



March 4, 2016

Canadian Nuclear Safety Commission  
PO Box 1046, Station B  
280 Slater Street  
Ottawa, Ontario  
K1P 5S9

**RE: Public Feedback for Draft REGDOC 2.2.4 – Fitness for Duty**

Hello -

I would like to add our brief comments to the request for public input on Draft REGDOC 2.2.4 – Fitness for Duty. Thanks for the opportunity to provide this feedback.

Integrated Workplace Solutions (IWS) is a division of the Family Service Toronto organization. We are a social enterprise and a distinct, self-supporting business-unit whose proceeds are reinvested in services that strengthen the health and well-being of people in the communities where we work and live. Launched in 2000, our program places an emphasis on high impact interventions that help people to live and work at their best. The IWS SAP Program has been designed to help organizations and unions mitigate growing challenges and costs associated with high-risk behaviours with respect to alcohol and drugs.

IWS provides SAP services to many Canadian-based organizations. Many are regulated by the United States Department of Transportation (DOT) or have employees working in safety sensitive environments. Our Clients span the transportation, healthcare, retail, mining, oil, construction, and energy and gas industries across Canada.

The most concerning issue within the draft regulations was from **Section 5.4.3:** *"Workers who provide a verified positive alcohol or drug test shall be removed from safety-sensitive duties and referred to the EAP."* This worker should be referred to a mandatory evaluation program. The EAP would not be an appropriate referral due to its voluntary and confidential nature. The due diligence required following a positive drug

or alcohol test or other violation of drug and alcohol policy would be to have a formal substance abuse assessment. This will allow a qualified and independent expert to make recommendations about what treatment would be required before the worker should return to safety sensitive duties. The SAP process ensures compliance with the treatment recommendations, and offers further opinion about the duration and frequency of unannounced testing that would be recommended after the worker has returned to usual duties.

Similarly in **Section 3.5** where the EAP is referenced, it is noted that the EAP is confidential – however this section further suggests that the EAP would be an appropriate referral if an employee has an issue which *"adversely affect the worker's ability to competently and safely perform his or her duties."* Due to the related safety concerns, these kind of issues should not be contained within a confidential EAP setting. If a worker requires assistance for a problem that impacts their ability to perform the tasks of their employment safely, then the progress and compliance of the worker needs to be monitored and regularly evaluated as part of a mandatory intervention.

An additional comment regarding **Section 4.6.3** - Follow-up alcohol and drug testing – the draft policy states: *"Workers shall be subject to follow-up alcohol and drug testing in an unannounced and random fashion every 3 months for a minimum of 2 years."* In this section, the "every 3 months" takes away from the "random fashion" This would indicate that the worker has a test - and then knows they will not be tested again for approximately three months, which is obviously not ideal.

As for the SAP qualifications addressed in **Section 5.4.3** – this document adopts a broad definition of "Duly qualified health professionals" It lists a number of different organizations and makes thing even more vague in adding *"licensees should consider the following or equivalent certifying bodies"* It may be useful for licensees to have a clear and defined list of professional qualifications or regulatory bodies that would satisfy the requirements to act as a "duly qualified health professional" for this specific purpose. It may be useful to note that in addition to having the proper professional credentials and experience, the SAP/SAE provider or agency should be able to act in an independent manner. There should be no influence of the SAP/SAE's professional opinion or evaluation. Also, there should be no conflicts of interest related to the SAP/SAE's potential to profit by relationships to addiction counsellors, treatment centres, testing facilities, or similar.

One comment about this wording form **Section 5.4** *"Duly qualified health professionals shall be certified by a professional association or shall have received training in substance abuse evaluation and be affiliated with a college of physicians or nurses."* Here it would be important to note that the qualification of *"received training in substance abuse evaluation"* applies to everyone providing a Substance Abuse Assessment regardless of their professional affiliation. The line could read: "Duly qualified health professionals shall be certified by a professional association and have

received training in substance abuse evaluation.” There is no need to reference a “college of physicians or nurses.”

One final comment about the suggested professional organizations listed in the document - they are all national Federations or Associations. Most SAPs and SAEs in current practice do so under their affiliation in their provincial college, since health care professionals are regulated provincially. These colleges are charged with regulating the profession in the interest of the public good. It may be useful to reference these provincial colleges in the list of acceptable certifying bodies which are explicitly named in this document.

This is the extent of our brief comments at this time. Should you have any questions or wish to discuss these matters further please do not hesitate to contact me.

Sincerely,



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