

December 7, 2015

MEMORANDUM TO: Timothy Mossman, Chief */RA/*
Security Programs Support Branch
Division of Security Policy
Office of Nuclear Security and Incident Response

FROM: Paul Harris, Senior Program Manager
Security Programs Support Branch
Division of Security Policy
Office of Nuclear Security and Incident Response

SUBJECT: MEETING SUMMARY – STAFF PRESENTATION AT
INTERNATIONAL BROTHERHOOD OF ELECTRICAL
WORKERS’ ANNUAL CONFERENCE

On November 19, 2015, I presented regulatory information at the International Brotherhood of Electrical Workers’ annual conference held in Orlando, Florida. Ms. Kristine Jamgochian, Security Specialist, attended the conference with me. The presentation may be viewed at Agencywide Documents and Management System (ADAMS) accession number ML15314A755.

The conference was attended by approximately 120 union stewards and members from locals representing approximately 48 commercial nuclear power plants. Most if not all individuals were full-time licensee employees. The conference was also attended by a representative from Canada, representing the Point Lepreau Nuclear Generating Station. The conference was closed to the general public.

The following summarizes the topics and areas of concern that union representation communicated during my presentation.

Substance Abuse Treatment Plans

- Although treatment plans for different individuals were administered for similar Fitness for duty Policy Violations, some plans had much harder (i.e., more robust or stringent) requirements for treatment, this appeared subjective and inconsistent.
- Treatment plans tend to be more generic (e.g., directed by the licensee) and not being developed based on the specific situations/conditions associated with the individual, see Title 10 of the *Code of Federal Regulations* (10 CFR) 26.189(a).

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- Concern regarding the use of ethyl glucuronide (EtG) to assess alcohol abuse and abstinence was a general concern.
- Treatment plans that are not periodically assessed for effectiveness. See Item 8 on “Principles of Drug Additional Treatment: A Research-Based Guide,” National Institute on Drug Abuse, at <http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment>.

10 CFR Part 26, “Fitness for Duty Programs,” Language and Guidance

- A consistent definition of abstinence is needed.
- Regulatory guidance should be developed to help ensure consistency of Substance Abuse Expert (SAE)-developed treatment plans.
- Potential for a conflict of interest when the Medical Review Officer is the SAE, see 10 CFR 26.183(b) and (c), and 26.187(g).
- The appeals process tends to take a long time, noting that there is no timeliness requirement in 10 CFR 26.39, “Review Process for Fitness-for-duty Policy Violations.”

Implementation of For-Cause Testing

- Anecdotal examples were provided that indicated for-cause testing was not being conducted based on credible evidence, see 10 CFR 26.31(c)(2).

Random Testing

- Anecdotal examples were provided that indicated random testing was not entirely random, but targeted against certain individuals, see 10 CFR 26.31(c)(5) and (d)(2).

Authorization

- Anecdotal examples were provided that indicated inconsistency in licensee authorization determinations. The examples did not differentiate between 10 CFR Part 26, Subpart C, and 10 CFR 73.56 authorization determinations. A dominant example was the offsite driving while intoxicated occurrence where licensee authorization determinations treated this potentially disqualifying information as either highly significant (i.e., authorization removed) or less significant (i.e., authorization maintained).

Union Representation

- There were mixed opinions of whether regulatory guidance is needed or even desired to ensure consistent union representation during drug testing.
- There was general consensus within the audience that some sites had remarkably beneficial communication between union and licensee representatives; however, a significant majority of sites did not.

During the presentation (Slide 5), I asked and no answers were provided for the questions provided below. Does any local or district:

- conduct its own drug and alcohol testing?
- track the drug and alcohol testing results from employer programs?
- initiate counseling or health services for a member who needs help dealing with drugs/alcohol?
- track the use of employee-sponsored employee assistance programs?
- conduct a 10 CFR Part 26 briefing prior to sending an individual to an NRC-licensed facility?
- conduct a briefing after the occurrence of a 10 CFR Part 26 positive test result?

Following the conference, Ms. Anna Jerry, IBEW, provided me a letter demonstrating that IBEW takes action against individuals who do not meet IBEW standards of performance. This letter can be viewed at ADAMS accession number ML15341A148.

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