than the detection time for the metabolite THC acid in urine; consequently, a lower initial test cutoff concentration enhances detection rates of marijuana use. Lower cutoff concentrations will increase the number of specimens that are identified as containing THC and, thereby, will increase the deterrent effect of the program and improve identification of employees using this substance.</p>	
37.	Draeger Safety Canada Ltd	Appendix B.5	<p>Oral fluid drug testing panel: Cocaine metabolite (benzoylecgonine)</p> <p>In table B.5 it seems that the cut-off value of 20 ng/mL is associated only with the primary inactive cocaine metabolite Benzoylecgonine (BE) and not with cocaine itself. It is strongly to be recommended also to include cocaine. The inclusion of both cocaine and benzoylecgonine as test analytes will increase the number of specimens that are identified as containing these cocaine analytes and, thereby, will increase the deterrent effect of the program and improve identification of employees using this drug. Consequently, the cut-off value of 20 ng/mL should be associated to cocaine and/or the cocaine metabolite (benzoylecgonine).</p>	<p>The text was modified as a result of the comment.</p> <p>Table B5 has been changed from ‘Cocaine metabolite (benzoylecgonine)’ to ‘Cocaine’.</p> <p>Table B6 has been changed from ‘Cocaine metabolite (benzoylecgonine)’ to ‘Cocaine and its metabolite (benzoylecgonine)’.</p> <p>The cut-off levels remain unchanged at 20 ng/mL and 8 ng/mL respectively.</p> <p>Professor Huestis researched the disposition of cocaine and benzoylecgonine in oral fluid after controlled administration of cocaine and described the importance of measuring both cocaine and benzoylecgonine in the confirmation assay (Scheidweiler et al 2010, Ellefson et al 2016, Desrosiers et al 2019).</p>
38.	Draeger Safety Canada Ltd	Appendix B.5	<p>Oral fluid drug testing panel: Methadone metabolite (EDDP)</p> <p>In table B.5 it seems that the cut-off value of 20 ng/mL is associated only with the methadone metabolite EDDP and not with methadone itself. It is strongly to be recommended also to include methadone. Research has shown that EDDP cannot be observed in all oral fluid specimens being positive for methadone (Gray et al, 2011). Therefore, focusing on the detection of EDDP in oral fluid might lead to negative results although the drug itself, methadone, would be detectable in the sample. Consequently, the cut-off value of 20 ng/mL should be associated to methadone and/or the methadone metabolite EDDP.</p>	<p>The text was modified as a result of the comment.</p> <p>See comment 18 concerning changes to the text regarding methadone.</p>
39.	Draeger Safety Canada Ltd	Appendix B.5	<p>Oral fluid drug testing panel: Amphetamines</p> <p>In table B.5 it seems that the cut-off value of 50 ng/mL is associated to “Amphetamines”, including amphetamine and methamphetamine. It is important to consider that</p>	<p>While the comment was considered, no changes were made to the content of the document.</p> <p>The CNSC does not specify that the target analyte is d- or l-methamphetamine or d- or l-amphetamine in order to provide</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
			Amphetamine and methamphetamine are chiral molecules, so both molecules do exist in two different versions, the d-version and the l-version, which have different chemical properties. In both cases the d-version (=denantiomer) has greater biological activity than the l-enantiomer. For that reason, it is to be recommended to specify in table B.5 that the drug panel includes d-amphetamine and dmethamphetamine, with associated cut-off values of 50 ng/mL.	flexibility in the selection of the POCT device and immunoassay reagents.
40.	Draeger Safety Canada Ltd	Appendix B.5	<p>Oral fluid drug testing panel: Benzodiazepines</p> <p>In table B.5 it seems that the cut-off value of 10 ng/mL is associated to either a single unspecified drug of the benzodiazepine family, or to a sum of two or more benzodiazepines. If the cut-off value is associated to one drug of the Benzodiazepine family, it would be recommended to specify that drug in the same way as it was done in table B.5 for the opiates. The specified benzodiazepine could be diazepam as one of the most commonly prescribed drugs, associated to a cut-off value of 10 ng/mL or 15 ng/mL.</p>	<p>While the comment was considered, no changes were made to the content of the document.</p> <p>Benzodiazepines and their metabolites all cross-react at different rates with antibodies present in POCT tests and immunoassays. The CNSC does not specify the target analyte in order to provide flexibility in the selection of the POCT device and immunoassay reagents. Most immunoassays use oxazepam or nordiazepam as the target analyte.</p> <p>See response to comment 18 concerning benzodiazepines.</p>
41.	Bruce Power, Canadian Nuclear Laboratories, New Brunswick Power Corporation, Ontario Power Generation	Appendix B5, B6	14. In contrast, oral fluid testing has been accepted by adjudicators in Canada and other common law jurisdictions as a testing methodology that can be a reliable indicator of likely current impairment. Relevant jurisprudence in this regard is set out in paragraphs 42-55 of the June 2019 Legal Brief. It is also endorsed by the Licensees' Expert Witnesses in their June, 2019 Expert Reports and the Expert Reports forming part of these current submissions.	<p>While the comment was considered, no changes were made to the content of the document.</p> <p>See comment 6 concerning regulatory basis.</p>
42.	Bruce Power, Canadian Nuclear Laboratories, New Brunswick Power Corporation, Ontario Power Generation	Appendix B5, B6	15. The CNSC must make a policy determination regarding the appropriate screening and confirmation cut-off levels for oral fluid THC testing. The Licensees' feedback is in respect of this point.	<p>The text was modified as a result of the comment.</p> <p>The revised document will be submitted to the Commission for decision including the cut-offs.</p> <p>See comment 6 concerning regulatory basis.</p> <p>See comment 21 concerning changes to the document regarding THC oral fluid testing cut-offs for laboratory-based screening and confirmation testing and POCT.</p> <p>See comment 34 concerning the Commission's decision-making</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
				authority.
43.	Bruce Power, Canadian Nuclear Laboratories, New Brunswick Power Corporation, Ontario Power Generation	Appendix B5, B6	16. The Licensees have submitted and continue to submit that the appropriate cut-off level for both screening and confirmation of THC is 10 ng/ml. An understanding of this submission requires recognition of the Licensees' current fitness for duty measures and consideration of the testing concepts of sensitivity and specificity.	The text was modified as a result of the comment. See comment 21 concerning changes to the document regarding THC oral fluid testing cut-offs for laboratory-based screening and confirmation testing and POCT.
44.	Bruce Power, Canadian Nuclear Laboratories, New Brunswick Power Corporation, Ontario Power Generation	Appendix B5, B6	19. The concepts of sensitivity and specificity are explained in detail in the Expert Reports of Dr. Snider-Adler (see pages 22-23) and of Dr. Kadehjian (see pages 3-4) enclosed with the Licensees' feedback submissions to the CNSC. 20. In essence, testing sensitivity describes the extent to which the test is effective at correctly identifying a positive result for individuals who have the condition for which the test is being administered. A test that has a high sensitivity will identify a high percentage of those tested who have a THC level at the chosen cut-off level and will not generate a high percentage of false-negative results. 21. A test's specificity measures how often a test will correctly identify a negative test for individuals who do not have the condition for which the test is being administered. A test with a high specificity will therefore not generate a high percentage of false-positive results. 22. The Licensees have made extensive submissions based on Canadian jurisprudence in support of the proposition that the testing goal of oral fluid testing for THC must be to detect risk of current impairment. 23. It follows that the test to be preferred is one that will establish a reliable nexus between non-negative test results and current impairment in respect of the individual being tested. 24. This compels one to the conclusion that the chosen testing level must be both highly specific (i.e. does not generate many false-positive results) and at a testing level that, once detected, demonstrates a high likelihood of current impairment. 25. Both Dr. Snider-Adler and Dr. Kadehjian opine that the 10 ng/ml cut-off level establishes a cut-off level that is highly specific. ³ Moreover, both Dr. Snider-Adler and Dr. Kadehjian opine that an oral fluid confirmation testing cut-off level of 10 ng/ml establishes a high likelihood of current impairment at the time of the test ⁴ . As Dr. Snider-Adler wrote in her Expert Report enclosed with this feedback:	The text was modified as a result of the comment. See comment 7 concerning oral fluid testing and risk of impairment. See comment 10 concerning window of drug detection and drug impairment. See comment 21 and 46 regarding changes to the document concerning cannabis oral fluid testing cut-offs for laboratory-based screening and confirmation testing and POCT. See comment 33 concerning the window of cannabis impairment. Professor Huestis recently completed a controlled cannabis administration study and evaluated the windows of THC detection in oral fluid after cannabis smoking, inhalation and oral ingestion. Using the Draeger DrugTest 5000 onsite 5 ng/mL THC oral fluid cut-off and the laboratory 2 ng/mL THC confirmation cut-off, the median times of detection of THC in oral fluid and the shortest and longest times across all participants in the study given as the range in parentheses were 3.5 hours (0.25-20 hours) in occasional users and 10 hours (0.25-20 hours) in chronic frequent cannabis users after cannabis smoking, 1.5 hours (0.25-8 hours) in occasional users and 1.5 hours (1.5-26 hours) in chronic frequent cannabis users after cannabis vaporization, and 3.5 hours (1.5-5 hours) in occasional users and 5 hours (1.5-20 hours) in chronic frequent cannabis users after cannabis oral ingestion (Swortwood et al 2017a). Utilizing a THC cut-off of 10 ng/mL based on LC-MS/MS analysis of oral fluid gave a median detection time of

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
			<p>The timeframe of detection using a cut-off level of 10 ng/mL lines up with the timeframe of acute intoxication with cannabis. In other words, those who use cannabis have a period of acute intoxication, a time when they are experiencing the direct impact of the substance on their brain (the “high” or “inebriation”) which can last approximately up to 12 hours. Therefore, there is a correlation with impairment from cannabis and a positive oral fluid test and based on a positive result, it can be concluded that there was a high likelihood of impairment in the workplace when an individual tests positive at or above 10 ng/mL.⁵</p> <p>26. In contrast, a confirmation testing level of 2 ng/ml reflects a highly sensitive cutoff level, ensuring that there will be fewer false-negative test results. It will, however, be less specific. As such, this will result in a higher number of falsepositives. Moreover, a testing cut-off level of 2 ng/ml establishes a less compelling nexus between a positive test result and the likelihood of current impairment at the time of the test than is the case with a cut-off level of 10 ng/ml.</p> <p>This point was emphasized by Dr. Kadehjian in his Expert Report as follows: But lowering the screening cutoff [sic] accordingly extends the window of detection perhaps beyond the established hours during which there are clear and recognized safety-related psychomotor and cognitive deficits. Thus, it may be argued that effects of THC may have sufficiently subsided such that diminished risks of safety-related deficits exist. So there is a trade-off between analytical sensitivity to detect any recent use, vs. the sensitivity and specificity to detect sufficiently recent use with associated recognized safety-related deficits. Thus, to ensure that a positive screening result has sufficient clinical specificity, a long detection window should be avoided.⁶</p>	<p>approximately 5 hours in occasional cannabis users and about 10 hours in chronic frequent cannabis users after cannabis smoking (Swortwood et al 2017b). Median last detection times were shorter after cannabis vaporization and oral ingestion.</p>
45.	Bruce Power, Canadian Nuclear Laboratories, New Brunswick Power Corporation, Ontario Power Generation	Appendix B5, B6	<p>27. These issues were clearly, and not surprisingly, the focus of the Court in the <i>TTC</i> case. In accepting THC oral fluid testing at a cut-off level of 10 ng/ml, the motion judge in the <i>TTC</i> case wrote: I am satisfied on the evidence that due to the high cut-off levels set out in the TTC Policy (which are higher than the cut-off levels proposed in the draft SAMHSA Guidelines) and the corresponding short windows of detection, the time periods when oral fluid samples test positive for drugs overlap with the time periods during which these drugs impair the psychomotor and cognitive abilities of the person tested. Therefore, there is a likelihood that the person who tested positive was impaired when tested.⁷</p>	<p>While the comment was acknowledged, there were no suggested changes to the content of the document.</p>
46.	Bruce Power, Canadian Nuclear	Appendix B5, B6	<p>28. In light of the spectrum of defence in depth measures already in place to ensure the safety of the public, workers, the facilities and the environment, Canadian workplace drug testing jurisprudence, the legalization of cannabis and current drug testing science, the</p>	<p>The text was modified as a result of the comment. See comment 7 concerning oral fluid testing and risk of impairment.</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
	Laboratories, New Brunswick Power Corporation, Ontario Power Generation		<p>Licensees submit that the appropriate policy and science-based decision with respect to oral fluid THC testing is to set screening and confirmation cut-off testing levels that establish a test of high specificity with a compelling nexus between a non-negative confirmation test result and the likelihood of current impairment at the time of testing.</p> <p>29. For these reasons, the Licensees' feedback is that that Tables B5 and B6 of the REGDOC be amended to set a THC screening cut-off of 10 ng/ml and a THC confirmation cut-off level of 10 ng/ml respectively.</p> <p>30. As set out above, it is the Licensees' recommendation that the THC oral fluid screening and confirmation cut-off levels used in the REGDOC be 10 ng/ml and 10 ng/ml respectively. In the event that the CNSC makes the policy decision to impose a lower THC oral fluid confirmation testing cut-off level of 2 ng/ml, there are technical impediments to using the proposed correlated THC oral fluid screening cut-off level of 5 ng/ml.</p>	<p>See comment 10 concerning window of drug detection and drug impairment.</p> <p>See comment 21 regarding changes to the document concerning THC oral fluid testing cut-offs for laboratory-based screening and confirmation testing and POCT.</p> <p>See comment 33 concerning the window of cannabis impairment.</p> <p>There are devices that offer 25, 10 and 5 ng/mL THC screening cut-offs, and in the near future a 15 ng/mL THC oral fluid cut-off will be available for Australia. The 25 ng/mL THC oral fluid cut-off was developed and validated for the Canadian roadside drug testing program. Using a 10 ng/mL THC laboratory confirmation cut-off with a 10 ng/mL POCT screening cut-off would result in a higher percentage of positive POCT 10 ng/mL non-negative results not confirming. The Quantisal oral fluid collection device is capable of providing oral fluid to screen at 5 ng/mL, and the Dynacare Laboratory is able to accommodate a 5 or 2 ng/mL confirmation cut-off. Just as they can implement a 10 ng/mL THC screening cut-off that is different than that targeted by the immunoassay manufacturer's by including their own 10 ng/mL cut-off standard and quality control samples at 7.5 and 12.5 ng/mL THC, they could do the same for 5 ng/mL. Although in terms of percent positive tests, there would be little difference between screening at 5 or 4 ng/mL THC.</p> <p>As indicated in the response to comment #21, CNSC staff have carefully considered stakeholders' comments regarding the THC cut-offs, benchmarking, and expert recommendations and conclude that a THC oral fluid testing screening cut-off of 10 ng/mL and a confirmation cut-off of 5 ng/mL ensure nuclear safety and do not duly impede human rights, including privacy rights.</p> <p>These cut-offs are achievable, although the laboratory would need to independently prepare the calibrator and quality control samples and validate their methodology. The 10 ng/mL screening cut-off is also achievable for oral fluid POCT devices, as devices already exist that test at this cut-off.</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
47.	Bruce Power, Canadian Nuclear Laboratories, New Brunswick Power Corporation, Ontario Power Generation	Appendix B5, B6	<p>31. Referencing pages 24 and 25 of Dr. Snider-Adler's Expert Report, it is the Licensees' understanding that screening at 5 ng/ml is not within the capabilities of the Quantisal oral fluid device. This device, which is the device used by the Dynacare laboratory in London, Ontario (the only laboratory that does workplace testing), is calibrated by the manufacturer to screen at either 4 ng/ml or 10 ng/ml. The device cannot screen at 5 ng/ml.</p> <p>32. As noted at page 24 of Dr. Snider-Adler's Expert Report, while the Draeger DrugTest 5000 oral fluid POCT device has the ability to screen at 5 ng/ml for oral fluid THC, this device does not satisfy the requirements necessary for it to be an acceptable device pursuant to section 6.2.1 of REGDOC V3.</p>	<p>The text was modified as a result of the comment.</p> <p>See comment 21 regarding changes to the document concerning THC oral fluid testing cut-off levels for laboratory-based screening and confirmation testing and POCT.</p> <p>See comment 27 regarding changes to the document concerning quality assurance of POCT devices.</p> <p>See comment 33 concerning the window of cannabis impairment.</p> <p>See comment 46 concerning the capability of the Quantisal oral fluid device, and POCT devices.</p>
48.	Bruce Power, Canadian Nuclear Laboratories, New Brunswick Power Corporation, Ontario Power Generation	Appendix B5, B6	<p>33. The Licensees have no objection to the oral fluid screening levels or confirmation levels for drugs other than THC included in REGDOC V3 (except for Methadone and Benzodiazepines discussed below). There are currently, however, practical problems with some of the oral fluid testing cut-off values contained in Tables B5 and B6 of REGDOC V3 (discussed at pages 23-26 of Dr. Snider-Adler's Expert Report).</p> <p>37. It is the Licensees' understanding that the cut-off levels currently employed by the Dynacare laboratory for both Methadone and Benzodiazepines are effective in detecting relevant levels of the drugs and that the difference in effectiveness and accuracy between the levels found in Tables B5 and B6 of REGDOC V3 and those employed by Dynacare are minimal.⁹</p>	<p>The text was modified as a result of the comment.</p> <p>See comment 18, 40 & 53 concerning changes to the text regarding Methadone and Benzodiazepines.</p> <p>See comment 21 regarding changes to the document concerning THC oral fluid testing cut-off levels for laboratory-based screening and confirmation testing and POCT.</p>
49.	Power Workers' Union	Appendix B5, B6	<p>15. The use of oral fluid testing ("OFT"), in addition to other methods of testing, does not correct the Commission's ill-conceived decision to require licensees to implement testing. In particular:</p> <p>a. like other means of testing, OFT is highly intrusive and is an invasion of one's personal privacy and dignity;</p> <p>b. like other means of testing, OFT does not measure impairment; a positive test only confirms the presence of a drug in the body;</p> <p>c. the Commission has selected cut-off levels that will detect the presence of drugs for periods of time that exceed the period of likely impairment. The Commission has not tailored its proposed cut-off levels such that the detection window of the presence of a drug in the body will overlap entirely with expected periods of impairment, and thus could act as a proxy for impairment; and</p>	<p>The text was modified as a result of the comment.</p> <p>See comment 6 concerning regulatory basis.</p> <p>See comment 7 concerning oral fluid testing and risk of impairment.</p> <p>See comment 21 regarding changes to the document concerning THC oral fluid testing cut-off levels for laboratory-based screening and confirmation testing and POCT.</p> <p>See comment 33 concerning the window of cannabis impairment.</p> <p>See comment 34 concerning the Commission's decision-making authority.</p>
50.	Power Workers' Union	Appendix B5, B6	<p>22. Despite the increased use of OFT in recent years, OFT testing does not, and cannot, accurately assess whether an individual is impaired by the drug being tested.</p> <p>23. The Canadian Society of Forensic Sciences, Drugs and Driving Committee ("DDC"), is</p>	<p>While the comment was considered, no changes were made to the content of the document.</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
			<p>the expert advisory body to the Department of Justice with respect to issues of drug impaired driving laws. The DDC's report on oral fluid devices make this clear: Drug screening equipment does not measure drug impairment. Impairment is dependent upon the drug used, the dose, time since last use, route of administration, and is subject to interindividual variability, among other factors.¹⁰</p> <p>24. Both Dr. Huestis, the expert retained by the Commission, and Professor Drummer agree that OFT does not measure impairment of an individual by the drug:</p> <p>a. In her report to the Commission, Dr. Huestis stated: "Oral fluid drug concentrations document drug use but not impairment. Even blood drug concentrations are difficult to interpret, for instance the role tolerance plays in chronic frequent drug users. Urine drug concentrations also document drug use and may have slightly longer detection windows than oral fluid. Neither necessarily document impairment."¹¹</p> <p>b. Professor Drummer noted in his report, "Importantly, neither the presence of a drug in oral fluid nor in urine can be used to determine whether impairment is present or not. Impairment, however defined, can only be assessed through some form of standardized field assessment protocol relevant to a worker's occupation by suitably trained personnel" and "Workplaces will usually require an ability to make rational informed decisions (cognitive performance) and have adequate limb-eye coordination skills (psychomotor skills). Impairment or lack if [sic] impairment can only be assessed through a structured program conducted by a suitably trained person. The best parallel to compare against is in road safety and the use of standardized field sobriety tests (SFST) by Drug Recognition Experts (DRE); a program that is used in both Canada and the USA [...] It is possible that a person, even after having passed a SFST a person could still have measurable concentrations of drugs in their oral fluid (and possibly also blood/urine)."¹²</p>	<p>See comment 7 concerning oral fluid testing and risk of impairment.</p> <p>See comment 10 concerning window of drug detection and drug impairment.</p> <p>See comment 22 concerning roadside impaired driving testing.</p> <p>See comment 33 concerning the window of cannabis impairment.</p> <p>See comment 34 concerning the Commission's decision-making authority.</p> <p>In addition to the alcohol and drug testing requirements, REGDOC 2.2.4 volume 2 requires licensees to have comprehensive fitness for duty programs that include measures related to worker observation, see sections 3.4 General fitness-for duty process; 3.6 Behavioural observation; 3.6.1 Peer observation and reporting; and 3.6.2 Supervisory awareness program.</p>
51.	Power Workers' Union	Appendix B5, B6	<p>26. At its highest, OFT detects the presence of drugs in a window of detection that is shorter than the window of detection for urine testing. This is because the metabolites will usually be present in the urine for a longer period of time than drug analytes are present in oral fluid, and the concentrations of these metabolites will be often much higher than the parent drugs in oral fluid.</p> <p>27. For both OFT and urine testing, the detection of drugs or drug metabolites that result in a positive test will depend on the drug, the dose(s) used and individual characteristics, and importantly, on the cut-offs that are applied to the analyses.</p> <p>28. The term "cut-off", when it applies to analyses and reporting of such analyses, refers to concentrations below which a screening result is not analyzed further and confirmatory results are reported as negative. The use of cut-offs helps to regulate the collection, testing and reporting of positive results and ensures consistency for drug testing protocols at</p>	<p>While the comment was considered, no changes were made to the content of the document.</p> <p>Throughout the world, different countries reach different consensus on what the alcohol cut-off should be. In the Scandinavian countries a cut-off of 20 mg/100mL is used and a person over this limit is arrested for impaired driving; in most of the world the cut-off is 50 mg/100mL; and in other countries a limit of 80 mg/100mL is used. There is always debate about which cut-off is most appropriate and there are advantages and disadvantages to each cut-off. The argument over alcohol breathalyzer cut-offs is completely analogous to the argument over THC cut-offs.</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
			<p>workplaces and in the laboratories. These cut-offs also act to limit, as far as practicable, interpretation of results that could arise from other sources of drug, such as contamination (of the worker) by a drug, or from other sources.</p> <p>29. OFT is not equivalent to a breathalyzer device that tests alcohol. Over decades of research, there is now a cut-off point for a positive breathalyzer test that is widely accepted as demonstrating that an individual has a blood alcohol level that is impairing to most individuals most of the time. That consensus is essential to the acceptability of the alcohol breathalyser results as a measure of impairment.</p> <p>30. In contrast, as evidenced by the reports of Professor Drummer and Dr. Huestis, there are no internationally-approved cut-off reporting limits established for the detection of drugs of abuse in oral fluid.¹³ As noted above, no cut-off is accepted as demonstrating impairment. Among seven different agencies and jurisdictions compared by Dr. Huestis, the drug with the most variability in cut-off levels is cannabis.¹⁴</p> <p>31. For OFT, the choice of the cut-off level(s) is relevant to the likely “detection window”, being the window of time that an individual will test positive from the use of the drug. The variation among industries and countries in cut-off levels and associated detection windows represents the different policy choices and different purposes for undertaking testing:</p> <p>a. The cut-off level can be set sufficiently low, such that it captures a detection window of days or weeks, similar to the detection windows obtained through urine testing. A low cut-off level identifies and deters all drug usage, including off-duty usage; or</p> <p>b. The cut-off can be set sufficiently high to reflect a much shorter detection window. If the intent is to obtain a positive result only from those who are impaired when tested, the cut-off level should be set to identify a detection window which is equivalent to the period when a worker would be impaired.</p> <p>32. For example, the screening cut-off for the U.S.-based SAMHSA is proposed at 4ng/mL; while the respective screening and confirmatory cut-offs for cannabis/THC in the standard used in Australia and New Zealand are 15 and 5ng/mL, respectively. As Professor Drummer notes, the higher cut-offs in Australia and New Zealand reduce the detection window for cannabis use and reduce the likelihood of a user testing positive when use of cannabis occurred several hours earlier.¹⁵</p> <p>33. As noted by Professor Drummer, the proposed cut-offs in RegDoc Version 3 “represent low cut-offs, presumably in an attempt to prolong the detection time in oral fluid and hopefully have similar detection windows to urine.”¹⁶</p> <p>34. According to Professor Drummer, the use of the confirmation cut-off of 2ng/mL for cannabis, as set out in RegDoc Version 3, may give a detection window of up to about 24 hours, much longer than the period of 4-6 hours when impairment of recreational cannabis</p>	<p>See comment 7 concerning oral fluid testing and risk of impairment.</p> <p>See comment 10 concerning window of drug detection and drug impairment.</p> <p>See comment 21 & 46 regarding changes to the document concerning THC oral fluid testing cut-off levels for laboratory-based screening and confirmation testing and POCT.</p> <p>See comment 22 concerning roadside impaired driving testing.</p> <p>See comment 33 concerning the window of cannabis impairment.</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
			can be determined using standard assessments of sobriety. ¹⁷	
52.	Power Workers' Union	Appendix B5, B6	36. The DDC, in its report on which the Department of Justice relied to develop drug-impaired driving regulation in Canada, recommended the use of a 25ng/mL cut-off for oral fluid testing of drivers who are reasonably suspected to be impaired. ¹⁹ Dr. Huestis does not refer to this cut-off level in her comparison of workplace-based testing cut-offs.	<p>While the comment was acknowledged, there were no suggested changes to the content of the document.</p> <p>See comment 7 concerning oral fluid testing and risk of impairment.</p> <p>See comment 10 concerning window of drug detection and drug impairment.</p> <p>See comment 21 & 46 regarding changes to the document concerning THC oral fluid testing cut-off levels for laboratory-based screening and confirmation testing and POCT.</p> <p>See comment 22 concerning roadside impaired driving testing.</p> <p>See comment 33 concerning the window of cannabis impairment.</p>
53.	Power Workers' Union	Appendix B5, B6	43. As noted in Professor Drummer's report, he also proposes the use of cocaine as a confirmatory analyte, along with benzoylecgonine, at 8ng/mL cut-offs and the removal of benzodiazepines from the list of substances subject to OFT given the inability to detect many members of this class reliably using immunoassay technology at worksites. Professor Drummer also notes a comprehensive testing regime could include other drugs, although the PWU notes that there is no evidence of use or misuse of these drugs in nuclear worksites and thus no reason or justification to expand the list of tested substances.	<p>The text was modified as a result of the comment.</p> <p>See comment 37 regarding changes to the document concerning the cocaine oral fluid cut-offs.</p> <p>See comment 18 & 40 concerning the benzodiazepines oral fluid cut-offs.</p> <p>It is agreed that more potent benzodiazepines are difficult to detect in oral fluid. However benzodiazepines are highly impairing, especially when first prescribed, and do represent a safety risk. Benzodiazepines are a legitimate prescription pharmacotherapy, but they are also highly abused. Benzodiazepines are included in many other workplace drug testing programs.</p>
54.	The Society of United Professionals	Appendix B5, B6	However, Prof. Drummer does make it clear that oral fluid testing, with appropriately high cut-off values, would make it "less likely for a worker to test positive when they had used a drug well before a shift (e.g. a day or three before) and when they are no longer unable to work safely (i.e. not impaired)." This, the report states, "contrasts with urine testing that is largely conducted to detect use in the past 1-3 days" and, potentially "even a few weeks" ⁷ . The Drummer report reviews the proposed changes to REGDOC-2.2.4 and notes that the proposed cutoff levels for oral fluid screening and confirmation represent "low cut-offs, presumably in an attempt to prolong the detection time in oral fluid and hopefully have similar detection windows to urine." ⁸	<p>While the comment was considered, no changes were made to the content of the document.</p> <p>See comment 7 concerning oral fluid testing and risk of impairment.</p> <p>See comment 10 concerning window of drug detection and drug impairment.</p> <p>See comment 21 & 46 regarding changes to the document concerning THC oral fluid testing cut-off levels for laboratory-based screening and confirmation testing and POCT.</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
			<p>Prof. Drummer compares the proposed cut-offs in REGDOC-2.2.4 to oral fluid cut-offs in Australia and New Zealand, where “higher cut-offs in oral fluid were deliberately chosen to limit detectability of drugs to hours rather than days that usually applies to urine testing.” In comparing the cut-offs of 5 ng/ml for screening and 2 ng/ml for confirmation, as proposed in REGDOC-2.2.4, to the cut-off thresholds of 15 ng/ml for screening and 5 ng/ml for confirmation, as seen in Australia and New Zealand, Drummer states that the higher cut-offs found in Australia and New Zealand “will reduce the detection window for cannabis use and will reduce the risk of a user having a positive test when use of cannabis occurred several hours earlier”⁹, outside the impairment window.</p> <p>For this reason, Prof. Drummer recommends that “[s]ince cannabis has a legal use in Canada and can be prescribed for defined medical uses consideration should be given to increase the screening and confirmation cut-off limits in oral fluid to avoid detecting THC for past use when acute impairment will no longer be evident.”¹⁰</p>	<p>See comment 33 concerning the window of cannabis impairment.</p> <p>With respect to use of legally prescribed medication, section 3, Managing alcohol and Drug use, states: ‘Licensees’ alcohol- and drug-related policy statements should:…3. reinforce the responsible use of prescription or over-the-counter medications, or mood-altering substances, and the process to follow if a worker uses medication that impairs or has the potential to impair his or her ability to competently and safely perform his or her duties. 4. Describe the responsibilities of workers...to report fitness-for-duty concerns in relation to alcohol and drug use and abuse.’</p>
55.	Power Workers’ Union	Appendix B6	<p>40. The overly low cut-off levels proposed by the Commission demonstrate a policy choice to deter drug use (including off-duty use of legalized drugs) by employees, not to address impairment while at work. The PWU notes that Dr. Huestis’s report is peppered with examples that suggests that she holds a view that employees who engage in off-duty drug use (including cannabis which is legal for recreational use in Canada) should not hold safety-sensitive positions.²¹</p>	<p>While the comment was acknowledged, there were no suggested changes to the content of the document.</p> <p>See comment 7 concerning oral fluid testing and risk of impairment.</p> <p>See comment 10 concerning window of drug detection and drug impairment.</p> <p>See comment 21 & 46 regarding changes to the document concerning THC oral fluid testing cut-off levels for laboratory-based screening and confirmation testing and POCT.</p> <p>See comment 33 concerning the window of cannabis impairment.</p> <p>See comment 34 concerning the role of the Commission in nuclear safety and security.</p>
56.	Draeger Safety Canada Ltd	Appendix B.6	<p>Oral Fluid GC-MS and LC-MS/MS confirmation Oral fluid drug testing panel: Benzodiazepines</p> <p>In table B.6 it seems that the cut-off value of 3 ng/mL is associated to either a single unspecified drug of the benzodiazepine family, or to a sum of two or more benzodiazepines.</p> <p>It would be recommended to specify the benzodiazepines, in the same way as it was done in table B.6 for the opiates. Such a specification of the Benzodiazepines was already made for the urine LC-MS/MS confirmation analysis, see table B.3.</p>	<p>The text was modified as a result of the comment.</p> <p>See comment 18, 40 & 53 concerning the oral fluid cut-offs for benzodiazepines.</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
57.	Power Workers' Union	Appendix B6	35. Dr. Huestis provided a different opinion, without citation, regarding detection times for cannabis. She stated that at a confirmation cut-off at 2 ng/mL, the window of THC detection is 10 hours in occasional cannabis smokers and 24 hours in chronic frequent cannabis smokers, and that a 10 ng/mL cut-off provides a window of detection for occasional cannabis users of 2-3 hours and 10 hours in chronic users. ¹⁸ Dr. Huestis does not provide any opinion about the expected length of impairment by cannabis, nor does she assess whether there is a significant overlap between the detection windows at various cut-off levels and periods of likely impairment.	<p>While the comment was acknowledged, there were no suggested changes to the content of the document.</p> <p>Subset of references provided by Dr. Huestis of most relevance to comment:</p> <p>Bergamaschi MM, Karschner EL, Goodwin RS, Scheidweiler KB, Hirvonen J, Queiroz RHC. Huestis MA. Impact of prolonged cannabinoid excretion in chronic daily cannabis smokers' blood on "per se" drugged driving laws. <i>Clinical Chemistry</i>. 2013 Mar;59(3):519-26.</p> <p>Bolla KI, Brown K, Eldreth D, Tate K, Cadet JL. Dose-related neurocognitive effects of marijuana use. <i>Neurology</i>. 2002 Nov 12;59(9):1337-43. doi: 10.1212/01.wnl.0000031422.66442.49. PMID: 12427880.</p> <p>Bosker WM, Karschner EL, Lee D, Goodwin RS, Hirvonen J, Innis RB, Theunissen EL, Kuypers KPC, Huestis MA, Ramaekers JG. Psychomotor Function in Chronic Cannabis Smokers During Sustained Abstinence. <i>PLOS One</i>. 2013;8(1). Epub 2013 Jan 2.</p> <p>Broyd SJ, van Hell HH, Beale C, Yücel M, Solowij N. Acute and Chronic Effects of Cannabinoids on Human Cognition-A Systematic Review. <i>Biol Psychiatry</i>. 2016 Apr 1;79(7):557-67. doi: 10.1016/j.biopsych.2015.12.002. Epub 2015 Dec 8. PMID: 26858214.</p> <p>Desrosiers NA, Huestis MA. Oral Fluid Drug Testing: Analytical Approaches, Issues & Interpretation of Results. <i>Journal Analytical Toxicology</i> 2019 Jul 24;43(6):415-443.</p> <p>Ellefsen KN, Concheiro M, Pirard S, Gorelick DA, Huestis MA. Oral Fluid Cocaine and Benzoylcegonine Concentrations Following Controlled Intravenous Cocaine Administration. <i>Forensic Science International</i>. 2016 Mar;260:95-101.</p> <p>Hirvonen J, Goodwin RS, Li CT, Terry GE, Zoghbi SS, Morse C, Pike</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

	Reviewer	Section or Para. #	Reviewer's Comment and Proposed Change	Response
				<p>VW, Volkow ND, Huestis MA*, Innis RB*. Reversible and regionally selective downregulation of brain cannabinoid CB1 receptors in chronic daily cannabis smokers. <i>Molecular Psychiatry</i>. 2012 Jun;17(6):642-9. Epub 2011 Jul 12. *(authors contributed equally to manuscript)</p> <p>Pope HG, Jr., Gruber AJ, Hudson JI, Huestis MA and Yurgelun-Todd D. Neuropsychological performance in long-term cannabis users. <i>Archives General Psychiatry</i>, 2001 Oct; 58(10):909-915.</p> <p>Scheidweiler, KB, Kolbrich Spargo EA, Kelly TL, Cone EJ, Barnes AJ, Huestis MA. Pharmacokinetics of Cocaine and Metabolites in Human Oral Fluid and Correlation with Plasma Concentrations following Controlled Administration. <i>Therapeutic Drug Monitoring</i>, 2010 Oct;32(5) 628-37. Epub 2010 Sep 1.</p> <p>Swortwood MJ, Newmeyer MN, Abulseoud OA, Andersson M, Barnes AJ, Scheidweiler KB, Huestis MA. On-site oral fluid Δ^9-tetrahydrocannabinol (THC) screening after controlled smoked, vaporized, and oral cannabis administration. <i>Forensic Toxicology</i> 2017a, Vol 35:133–145.</p> <p>Swortwood MJ, Newmeyer MN, Abulseoud OA, Scheidweiler KB, Huestis MA. Cannabinoid disposition in oral fluid after controlled smoked, vaporized and oral cannabis administration. <i>Drug Testing Analysis</i> 2017b Jun;9(6):905-915.</p>

Public Consultation
Draft REGDOC-2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

Table C: “Feedback on comments” (opportunity to provide feedback on the comments received):

	Reviewer	Section or Para. #	Reviewer’s Comment and Proposed Change	Response
1	Nathan Astbury	6.1	As a member of the public and an employee in the nuclear industry I would like to see the random drugs and alcohol testing opened up to safety sensitive positions, rather than just safety critical positions as stated in section 6.1. This is something that is standard practice in the nuclear industry in the UK and believe that this would be a safety improvement if implemented in Canada too.	While the comment was acknowledged, the decision regarding which worker populations are subject to random testing in REGDOC-2.2.4 Vol II was made by the Commission upon approval of version 1, and is not within the scope of changes addressed in version 3. In consideration of nuclear safety and human rights including privacy rights, the provisions included in the draft REGDOC are believed to be reasonable measures. The population of workers subject to pre-placement and random alcohol and drug testing are those workers that have the most direct and immediate impact on safety and security (such as onsite nuclear response force members and certified staff).
2	Power Workers’ Union		The Power Workers’ Union (“PWU”) has reviewed the feedback received by the CNSC from Ontario Power Generation, Bruce Power, Canadian Nuclear Laboratories and New Brunswick Power (the “Employers”), the Society, and Draeger Safety Canada in respect of the draft revised Regulatory Document 2.2.4 volume II (“RegDoc”). The PWU agrees with the Employers that the Canadian jurisprudence requires that the RegDoc, and the Employers’ fitness for duty policies which are to be promulgated pursuant to the RegDoc, be reasonable and constitutional, and in particular, that the testing methodology and cutoff standards found in the RegDoc must strike a reasonable balance between workers’ individual rights and a legitimate objective of ensuring safety from an unacceptable risk of impairment in the workplace. As set out in past submissions, the PWU does not agree that drug testing is necessary, and submits that some aspects of the CNSC’s proposed drug testing regime are unconstitutional.	While the comment was considered, no changes were made to the content of the document. See comment 6 concerning regulatory basis. See comment 7 concerning oral fluid testing and risk of impairment. See comment 10 concerning window of drug detection and drug impairment. See comment 21 & 46 regarding changes to the document concerning THC oral fluid testing cut-off levels for laboratory-based screening and confirmation testing and POCT. See comment 22 concerning roadside impaired driving testing. See comment 33 concerning the window of cannabis impairment. See comment 34 concerning the Commission’s decision-making authority.
3	Power Workers’ Union		Further, for the proposed oral fluid testing, the PWU does not agree that a testing cut-off of 10ng/ml for cannabis will be directly correlated to impairment. However, the PWU does agree with the Employers that the cut-off levels proposed by the CNSC in the RegDoc are not reasonable, constitutional, or legally defensible, and notes the issues the Employers have raised regarding the use of Health Canada approved-POCT devices. The PWU reiterates that the	While the comment was considered, no changes were made to the content of the document. See comment 6 concerning regulatory basis. See comment 7 concerning oral fluid testing and risk of impairment.

Public Consultation
Draft REGDOC-2.2.4, *Fitness for Duty, Volume II: Managing Alcohol and Drug Use, Version 3*
 March 29, 2020 – August 1st, 2020
 e-Doc 6307329

			<p>25ng/ml threshold as used in Canadian driving offences is the appropriate threshold that should be adopted.</p>	<p>See comment 10 concerning window of drug detection and drug impairment.</p> <p>See comment 21 & 46 regarding changes to the document concerning THC oral fluid testing cut-off levels for laboratory-based screening and confirmation testing and POCT.</p> <p>See comment 22 concerning roadside impaired driving testing.</p> <p>See comment 27 regarding changes to the document concerning quality assurance of POCT devices.</p> <p>See comment 33 concerning the window of cannabis impairment.</p>
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