



Site Specific Phone Numbers

Name Phone Number

Foreman: _____

Supervisor: _____

Project Mgr: _____

Site HSE Coordinator: _____

HR Representative: _____

Job Steward: _____

A & D Testing Facility

Name: _____

Address: _____

Phone Number: _____

HSE Representative

If you need information regarding a specific A & D test result or testing location, please contact:

Site HSE Representative



Program Objectives

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

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

- (a) the safety and dignity of Employers and their Employee,
- (b) the welfare of Employees and their families,
- (c) the best interests of the unions and Employer organizations, and
- (d) the best interests of the construction industry and the public.

Self Help

- ❖ If you require assistance for A & D dependency, please contact your immediate supervisor, Union Business Representative or an A & D Agency.
- ❖ FSEAP – (866) 757-6620
- ❖ Local A&D Assistance Agency
- ❖ Name _____
- ❖ Address _____
- ❖ Phone # _____

All inquiries will be treated with respect and confidentiality.



Cost Apportionment for A&D Tests

- **Pre-access Testing** - paid 2 hours at the employees regular straight time rate of pay, provided the test result is a negative.
- **Post Incident, Reasonable Cause and Post Rehabilitation Return to Work Testing** - paid at actual time for lost time/wages provided the test result is negative.
- **Positive Test Result** - employee suspended without wages, benefits, subsistence or travel expenses pending review by Employer. The Employer response may include corrective rehabilitation programs, discipline and/or termination for cause.
- **Inconclusive Initial Test Result** - suspended until A & D test results are confirmed. Based on the result of the Confirmation Test, payment will be made as above.

Return to Work Protocol

- Retest with negative result – the cost of this retest is at the employee's expense
- For a period of up to two years the independent case manager in consultation with a Substance Abuse Professional will identify random test dates for employees required to do A & D testing.
- A & D test must be done within 24 hours notice.
- Employee and Union to provide a signed statement agreeing to any conditions imposed by the rehabilitation program
- A certificate is required from the Rehabilitation Provider certifying that the employee has successfully completed the program.



**CODC Construction
Opportunities
Development Council Inc**

Alcohol & Drug Policy & Procedures

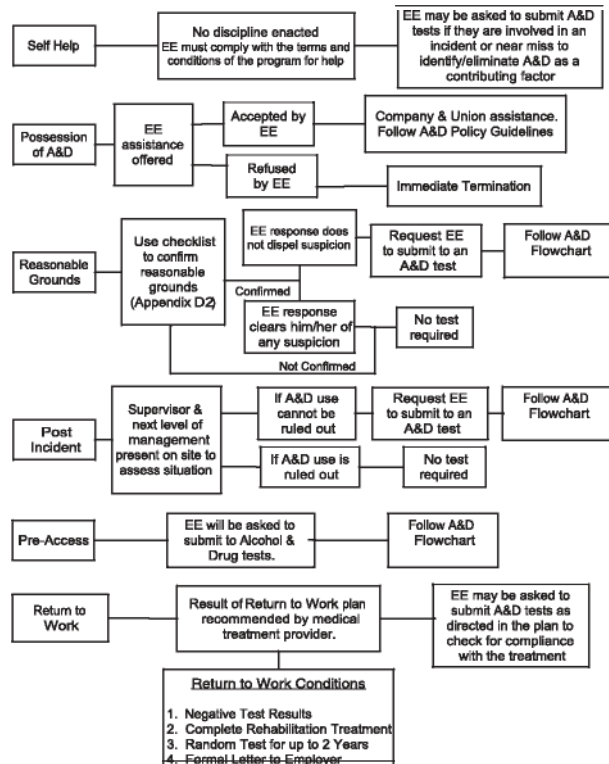
Pocket Guide

www.codc.ca

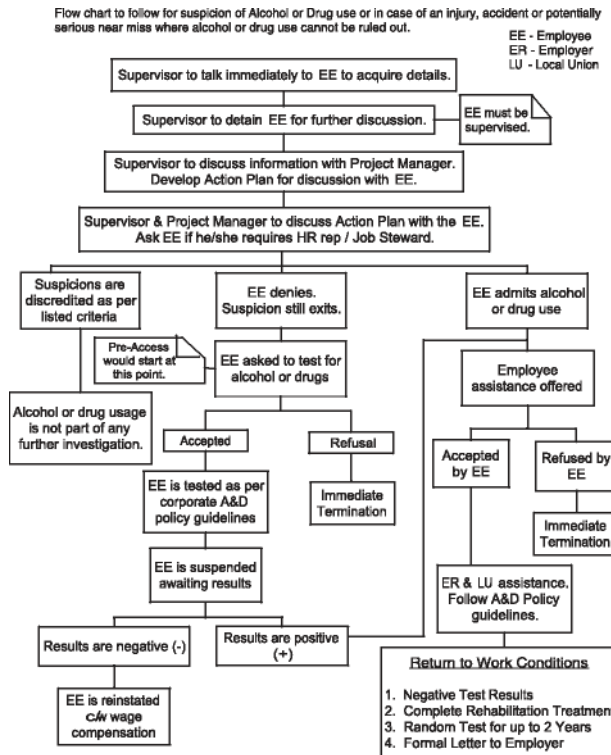
Revised January 2014



Actions Required Flow Chart



Alcohol & Drug Flow Chart



Reasonable Grounds for Alcohol & Drug Testing

Step 1 - Did an Incident Occur?

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

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

Supervisor _____
Name (print) Signature Date & Time

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

Step 2 - Determining Reasonable Grounds

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

- Acts of God i.e. wind, weather _____
Innocent bystander _____
Clear mechanical breakdown _____
Victim of another person's actions _____
Other, please describe _____
- ☐ A & D Testing is not required

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

Physical evidence _____
Physical symptoms _____
Behavioral symptoms _____
Other _____

☐ Reasonable Cause for A & D Testing

Supervisor _____
Name (print) Signature Date & Time

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

Job Steward _____
Name (print) Signature Date & Time



Reasonable Grounds Considerations

Physical Evidence

- Odor of marijuana (like burnt rope) in room or on clothing -
- Incense or room deodorizers
- Eye drops, mouthwash
- Marijuana cigarettes (rolled and twisted at each end) -
- Powders, seeds, leaves, plants, mushrooms
- Capsules or tablets
- Pipes, pipe filters, screens, strainers
- Roach clips (metal clips to hold the butt of the marijuana joint)
- Bongos, water pipes (usually glass or plastic)
- Small spoons, straws, razor blades, mirrors (for use with cocaine) -
- Stash cans (soft drink, beer and other cans that unscrew) - Unfamiliar small containers or locked boxes
- Drug-related; books, magazines, comics
- Presence of alcohol, drugs or drug paraphernalia

Behavioral Symptoms

- Unexplained periods of depression, anxiety or irritability
- Strongly inappropriate overreaction to mild criticism
- Decreased interaction and communication with others
- Preoccupation with self, less concern for the feelings of others -
- Loss of motivation and enthusiasm
- Lethargy, lack of energy and vitality
- Loss of ability to assume responsibility
- Absenteeism record

Physical Symptoms

- Acting intoxicated / Alcohol smell
- Bloodshot or red eyes, droopy eyelids
- Imprecise eye movements
- Abnormally pale complexion
- Change in speech patterns and vocabulary patterns
- Neglect of personal appearance, grooming
- Unexplained weight loss or loss of appetite
- Smell of mouthwash

Other

- Advised by credible 3rd party that an Employee is a drug user
- Advised by camp/security personnel that drug paraphernalia was found in room
- Observed using alcohol or drugs on site by a co-worker
- Post - Incident investigation was not able to rule out alcohol or drug use -
- Advised by a credible 3rd party that A & D use occurring in a specific area/location on site
- Direct observation of Employee conduct