

Manitoba Hydro Major Capital Projects

Drug and Alcohol Standard

VERSION 3.0

Available in accessible formats upon request



Changes to the Manitoba Hydro Major Capital Projects Drug and Alcohol Standard

May 2017- September 2018

1. DEFINITIONS

a. DELETIONS

- i. Removed definition for “property damage”

2. POST INCIDENT AND HIGH POTENTIAL NEAR MISS TESTING

a. DELETIONS

- i. Removed

b. ADDITIONS

- i. Addition “A supervisor or manager of a Worker must conduct a discretionary assessment to determine if a Worker should submit to drug and alcohol testing”
- ii. Addition of “the Worker was involved in, or was directly involved in the chain of events which resulted in, a(n):”
- iii. Addition “significant damage to property or equipment”
- iv. Addition “it is reasonable to request a test in the circumstances”
- v. Addition “For all incidents that occur, an evaluation must be completed by the supervisor or manager and the next level of management as part of the investigation process to evaluate whether it is reasonable to conduct a test.”
- vi. Addition “To guard against unreasonable invasion of privacy, bodily integrity or dignity by requiring a test when there is no reason to do so, the supervisor or manager shall consider and balance: the evaluation shall include a review of the explanation provided by the worker, or any witnesses, as to the cause of the incident or near miss, whether the worker exhibits signs of impairment, and their behavior, work, and any acts or omissions that indicate the possibility of impairment, and the impact, if any, conducting or omitting a test would have on Site safety vs an employee’s privacy.”
- vii. Addition “Documentation is required, as referenced with a post incident D&A evaluation in Appendix C.”
- viii. Addition “The post incident D&A evaluation will be conducted for all workers having direct involvement in the chain of acts or omissions leading up to the Incident or High Potential Near Miss (as above).”

3. APPENDIX C

a. ADDITIONS

- i. Addition Post Incident D&A Evaluation form

Table of Contents

1. PURPOSE

- 1.1 Introduction
- 1.2 Objectives and Commitments
- 1.3 Guiding Principles

2. SCOPE

3. DEFINITIONS

4. ABBREVIATIONS AND ACRONYMS

5. RESPONSIBILITIES

- 5.1 Workers
- 5.2 Supervisors
- 5.3 Contractors/Employers

6. REFERENCES

7. DRUG AND ALCOHOL WORK RULES

- 7.1 Workers or Visitors
- 7.2 Use of Prescription and Non-Prescription Drugs
 - 7.2.1 Prescription and Non-Prescription Drug Work Rules
 - 7.2.2 Declaration of Prescription and Non-Prescription Drugs
 - 7.2.3 Compensation
- 7.3 Impaired Driving Charges or Convictions

8. IMPLEMENTATION OF THE DRUG AND ALCOHOL WORK RULES

- 8.1 Education
- 8.2 Self Help

9. SEARCH TO CONFIRM COMPLIANCE

10. TESTING FOR COMPLIANCE WITH DRUG AND ALCOHOL WORK RULES

- 10.1 Admission of Use
- 10.2 Reasonable Grounds Testing
- 10.3 Post Incident and High Potential Near Miss Testing
- 10.4 Pre-Site Access Testing
- 10.5 Return to Duty and Follow up Testing

11. REQUIREMENTS FOR DRUG AND ALCOHOL TESTING PROGRAMS

12. DRUG AND ALCOHOL TESTING RESULTS

- 12.1 Drug and Alcohol testing order
- 12.2 Drug and Alcohol testing results
- 12.3 Confidentiality of Test Results
 - 12.3.1 Worker Consent
 - 12.3.2 Reporting Test Results

13. CONSEQUENCES FOR FAILURE TO COMPLY WITH THE DRUG AND ALCOHOL WORK RULES

- 13.1 Employer/Contractor Response to Violations
- 13.2 Violations of Use, Report to Work or Work
- 13.3 Potential Site Access After Failure to Comply
- 13.4 Violation of Refusal to Test, Tampering, Possession or Offer for Sale or Distribution
- 13.5 Refusal to Cooperate with a Search
- 13.6 Impaired Driving Charges or Convictions

APPENDIX A

Drug and Alcohol Testing Procedures

APPENDIX B

Substance Abuse Expert/Professional (SAE/SAP)

APPENDIX C

Reasonable Grounds Checklist

APPENDIX D

Treatment and Assessment Resources Manitoba

APPENDIX E

Prescription Drug Declaration Prior to Drug and Alcohol Testing

Medical Status Letter

Consent to Release Medical Information

Acknowledgement of Fitness for Duty Requirement

Table:

Table 1: URINE Drug Concentration Limits

Table 2: ORAL Fluid Drug Concentration Limits

1. PURPOSE

1.1 INTRODUCTION

Manitoba Hydro Major Capital Projects (MB Hydro) is a proponent of a number of hydroelectric and transmission projects which include the construction of Bipole III, Keewatinohk Station Project, Keeyask Hydroelectric Project, transmission construction and sites, and staging areas.

MB Hydro is committed to providing a safe workplace for its Employees, Workers and Contractors. Industrial construction projects of this magnitude and complexity have the potential of being inherently hazardous places to work. While on the various Sites, Workers will often be working in conditions and around equipment and materials that, if handled without proper planning, care and attention, can pose a threat to the safety of those Workers, as well as the surrounding workforce.

The use of illicit drugs, inappropriate use of alcohol, and the misuse of medications and other substances can have serious effects on Workers' health, job safety and overall job performance through unpredictable, erratic behaviours and irresponsible actions. For these reasons, this comprehensive Drug and Alcohol Standard ("Standard") has been established. This Standard recognizes the importance of an accommodation process for those persons who may have a drug or alcohol dependency or addiction.

1.2 OBJECTIVES AND COMMITMENTS

The primary objectives of the Standard are to:

- a) Provide safe Sites for all Workers and those whose safety may be adversely affected by the conduct of Workers;
- b) Ensure those who administer the Standard have the knowledge, skills and tools to administer the Standard;
- c) Ensure there is an accommodation process for persons who have a drug or alcohol dependency or addiction who wish to seek help; and
- d) Ensure all Workers are treated fairly, and with dignity and respect.

We all share the responsibility to ensure that we, and the Workers around us, are all able to safely and reliably perform work duties and that everyone remains Fit for Duty while at any Site and/or MB Hydro accommodations. In order to support this responsibility, MB Hydro requires all Contractors and subcontractors working on a Site to adopt this Standard as their Drug and Alcohol Policy for all work performed on the Sites.

All Contractors and subcontractors must commit to taking appropriate and responsible actions required to maintain a safe workplace. This requires commitment on the part of all levels of project management, Contractor management, subcontractor management and all Workers to accept responsibility for their own safety and the safety of others. This commitment includes recognizing that conduct or behaviour off the Sites in the context of drug and/or alcohol use, may adversely affect the ability to safely and reliably perform duties while on the Sites.

1.3 GUIDING PRINCIPLES

This Drug and Alcohol Standard has been developed based on the following Guiding Principles:

1. Every person has the right to a safe and respectful workplace.
2. Workers and Contractors have a legal and moral obligation to ensure their own safety and the safety of others.
3. Consistent standards must apply to all Workers and Contractors, all of which will be treated fairly, consistently, with dignity and respect.
4. The misuse of drugs and alcohol affects health, safety and performance.
5. Awareness, education, effective management and rehabilitation are all key elements of a successful program, and sources of support are available to Workers for assessment, treatment, education and/or rehabilitation.
6. Effective performance management systems are recommended to be in place to align with and support a comprehensive Drug and Alcohol program.
7. A standardized approach to testing, assessment, treatment and rehabilitation of Workers will be consistently applied and controlled.
8. Confidentiality and credibility of the testing process must be ensured and maintained at all times and be legally defensible.
9. There is a shared responsibility for the successful implementation and

maintenance of the Standard between MB Hydro, its Employees, Contractors and Workers.

2. SCOPE

This Standard applies to all MB Hydro Employees, Contractors, Workers, and Employees working, living on or attending the Sites and persons seeking a Site pass or authorization of MB Hydro required to access the various Sites (“Site Access”).

3. DEFINITIONS

Alcohol means any substance that may be consumed and that has an alcoholic content in excess of 0.5 percent by volume.

Breath Alcohol Technician (BAT) means an individual who instructs and assists individuals in the alcohol testing process, and operates an Evidential Breath Testing (EBT) device and has met the requirements under the United States Department of Transportation (US DOT) rules to conduct breath alcohol tests.

Certified Lab means a laboratory providing drug testing services certified by the United States Department of Health and Human Services (US DHHS) under the National Laboratory Certification Program (NLCP), as accepted in Canada.

Contractor means any Contractor engaged by MB Hydro or any subcontractor engaged by MB Hydro or engaged on behalf of MB Hydro or any subcontractor engaged by a Contractor, to carry out work at the Sites.

Designated Contractor/MB Hydro Representative (DCR/DMR) is an individual identified by the employer as able to receive communications and test results from Third Party Administrators (TPAs) and/or their Medical Review Officers (MROs), and who is authorized to take immediate actions to remove a Worker from his/her duties and to make required decisions in the testing and subsequent processes. The individual must be an Employee of the company. Service agents cannot serve as DCRs/DMRs.

Fit/Fitness for Duty, in the context of this Standard, means being able to safely and acceptably perform assigned employment duties without any limitations due to the use of drugs and/or alcohol.

Fitness for Duty Assessment, in the context of this Standard, means the completion by a licensed medical practitioner of Fitness for Duty Assessment documentation or the completion of such other documentation as may be reasonably required by the Employer, MRO, or Manitoba Hydro to determine if a Worker is Fit for Duty with or without restrictions, which restrictions or limitations if any must be described.

Fitness for Duty Documentation, in the context of this Standard, means documentation to be completed by a licensed physician in a form satisfactory to the Employer or Manitoba Hydro to determine if a Worker is Fit for Duty with or without restrictions, which restrictions if any must be described.

High Potential Near Miss is any event where a serious injury or incident could have occurred.

Medical Aid

- a. Refers to:
 - i. an injury occurring requiring a higher level of care than described as a first aid injury
 - ii. Treatment (more than first aid) is required from a licensed medical facility

Medical Review Officer (MRO) is a licensed physician with knowledge of substance abuse disorders and the ability to evaluate a Worker's positive test results who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results.

Motor Vehicle Incident includes vehicular collision involving one or more vehicles, such as but not limited to a two vehicle collision or a single vehicle collision into a ditch.

Property/Equipment Damage involves any event where equipment or property was damaged, regardless of dollar amount.

Reasonable Cause/Reasonable Grounds includes but is not limited to information established by the direct observation of the Worker's conduct or other indicators, such as the physical appearance of the Worker, the smell associated with the use of drugs or alcohol on his or her person or in the vicinity of his or her person, his or her attendance record, circumstances surrounding an or involvement in an Incident or High Potential Near Miss and the presence of alcohol, drugs, or drug paraphernalia in the vicinity of the Worker or the area where the Worker worked or attended.

Rehabilitation Programs include Employee and Family Assistance Programs (EFAPs) and other support services offered through a Contractor or through MB Hydro, or by a recognized rehabilitation service provider, including but not limited to a provincial government addiction program and/or private counselling providers, tailored to the needs of an individual, which may include education, counselling and residential care offered to assist a Worker to comply with the Standard.

Returning Worker means a non-active Worker for greater than ninety (90) days.

Return to Duty is the process started after a Worker violates the Drug and Alcohol Standard. It includes an initial assessment by a Substance Abuse Expert/Professional (SAE/SAP), education and/or treatment, a second follow-up assessment by an SAE/SAP, a Return to Duty agreement, negative drug and alcohol test, and follow-up testing.

Safety Sensitive Positions (SSPs) refer to any position in which the individual has a direct role in an operation where performance limitations due to substance use, or incapacity due to drug or alcohol use, could result in a direct and significant risk of injury as a result of an Incident or High Potential Near Miss. The potential consequences of such an Incident or High Potential Near Miss may include, but are not limited to, fatalities, injury, property damage, a dangerous condition to exist, or damage to the environment. All Workers working on the Site are considered to be working in safety sensitive environments and are considered Safety Sensitive Positions.

Serious Incident refers to any event:

- a. in which a worker is killed
- b. in which a worker suffers:
 - i. an injury resulting from electrical contact
 - ii. unconsciousness as the result of a concussion
 - iii. a fracture of his or her skull, spine, pelvis, arm, leg, hand or foot
 - iv. amputation of an arm, leg, hand, foot, finger or toe
 - v. third degree burns
 - vi. permanent or temporary loss of sight
 - vii. a cut or laceration that requires medical treatment at a hospital
 - viii. asphyxiation or poisoning
- c. that involves:
 - i. the collapse or structural failure of a building, structure, crane, hoist, lift, temporary support system or excavation
 - ii. an explosion, fire or flood, an uncontrolled spill or escape of a hazardous substance, or
 - iii. the failure of an atmosphere-supplying respirator

Site(s) means Manitoba Hydro Major Capital Projects which include Bipole III, Keewatinohk Station Project, and Keeyask Hydroelectric Project. This also includes vehicles and equipment, whether owned, leased, operated or otherwise directly controlled by MB Hydro.

Site Access means obtaining a Site pass to be used or MB Hydro authorization required to access the various Sites or camps at the various Sites.

Site Administrator means a person designated by MB Hydro, responsible for issuing, denying or revoking Site access.

Standard means this comprehensive Drug and Alcohol Standard.

Substance Abuse Expert/Professional (SAE/SAP) is a person who has knowledge of and clinical experience in the diagnosis and treatment of substance abuse-related disorders, has been certified to administer and interpret recognized psychometric tests specific to the addictions field, has an understanding of the safety implications of substance use and abuse, and has knowledge of the role and responsibilities of an SAE/SAP, who assesses Workers who have violated a drug and alcohol policy or a standard, and makes a determination of a substance addiction or dependency, or not, and where an addiction or dependency exists, makes recommendations concerning education, treatment, follow-up testing, and aftercare. A Substance Abuse Expert/Professional must be:

- A licensed physician, or
- A licensed or certified social worker, or
- A licensed or certified psychologist, or

A drug and alcohol abuse counsellor with over five (5) years experience assessing substance abuse disorders.

Tamper means to alter, meddle, interfere, substitute or change.

Third Party Administrator (TPA) is a service agent that provides or coordinates the provision of a variety of drug and alcohol testing services for employers.. MB Hydro or the Contractor contracts the TPA to administer drug and alcohol testing to meet the requirements of this Standard, which includes contracting a laboratory to complete drug testing analysis that is certified by the United States Department of Health and Human Services (US DHHS), under the National Laboratory Certification Program, as accepted in Canada.

Visitor means any person(s) visiting the Sites, including, but not limited to, vendors, couriers, delivery personnel, regulatory personnel, consultants, engineering representatives, stakeholders, and other personnel not assigned to the Site.

Worker(s) means all MB Hydro Employees, Contractors, subcontractors and their respective Employees working on the Sites. Worker includes consultants engaged by MB Hydro at any of the Sites, either through third-party agencies or consultants hired or contracted by MB Hydro directly. This includes, but is not limited to, full time, part time, casual, term, intermittent or occasional employees, and seconded employees who are either directly employed by or under assignment to MB Hydro.

4. ABBREVIATIONS AND ACRONYMS

BAT	Breath Alcohol Technician
DCR	Designated Contractor Representative
DMR	Designated MB Hydro Representative
DOT	Department of Transportation (United States)
EFAP	Employee and Family Assistance Program
MDA	Methylenedioxyamphetamine
MDEA	Methylenedioxyethylamphetamine
MDMA	Methylenedioxymethamphetamine
MRO	Medical Review Officer
NHTSA	National Highway Traffic Safety Administration (United States)
POCT	Point of Collection Testing
SAE/SAP	Substance Abuse Expert/ Professional
TPA	Third Party Administrator (for testing)

5. RESPONSIBILITIES

5.1 WORKERS

Must:

- 1) Understand, comply and ensure they are fit for duty in accordance with this Standard. This includes the effects of using illegal drugs, alcohol and

prescription and non-prescription medications.

- 2) Inform their supervisor of any impairment, including the use of prescription and non-prescription drugs that may adversely affect the Workers ability to safely and competently perform duties.
- 3) Have an understanding of the alcohol and drug work rules.
- 4) Take responsibility for one's own safety and the safety of others.
- 5) Understand and comply with this Standard as part of their obligation to perform work activities in a safe manner.
- 6) Report in confidence any suspected breach of this Standard to a supervisor or manager.

5.2 SUPERVISORS

Must:

- 1) Be knowledgeable about this Standard and applicable procedures.
- 2) Understand and comply with this Standard as part of their responsibility to perform their work-related activities in an effective and safe manner, and ensure alignment and commitment from all levels of project management.
- 3) Be knowledgeable about the use of drugs and alcohol, and able to recognize behaviours and other indicators of use.
- 4) Review Workers concerns with respect to the use of drugs and alcohol. This includes the use of medications that may impact performance and safety with Management to make sure that

the Worker does not present a risk to themselves or others.

- 5) Take action on performance deviations.
- 6) Take action on reported or suspected drug or alcohol use by Workers or Visitors.
- 7) Take training to ensure their ability to administer and manage this Standard.
- 8) Support Workers returning to duty post-treatment and ensure SAE testing requirements are met.

5.3 CONTRACTORS/EMPLOYERS

Must:

- 1) Provide a safe and respectful workplace.
- 2) Provide programs that emphasize prevention, awareness, education, and training with respect to the use of drugs and alcohol.
- 3) Support workers through an accommodation process to ensure they are fit for duty and able to safely carry out their work. This includes the use of medications that may impact performance and safety.
- 4) Ensure Workers are made aware of the existence of any Employee and Family Assistance Program (EFAP) services and the options for any support and treatment related to substance abuse.
- 5) Assist Workers in accessing resources to obtain confidential assessment, counselling, referral and treatment.
- 6) Actively support and encourage treatment programs and re-employment opportunities, workers returning to work post treatment and ensure SAE testing requirements are met, where applicable.

- 7) Provide training for supervisors that promote consistency in dealing with the use of drugs and alcohol in the workplace, indications of use and effective management.
- 8) Provide awareness and prevention education for Workers about the safety and health risks and concerns regarding substance abuse.
- 9) Ensure that all Workers are aware of the existence and content of this Standard as part of the Site/office orientation to MB Hydro.
- 10) Ensure drug and alcohol testing is performed according to the standards protocol identified within this Standard.

6. REFERENCES

The following reference documents are complimentary to this Standard or form part of this Standard.

- 1) Site Safety Plan
- 2) Site Access Management Plan.
- 3) Worker Drug and Alcohol Testing Form.
- 4) Substance Abuse Expert / Professional (SAE/SAP) Release of Confidential Information.
- 5) Prescription Drug Declaration Form.
- 6) Reasonable Grounds Checklist.
- 7) Standardized Incident Investigation Definitions

7. DRUG AND ALCOHOL WORK RULES

7.1 WORKERS OR VISITORS

While working, attending or living on any of the Sites, or while being transported to or from the Sites via transportation provided by MB Hydro or the Contractor, Workers, or Visitors must not:

a) Use:

- i. Alcohol (except as permitted in writing in designated areas of the camp)
- ii. Drugs, other than those permitted under Section 7.2 (prescription and /or non-prescription drugs)
- iii. Any product or device that may be used to tamper with or attempt to tamper with any sample for a drug and alcohol test

b) Report to Work or Work with:

- i. an alcohol level equal to or in excess of 0.040 grams per 210 litres of breath
- ii. a drug level equal to or in excess of the concentrations for the drugs set out in Table 1 Urine Drug Concentration Limits and Table 2 Oral Fluid Drug Concentration Limits
- iii. an inability to safely perform their duties because of the use of a prescription or non-prescription drug

c) Refuse to:

- i. Comply with a request made pursuant to Section 9 (Search) by a representative of MB Hydro or a Contractor related to confirming compliance with Section 7.1 (e) [possess or offer for sale or distribution]
- ii. Comply with a request to submit to a drug and alcohol test made under the provisions of this Standard. Refer to Section 10 (Testing for Compliance with Drug and Alcohol Work Rules)
- iii. Provide a sample for a drug and alcohol test, under the requirements and processes identified in this Standard

d) Tamper with a sample for a drug and alcohol test given under the requirements and processes identified in this Standard

e) Possess or offer for sale or distribution:

- i. Alcohol (except as permitted in writing in designated areas of the camp)
- ii. Drugs other than those permitted in Section 7.2 (prescription and/ or non-prescription drugs)
- iii. Prescription drugs without a valid prescription in effect from a licensed health care practitioner which is valid within the date requirement.
- iv. Drug paraphernalia
- v. Any product or device that could be used to tamper with any sample for a drug and alcohol test.

Table 1 : URINE Drug Concentration Limits

Drugs or Classes of Drugs	Point of Collection and Laboratory Screening Concentration equal to or in excess of	Laboratory Confirmation Concentration equal to or in excess of	Common Drug Names (examples only; NOT an inclusive list)
Marijuana metabolite	50 ng/ml	15 ng/ml	Pot, weed, hash, hash oil
Cocaine metabolite	150 ng/ml	100 ng/ml	Coke, crack
Opiates • Codeine • Morphine	2000 ng/ml	2000 ng/ml 2000 ng/ml	Tylenol #1, #2, #3, Codeine Contin, Fiorinal C ^{1/4} , C ^{1/2} ; MS Contin, M-Eslon
Synthetic opiates • Hydrocodone • Hydromorphone	300 ng/ml	300 ng/ml 300 ng/ml	Dimetane Expectorant DC, Novahistex DH, Tussionex Dilaudid, Hydromorph Contin
Oxycodone	300 ng/ml	300 ng/ml	Endocet, Oxy-Neo, Percocet, Percodan, Supeudol
Benzodiazepines	100 ng/ml	50 ng/ml	Valium, Serax, Ativan, Xanax, Restoril, Versed
6-Acetylmorphine	n/a	10 ng/ml	Heroin
Phencyclidine	25 ng/ml	25 ng/ml	Angel dust, horse tranquilizer, PCP
Amphetamines • Amphetamine • Methamphetamine	500 ng/ml	250 ng/ml 250 ng/ml	Adderall, Dexedrine, Ritalin Crystal Meth, Ice
MDMA • MDMA • MDA • MDEA	500 ng/ml	250 ng/ml 250 ng/ml 250 ng/ml	Ecstasy
Norfentanyl	20 ng/ml	1 ng/ml	Fentanyl, Apache, China White, Friend

* Levels are determined by the Drug Testing Advisory Board of the Substance Abuse and Mental Health Services Administration (SAMHSA), a component of the US Department of Health and Human Services (HHS), as accepted in Canada.

Table 2 : ORAL Fluid Drug Concentration Limits

Drugs or Classes of Drugs	Point of Collection Screening Concentration equal to or in excess of	Laboratory Screening Concentration equal to or in excess of	Laboratory Confirmation Concentration equal to or in excess of	Common Drug Names (Examples only. NOT an inclusive list)
Marijuana (THC)	40 ng/ml	4 ng/ml	2 ng/ml	Pot, weed, hash, hash oil
Cocaine metabolites • Cocaine or benzoylecgonine	20 ng/ml	20 ng/ml	8 ng/ml	Coke, crack
Opiates • Codeine • Morphine • Hydrocodone • Hydromorphone	40 ng/ml	40 ng/ml	40 ng/ml 40 ng/ml 40 ng/ml 40 ng/ml	Tylenol #1, #2, #3; Codeine Contin, Fiorinal C ^{1/4} , C ^{1/2} ; MS Contin, M-Eslon; Dimetane Expectorant DC, Novahistex DH, Tussionex; Dilaudid, Hydromorph Contin
Oxycodone	n/a	40 ng/ml	40 ng/ml	Endocet, Oxy-Neo, Percocet, Percodan, Supeudol
Benzodiazepines	n/a	10 ng/ml	10 ng/ml	Valium, Serax, Ativan, Xanax, Restoril, Versed
6-Acetylmorphine	n/a	4 ng/ml	4 ng/ml	Heroin
Phencyclidine	10 ng/ml	10 ng/ml	10 ng/ml	Angel dust, horse tranquillizer, PCP
Amphetamines • Amphetamine • Methamphetamine MDMA • MDMA • MDA • MDEA	50 ng/ml	50 ng/ml	50 ng/ml 50 ng/ml 50 ng/ml 50 ng/ml 50 ng/ml	Adderall, Dexedrine, Ritalin, Crystal Meth, Ice Ecstasy

* Levels are determined by the Drug Testing Advisory Board of the Substance Abuse and Mental Health Services Administration (SAMHSA), a component of the US Department of Health and Human Services (HHS), as accepted in Canada.

7.2 USE OF PRESCRIPTION AND NON-PRESCRIPTION DRUGS

All workers are expected to use prescription and non-prescription drugs in a safe and responsible manner and must ensure the drugs can be used in such a manner so as not to impair their ability to perform their work and to reside at camp safely and unimpaired. The use of drugs that impair and/or the intentional misuse of prescription and non-prescription drugs (e.g. using prescription and non-prescription drugs in a manner that is different from the way it has been prescribed, using someone else's prescription, combining prescription and non-prescription drugs and/or alcohol use against direction) while on site is strictly prohibited.

7.2.1 PRESCRIPTION AND NON-PRESCRIPTION DRUG WORK RULES

The Work Rules permit the possession and/or use of prescription and non-prescription drugs under the following conditions:

- a) The Worker possesses a valid prescription for prescription drugs that is currently in effect for them from a licensed health care;
- b) The Worker uses the prescription or non-prescription drug for its intended purpose and in the manner directed by the Worker's licensed health care practitioner or the manufacturer of the drug;
- c) The use of the prescription or non-prescription drug does not adversely affect the Worker's ability to safely perform their duties or to reside on site.

7.2.2 DECLARATION OF PRESCRIPTION AND NON-PRESCRIPTION DRUGS

The Worker traveling to site must make inquiries, prior to arriving at site and performing any work, to determine if the prescription or non-prescription drug has the potential to adversely affect the Workers ability to work safely.

If the Worker, upon making inquiries, discovers that the prescription or non-prescription drug may adversely affect the Workers ability to safely perform their duties, such Worker must notify the Employer who may require the Worker to provide Fitness for Duty Assessment Documentation in a form satisfactory to the Employer or MB Hydro prior to the Worker commencing or continuing work. If the Worker is currently on site, and either failed to properly notify the Employer in advance, or just received the prescription or non-prescription drug, or began using the drugs, it is the responsibility of the Worker to notify the Employer of the prescription or non-prescription drug as soon as possible. Once the Worker notifies the Employer, the Employer may require the Worker to provide Fitness for Duty Assessment Documentation before being permitted to continue working. The Worker may attempt to have the Fitness for Duty Assessment and the Fitness for Duty Documentation completed remotely while on site through consultation, electronic or otherwise, between them and the licensed medical physician who prescribed, authorized or recommended the prescription or non-prescription drug. If the Fitness for Duty Assessment cannot be completed remotely within

a reasonable time frame from the date of disclosing the prescription or non-prescription drug, the Worker will be placed on administrative leave to have the Fitness for Duty Assessment completed. If the Worker cannot have the Fitness for Duty Assessment and Fitness for Duty Documentation completed and provided to the Employer within a reasonable time frame from leaving site, the Worker may request an extension from the Contractor. This extension will be subject to the approval of the Employer, which approval will not be unreasonably withheld.

The completed Fitness for Duty Documentation must be in a form satisfactory to the Employer and/or MB Hydro confirming that the Worker is fit for work while consuming or after consuming the prescription or non-prescription drug or must describe any work restrictions, anticipated duration of restrictions and any other information that would be reasonably required to determine if accommodation is appropriate.

7.2.3 COMPENSATION

If the Worker is requested to submit to testing under this Standard, in order to receive compensation provisions the Worker must complete the Prescription Drug Declaration Form and acknowledge that they are taking a prescription drug (OPTION 1) prior to testing.

If the Worker does not disclose prior to testing on the Prescription Drug Declaration Form that such Worker is taking a prescription drug, the Worker shall be placed on administrative leave without pay. The Worker may be able to return to site pending the negative lab result, but will not receive compensation for their time off.

The supervisor or manager, who has received notification under Section 7.2, shall not disclose any information provided under 7.2 to any person except the DCR and DMR, unless either consent is given by the Worker or the supervisor or manager is legally required to do so.

given by the Worker or the supervisor or manager is legally required to do so.

7.3 IMPAIRED DRIVING CHARGES OR CONVICTIONS

Any Worker who operates or is expected to operate a MB Hydro or Contractor vehicle and/or whom is required to drive as a condition of employment must report to the supervisor or manager if during their current employment:

- a) their license is suspended, or
- b) if they have been charged with an offence which may result in the suspension of their licence or;
- c) they have been charged with
 - i. impaired driving
 - ii. driving offenses related to substance abuse,
 - iii. refusal to provide a sample, or
 - iv. having a blood alcohol level over the legal Blood Alcohol Concentration (BAC), in the Criminal Code whether or not the suspension or charges occurred during company or personal time.

8. IMPLEMENTATION OF THE DRUG AND ALCOHOL WORK RULES

8.1 EDUCATION

Employers must inform their Workers of the existence of this Drug and Alcohol Standard and take reasonable steps to inform its Workers of:

- a) The safety risks associated with the use of drugs and alcohol.
- b) The assistance available under an Employee and Family Assistance Program (EFAP), if one is available, extended health benefits if available, provincial government addiction services, and/or community resources and/or other resources.

The likelihood that a Worker will comply with this Standard and the work rules contained in this Standard is increased if they know the safety risks associated with the use of drugs and alcohol and the assistance available.

MB Hydro and Contractors must ensure that supervisors administering this Standard receive the skills, knowledge and tools to successfully administer the Standard and that refresher training is available for supervisors on an ongoing basis.

8.2 SELF HELP

Workers who believe they may have a substance use or an abuse problem are encouraged to seek advice provided by a Substance Abuse Expert/Professional (SAE/SAP), Employee and Family

Assistance Programs (EFAPs) and/or provincial government addiction services, and follow appropriate treatment promptly before job performance or safety is compromised or a violation of this Standard occurs.

Workers who believe that they may be unable to comply with the drug and alcohol work rules must take all necessary steps to ensure they do not present a safety risk to themselves or others at the workplace.

- a) A Worker who believes they may be unable to comply with the drug and alcohol work rules (Section 7 of this Standard) can seek help by:
 - i. Contacting a family doctor, MB Hydro Occupational Health (for MB Hydro Workers) or a Contractor Occupational Health Representative, one of the Site's Health and Safety Managers, a qualified Substance Abuse Expert/Professional, a person responsible for the administration of an EFAP if one is available, and/or provincial government addiction services
 - ii. Informing a family member or friend and asking for assistance in contacting any of the individuals and services referenced in (i), or
 - iii. Informing a co-worker, a supervisor or manager, or a representative of MB Hydro or the Contractor with whom the Worker is employed, of their wish to contact any of the individuals and services referenced in (i).
- b) A co-worker responding to a Worker's request for help must inform a person in authority of the request.

- c) A supervisor responding to a Worker's request for help must:
 - i. Take such steps as are necessary to ensure the Worker is Fit for Duty and presents no risk to themselves or others at the workplace, and
 - ii. Inform the Worker of the assistance available from Occupational Health, one of the Site's Health and Safety Managers, a qualified Substance Abuse Expert/Professional, EFAP services if available, and/or provincial government addiction services, and
 - iii. Encourage the Worker to utilize the individuals and services identified in (ii), which may assist the Worker.
- d) A Worker who is at work and has sought assistance or enrolled in an EFAP if available, or a program with provincial government addiction services or any other type of treatment program for addiction, must comply with this Drug and Alcohol Standard and work rules (Section 7).
- e) A Worker with a drug and/or alcohol problem, who is not known to have violated the Drug and Alcohol Standard work rules (Section 7), will not be disciplined for requesting help in addressing the problem or because of involvement in a treatment program. A Worker involved in a treatment program must comply with the terms and conditions of any program established to help the Worker, as a condition of continued employment. All Workers who complete primary treatment for substance abuse or dependence are strongly encouraged to participate in a structured aftercare program to maintain recovery.
- f) For a Worker failing to comply with the required treatment provided by any authorized service provider to help the Worker under this Standard and presenting a serious and imminent risk to themselves or others at the workplace, the service provider is required to advise the employer of such failure to comply with the treatment requirements.
- g) A Worker requesting help for a drug and/or alcohol problem will not be disciplined unless they have:
 - i. Failed to comply with the Drug and Alcohol Standard work rules (Section 7).
 - ii. Been requested to submit to a drug and alcohol test pursuant to this Standard or a return-to-work agreement entered into under this Standard and have not tested negative.

9. SEARCH TO CONFIRM COMPLIANCE

MB Hydro or its designate reserves the right to investigate, and/or require the Contractor or subcontractor to investigate and conduct unannounced searches for alcohol, drugs and/or drug paraphernalia on the Sites, or while being transported to and from the Sites, where there are reasonable grounds to believe that there may be a violation of the Drug and Alcohol Standard work rules. If required searches may be conducted in accordance and cooperation with the law and with the engagement of law enforcement agencies, where appropriate. All individuals will be treated with dignity and respect.

MB Hydro or its designate, Contractors and their Workers are responsible for identifying situations where a search and seizure may be reasonable. Reasonable grounds may be based on a combination of indicators which may include behaviour, odour, information received, or presence of paraphernalia. The supervisor is responsible for advising their manager of the situation, who in conjunction with onsite security, onsite Health and Safety Management (or their designate) and local police authorities, where appropriate, will make the decision as to whether or not to initiate a search.

On the Site, MB Hydro or MB Hydro's designate, may for reasonable grounds, have a MB Hydro supervisor or the supervisor of MB Hydro's designate, Contractor supervisors and/or authorized search and inspection specialists, conduct unannounced searches and inspections of Contractors, and/or Workers and their property. Property may include, but not be limited to, wallets, purses, lockers, baggage, offices, desks, tool boxes, clothing and vehicles. Where practical, such searches shall be in the presence of the affected Worker.

On the Site, MB Hydro or MB Hydro's designate may utilize or authorize the utilization of search and inspection specialists that use scent-trained animals to conduct searches on Site, including but not limited to any area of the camp, work areas, vehicles and dorm rooms.

All Workers and Visitors, as well as their property, may be subject to search and seizure on arrival and departure from the Sites.

Seizure and future control of any alcohol, drugs, or drug paraphernalia will be directed by the Site Manager (or their designate).

MB Hydro or MB Hydro's designate, along with Contractor management (if Contractor Workers are involved), may determine whether law enforcement agencies are to be contacted.

Workers who are found in non-compliance with this Standard may be removed from the Site, have their Site Access revoked by Manitoba Hydro or their designate for a minimum period of one year or longer, and may be prohibited from obtaining Site Access indefinitely unless there are exceptional mitigating circumstances.

10. TESTING FOR COMPLIANCE WITH DRUG AND ALCOHOL WORK RULES

10.1 ADMISSION OF USE

A Worker who admits to drug or alcohol use upon being requested to submit to testing under this Standard, must still be tested to determine if there is a violation of the Drug and Alcohol work rules (Section 7), and to avoid a violation of Section 7.1 (c) [refusal].

10.2 REASONABLE GROUNDS TESTING

When requesting A supervisor or manager of a Worker must request that a Worker submit to drug and alcohol testing under the requirements identified in Section 11 (Requirements for Drug and Alcohol Testing

Programs) if the supervisor or manager and the next level of management, if present at the Site, have Reasonable Grounds to believe that the Worker is in violation of Section 7 (Work Rules) or may be unable to work in a safe manner because of the use of drugs or alcohol.

Reasonable Grounds for testing include, but are not limited to:

- a) The odour of drugs or alcohol detected on or in the vicinity of the Worker,
- b) The observed use of a substance by a Worker,
- c) Where the Worker's appearance, performance and/or behaviour suggest the Worker is under the influence of drugs or alcohol.

A supervisor or manager of a Worker must provide the Worker the reason for the request. Documentation is required, as referenced with a Reasonable Grounds Observational Checklist in Appendix C.

Testing for Reasonable Grounds is to be conducted as soon as possible and practical following a determination, within eight (8) hours for alcohol and thirty-two (32) for drugs. If there is a delay, the supervisor or manager must identify the reason for the delay.

10.3 POST INCIDENT AND HIGH POTENTIAL NEAR MISS TESTING

A supervisor or manager of a Worker must conduct a discretionary assessment to determine if a Worker should submit to drug and alcohol testing under the requirements identified in Section 11 (Requirements for Drug and Alcohol Testing

Programs), if the supervisor or manager and the next level of management, if present at the Site, determine through investigation that a Worker was involved in any of the following:

- a) the Worker was involved in, or was directly involved in the chain of events which resulted in, a(n):
 - a. Serious Incident;
 - b. incident that injured a Worker such that he/she required Medical Aid (beyond observation and counselling);
 - c. an incident, including a Motor Vehicle Incident, that caused significant damage to property or equipment; or
 - d. a High Potential Near Miss; and
- b) it is reasonable to request a test in the circumstances.

For all incidents that occur, an evaluation must be completed by the supervisor or manager and the next level of management as part of the investigation process to evaluate whether it is reasonable to conduct a test. To guard against unreasonable invasion of privacy, bodily integrity or dignity by requiring a test when there is no reason to do so, the supervisor or manager shall consider and balance: the evaluation shall include a review of the explanation provided by the worker, or any witnesses, as to the cause of the incident or near miss, whether the worker exhibits signs of impairment, and their behavior, work, and any acts or omissions that indicate the possibility of impairment, and the impact, if any, conducting or

omitting a test would have on Site safety vs an employee's privacy. Documentation is required, as referenced with a post incident D&A evaluation in Appendix C.

The post incident D&A evaluation will be conducted for all workers having direct involvement in the chain of acts or omissions leading up to the Incident or High Potential Near Miss (as above).

If a test is required, the supervisor or manager of a Worker must provide the Worker with the reason for the request for post Incident or High Potential Near Miss testing. The Supervisor will request that the Worker stop all work-related activities prior to testing for post Incident or High Potential Near Miss.

Testing, if requested, is to be conducted as soon as possible and practical and in any event within eight (8) hours of the incident for alcohol and thirty-two (32) hours for drugs. If there is a delay, the supervisor or manager must identify the reason for the delay.

10.4 PRE-SITE ACCESS TESTING

[The implementation of this component of the Standard will occur at a later date after further investigation].

All persons seeking access to any of the Sites, if granted, are deemed to be working in Safety Sensitive Positions (SSPs). MB Hydro requires pre-Site Access testing for drugs and alcohol for Workers working in a safety sensitive environment, as a condition of access to any of the Sites. Testing program requirements are to follow those identified in Section 11 of this Standard.

- a) The pre-Site Access test must be completed not more than thirty (30) days before deployment to any of the Sites. The pre-Site Access test will be valid for return access to the Sites for:
 - i. A period of not more than ninety (90) days from the date the test was completed. Individuals are required to provide proof of a negative pre-Site Access test to the respective Contractor Representative for each subsequent return to any of the Sites, or
 - ii. As long as the individual remains in continuous employment with the same Contractor. Continuous employment means without lay-off, leave of absence or suspension of more than ninety (90) days.
- b) Individuals testing positive for the substances identified in Section 7 of this Standard will not be issued Site Access or permitted to work on any site except in accordance with Section 10.5 (c) [waiting period for second pre-Site Access test]. The DMR/DCR must inform the individual of the consequences of a positive test and their options regarding a retest. Additionally, the names of persons with a positive test result from a pre-Site Access test will be provided to the Site Administrator.
- c) Site Access will not be granted to an individual who has previously tested positive for the substances identified in Section 7 except as follows:
 - i. An assessment is completed by a Substance Abuse Expert/Professional (SAE/SAP) with treatment, education and return to duty recommendations

- ii. The individual follows the required recommendations of the SAE/SAP
 - iii. A follow up assessment is completed by the SAE/SAP verifying the individual has completed the treatment and/or education requirements
 - iv. At least thirty (30) days have elapsed since the confirmation of a positive test
 - v. A negative pre-Site Access test has been confirmed
 - vi. The individual agrees to work terms and conditions as identified by the SAE/SAP in consultation with a MB Hydro Representative and monitored by the Site Administrator and the DMR/DCR or a designated management alternate which shall include unannounced drug and alcohol testing for a minimum of twelve (12) months
 - vii. The individual is responsible for completing steps (i – (vi) above and providing appropriate documentation to confirm completion of these steps to the Contractor and/or MB Hydro as requested.
- d) If any individual tests positive for the substances identified in Section 7 more than once for pre-Site Access testing, they shall be prohibited from obtaining Site Access indefinitely.
- e) The DMR/DCR must inform the individual with a positive test result, for the substances identified in Section 7, of the resources available for assistance, help and support for a drug and/or alcohol problem. A detailed list is attached in Appendix D.

10.5 RETURN TO DUTY AND FOLLOW UP TESTING

A Worker who has tested positive for the substances identified in Section 7 and is returning to work after;

- a) An return to duty assessment by a Substance Abuse Expert/Professional (SAE/SAP)
- b) A Grievance Resolution memorandum of an agreement

Must have a negative drug and/or alcohol test on the required Return to Duty Test. The SAE/SAP, in consultation with the MB Hydro designate, shall also determine the frequency and specifics of follow-up unannounced drug and alcohol testing as outlined in Section 13.2. Follow-up testing shall be monitored by the contractor and mandatory for a minimum of twelve (12) months.

11. REQUIREMENTS FOR DRUG AND ALCOHOL TESTING PROGRAMS

MB Hydro requires alcohol testing to be administered by a Third Party Administrator (TPA) in accordance with the United States Department of Transportation (US DOT) standards and procedures for alcohol testing, as accepted in Canada, at levels identified in Section 7 (Drug and Alcohol Work Rules). Screening tests for alcohol will be conducted by breath testing or saliva. Confirmation testing must be conducted using an Evidential Breath Alcohol Testing (EBT) device. All breath testing devices must be listed on the United States National Highway Traffic Safety Administration's

(NHTSA) Conforming Products List (CPL), as accepted in Canada. A summary of alcohol testing procedures is provided in Appendix A – Drug and Alcohol Testing Procedures.

MB Hydro requires drug testing to be administered by a TPA in accordance with the standards of the United States Department of Transportation (US DOT) procedures and recommendations as accepted in Canada. All confirmation testing is conducted by laboratories approved by the US DOT from certification recommendations of the United States Department of Health and Human Services (US DHHS), under the National Laboratory Certification Program (NLCP), as accepted in Canada, for the substances at the levels identified in Section 7 (Drug and Alcohol Work Rules). Drug testing includes a screening test and confirmation test. Collection of oral fluid and urine specimens for drug testing must be conducted by trained collection agents. A summary of the drug testing procedures is outlined in Appendix A – Drug and Alcohol Testing Procedures.

12. DRUG AND ALCOHOL TESTING RESULTS

12.1 DRUG AND ALCOHOL TESTING ORDER

The test order and rational are as follows:

1. Breath Alcohol Test – used to determine if the donor has consumed ethanol containing beverages and whether the donor is in compliance with the Standard.

2. Oral Fluid Drug Test

- a. *Oral Fluid POCT* - used to determine recent consumption of drugs by a donor (as outlined in Table 2 [Oral Fluid Drug Concentration Limits]). Oral Fluid testing is used to obtain preliminary screening drug test results to establish compliance with the Standard.
- b. *Oral Fluid Laboratory* – used to determine recent consumption of drugs by a donor (as outlined in Table 2 [Oral Fluid Drug Concentration Limits]). Oral Fluid testing is used to obtain laboratory confirmation drug test results (which are relied upon as the final drug test result) *(Comment: Urine may be used as the lab final result if oral fluid is unavailable).

3. Urine POCT– used to obtain preliminary screening drug test results in order to establish donor compliance with the Standard. (*Comment: Urine can be used as a final result if oral fluid is unavailable)

For further information a detailed summary of the testing procedures is outlined in Appendix A – Drug and Alcohol Testing Procedures.

12.2 DRUG AND ALCOHOL TESTING RESULTS

Drug and alcohol test lab confirmation results can be negative, positive, tampered, invalid or inconclusive. All test results are provided in a confidential written report from the Medical Review Officer (MRO) to the Third Party Administrator (TPA) who reports to the Designated MB Hydro/ Contractor Representative (DMR/DCR).

- a) A negative test result means the Worker is in compliance.

- b) A positive test result means the worker is in non-compliance.
- c) A tampered (adulterated or substituted) test result means non-compliance.
- d) An invalid or inconclusive test result cannot be relied upon to determine compliance or non-compliance.

12.3 CONFIDENTIALITY OF TEST RESULTS

The DMR/DCR who receives test result information under this Drug and Alcohol Standard must comply with the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act, or any successor legislation, and in addition must not disclose the test results to any person other than a person who needs to know the test results to fulfill obligations under this Drug and Alcohol Standard. All test results received under this Standard shall be securely stored and kept in the strictest confidence.

12.3.1 Worker Consent

When a Worker consents in writing to undergo drug and/or alcohol testing, that consent will expressly provide that they,

- a) Authorize the TPA to provide the test results to MB Hydro or any person with legal authority to require the disclosure of the test results, subject to Section 12.2.
- b) Authorize the TPA to discuss any information that pertains to the results and information pertaining to their case.
- b) Authorize the Medical Review Officer (MRO) to provide the test results to a Substance Abuse Expert/Professional

(SAE/SAP) to whom the Worker has been referred under the provisions of this Standard.

12.3.2 Reporting Test Results

- a) A report from the Medical Review Officer (MRO) to the Designated MB Hydro Representative (DMR) via the Third Party Administrator (TPA) that the Worker's sample produced a negative test result means that the Worker has complied with Section 7.1 (a) [use] and/or (b) [Report to work or work]. The DMR/DCR must notify the Worker of the negative test result and that no other steps under this Standard will be taken. It may be appropriate to pursue procedures under other policies or take other steps, including a medical assessment, to assist the Worker to perform at a satisfactory level. An exception to this would be if the MRO has reported a negative result with a safety warning. The DMR/DCR may notify the Worker of the requirement for a fitness for duty assessment as described in Section 7.2.
- b) A report from the Medical Review Officer (MRO) to the Designated MB Hydro Representative (DMR) via the Third Party Administrator (TPA) that the Worker's sample produced a positive test result means the Worker failed to comply with Section 7.1 (a) [use] or (b) [Report to work or work with alcohol or drug levels that meet or exceed the levels specified in the Standard]. The only exception to this would be if the MRO has determined there is a legitimate explanation for the positive test result, which would then follow the procedure under Section 12.1.2 (a). A fitness for duty assessment may be conducted.

- c) A report from the Medical Review Officer (MRO) to the Designated MB Hydro Representative (DMR) via the Third Party Administrator (TPA) that the Worker's sample has been tampered with means that the Worker failed to comply with Section 7.1 (d) [tampering].
- d) A report from the Medical Review Officer (MRO) to the Designated MB Hydro Representative (DMR) via the Third Party Administrator (TPA) that the Worker's sample produced an invalid or inconclusive means that the test cannot be relied upon for the purposes of this Standard and the DMR/DCR may require a subsequent test to be completed.
- e) Where a Worker is referred to testing required under pre-Site Access (Section 10.5) by a Contractor, a confidential written report from the MRO will be issued to the Designated Contractor Representative (DCR).

Site Access revoked by Manitoba Hydro or their designate for a minimum period of one year or longer, and may be prohibited from obtaining Site Access indefinitely unless there are exceptional mitigating circumstances.

Workers with a dependency or addiction who fail to comply with Section 7.1 (a) [use] and/or (b) [Report to work or work with alcohol or drug levels that meet or exceed the levels specified in the Standard] of this Standard may be subject to discipline by their Employer up to and including termination of employment. In the cases of 7.1 (a) [use] and/or (b) [Report to work or work with alcohol or drug levels that meet or exceed the levels specified in the Standard], the Worker who does not have an addiction or dependency will be subject to discipline by their Employer up to and including termination of employment and have their Site Access revoked by Manitoba Hydro or their designate for a minimum period of one year or longer, and may be prohibited from obtaining Site Access indefinitely unless there are exceptional mitigating circumstances.

13. CONSEQUENCES FOR FAILURE TO COMPLY WITH THE DRUG AND ALCOHOL WORK RULES

13.1 EMPLOYER/CONTRACTOR RESPONSE TO VIOLATIONS

Workers who fail to comply with the Drug and Alcohol Work Rules Section 7.1 (d) [tampering], 7.1 (c) [refusal] or (e) [possession or offer for sale or distribution] of this Standard will be subject to discipline by their Employer up to and including termination of employment and have their

13.2 VIOLATIONS OF USE, REPORT TO WORK OR WORK

Before any disciplinary action is taken with a Worker who has failed to comply with Section 7.1 (a) [use] or 7.1 (b) [Report to work or work with alcohol or drug levels that meet or exceed the levels specified in the Standard], MB Hydro, or the Contractor if the Worker is employed by a Contractor, must take appropriate steps to determine if the Worker has a disability related to addiction or dependence for which the employer has a duty to accommodate.

The employer's duty to accommodate extends to the point of undue hardship.

Prior to making a final decision regarding discipline of a Worker who has failed to comply with 7.1 (a) [use] or 7.1 (b) [Report to work or work with alcohol or drug levels that meet or exceed the levels specified in the Standard], the Worker will be directed to and the Worker must meet with a Substance Abuse Expert/Professional (SAE/SAP). A positive test result means the Worker is suspended or on administrative leave without pay, pending investigation and the SAE/SAP report.

The SAE/SAP will complete an initial assessment of the Worker and determine the level of assistance required by the Worker, including treatment and education recommendations for those workers identified with a substance abuse or addictions. If the SAE/SAP determines there is no addiction or dependency of the substance for which the Worker tested positive, then the Worker will be subject to discipline by their Employer up to and including termination of employment unless there are exceptional mitigating circumstances. The SAE/SAP will provide the Worker, Designated MB Hydro Representative (DMR) and/or the Designated Contractor Representative (DCR) with a confidential written report of their recommendations. The process to be followed by the SAE/SAP is outlined in Appendix B – Substance Abuse Expert/Professional. During this time the Worker will have their Site Access revoked and may be prohibited from obtaining Site Access indefinitely.

The assessment by the SAE/SAP must be completed as soon as possible. The report of the SAE/SAP must be delivered to DMR and/or the DCR within two (2) days of the assessment.

The appropriate disciplinary measures will be based on the report of the SAE/SAP. In the case of a Contractor Worker, the discipline shall be determined by the Contractor, in consultation with the DMR. In the case of a MB Hydro Employee, MB Hydro will determine the appropriate disciplinary measures.

Failure by the Worker to attend the assessment of the SAE/SAP, to consent to release of treatment and/or educational requirements to the DMR/DCR, and/or to follow the recommended treatment program or rehabilitation action, shall result in the Worker being subject to discipline by their Employer up to and including termination of employment and have their Site Access revoked by Manitoba Hydro or their designate for a minimum period of one year or longer, and may be prohibited from obtaining Site Access indefinitely unless there are exceptional mitigating circumstances.

During the period of assessment by the SAE/SAP and corrective rehabilitative programs recommended by the SAE/SAP, the Worker shall be on a leave of absence without pay and have their Site Access temporarily revoked.

13.3 POTENTIAL SITE ACCESS AFTER FAILURE TO COMPLY

Any Worker with a dependency or addiction as determined by a SAE/SAP who has been denied Site Access due to failure to comply with the Drug and Alcohol Standard and work rules may, subject to MB Hydro's approval, be granted Site Access subject to the following conditions:

- a) The Worker meets with a SAE/SAP who will make a professional determination about the Worker's substance use and the impact it may have on the safety and health of the Worker, his or her co-Workers and the Site.
- b) In the case where an SAE/SAP determines the Worker is fit to work on the Sites, the SAE/SAP will provide a written report identifying any restrictions and/or return to duty conditions, and confirming that the Worker is fit to work on the Sites safely to the Site Administrator, the DCR and/or the DMR. In this case, the Worker shall be subject to a return to duty agreement based on the recommendations of the SAE/SAP in consultation with the Site Administrator, the DCR and/or the DMR, and which shall include unannounced follow up drug and alcohol testing for a minimum of twelve (12) months.
- c) In the case where an SAE/SAP determines the Worker has a substance abuse problem and requires treatment, a confidential written report will be provided by the SAE/SAP and must identify the level of assistance required by the Worker, including treatment and education recommendations.

During this time, the Worker shall have their Site Access revoked and may be prohibited from obtaining Site Access indefinitely.

Following the Worker's completion of the recommended treatment and education requirements:

- i. A report from the SAE/SAP shall be provided to the Site Administrator, the DCR and/or DMR identifying that a follow up assessment has been conducted, and confirming treatment has been successfully completed
- ii. Any recommendations, further rehabilitation requirements, and/or work restrictions will be identified with confirmation that the Worker is fit to work safely on Sites
- iii. A Worker who has successfully completed an assessment and/or treatment must sign a Return to Duty Agreement, which is based on the recommendations of the SAE/SAP in consultation with the Site Administrator, the DCR and/or the DMR, shall be required to have follow up unannounced drug and alcohol testing for a minimum of twelve (12) months.
- d) The SAE/SAP making the assessment and providing a report must comply with the format identified in Appendix "B."
- e) The Worker must sign a Substance Abuse Expert/Professional Release of Confidential Information form, as identified in Appendix B (also refer to Substance Abuse Professional Release of Confidential Information).

- f) The Worker must provide proof of a negative test result prior to return to duty and this must be reported to the Site Administrator, the DCR and/or the DMR.

13.4 VIOLATION OF REFUSAL TO TEST, TAMPERING, POSSESSION OR OFFER FOR SALE OR DISTRIBUTION

Any Worker who violates Section 71 (c) [refusal], 71 (d) [tampering] or 71 (e) [possession or offer for sale or distribution] of this Standard will be removed from the Site, have their Site Access revoked, and shall be prohibited from obtaining Site Access indefinitely, subject to the terms of this Standard and any additional applicable Standards or Policies. Workers found in non-compliance with the Drug and Alcohol work rules contained in Sections 71 (c) 71 (d) and 71 (e) will be subject to discipline by their Employer up to and including termination of employment and have their Site Access revoked by Manitoba Hydro or their designate for a minimum period of one year or longer, and may be prohibited from obtaining Site Access indefinitely unless there are exceptional mitigating circumstances.

A Worker who violates these referenced sections of the Standard will be encouraged to seek help and support. Detailed information on services available is outlined in Appendix D: Treatment and Assessment Resources.

13.5 REFUSAL TO COOPERATE WITH SEARCH

Workers who refuse to submit to a search as per 71(c)(i) or are believed to be in violation of this Standard as a result of a search will be subject to discipline by their Employer up to and including termination of employment and have their Site Access revoked by Manitoba Hydro or their designate for a minimum period of one year or longer, and may be prohibited from obtaining Site Access indefinitely unless there are exceptional mitigating circumstances.

13.6 IMPAIRED DRIVING CHARGES OR CONVICTIONS

Any Worker who operates or is expected to operate a MB Hydro or Contractor vehicle and/or that is required to drive as a condition of employment as per Section 7.3 (Impaired Driving Charges or Convictions) must report any charge or conviction related to suspension of a driver's license due to impairment. Workers who fail to report such charge or conviction shall be subject to discipline by their Employer up to and including termination of employment and have their Site Access revoked by Manitoba Hydro or their designate for a minimum period of one year or longer, and may be prohibited from obtaining Site Access indefinitely unless there are exceptional mitigating circumstances.

APPENDIX A

DRUG AND ALCOHOL TESTING PROCEDURES

Alcohol Testing – General

Breath Testing

Confirmation Test

Oral Fluid Drug Testing

Urine Drug Testing – Point of Contact Testing (POCT)

Worker Consent for Drug and Alcohol Testing Form

Drug and Alcohol Testing Procedures

The following procedures are a general overview only. More detailed information may be obtained from the Third Party Administrator (TPA) contracted as the testing agent.

ALCOHOL TESTING:

General

1. The donor is the person from whom a breath sample is collected.
2. The donor is informed of the requirement to test in private and directed to go to a collection site for the purpose of providing a breath specimen. The donor must be escorted to the collection site if the test is for Post Incident or High Potential Near Miss or Reasonable Cause purposes.
3. The Breath Alcohol Technician (BAT) establishes the identity of the donor. Government or employer-issued photo identification is preferable. Positive identification by a Contractor or a MB Hydro Representative who holds a supervisory position is acceptable.
4. Testing should always be conducted privately between BAT and the donor, not in view of supervisors or others, unless it is unavoidable.
5. The BAT explains the testing procedure to the donor.
6. The Contractor or MB Hydro must securely store information about alcohol test results to ensure that disclosure to unauthorized persons does not occur.
7. Alcohol testing devices used to conduct alcohol screening tests and evidentiary devices used to confirm the screening test must be listed on the US National Highway Traffic Safety Administration's (NHTSA) Conforming Products List (CPL) for screening and evidentiary testing. These devices must also meet the function requirements outlined in the US Department of Transportation (US DOT) rules and regulations.

Breath Testing

1. The donor must clear any foreign material from the mouth (e.g., food, gum, tobacco products, lozenges, etc.). The BAT confirms that donor has not had anything in their mouth for at least 15 minutes prior to testing
2. The BAT and the donor shall complete those parts of the Alcohol Testing Form (ATF) that are to be completed before the donor provides a breath sample.
3. The BAT opens an individually wrapped or a sealed mouthpiece in the presence of the donor and attaches it to the breath testing device in the prescribed manner.

4. The BAT conducts an air blank to confirm that there is no alcohol present in the surrounding airspace.
5. The BAT explains to the donor how to provide a breath sample and asks the donor to provide a breath sample.
6. The BAT shows the test result displayed on the device to the donor and asks the donor to read the result aloud. The BAT affixes the results labels onto the ATF and donor initials the labels.
7. The BAT completes the part of the alcohol testing form that is to be completed after the donor provides a breath sample.
8. If the test result shows an alcohol level that is less than 0.040 grams/210 litres of breath, the BAT informs the donor that there is no need to conduct any further testing and verbally reports compliance in a confidential manner to the Designated Contractor Representative (DCR) or Designated MB Hydro Representative (DMR). A copy of the ATF is provided to the donor.
9. If the test result shows an alcohol level that is equal to or greater than 0.040 grams/210 litres of breath, the BAT informs the donor of the need to conduct a confirmation test.

Confirmation Breath Testing

1. If an Alcohol Screening Device was used for the alcohol screening test, an Evidential Breath Alcohol Device must be used to conduct the alcohol confirmation test.
2. The BAT advises the donor not to eat, drink, put anything into his or her mouth or belch before confirmation testing is complete. If the donor fails to comply with the above instructions, confirmation testing is still conducted and a remark is recorded onto the ATF.
3. The confirmation test must start not less than fifteen (15) minutes after the completion of the screening test. If the confirmation test cannot begin within thirty (30) minutes, the elapsed time and the reason must be documented on the ATF.
4. The BAT opens a new individually wrapped or sealed mouthpiece in the presence of the donor and inserts it into the breath testing device in the prescribed manner.
5. The BAT conducts an air blank to confirm that there is no alcohol present in the surrounding airspace.
6. The BAT explains to the donor how to provide a breath sample and asks the donor to provide a breath sample.
7. The BAT shows the test result displayed on the device and asks the donor to read the test result aloud. The BAT affixes the results labels onto the ATF and donor initials the labels.

If the confirmation test result is equal to or in excess of 0.040 grams/210 litres of breath, the BAT will do an external calibration check (accuracy check) to ensure the device is in working order. The BAT ensures that the test result is recorded on the ATF as well as in the Calibration Log for that device. The BAT verifies the printed result labels with the donor.

8. The BAT completes the part of the ATF that is to be completed after the donor provides a breath sample and asks the donor to do so as well.
9. The BAT verbally reports in a confidential manner the test results to the DCR/DMR.
10. A copy of the ATF is provided to the donor.

DRUG TESTING:

Oral Fluid Drug Testing

1. The donor is the person providing their oral fluid sample for the purposes of a drug test.
2. The donor is informed of the requirement to test in private and is directed to go to a collection site. The donor must be escorted to the collection site by a supervisor if the test is for Post Incident or High Potential Near Miss or Reasonable Cause purposes.
3. The collector must establish the identity of the donor. Government or employer-issued photo identification is preferable. Positive identification by a Contractor or a MB Hydro Representative who holds a supervisory position is acceptable.
4. The donor must clear any foreign material from the mouth (e.g., food, gum, tobacco products, lozenges, etc.).
5. The collector observes the donor for a minimum of ten (10) minutes prior to providing the specimen. The donor may not eat, drink, smoke or put anything in their mouth during the observed waiting period.
6. The collector checks and records the lot number and expiration date of the Oral Fluid Point Of Collection (POCT) device.
7. In the presence of the collector, the donor opens the sealed device and gently rubs the collection pad against each cheek and on top of the tongue. The donor then places the collection pad under the tongue.
8. The collector instructs the donor not to talk or bite/chew on the collection pad during the entire collection period (0.5 - 2 minutes).

9. Once the volume adequacy indicator lines begin to move on the Oral Fluid POCT device, the donor is instructed to remove the collection pad from their mouth and recap the device.
10. The collector checks and records the lot number and expiration date of the Oral Fluid Laboratory Collection device.
11. In the presence of the collector, the donor opens the sealed device and places the collection pad underneath their tongue.
12. The collector instructs the donor not to talk or bite/chew on the collection pad during the entire collection period (2-15 minutes).
13. Once the volume adequacy indicator turns blue, the donor is instructed to remove the collection pad from their mouth and place it into the collection device ensuring the saturated collection pad end is placed into the blue buffer fluid in the tube.
14. The collector places a tamper-evident seal on the specimen Oral Fluid Laboratory Collection device.
15. The collector records the date and has the donor initial the tamper evident seal on the collection device.
16. The donor and the collector complete the Custody and Control Form (CCF) and seal the specimen and the laboratory copy of the CCF in a chain of custody bag. For any collection that may be incomplete or determined to be a refusal, the collector must promptly document all circumstances and details regarding the collection effort and the reason(s) it was incomplete.
17. The donor is provided with a copy of the CCF.
18. Samples are shipped to Intrinsic Analytics as soon as possible for submission to the lab.
19. The laboratory must be the holder of a certificate issued by the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services under the National Laboratory Certification Program, as accepted in Canada.
20. The laboratory must use chain of custody procedures to maintain control and accountability of specimens at all times.
21. Laboratory personnel inspect each package along with the enclosed specimen for evidence of possible tampering and note evidence of tampering on the specimen forms.
22. Laboratory personnel conduct validity testing to determine the suitability of the specimens.

23. Laboratory personnel conduct an initial screening test on the specimen for the drugs set out in Section 7 of this Standard using established immunoassay procedures. No further testing is conducted if the initial screening test produces a negative test result.
24. Laboratory personnel conduct a confirmatory test on specimens identified as non-negative by the initial screening test. The confirmatory test uses approved mass spectrometry techniques.
25. A certifying scientist reviews the test results before certifying the results as an accurate report.
26. The laboratory reports the test results on the specimen to Intrinsic Analytics' Medical Review Officer (MRO) in confidence.
27. If the laboratory reports a positive, adulterated, substituted or invalid result, the MRO, attempts to conduct a verification interview with the donor to provide the donor with an opportunity to discuss the results and present a legitimate medical explanation. Once the interview is complete, the MRO shall report to the DCR/DMR via Intrinsic Analytics whether the test result is negative, negative with a safety advisory, refusal to test and why, cancelled with or without further direction, or positive. A safety advisory indicates a medical clearance is required prior to performing Safety-sensitive duties in accordance with the job description.
28. A Worker who has received notice from the MRO that they have tested positive may ask the MRO within seventy-two (72) hours of receiving notice that they have tested positive to direct another laboratory to retest the specimen *provided there is enough sample. The Worker is responsible for the cost of the second test.
29. The laboratory reports the results of the retest to Intrinsic Analytics' MRO in confidence. Should the laboratory fail to reconfirm the test result, the MRO will provide direction to the DCR/DMR via Intrinsic Analytics.

Urine Drug Testing

1. The donor is the person from whom a urine specimen is collected.
2. The donor is informed of the requirement to test in private and is directed to go to a collection site. The donor must be escorted to the collection site by a supervisor if the test is for Post Incident or High Potential Near Miss or Reasonable Cause purposes.
3. The collector must establish the identity of the donor. Government or employer-issued photo identification is preferable. Positive identification by a Contractor or MB Hydro Representative who holds a supervisory position is acceptable.

4. The donor must remove any outer layers of clothing (i.e. coveralls, jackets, coats, sweaters, hats) and they must leave these garments and any briefcase or purse in a secure location with the collector.
5. The donor must remove any items from their pockets and allow the collector to inspect them to determine that no items are present which could be used to adulterate a specimen. The donor is asked to reveal their waist line. If the donor is wearing loose fitting clothing, the donor is asked to pat themselves down and/or tighten loose clothing around their body.
6. The donor must give up possession of any item which could be used to adulterate a specimen to the collector until the donor has completed the testing process. Clear evidence of an attempt to adulterate or substitute a specimen is a refusal to test and ends the collection process.
7. The collector may set a reasonable time limit for providing a urine specimen, up to 4 minutes.
8. The collector selects or allows the donor to select an individually wrapped or sealed specimen container. The collector, in the presence of the other, must unwrap or break the seal of the specimen container.
9. The donor may provide his or her urine specimen in private unless conducting a sanctioned direct observed collection. The specimen must contain at least sixty (60) millilitres.
10. For any collection that may be incomplete or determined to be a refusal, the collector must promptly document all circumstances and details regarding the collection effort and the reason(s) it was incomplete.
11. The collector determines the volume and temperature of the urine in the specimen container within 4 minutes of the void.
12. The collector inspects the specimen and notes on the chain of custody and control form any unusual findings.
 - a) If there is evidence of obvious adulteration to the sample, this is considered a refusal to test and circumstances are documented.
 - b) If the temperature of the specimen is outside the acceptable range, the donor must provide another specimen under direct observation by the collector or another person if the collector is not the same gender as the donor.
 - c) If insufficient volume (less than 60ml), the collector performs a shy bladder protocol
 - d) If there is evidence of non-obvious signs of adulteration, the sample is discarded and a collection log protocol is followed.

13. The collector splits the urine specimen into two (2) specimen bottles. One bottle is the primary specimen (30ml) and the other is the split specimen (15ml).
14. With the remaining urine sample, the collector checks for adulteration with the adulteration strip and tests for drug metabolites using the Point of Collection Test (POCT) device.
15. If the urine sample is diluted, the sample is discarded and the donor is instructed that they must provide an acceptable sample. The collector follows the dilution log protocol until donor provides a valid sample.
16. The collector ensures that the specimen ID number on top of each page of the CCF matches the tamper-evident bottle seals. The collector places a tamper-evident bottle seal on each of the specimen bottles and writes the date on the tamper-evident seals.
17. The donor must initial the tamper-evident bottle seals to certify that the bottles contain the urine specimen the donor provided.
18. The donor and the collector complete the custody and control form and seal the specimen bottles and the laboratory copy of the custody and control form in a plastic bag.
19. The donor is provided with a copy of the CCF.
20. The laboratory must be a holder of a certificate issued by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the United States Department of Health and Human Services (DHHS) under the National Laboratory Certification Program as accepted in Canada.
21. The laboratory must use chain of custody procedures to maintain control and accountability of urine specimens at all times.
22. Laboratory personnel inspect each package and the enclosed specimens for evidence of possible tampering, and note evidence of tampering on the specimen forms.
23. Laboratory personnel conduct validity testing to determine whether certain adulterants or foreign substances were added to the urine specimen.
24. Laboratory personnel conduct an initial screening test on the primary specimen for the drugs set out in Section 7 of the Standard using established immunoassay procedures. No further testing is conducted if the initial screening test produces a negative test result.
25. Laboratory personnel conduct a confirmatory test on specimens identified as positive by the initial screening test. The confirmatory test uses approved mass spectrometry methods.

26. A certifying scientist reviews the test results before certifying the results as an accurate report.
27. The laboratory reports the test results on the primary specimen to Intrinsic Analytics' Medical Review Officer (MRO) in confidence.
28. If the laboratory reports a positive, adulterated, substituted or invalid result, the certified MRO attempts to conduct a verification interview with the donor to allow the donor the opportunity to discuss the results and present a legitimate medical explanation. Once the interview is complete, the MRO reports to the DMR via the TPA whether the test results are negative, negative with a safety advisory, refusal to test and why, cancelled with or without further direction, or positive. A safety advisory indicates a medical clearance is required prior to performing Safety-Sensitive duties in accordance with the job description.
29. A Worker who has received notice from the MRO that they have tested positive may ask the MRO within seventy-two (72) hours of receiving notice that they have tested positive to direct another laboratory to test the split specimen. The Worker is responsible for the cost of the second test.
30. The laboratory reports the test results on the split specimen to the MRO in confidence. Should the laboratory fail to reconfirm the split specimen results, the MRO will provide direction to the DCR/DMR.

Worker Drug & Alcohol Consent to Testing

I understand that in accordance with Manitoba Hydro's Drug & Alcohol Standard, I have been requested to provide a Breath, Saliva, and Urine specimen to the collector. I acknowledge that this process is detailed in the Standard, and I hereby provide consent for the following:

1. Breath, saliva, and urine specimen(s) will be provided to the collector for preliminary drug and alcohol testing. Test results will only be released to Intrinsic Analytics Inc., the Third Party Administrator (TPA).
2. The saliva and urine specimens may be forwarded to a laboratory for drug analysis as deemed necessary by the TPA.
3. Test results will only be provided to the Worker (donor) by Manitoba Hydro's Designated Representative (DMR) or by the Designated Contractor Representative (DCR).
4. In the event of a positive drug test, results will be released to a Medical Review Officer (MRO) for follow-up and adjudication.
5. The TPA may verify and/or release information about my drug and alcohol test results to the DMR or to a Substance Abuse Expert/Professional (SAE/SAP) as may be deemed necessary.

As per the Standard, refusal to provide a breath, saliva or urine specimen(s) to the collector is a violation of the Drug and Alcohol Work Rules and is subject to discipline by the employer up to and including termination of employment as well as having site access revoked.

Dated this _____ day of _____, 20_____.

Worker Name (Print)

Worker Signature

Daytime Phone Number

Evening Phone Number

Supervisor Name (Print)

Supervisor Phone Number

Witness Name (Print)

Witness Signature

APPENDIX B

SUBSTANCE ABUSE EXPERT/ PROFESSIONAL (SAE/SAP)

The Substance Abuse Expert/Professional
The Evaluation and Assessment
The Post-Assessment Referral and Treatment
Follow-up Evaluation
Return to Duty Agreement

Substance Abuse Expert/Professional (SAE/SAP)

The Substance Abuse Expert/Professional

The Substance Abuse Expert/Professional (SAE/SAP) is a person who evaluates individuals (clients) who are seeking to be assessed or who have been referred for assessment. The SAE/SAP is a health professional who is qualified to make recommendations regarding the individuals assessed. These recommendations usually involve treatment options including education, various counselling or treatment program services, follow-up testing and aftercare and the overall general recommendations of post-assessment care.

The responsibility and function of the SAE/SAP is to complete a comprehensive assessment process following best practices. The function of the SAE/SAP is to protect the safety and health of the client, their co-workers and the worksite by professionally evaluating the client and making appropriate recommendations. The SAE/SAP is not an advocate for MB Hydro, the Contractor, or the client, beyond the mandate of the assessment.

The SAE/SAP has the responsibility to function in their role as an evaluator of the client's current condition.

The SAE/SAP is a licensed physician, a licensed or certified social worker, a licensed or certified psychologist, or an addictions counsellor with over 10 years' experience assessing substance abuse disorders. The SAE/SAP has: knowledge of and clinical experience in the diagnosis and treatment of substance abuse-related disorders; been certified to administer and interpret recognized psychometric tests specific to the addictions field; an understanding of the safety implications of substance use and abuse; and knowledge of the roles and responsibilities of a SAE/SAP.

The Evaluation and Assessment

Each assessment is completed on the foundation of sound clinical expertise and established standards of practice, utilizing reliable drug and alcohol abuse assessment tools (psychometrics). The SAE/SAP must conduct a face-to-face interview with the client. The assessment should comprise a standard psychosocial history, an in-depth drug and alcohol use history (with information regarding onset, duration, frequency and amount of use; substance(s) of use and choice; emotional and physical characteristics of use; associated health, work, family, personal and interpersonal problems), and a current mental status. Collateral information may also be obtained from family members, co-workers, supervisors and/or Employers.

The SAE/SAP must consult with the Medical Review Officer (MRO) who verified the client's positive drug and/or alcohol test, when a client has been required to undergo drug and/or alcohol testing subsequent to a violation of an Employer's Drug and Alcohol Policy and

discuss the details of the testing results, substance concentration levels (if available) and any pertinent medical information disclosed during the MRO's verification interview with the client.

Wherever possible and practical, consultation with relevant health care providers/ professionals, co-workers, supervisors/managers, family and/or any other additional sources of information to assist in compiling a complete picture of the client's substance use/abuse is recommended. A client consent form for release/sharing of information must be completed.

The report from the SAE/SAP to the Employer should provide a clear statement of the outcome of the assessment and treatment recommendations, as well as a treatment plan to be successfully complied with prior to the Worker becoming eligible for follow-up evaluation and subsequent return to duty. The individual Worker is able to add to the treatment recommendations; however, the recommendations provided by the SAE/SAP are the conditions required for successful return to safety-sensitive work and the essential components that the individual Worker must complete.

The SAE/SAP assessment report should include: diagnosis information, specifically functional and/or cognitive abilities or concerns, safety risk concerns, and any accommodation requirements; treatment recommendations including counselling, educational requirements, attendance at community addiction programs, drug and/or alcohol testing, and any other programs or resources to assist the client in addressing the substance abuse issue and support them in the return-to-duty/work process; treatment plan timelines to be successfully complied with prior to the client becoming eligible for follow-up evaluation and subsequent return-to-duty/work; and any additional information deemed relevant and appropriate by the SAE/SAP.

The SAE/SAP assessment shall provide a signed confidential written report to MB Hydro and/or the Contractor, as appropriate, and the client. A case manager and bargaining agent may also receive a copy of the evaluation at the discretion of the individual assessed.

The Post-Assessment Referral and Treatment

As a result of the assessment, the SAE/SAP will make recommendations regarding education and treatment programs based on individual need and geographic availability.

The SAE/SAP shall facilitate the referral(s) by making contact with the recommended program or programs and shall forward the treatment plan with diagnostic determinations to the treatment provider(s), with the client's consent.

Case management is an option for ensuring the SAE/SAP recommendations are followed and met as detailed in the SAE/SAP report.

If treatment is ongoing, the Employer may require monthly progress notes from identified treatment providers until a final evaluation is completed by the SAE/SAP. These progress notes are to confirm regular attendance and active participation in the treatment plan.

Follow-up Evaluation

Following completion of the prescribed treatment and/or education, the SAE/SAP shall evaluate the client prior to return-to-duty/work. Alternatively, if the client is able to return to duty while undergoing treatment and/or education, the SAE/SAP shall evaluate the client's commitment to and success in following the treatment and/or educational plan within a reasonable timeframe, upon return to duty. This return-to-duty/work is conditional on the SAE/SAP first confirming the client is not a safety risk to themselves, co-workers and/or the workplace.

The purpose of the follow up evaluation is for the SAE/SAP to gauge the client's success in meeting the objectives of the prescribed treatment plan.

The client's ability to successfully demonstrate compliance with the initial treatment and/or education recommendations shall be determined in a clinically based follow-up evaluation. The SAE/SAP shall also base the determination on written reports from and personal communication with the respective education and/or treatment program professionals.

The SAE/SAP shall prepare a report for the client, MB Hydro and/or the Contractor, and the union if the client has provided consent for such disclosure to the union, as appropriate, setting out the clinical determination as to the client's success in meeting the objectives of the treatment and/or education plan. The SAE/SAP may include in the report the client's continuing care needs in respect to specific treatment, aftercare, support group services recommendations and a follow-up testing plan.

Substance Abuse Expert/Professional Release of Confidential Information

(Refer to **Appendix B** of the Drug and Alcohol Standard)

I (Person / Worker-please print), _____, give permission to

_____/_____
(Substance Abuse Expert/Professional SAE/SAP) (Address)

to contact the individuals identified in this release. _____
(Email, phone)

Name:

Organization:

Address (street, town/city, province, postal code) :

Email:

Phone:

To release verbally or in writing any and/or all information:

- ▶ Assessment
- ▶ Attendance
- ▶ Relevant History
- ▶ End-Summary & Recommended Actions
- ▶ Ongoing Requirements
- ▶ Participation
- ▶ Program Dates
- ▶ Progress Summary
- ▶ Reason for Referral
- ▶ Treatment Plan

The information I have consented to for the purpose of disclosure shall only be used for the following reasons:

- ▶ To enable Manitoba Hydro and/or the Contractor to develop a return-to-work plan aimed at assisting me to obtain Site Access and completing and maintaining rehabilitation and preventing relapse while working on the Site.
- ▶ To assist Manitoba Hydro and/or the Contractor to determine fitness for duty and/or accommodation requirements. Also, whether or not I should be granted Site Access or my Site Access should be revoked.

I understand that provision of treatment services is not dependent upon my decision to release information and that I may cancel this consent at any time.

Person/Worker Signature: _____ Date: _____

Witness: _____ Date: _____



Unit 102 - 1700 Ellice Avenue
Winnipeg, Manitoba R3H 0B1
Toll Free: 1.866.779.1887
Fax: 204.784.9229

www.vitallife.ca

Return to Work Checklist

I _____ agree to participate in the following conditions of my treatment plan.

- 12 Weeks of aftercare and monitoring with Vital Life Inc.
- Random drug testing for a period of ____ months.
- Weekly attendance at Self Help (AA, CA, NA).
- To abstain from all prohibited drugs identified in the Drug and Alcohol Standard
- Other. _____

Employee Signature: _____

Date: _____

SAE Signature: _____

Date: _____

APPENDIX C

REASONABLE GROUNDS CHECKLIST AND POST INCIDENT D&A EVALUATION FORM

Worker's Name: _____ Date (DD-MMM-YYYY): _____

Site/Project Name: _____ ID Number: _____

On the following Checklist, mark the check box in the far left column for the phrases that apply to the Worker's behaviour. **Add as much information as you can** to assist in clarification of the situation under the Explanation column.

Reasonable Grounds Checklist			
(Refer to Appendix D of the Drug and Alcohol Standard)			
Item No.	Applies to Worker <input checked="" type="checkbox"/>	Date(s) DD-MMM-YYYY	Explanation
1	General Appearance <input type="checkbox"/> Sleepy <input type="checkbox"/> Tremors <input type="checkbox"/> Other (specify)		
2	Workplace Behaviour <input type="checkbox"/> Interrupts others' work <input type="checkbox"/> Inflexible about procedures <input type="checkbox"/> Argumentative <input type="checkbox"/> Inappropriate emotional outbursts <input type="checkbox"/> Physically threatening <input type="checkbox"/> Drug or alcohol consumption observed		
3	Temperament at Work <input type="checkbox"/> Withdrawn much more than usual <input type="checkbox"/> Easily upset by everyday events <input type="checkbox"/> Agitated and on edge <input type="checkbox"/> Excessively worried or fearful <input type="checkbox"/> Extreme variations of mood		
4	Job Performance <input type="checkbox"/> Forgets instructions, abnormal <input type="checkbox"/> Fails to follow procedures <input type="checkbox"/> Works abnormally slowly <input type="checkbox"/> Erratic productivity <input type="checkbox"/> Misses deadlines <input type="checkbox"/> Signs of intoxication (smell of drugs or alcohol, slurred speech, confusion, inarticulate speech, uncoordinated) <input type="checkbox"/> Poor judgment <input type="checkbox"/> Fails to wear safety equipment <input type="checkbox"/> Other (specify)		

Reasonable Grounds Checklist

(Refer to Appendix D of the Drug and Alcohol Standard)

Item No.	Applies to Worker	Date(s) DD-MMM-YYYY	Explanation
5	Relationship with co-workers <input type="checkbox"/> Abnormal reaction to criticism <input type="checkbox"/> Imagines criticism where there is none <input type="checkbox"/> Complaint from co-worker(s) <input type="checkbox"/> Complaint from client(s)		
6	Absenteeism <input type="checkbox"/> Excessive absence <input type="checkbox"/> Unlikely excuses for absence <input type="checkbox"/> Excuses for absence proven false <input type="checkbox"/> Absence follows a pattern <input type="checkbox"/> Frequently late returning from breaks <input type="checkbox"/> Excessive absence from Site		
7	Further Observation or Comments		

If available:

Witness Name (Please Print): _____ Witness Position: _____

Observation: _____

Supervisor Name (Please Print): _____ Signature: _____

Do Reasonable Grounds for testing exist? **Yes** If **No**, explain in Section #7 (above)

Date (DD-MMM-YYYY): _____

Second Supervisor / Manager or / Designate Name: _____

Signature: _____

Do Reasonable Grounds for testing exist? **Yes** If **No**, explain in Section #7 (above)

Date (DD-MMM-YYYY): _____

APPENDIX D

TREATMENT AND ASSESSMENT RESOURCES MANITOBA

EAP – Manitoba Hydro

For Manitoba Hydro employees:

Blue Cross

1-800-590-5553

RESOURCES FOR TREATMENT

GENERAL INFORMATION

Provincial Adult Addictions Information

Toll Free Line: 1-855-662-6605

DETOX FACILITIES

Health Sciences Centre –

Addictions Unit – Medical Detox

820 Sherbrook St

Winnipeg, MB R3A 1R9

(204) 787-3889

www.hsc.mb.ca

Main Street Project –

Non-Medical Detox

75 Martha St.

Winnipeg, MB R3B 1A4

(204) 982-8260

admin@mainstreetproject.ca

Gender specific

Men’s Non-medical 10 day detox

Women’s Detox

Riverpoint Centre

146 Magnus Avenue

Winnipeg, MB R2W 2B4

(204) 944-6209

Possible availability in rural hospitals based on need.

OUTPATIENT DAY PROGRAMS

Addictions Foundation of Manitoba –

Winnipeg

Women’s Community-based Services

(3d/week x 12 weeks)

1041 Portage Avenue

Winnipeg, MB R3G 0R8

(204) 944-6217

womenandfamily@afm.mb.ca

Men’s 28-Day Program

Riverpoint Centre

146 Magnus Avenue

Winnipeg, MB R2W 2B4

(204) 944-6209

Kelburn Estates Health &

Wellness Retreat –

Day and Evening Programs

1293 Kelburn Road

St. Adolphe, MB R5A 1A0

(204) 275-2111 | 1-855-857-6768 (toll-free)

info@kelburnretreat.com

COMMUNITY BASED TREATMENT

Addictions Foundation of Manitoba

Winnipeg

10 group programs

Meeting once/week

Individual counselling at beginning

and end of program

Gender specific programs

**Addiction Foundation of Manitoba
Offices Outside of Winnipeg**

Beausejour

31 First Street, Box 1118
Beausejour, MB R0E 0C0
(204) 268-6166 | (204) 268-1691 (fax)

Boissevain

578 Cook Street, Box 58
Boissevain, MB R0K 0E0
(204) 534-2100 | (204) 534-2101 (fax)

COMMUNITY-BASED TREATMENT

**Addictions Foundation of Manitoba
Offices Outside of Winnipeg**

Brandon

510 Frederick Street
Brandon, MB R7A 6Z4
(204) 729-3838 | 204.729.3844 (fax)
1.866.767.3838 (toll-free)
parkwood@afm.mb.ca

Dauphin

32 – 1st Avenue NW
Dauphin, MB R7N 1G7
(204) 622-2021 | (204) 638-6077 (fax)

Flin Flon

2 – 53 Main Street
Flin Flon, MB R8A 1J7
(204) 687-1665 or 687-1771 or 687-1770
(204) 687-1772 (fax)

Gimli

Room 205, 66 1st Avenue / Box 449
Gimli, MB R0C 1B0
(204) 642-5162 | (204) 642-8012 (fax)

Minnedosa

Box 1079
Minnedosa, MB R0J 1E0
(204) 867-6102 | (204) 867-5140 (fax)

Morden

108B – 8th Street
Morden, MB R6M 1Y7
(204) 822-1296 or (204) 822-1297
(204) 822-3794 (fax)

Portage la Prairie

205-9 Saskatchewan Ave W. Box 1160
Portage la Prairie, MB R1N 3J9
(204) 857-8353 | (204) 239-4860 (fax)

Rosburn

10 Main Street
Rosburn, MB R0J 1V0
(204) 859-4000 | (204) 859-4001 (fax)

Selkirk

203 & 204–250 Manitoba Avenue
Selkirk, MB R1A 0Y5
(204) 785-2354 | (204) 785-9056 (fax)

Southport

175 Nomad Street
 Southport, MB R0H 1N1
 (204) 428-6600 | (204) 428-6611 (fax)

Steinbach

365 Reimer
 Steinbach, MB R5G 0R9
 (204) 326-7724 | (204) 346-9194 (fax)

Ste. Rose du Lac

Box 490
 Ste. Rose du Lac, MB R0L 1S0
 (204) 447-4040 | (204) 447-4050 (fax)
 1-877-917-4040 (toll free)

Swan River

126–6th Avenue North / Box 141
 Swan River, MB R0L 1Z0
 (204) 734-2030 | (204) 734-9509 (fax)

The Pas

168 – 2nd Street West / Box 2039
 The Pas, MB R9A 1L7
 (204) 627-8140 | (204) 627-8149 (fax)

Thompson

90 Princeton Drive
 Thompson, MB R8N 0L3
 (204) 677-7300 | (204) 677-7328 (fax)
 1-866-291-7774 (toll free)

Virden

283 Nelson Street West / Box 2500
 Virden, MB R0M 2C0
 (204) 748-4720 | (204) 748-4721 (fax)

**COMMUNITY BASED TREATMENT –
 NON AFM**

**Behavioural Health Foundation (long term
 and not for prescription opiate addiction)**

Adult and Family Programs

35 ave de la Digue
 St. Norbert, MB R3V 1L6
 (204) 269-3430 | (204) 269-8049 (fax)
 info@bhf.ca

Salvation Army Anchorage Program

180 Henry Street
 Winnipeg, MB R3B 0J8
 (204) 946-9401
 salvationarmy.ca

St. Raphael Wellness Center

225 Vaughan Street
 Winnipeg, MB R3C 1T7
 (204) 956-6650
 info@straphaelcentre.ca
Individual and group counselling

VitalLife Inc. (previously ORG)

Unit 102 – 1700 Ellice Avenue
 Winnipeg, MB R3H 0B1
 866-779-1887 | (204) 779.1887
 vitallife.ca

OPIATE REPLACEMENT THERAPY

**Additions Foundation of Manitoba
 Winnipeg and Brandon**

PUBLIC RESIDENTIAL TREATMENT PROGRAMS

Addictions Foundation of Manitoba

Winnipeg:

Men’s 28-Day Program (Winnipeg)

146 Magnus Avenue
 Winnipeg, MB R2W 2B4
 Phone: (204) 944-6209
 Fax: (204) 775-5261
 email: wpgmens@afm.mb.ca

Women’s 28-Day Program (Winnipeg)

1041 Portage Avenue
 Winnipeg, MB R3G 0R8
 (204) 944-6217
 womenandfamily@afm.mb.ca

St. Rose du Lac:

Co-ed 21-Day Program

Brandon:

Co-ed 21-Day Program

Co-ed 14-Day gambling residential

Thompson:

Co-ed 21-Day Program

PRIVATE RESIDENTIAL TREATMENT PROGRAMS

(per diem or program charge)

Behavioural Health Foundation

(long term and not for prescription opiate addiction)

Breezy Point

1147 Breezy Point Road
 Selkirk, MB R1A 2A7
 (204) 482-5520 | (204) 482-5521 (fax)

Female Youth Services

35 ave de la Digue
 St. Norbert, MB R3V 1L6
 (204) 261-6111 | (204) 275-2209 (fax)
 info@bhf.ca

Male Youth Services

1147 Breezy Point Road
 Selkirk, MB R1A 2A7
 (204) 482-9712 | (204) 482-9717 (fax)

Kelburn Estates Health & Wellness Retreat

1293 Kelburn Road
 St. Adolphe, MB R5A 1A0
 (204) 275-2111 | 1-855-857-6768
 info@kelburnretreat.com

Pritchard House

(Native Addictions Council of Manitoba)

160 Salter Street
 Winnipeg, MB R2W 4K1
 (204) 586-8395
 info@nacm.ca

Rosaire House (The Pas)

144 Ross Avenue
 The Pas, MB R9A 1K4
 (204) 623-6425

Salvation Army Anchorage Program

180 Henry Street
Winnipeg, MB R3B 0J8
(204) 946-9401
salvationarmy.ca

Tamarack Recovery Centre

60 Balmoral Street
Winnipeg, MB R3C 1X4
(204) 772-9836 | (204) 772-9808 (fax)
info@tamarackrecovery.org

TwoTen Recovery

210 Maryland Street
Winnipeg, MB R0C 3B0
(204) 219-5210
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APPENDIX E

PRESCRIPTION DRUG

Prescription Drug Declaration Prior to Drug and Alcohol Testing

Medical Status Letter for Prescription Drug

Consent to Release of Medical Information

Acknowledgement of Fitness for Duty Requirement

PRESCRIPTION DRUG DECLARATION PRIOR TO DRUG AND ALCOHOL TESTING

PLEASE CHOOSE OPTION 1 or 2 – *Initial the chosen section, sign and date below.*

OPTION 1: In order to qualify for compensation provisions for the period while on administrative leave, please initial and sign the document below disclosing a Prescription Drug listed under Section 7 of the Drug and Alcohol Standard.

I would like to declare I am taking a Prescription Drug that is listed under Section 7 Drug and Alcohol Work Rules of the Drug and Alcohol Standard _____ **Sign below.**

[Initial]

OPTION 2: I am not taking any prescription drugs and/or wish not to disclose any prescription Drug and therefore I am not entitled to compensation provisions if required to leave site _____ **Sign below.**

[Initial]

Dated this _____ day of _____, 20_____.

Worker Name (Print)

Worker Phone Number

Supervisor Name (Print)

Supervisor Phone Number

THIS SECTION IS OPTIONAL:

Disclose any Prescription Drugs you are currently taking:

[dd-mm-yyy]

[Contractor name]

Dear _____
[Name of worker]

Address _____

Re: Medical Status Update on Use of Prescription Drug

We are writing to request further medical information in response to your recent disclosure of your use of a prescription drug.

[Identify stage of hiring process or, if already employed, the date of disclosure.]

[Contractor name] _____ is committed to hiring employees requiring accommodation where accommodation is appropriate.

[If employee already hired, "Contractor is committed to accommodating workers where accommodation is appropriate"]. _____

It is important that we receive the necessary medical information on which to make an assessment as to whether or not accommodation is appropriate.

To date, we have received a copy of your prescription

[Name of prescription] _____ name of treating physician

[Doctor's name] _____

If medically directed marijuana: A copy of your approval card [date] _____ has been provide along with a letter from your treating physician. The letter states you are authorized to possess and use medical marijuana, which was obtained from [Doctor's name] _____ on [date] _____ in the province of [province] _____. The information further states that you may consume up to [number] _____ of grams of medical marijuana per day.

If hired: Due to the safety-sensitive nature of the work you are being considered for in the busy construction environment of [Identify project] _____ we are writing to obtain further information. We are not asking you to provide us with private information as to your medical condition, rather we are seeking information on how your prescription consumption or the underlying condition requiring the prescription would impact your ability to safely complete your work-related duties as a [Position worker is being considered for or is currently working in] _____ working in close proximity to other workers and equipment, if hired, and as to whether or not an accommodation would be appropriate.

We ask that you provide a copy of this letter, the attached Fitness for Duty Documents for a [Identify Position] and the Job Description for [Identify position] _____ to your treating physician for the purposes of obtaining her/his opinion as to whether or not you would be fit to perform the required job duties safely and what, if any, restrictions that may be recommended. We ask that you sign this letter under “Consent to Release of Medical Information.” Please provide a signed copy of this letter and its attachments to your treating physician [Name of treating physician], _____ and return a signed copy to us. We ask that your treating physician provide written responses to the following questions:

1. What is the nature of the condition or illness requiring the use of a prescription drug or narcotic?
2. When did you first approve [Name of worker] _____ for use of the prescription drug or narcotic?
3. When was the last prescription for the narcotic issued?
4. Are there alternative medications that [Name of worker] _____ could take to treat his condition that are less likely to impact this individual’s ability to work safely in a safety-sensitive position and environment?
5. What is the prescribed or approved daily dose and frequency of the use of the current medication? How is the medication to be administered?
6. Is [Name of worker] _____ ’s need for consumption of the prescribed drug temporary or permanent?
7. If the condition is temporary, what is the expected duration of the usage of the prescribed or approved drug? When will a re-assessment occur?
8. What is [Name of worker] _____ ’s capacity to be fit for work and safely perform the duties of a [Identify position] _____ being a safety-sensitive position, as described in the attached Fitness for Duty Document and Job Description, while consuming or after having consumed the prescribed drug?
9. Does the underlying condition for which the prescribe drug has been authorized impact [Name of worker] _____ ’s capacity to be fit for work and safely perform the duties of a [Identify position] _____ and if so, could you describe such impact?

10. The impact of the Worker's ability to work safely in the event the Worker deviates from taking the authorized or prescribed dosage or deviates from the intervals for taking such dosage that have been recommended.
11. Please provide a description of work restrictions taking into account the underlying condition for which the prescription drug has been approved and the consumption of such drug you would recommend if *[Name of worker]* _____ is hired by *[Name of contractor]*. _____
12. **Complete if medically directed marijuana:** Are you aware of the Health Canada warning in regard to the operation of heavy machinery by persons who have consumed medically directed marijuana which was issued on February 2013 which states, "Occupational hazards: Patients using cannabis should be warned not to drive or to perform hazardous tasks, such as operating heavy machinery, because impairment of mental alertness and physical coordination resulting from the use of cannabis or cannabinoids may decrease their ability to perform such tasks. Depending on the dose, impairment can last for over 24 h after last use because of the long half-life of Δ 9-THC. Furthermore, impairment may be exacerbated with co-consumption of other CNS depressants (e.g. benzodiazepines, barbiturates, opioids, anti-histamines, muscle relaxants, or ethanol)."

We would ask that you provide us with the answers to these questions no later than *[date]* _____. If there is any cost associated with answering these questions, please have your physician forward her/his account to our attention.

If you have any questions, please do not hesitate to call.

Yours truly,

[Name and title] _____

[Name of contractor] _____

Attachments include:

- Job Description
- Consent to Release of Medical Information
- Fitness for Duty Assessment

CONSENT TO RELEASE OF MEDICAL INFORMATION

PLEASE READ THE FOLLOWING CAREFULLY

To: Treating Physician *[Insert name]* _____

I, *[Name of worker]*, _____ authorize you to disclose, both verbally and in writing, information relating to my condition and treatment, including but not limited to medical opinions and/or any other knowledge or information that you may possess relating to my functional capacity and my treatment, to the employer, *[Name of Contractor]*, the Manitoba Hydro designated representative the Manitoba Hydro Drug and Alcohol Standard and *[Contractor's medical provider]* _____. I further understand that this information will remain confidential and will not be made a part of my employment record.

By signing this form, I confirm that I have read, understood, and voluntarily agree to accept all of its contents.

Dated this day of *[Date]* _____, 20_____

[Witness]

[Name of worker]

Acknowledgement of Fitness for Duty Requirement

I *[Worker's name]* _____ acknowledge that I have been requested by *[Employer's name]* _____ to provide a Fitness for Duty Documentation in accordance with the Manitoba Hydro Major Capital Projects Drug and Alcohol Standard ("Standard"). I further acknowledge and understand as follows:

1. I am responsible to have a Fitness for Duty Assessment completed and to provide Fitness for Duty Documentation to *[Employer's name]* _____
2. If the Fitness for Duty Assessment and Fitness for Duty Document cannot be completed onsite within two (2) days of the disclosure of use of a prescription or non-prescription drug, I will be placed on administrative leave for up to ten (10) days during which period I must have completed offsite and provided to my Employer Fitness for Duty Assessment Documentation as per the Standard.
3. If I cannot provide the Fitness for Duty Documentation to my Employer within ten (10) days, I may seek an extension to provide the Fitness for Duty Documentation to my Employer as provided for in the Standard.
4. The results of the Fitness for Duty Documentation will remain confidential and will be used to assist MB Hydro and/or *[Employer's name]* _____ to determine whether I am Fit for Duty or whether an accommodation is appropriate. Also, whether or not I should be granted site access or my site access should be revoked.

Person/Worker Signature: _____ Date: _____

Witness: _____ Date: _____

