UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

NOV 27 1989

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FROM: Edward J. Butcher, Jr., Chief
Inspection and Licensing Program Branch
Program Management, Policy Development
and Analysis Staff
Office of Nuclear Reactor Regulation

SUBJECT: TEMPORARY INSTRUCTION FOR RESIDENT INSPECTOR OBSERVATION OF INITIAL LICENSEE FITNESS FOR DUTY (FFD) TRAINING

Because of the short time available for observation of licensee initial FFD training activities, the enclosed TI 2515/104, "Fitness for Duty: Inspection of Initial Training Programs," is being transmitted to you electronically for your consideration for inspection and further distribution to resident inspector offices and appropriate regional managers. Normal distribution of TI 2515/104 by Change Notice will follow in approximately two weeks. This TI is intended for the resident inspectors' findings on whether the broad training objectives of the FFD Rule, as outlined in the guidance for each type of training, were addressed. The questionnaires completed by the resident inspectors and transmitted to the Division of Reactor Inspection and Safeguards, NRR, will provide detailed information relative to the content of material presented during required licensee training sessions. The Division of Reactor Inspection and Safeguards, NRR has been assigned the responsibility to evaluate and assess this information from all reactor sites.

Ideally, inspection of the training for current licensee employees should take place before the January 3, 1990 date for the implementation of the FFD Rule. However, it is recognized that this may not be practical to achieve at all sites within this time frame, and, the training scheduled for new employees hired after January 3, 1990 can be observed as an alternate. The schedule for completion of these inspections is March 31, 1990.

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If you have any questions concerning this TI or the requested inspections, please do not hesitate to contact me (FTS-492-1243) or Phillip F. McKee (FTS-492-0933).

Original signed by

Edward J. Butcher, Jr., Chief
Inspection and Licensing Program Branch
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UNITED STATES
NUCLEAR REGULATORY COMMISSION
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NRC INSPECTION MANUAL DRIS

TEMPORARY INSTRUCTION 2515/104

FITNESS-FOR-DUTY: INSPECTION OF INITIAL TRAINING PROGRAMS

2515/104-01 PURPOSE

01.01 For resident inspectors to attend selected licensee Fitness for Duty (FFD) training sessions to determine whether required training is being conducted to implement the program.

01.02 To provide RSGB, DRIS, NRR with information to determine acceptability of general industry FFD Program implementation.

2515/104-02 OBJECTIVE

To observe one session each of the licensee's FFD policy awareness training for general employees, FFD training for supervisors, and FFD training for escorts.

2515/104-03 BACKGROUND

On June 7, 1989, the Commission published the final rule and statement of policy on fitness-for-duty programs for commercial nuclear power reactors, with an effective date for program implementation of January 3, 1990. Appropriate FFD awareness training for employees and training for supervisors and escorts is required by the rule, with all initial training to be completed prior to assignment of duties within the scope of 10 CFR 26, with the exception of supervisors, who are required to be trained within 3 months after initial supervisory assignment.

A policy decision was made subsequent to June 7, 1989, that resident inspectors should attend selected licensee FFD training sessions for the purposes stated above.

2515/104-04 INSPECTION REQUIREMENTS

04.01 Policy Awareness Training. Attend one licensee FFD policy awareness training session for general employees.

04.02 FFD Training for Supervisors. Attend one licensee FFD training session for supervisory personnel.

04.03 FFD Escort Training. Attend one licensee FFD training session for those personnel required to perform escort duties.

04.04 Complete the attached appendices during attendance of the respective licensee's FFD training sessions and forward them to the Chief, Reactor Safeguards Branch, Division of Reactor Inspection and Safeguards, NRR.

2515/104-05 INSPECTION GUIDANCE

Licensee training schedules should be reviewed to determine where, when and the type of training to be offered. Where possible, licensee corporate and plant policy statements for the FFD Program should be reviewed prior to class attendance. It is necessary for only one resident inspector at each site to attend one licensee FFD policy awareness training session for employees, one licensee FFD training session for supervisors, and one licensee training session for escorts. However, all resident inspectors are encouraged to attend one licensee FFD training session for escorts to become aware of what the licensee requires for escort duty.

05.01 Policy Awareness Training (05.01). As required by the rule, the following areas should be generally addressed in a licensee FFD Policy Awareness Training Session:

1. Licensee policy and procedures, including the methods that will be used to implement the policy;

2. The personal and public health and safety hazards associated with abuse of drugs and misuse of alcohol;

3. The effect of prescription drugs, over-the-counter drugs and dietary conditions on job performance and chemical test results, and the role of the Medical Review Officer;

4. Employee assistance programs provided by the licensee; and

5. What is expected of employees and what consequences may result from lack of adherence to the policy.

05.02 FFD Training for Supervisors (05.02). As required by the rule, the following areas should be generally addressed in a licensee FFD training session for supervisory and managerial personnel:

1. Their role and responsibilities in implementing the program;

2. The roles and responsibilities of others, such as the personnel, medical, and employee assistance program staffs;

3. Techniques for recognizing drugs and indications of the use, sale, or possession of drugs;

4. Behavioral observation techniques for detecting degradation in performance, impairment, or changes in employee behavior; and

5. Procedures for initiating appropriate corrective action, including referral to the Employee Assistance Program.

05.03 FFD Escort Training (05.03). As required by the rule, the following areas should be generally addressed in a licensee FFD escort training session:

1. Techniques for recognizing drugs and indications of the use, sale, or possession of drugs;

2. Techniques for recognizing aberrant behavior, and

3. The procedures for reporting problems to supervisory or security personnel.

2515/104-06 REPORTING REQUIREMENTS

Resident Inspector observations of licensee FFD training sessions should be briefly documented in the routine monthly inspection report.

The attached completed appendices should be forwarded under separate cover to Phillip F. Mckee, Chief, Reactor Safeguards Branch, Division of Reactor Inspection and Safeguards. Mailstop OWFN 9D-25.

2515/104-07 COMPLETION SCHEDULE

This inspection should be completed by January 3, 1990. Should attendance at all of the required training sessions not be possible by this date, appropriate sessions conducted for individuals brought in subsequent to January 3, 199., should be attended.

2515/104-08 EXPIRATION

This TI will expire on March 31, 1990.

2515/104-09 CONTACTS

No lead Licensing Project Manager is assigned to this TI. Questions regarding this TI or concerns identified during attendance at any of the FFD training sessions should be addressed to Phillip F. Mckee, Chief, RSGB, NRR (Telephone No. (301) 492-0933).

2515/104-10 STATISTICAL DATA REPORTING

Direct inspection effort for this Temporary Instruction (TI) should be reported against Number 2515/104 for RITS and against 255104 for the 766 System.

SALP Category: Security (SOSEC) No SIMS issue number is assigned to this TI.

2515/XXX-11 ORIGINATING ORGANIZATION INFORMATION

11.01 The Reactor Safeguards Branch (NRR/RSGB) initiated this TI.

11.02 The estimated direct inspection time to complete this inspection is provided below:

Type of Training	Staff Hours Per Training Session
FFD Policy Awareness Training	1
FFD Training for Supervisors	8
FFD Escort Training	2

Thus, for planning purposes, the total direct inspection effort to complete this inspection is 11 hours.

2515/104-12 REFERENCES

10 CFR Part 26 (54 FR 24468), published June 7, 1989.

NUREG-1354, "Fitness for Duty in the Nuclear Power Industry: Responses to Public Comments," May 31, 1989 (NUDOCS No. 50279/131).

NUREG/CR-5227, "Fitness for Duty in the Nuclear Power Industry: A Review of Technical Issues," May 31, 1989 (NUDOCS No. 50280/191).

NUREG/CR-5227, Supplement 1, "Fitness for Duty in the Nuclear Power Industry: A Review of Technical Issues," September 30, 1988 (NUDOCS 46587/223).

NUREG-1385, "Fitness for Duty in the Nuclear Power Industry: Responses to Implementation Questions," October, 1989.

END

APPENDIX A

QUESTIONAIRE ON LICENSEE FITNESS
FOR DUTY POLICY AWARENESS TRAINING

A. _____ _____ _____

Plant | Resident Inspector | Date of Attendance

B. The areas listed below should be checked as appropriate during the respective training session. Upon completion, this questionaire should be forwarded under separate cover to Phillip F. McKee, Chief, Reactor Safeguards Branch, Division of Reactor Inspection and Safeguards, NRR; Mailstop OWFN 9D-24.

Areas Generally Covered	Yes	No	Don't Know
1. Overview of FFD Requirements and Program Objectives.	___	___	___
2. Identification of those responsible for the administration of the FFD Program with a brief description of their responsibilities, authorities and limits placed on them.	___	___	___
3. Responsibilities of licensee employees, contractors and vendors.	___	___	___
4. Licensee responsibilities for contractors and vendors.	___	___	___
5. The personal and public health and safety hazards associated with the abuse of drugs and misuse of alcohol.	___	___	___
6. Licensee policies concerning onsite and offsite use, sale or possession of illegal drugs.	___	___	___
7. Licensee policies concerning the use and abuse of selected drugs (prescription and over the counter).	___	___	___
8. Licensee policies concerning alcohol consumption and use.	___	___	___
9. The effects of illegal, selected over-the-counter and prescription drugs, including poly drug use and alcohol on job performance	___	___	___
10. Licensee requirements and methods for reporting the use of selected legal drugs.	___	___	___
11. Indicators of mental stress, fatigue and illness.	___	___	___

12. Federal and administrative cutoff levels for alcohol, and drugs.	___	___	___
13. Licensee policies for employee refusal for drug testing.	___	___	___
14. Procedures for reporting FFD violations.	___	___	___
15. Types of drug testing conducted.	___	___	___
16. Notification methods, testing rates and, schedules for the following types of licensee employees:	___	___	___
a. Plant and corporate licensee personnel.	___	___	___
b. Contractors and vendors.	___	___	___
c. Employees onsite for very brief periods.	___	___	___
17. Collection methods or procedures.	___	___	___
18. Provisions for individuals selected for drug testing when absent from work.	___	___	___
19. Licensee sanctions for drug and alcohol abuse.	___	___	___
20. The role of the Medical Review Officer.	___	___	___
21. Employee Assistance Programs and mechanisms for referral.	___	___	___
22. Appeal Process.	___	___	___
23. Employee rights and protection of information.	___	___	___

C. Please provide the following information on this FFD Policy Awareness Training Session:

1. General quality of the presentation
   Excellent ___ Good ___ Fair ___ Poor ___

2. Type of presentation delivery
   a. lecture _____
   b. film _____
   c. video _____

3. Provisions for questions, answers and discussion Yes ___ No ___

4. Time expended for this training session _____

5. Was attendance recorded? Yes ___ No ___

E. Number of persons attending this training session _____

D. ADDITIONAL COMMENTS ON THE ITEMS ABOVE (Optional)

APPENDIX B

QUESTIONAIRE ON LICENSEE FITNESS
FOR DUTY TRAINING FOR SUPERVISORS

A. _____ _____ _____

Plant | Resident Inspector | Date of Attendance

B. The areas listed below should be checked as appropriate during the respective training session. Upon completion, this questionaire should be forwarded under separate cover to Phillip F. McKee, Chief, Reactor Safeguards Branch, Division of Reactor Inspection and Safeguards, NRR; Mailstop OWFN 9D-24.

Areas Generally Covered	Yes	No	Don't Know
1. Overview of FFD Requirements and Program Objectives	___	___	___
2. Identification of those responsible for the administration of the FFD Program including the designated FFD Program Manager, with a brief description of their responsibilities, authorities and limits.	___	___	___
3. The responsibilities, authorities of supervisory personnel and limits placed on them for implementation of the licensees FFD Program.	___	___	___
4. Identification of personnel, other than supervisors, such as the Medical Review Officer, testing personnel, Employee Assistance program staff, etc., who are responsible for FFD Program implementation, with a brief description of their responsibilities, authorities and limits placed on them.	___	___	___
5. Policies and procedures governing			
a. Confronting an employee.	___	___	___
b. Removing an employee.	___	___	___
c. Referral of an employee to the Employee Assistance Program.	___	___	___
d. The bases for initial and for cause testing.	___	___	___
6. Identification of chemical and street names of selected drugs with a description of their physical forms, such as pills, powder, etc.	___	___	___
7. Methods of use for selected drugs.	___	___	___
8. Description of drug paraphernalia associated with the use of selected drugs.	___	___	___

9. Methods and placed normally used to hide drugs. ___ ___ ___

10. Techniques for recognizing the use, sale or possession of illegal drugs, and alcohol. ___ ___ ___

11. Methods for determining the use, abuse patterns and effects of illegal, over-the-counter and prescription drugs or alcohol. ___ ___ ___

12. Behavioral observation techniques for determining the following: ___ ___ ___

    a. Degradation in job performance due to drug or alcohol use or abuse. ___ ___ ___

    b. Acute effects of drug or alcohol use. ___ ___ ___

    c. Chronic effects of drug or alcohol use. ___ ___ ___

    d. Physical fatigue. ___ ___ ___

    e. Psychological stress. ___ ___ ___

13. Procedures for the notification of employees for drug testing. ___ ___ ___

14. Procedures for reporting FFD violations. ___ ___ ___

15. Licensee practices for situations where employees selected for drug testing are absent from work. ___ ___ ___

16. Actions to take if an employee who refuses drug testing. ___ ___ ___

17. Role in the Employee Appeal Process. ___ ___ ___

18. Employee rights and protection of personal information. ___ ___ ___

C. Please provide the following information on this FFD training session for supervisors.

1. General quality of the presentation:

   Excellent ___ Good ___ Fair ___ Poor ___

2. Type of presentation delivery

   a. lecture _____
   b. film _____
   c. video _____

3. Time expended for this training session. _____

4. Were drug equipment displays used? Yes ___ No ___

5. Provisions for questions, answers and discussion. Yes ___ No ___

6. Were supervisors tested on the content of the presentation? Yes ___ No ___

7. Was attendance recorded? Yes ___ No ___

8. Number of persons attending this training session. _____

D. ADDITIONAL COMMENTS ON THE ITEMS ABOVE (Optional)

SAMPLE PRE-SITE VISIT LETTER TO LICENSEE

Fitness for Duty Program Manager or contact person
name of utility
address of utility

Dear _____

As per our phone conversation, Region [..] will be inspecting your fitness-for-duty (FFD) program during the week of _____, 1990.

As part of the preparation for the on-site inspection, Region [..] inspectors will be familiarizing themselves with your written policies and procedures which are required by 10 CFR 26.20. Please send copies of these documents to me by [at least two weeks prior to the inspection].

The inspection will involve interviews with you and your staff regarding your fitness-for-duty program. The entrance briefing will provide an opportunity to schedule inspection activities based upon the availability of the persons to be interviewed. Following the briefing we would like to discuss the overall FFD program, to go over any questions we have regarding your written policies and procedures, and to schedule individual interviews with you, the Medical Review Officer, the Employee Assistance Program director, the FFD training director and with other personnel who have substantial responsibilities in the FFD program. Please ensure that these personnel, or a knowledgeable representative, will attend the entrance briefing when we will schedule separate two hour interviews with each of them.

As part of the inspection, I will be selecting a random sample of licensee employees and contractors (using your selection and notification procedure) for additional interviews regarding the program. Arrangements for a room to conduct these interviews in privacy should be made prior to the inspection.

During the inspection, program audits and program records (including training records, personnel files for the licensee's FFD program personnel, records of pre-access authorization inquiries, executed contracts with contractors/vendors, and records of chemical test results and appeals) should be available for review. If any of these records are stored off-site, please inform me as soon as possible so that other arrangements can be made.

Sincerely, etc.

ANSWERS

CHAPTER 1

1. Operate or construct a nuclear power plant.

2. a. Protected areas of a nuclear power plant.
   b. Technical Support Centers
   c. Emergency Operations Facilities.

3. a. NRC employees and representatives.
   b. Emergency Personnel responding on site (law enforcement personnel, fire fighters, and medical personnel.

4. Nominally every 12 months (every 12 months, plus or minus three months).

5. a. The effectiveness of the NRC to perform its regulatory duties should not be limited by providing licensees with a means for intimidating or denying access to facilities.
   b. They are already covered by NRC FFD rule.

6. Commission: Nuclear Regulatory Commission or its duly authorized representatives.

   Contractor: Any company or individual who, through contract with the licensee, works in protected areas.

   Protected Area: Area of the nuclear power plant that is encompassed by physical barriers to which access is controlled.

   Vendor: Person or company, not under contract, who provides services in protected area.

7. FFD program must.

   a. Provide reasonable assurance that nuclear power plan personnel will perform their tasks in a reliable and trustworthy manner and are not under the influence of any substance, legal or illegal, or mentally or physically impaired from any cause, which in any way adversely affects their ability to safely and competently perform their duties.

   b. Provide for early detection of workers who are not fit.

   c. Have the goal of developing a drug-free workplace and a workplace free of the effects of such substances.

CHAPTER 2

1. Licensees must retain copies of current written policies and procedures until the Commission terminates the license for which the policy was developed. Superseded policies and procedures must be retained for three years.

2. a. Five hours abstinence prior to any scheduled working tour.
   b. During any working tour.

3. a. Worker impairment and factors that would call into question worker reliability and trustworthiness.
   b. Workers use of illegal drugs and abuse of legal drugs.
   c. Provide affected individuals with information on what is expected them and consequences of not following the licensee's fitness for duty policies.
   d. Prohibit the consumption of alcohol at work and five hours prior t any scheduled working tour.
   e. Other sources of physical and psychological impairment such as stress, fatigue, illness or psychological problems.
   d. Call in procedures for unscheduled working tours.

CHAPTER 3

1. General training topics:

   a. Licensee policies and procedures and method of implementation.
   b. Health and safety effects of drug use and alcohol abuse on job performance and test results.
   c. OTC drugs and diet effect on FFD, chemical tests, and the role of the MRO.
   d. EAPs offered by licensee.
   e. What is expected of employees and consequences of not following t licensee's policy.

2. Supervisory/management training:

   a. Supervisory role and responsibilities in implementing the FFD program.
   b. Roles/responsibilities of others in FFD program.
   c. Techniques for recognizing drugs.
   d. Techniques for recognizing the use, possession, and sale of drugs
   e. Behavioral observation techniques for detecting degradation in performance, impairment, or changes in behavior.
   f. Procedures for initiating corrective actions.

3. Escort training:

   a. Techniques for recognizing drug possession, sale, or use and aberrant behavior.
   b. Action to take for reporting problems to supervisory or security personnel.

b. EAP staff can train all employees to FFD Rule and program requirements.
c. EAPS may encourage self-referrals and consequently intervention may occur at an earlier stage.
d. Retain highly skilled workers for nuclear power industry.
e. EAP has a wide scope. It addresses other problems not detected through chemical testing.

CHAPTER 6

1. To ensure public health and safety.

2. a. Obtain a written statement from the individual regarding past denial of access to duties within the scope of the Rule.
   b. Make a best-effort, suitable inquiry to determine if the person ever has tested positive for drugs or use of alcohol that resulted in on-duty impairment, was subject to a substance abuse treatment plan, or was removed from activities/denied access under this Rule.

3. Upon a confirmed positive drug test, immediate removal of the worker for 14 days and develop future treatment, follow-up testing, and future work activities and initiate rehabilitation (if appropriate).

4. For the second offense, remove the worker from activities for a minimum of three years. For the third offense, permanent denial of access.

5. Remove the worker for five years.

6. The worker may gain reinstatement by providing satisfactory management and medical assurance of abstinence for at least three years, and by undergoing subsequent on-duty, follow-up drug and alcohol testing.

7. The licensee has discretion in the sanction, but it must be sufficient to deter abuse of legally obtained substances as a substitute for abuse of illegal drugs.

8. Escort the NRC employee and notify the Regional Administrator by phone. During other than normal working hours, the NRC Operations Center must be notified.

CHAPTER 7

1. The appeal procedure must provide a notice and opportunity to respond, and may be by an impartial, internal management review.

2. Licensees must establish and maintain a system of files and procedures for protecting personal information and not disclose the information, except to those persons listed in 26.29 (b) and who would have a legitimate need for access to such information.

3. [This question was somewhat ambiguous and will not be on the test]

4. a. Licensee's MRO.
   b. Other licensees or their authorized representatives who are legitimately seeking the information for unescorted access decision and have obtained a release from the individual.
   c. NRC representatives.
   d. Law enforcement officials and others under court order.
   e. The subject individual or his/her representative.
   f. Licensee representatives who need access to the information to perform their duties, such as those who audit vendor and contractor FFD programs.
   g. Those persons who decide matters on review or appeal.
   h. Other persons pursuant to a court order.

5. [This question was ambiguous and will not be on the final test, however, several possible answers have been included for your information.]

   a. Opportunities for drug users to escape detection are minimized.
   b. The possibility of testing errors that result in false positives is extremely small.
   c. Protection of individual rights.
   d. Assuring test results are accurate and reliable.

CHAPTER 8

1. NRC personnel or their representatives are authorized to inspect, copy, or take away copies of records and inspect premises, activities, and personnel.

2. The NRC has the same access to contractor/vendor records as it has to licensee records, that is, the commission may inspect, copy, or remove copies of any licensee's contractor or vendor's documents, reports related to this Rule.

3. a. Pre-access: retained until 5 years after termination of access authorizations.
   b. Confirmed, positive drug tests (with MRO concurrence and related personnel actions): 5 years.

c. People made ineligible for duties under the scope of this Rule for 3 years or longer; until license is terminated.
d. FFD performance data in standard format and submit form with 60 days of the end of each 6-month reporting period; and retain for three years.

4. Nominally every 12 months.

5. The licensee must focus on effectiveness and the audit must be conducted by and independent individual qualified in the subject matter. The licensee can also accept the audits of other licensees (of the contractor/vendor).

CHAPTER 9

1. Licensees authorized to operate a nuclear power reactor.

2. HHS certification.

3. Nothing, however, they must inform the Commission within 60 days of implementing a change and receive written approval from the NRC.

CHAPTER 10

1. Chemical testing is required for marijuana, cocaine, opiates, phencyclidine, amphetamines, and alcohol.

2. All tests except alcohol use urine as the specimen to be tested. Alcohol testing is done using a breath specimen and may, upon a positive test and the request of the worker, be performed for confirmation using a blood specimen.

3. In addition to random testing, the rule requires pre-access authorization testing, for-cause testing, and follow up testing.

4. Licensees may test for any illegal drug during a for-cause test or during analysis of any specimen suspected of being adulterated. Illegal drugs are those drugs listed on schedules I through V of the Controlled Substance Act when they are not used in accordance with the law (e.g., when used without legal prescription).

5. Besides drugs, licensees may test the specimen for evidence of adulteration or tampering (temperature, specific gravity, or creatinine content); no other tests (e.g., tests for illness or pregnancy) may be conducted without the permission of the individual.

6. Poppy seeds contain morphine and it is possible to obtain a positive drug test for an individual as a result of the individual having consumed food that contains poppy seeds. The Rule addresses this concern in two ways. First, in the cases of positive test results that may be attributable to

poppy seed consumption (as indicated by the relative proportions of morphine and codeine found in the urine through GC/MS testing), an additional GC/MS test is conducted for MAM (which may be present if the individual used heroin but which will not be present as a consequence of poppy seed consumption). However, there is some debate of the technical viability of the MAM test. Second, in the absence of identification of heroin use by the presence of MAM, the MRO must obtain additional clinical evidence (i.e. needle tracks) of drug abuse for the test result to be regarded as a confirmed positive. This is an important area where the MRO must make a determination based upon any other evidence as to whether there has been illegal drug use.

CHAPTER 11

1. Aliquot. A portion of a specimen used for testing.

BAC. Blood alcohol concentration (BAC), which can be measured directly from blood or derived from a measure of the concentration of alcohol in a breath specimen, is a measure of the mass of alcohol in a volume of blood such that an individual with 100 mg of alcohol per 100 ml of blood has a BAC of 0.10 percent.

Commission. The U.S. Nuclear Regulatory Commission or its duly authorized representatives.

Chain-of-custody. Procedures to account for the integrity of each specimen by tracking its handling and storage from the point of specimen collection to final disposition of the specimen.

Collection site. A place designated by the licensee where individuals present themselves for the purpose of providing a specimen of their urine, breath, and/or blood to be analyzed for the presence of drugs or alcohol.

Collection site person. A person who instructs and assists individuals at a collection site and who receives and makes an initial examination of the specimen(s) provided by those individuals. A collection site person shall have successfully completed training to carry out this function or shall be a licensed medical professional or technician who is provided instructions for collection under this part and certifies completion as required herein. In any case where: (a) a collection is observed or (b) collection is monitored by nonmedical personnel, the collection site person must be a person of the same gender as the donor.

Confirmatory test. A second analytical procedure to identify the presence of a specific drug or drug metabolite which is independent of the initial screening test and which uses a different technique and chemical principle from that of the initial test in order to ensure reliability and accuracy. (At this time gas chromatography/mass spectrometry [GC/MS] is the only authorized confirmation method for cocaine, marijuana, opiates, amphetamines, phencyclidine). For

determining blood alcohol levels, a "confirmatory test" means a second test using another breath alcohol analysis device. Further confirmation upon demand will be by gas chromatography analysis of blood.

Confirmed positive test. The result of a confirmatory test that has established the presence of drugs, drug metabolites, or alcohol in a specimen at or above the cut-off level, and that has been deemed positive by the Medical Review Officer (MRO) after evaluation. A "confirmed positive test" for alcohol can also be obtained as a result of a confirmation of blood alcohol levels with a second breath analysis without MRO evaluation.

HHS-certified laboratory. A urine and blood testing laboratory that maintains certification to perform drug testing under the Department of Health and Human Services (HHS) "Mandatory Guidelines for Federal Workplace Drug Testing Programs" (53FR 11970).

Initial or screening test. An immunoassay screen for drugs or drug metabolites to eliminate "negative" urine specimens from further consideration or the first breathalyzer test for alcohol.

Licensee's testing facility. A drug testing facility operated by the licensee or one of its vendors or contractors to perform the initial testing of urine samples and to perform initial breath tests for alcohol. Such a testing facility is optional and not required to maintain HHS certification under this part.

Permanent record book. A permanently bound book in which identifying data on each specimen collected at a collection site are permanently recorded in the sequence of collection.

Reason to believe. Reason to believe that a particular individual may alter or substitute the urine specimen.

Split sample. A portion of a urine specimen that may be stored by the licensee to be tested in the event of appeal.

2. They ensure against subverting the chemical testing process and protect an individual's rights.

3. a. Chain-of-custody procedures.
   b. Transportation of specimens.
   c. Collection procedures.
   d. Responsibilities of the collection site person.

4. a. Visual inspection of area to ensure: that no one else is present, that no unauthorized access can occur, and that access to collection materials and specimens is restricted.

   b. Specimens should remain under the direct control of the collection site person, otherwise sealed (tamper-proof) containers should be used on specimens if continuous physical security cannot be ensured.

5. With the specimen in sight of both the donor and the collection site person, the integrity of the specimen is checked, the specimen is sealed and securely stored, and chain of custody paperwork is executed. The collection site person inspects the specimen for evidence of tampering (visual inspection, temperature measurement) and ensures that an adequate quantity of urine is present (at least 60 ml). The specimen container is labeled and sealed with tamper evident seals. Chain of custody information is recorded (the donor initials the label on the specimen, the donor signs a document certifying that the specimen is the specimen that he/she provided, the donor provides information on medications taken during the last thirty days, the collection site person completes entries in the permanent record book). The specimen is then securely stored or shipped to the lab. Upon receiving specimens at the laboratory, laboratory personnel inspect the specimens and shipping containers for evidence of tampering, check the chain of custody paperwork against the specimens, and place any specimens that will not be tested within 7 days in secure refrigerated storage. (Note, additional details could be provided for this answer).

6. a. If the temperature of the specimen is outside the range of 32.5° - 37.7°C.
   b. If there is reason to believe the specimen may be altered or substituted (i.e. observable conduct of an attempt to substitute or adulterate sample).
   c. If there was a problem with the specific gravity of the specimen on a previous test.
   d. If there was a previous determination of drug use.

Note: A higher-level supervisor in the drug testing program shall review and concur in advance of the decision for observation.

7. Bluing agents in the toilet water; no other sources of water; limited access to room; securely placed, identifying labels on the specimen containers (the labels would have date, specimen number and other information required by drug testing program); no agents that could be used as adulterants in the urination chamber (e.g., cleaning agents), adequate lighting.

8. Verifying the identification of the individual to be tested; providing consent to testing form; asking individual to remove coat or leave bags/purses; ensuring facilities are secure and that opportunities for tampering are eliminated (e.g., doors are watched or locked, bluing agents in toilet water), ensuring donor washes his or her hands; noting any unusual behavior of individual being tested.

9. At all times.

10. Inspect each package for possible tampering and compare information on containers with that on the chain-of-custody forms.

Any evidence of tampering must be reported within 24 hours to the licensee.

11. Testing protocol documentation:

    a. Testing report results which were reported to the MRO within 5 working days of receipt of specimen.
    b. Provide a monthly statistical summary of urinalysis and blood testing, 14 calendar days after the end of the month covered by summary. The summary will include:
    1) Initial testing:
        a) Number of specimens received.
        b) Number of specimens reported out.
        c) Number of specimens screened positive for marijuana metabolites, cocaine metabolites, opiate metabolites, PCP, amphetamines, and alcohol.
    2) Confirmatory testing:
        a) Number of specimens received for confirmation.
        b) Number of specimens confirmed positive for marijuana metabolite, cocaine metabolite, morphine, codeine, PCP, amphetamine, methamphetamine, and alcohol.

In addition, note that records must be retained for two years and should include personnel files on all individuals who have access to specimens; chain of custody documents; QA/QC records; procedure manuals; all test data; reports; performance records on performance testing; performance on certification inspections; and hard copies of computer-generated data.

CHAPTER 12

1. [This questions has been revised, the word 'concerns' is too vague, the question should read: What aspects of the testing process must be addressed through HHS-certified laboratory and licensee testing facility quality assurance and quality control programs?]

   Specimen acquisition, chain-of-custody, security, reporting of results, initial and confirmatory tests, and validation of analytical procedures.

2. Because all samples that test presumptive positive in the preliminary tests are forwarded to an HHS-certified lab and then reviewed by the MRO ("false positives" should be eliminated in these steps).

3. This question has been revised, the last sentence has been omitted. The question should read: False positive test results and false negative test results can be attributed to administrative errors or analytical errors. Define all underlined terms in the previous sentence.

   False positive test results - A result indicating drugs present in sample when, in fact, none were.

False negative test results - A result indicating drugs are not present in the specimen, when, in fact, drugs were present.

Administrative errors - Errors made in reporting results such as clerical or sample mix-up.

Analytical errors - Errors due to errors in the actual testing process such as incorrect instrument calibration, reversing specimens, or a methodological error.

4. False positives:

   a. Notify the NRC within 24 hours.
   b. Require the laboratory to take corrective action to minimize occurrence of that particular error.
   c. If the error was systematic, review or reanalysis of previously run specimens.

   False negatives:

   a. Notify the NRC within 30 days (in a report).
   b. Require the laboratory to take corrective action to minimize occurrence of that particular error.

5. If the error, involving a false positive, is believed to be systematic.

6. Instruct the laboratory to submit to the licensee all quality control data from the batch of specimens that included the false positive specimen. Retest all specimens that tested positive for that drug or metabolite from the time of final resolution of the error back to the time of the last satisfactory performance test cycle.

CHAPTER 13

1. Minimum qualifications: qualified to assume professional, educational, organizational, and administrative responsibility for the drug-testing laboratory and documented scientific qualifications in analytical forensic toxicology.

   a. Certification as laboratory director by appropriate State in forensic or clinical laboratory toxicology, or
   b. Ph.D. in a natural science with an adequate undergraduate education in biology, chemistry, and pharmacology or toxicology, or
   c. Training or experience comparable to a Ph.D. in a natural science, such as a medical or scientific degree with additional relevant training and laboratory/research experience in biology, chemistry, and pharmacology or toxicology, and:
      (1) appropriate experience in analytical forensic toxicology including experience with the analysis of biological materials for drugs of abuse; and

(2) appropriate training and/or experience in forensic applications of analytical toxicology, e.g. publications, court testimony, research concerning analytical toxicology of drugs of abuse, or other factors which qualify the individual as an expert witness in forensic toxicology.

Responsibilities: Day-to-day management of the laboratory:

a. Adequacy of personnel
b. Development/maintenance/use of procedure manual
c. QA
d. QC

2. Responsibilities: reviews all pertinent data and quality control results in order to attest to the validity of the laboratory's test reports.

3. Responsibilities: Responsible for day to day operations and supervision of the technical analysts.

Minimum qualifications: Bachelor's degree in the chemical or biological sciences or medical technology or equivalent. He or she must have training and experience in the theory and practice of procedures used in the laboratory resulting in a thorough understanding of quality control practices and procedures; the review, interpretation, and reporting of test results; maintenance of chain-of-custody; and proper remedial actions to be taken in response to test systems being out of control limits or detecting aberrant test or quality control results.

4. Responsibilities: Responsible for day-to-day operations of the licensee testing facility and supervision of technicians.

Minimum qualifications: Bachelor's degree in the chemical or biological sciences or medical technology or equivalent. He or she must have training and experience in the theory and practice of procedures used in the laboratory resulting in a thorough understanding of quality control practices and procedures; the review, interpretation, and reporting of test results; maintenance of chain-of-custody; and proper remedial actions to be taken in response to test systems being out of control limits or detecting aberrant test or quality control results.

5. The collection site person has responsibility for the collection of specimens (urine, breath and possibly blood); security, temporary storage, and shipping/transportation of urine and blood specimens to drug testing laboratory.

6. Responsibilities: Review and interpret positive test results obtained through the licensee's testing program.

   Minimum qualifications: Licensed physician with knowledge of substance abuse disorders and may be an employee of the licensee or contractor and not an employee of the HHS-certified lab.

7. a. Confirmatory test (urine samples) using gas chromatography/mass spectrometry techniques.
   b. Review and certification of the test as an accurate report by the laboratory.
   c. Report results to licensee's MRO with 5 working days of receipt of specimen by laboratory. Report may be transmitted by various electronic means.
   d. The MRO reviews test results, gives the individual an opportunity to discuss results, and reports confirmed positive test results to licensee management within ten days of the initial screening test. The review should include an interview with the specimen donor, though this interview need not be conducted face to face. There may be occasions when it is not feasible for the MRO to contact the donor within the ten day period. If the donor is not working within a protected area during this time frame, and if it is not feasible for the MRO to contact the donor during this time frame, it is permissible for more than ten days to pass before the MRO notifies licensee management of a confirmed positive test result.

CHAPTER 14

1. Records relating to his or her tests and any records relating to the results of any relevant laboratory certification, review, or revocation-of-certification proceedings.

2. The collection, processing, and analyzing of specimens and reporting of results must conform to the provisions of the NRC Guidelines. Licensees may only use HHS-certified laboratories that agree to follow the same rigorous chemical testing, quality control, and chain-of-custody procedures.

FFD TRAINING FINAL EXAMINATION

True or False Questions. Please circle either true or false for each statement.

1. True False If licensee management fires an employee based on a presumptive positive drug test, the licensee is violating the FFD Rule.

2. True False The licensee can use lower cutoff levels than are specified in the FFD Rule.

3. True False A random testing procedure that randomly selects employees for testing but tests them at the same time every day does not meet the requirements of the Rule.

4. True False "Suitable inquiry" in the FFD Rule specifically refers to investigations into suspected drug selling in the protected area.

5. True False If a licensee fires an employee based on a single confirmed positive drug test, the licensee is violating the FFD Rule.

6. True False The test for opiates includes tests for cocaine and morphine.

Multiple choice. Please circle the best answer or answers for each question.

7. How frequently must the licensee audit its FFD program?

   a. Nominally, every 24 months
   b. Nominally, every 12 months
   c. Nominally, every 6 months
   d. Nominally, every 12 months during the first two years, thereafter nominally every 18 months.

8. What type(s) of drug and alcohol testing are not included in the FFD Rule (mark as many as may apply)?

   a. For-cause testing
   b. Pre-employment testing
   c. Pre-access testing
   d. Random testing
   e. Post-accident testing

9. The fitness-for-duty program must:

a. Provide reasonable assurance that nuclear power plan personnel will perform their tasks in a reliable and trustworthy manner.
b. Provide measures for early detection of persons not fit for duty.
c. Have the goal of achieving a drug-free workplace and a workplace free of the effects of such substances.
d. a and c above
e. All of the above.

10. Written policies and procedures need not address:

a. Overall description of fitness for duty policy
b. Prohibition on the consumption of alcohol during certain times.
c. Search and seizure procedures for supervisors for suspected drug users.
d. Consequences of not following the licensees FFD policy.
e. Drug and alcohol testing procedures.

11. In addition to testing for drugs, what other types of health related tests can be run on samples collected during the licensee's testing program?

a. pregnancy tests
b. tests for diabetes
c. any test that can provide useful health information to the employee
d. none
e. a and b only

12. What should the licensee do if administrative or analytical errors (that are not false positives) are identified during the blind-testing procedure of an HHS-lab?

a. Inform the NRC within 24 hours
b. Inform the NRC within 30 days
c. Investigate the cause of the error
d. a and c
e. b and c

13. When the MRO receives a confirmed positive test result from the HHS-certified lab, the _____ makes the final review of results.

a. FFD Manager
b. EAP Director
c. Human Resources Manager
d. MRO
e. A, B, & D
f. all of the above

14. After a confirmed positive BAC at .04 or above is obtained with a breathalyzer, when is a confirmatory blood test done?

    a. always
    b. if the BAC is above .10
    c. at the request of the employee
    d. if there is not a 2nd breathalyzer available

15. Initial awareness training on the licensee FFD should be completed:

    a. Prior to assignment of duties within the scope of the Rule
    b. Within 60 days of assignment
    c. Within 30 days of assignment
    d. Nominally, within 12 months

Short answer or fill-in-the-blank questions. Please write in the correct answer.

16. Refresher course training should occur (nominally) every _____ months.

17. A worker with a confirmed positive test for illegal drugs must have access denied by the licensee for a minimum of _____ days.

18. If there is a second confirmed positive test for illegal drugs in an established worker, the licensee must deny access to that employee for a minimum of _____.

19. The licensee must use a drug testing lab that has been certified by _____.

20. List the minimum substances that need to be tested for in the licensee's FFD program:

21. What is the purpose of management actions and sanctions imposed on employees violating the Rule?

22. What sanctions must the licensee impose if an employee fails a random alcohol test?

23. When blind performance testing of an HHS-certified laboratory identifies a false positive, what actions must the licensee take?

24. List the specific topics (in addition to those covered in the initial awareness training) that must be covered in FFD training for supervisors and managers:

25. List two purposes of an EAP in an effective FFD program:

26. List three measures that the licensee specimen collection facility should take to ensure against adulteration of or tampering with the sample:

APPROACHES TO INSPECTION

- Reports of the effect of the Rule on FFD problems.
- Long-term Rule evaluation.
- Effect of inspection on FFD program.

COMMON SENSE

FLEXIBILITY

EXTENT OF PROGRAM DEVELOPMENT

- Range of pre-Rule programs
- Development by human resources and medical
  - Best instincts
  - Not familiar with regulatory environment
- Provide direction for improvement

BROAD BRUSH APPROACH

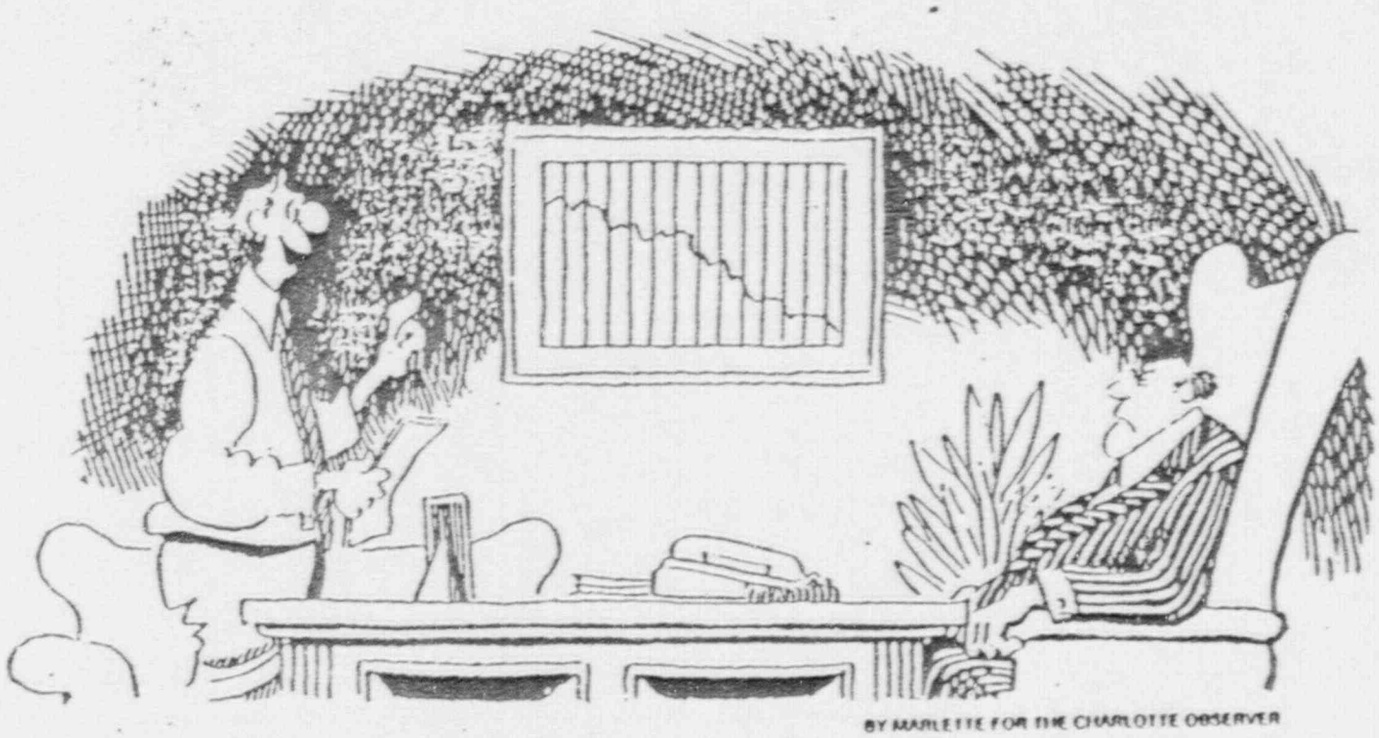
- Range of concerns
- Random testing
- For cause testing
- Training
- EAP
- Employee rights

- RANGE OF FFD CONCERNS

INCLUDING ALCOHOL

'Same here—I'm going on the wagon just as soon as Congress confirms me as secretary of defense!'

. . . AND OTHER FFD CONCERNS



BY MARLETTE FOR THE CHARLOTTE OBSERVER

"GOOD NEWS, SIR—THE EMPLOYEE TESTS SHOW THAT THEIR LISTLESSNESS, GLAZED EXPRESSIONS AND LACK OF PRODUCTIVITY ARE NOT A RESULT OF DRUGS!"

- RANDOM TESTING

- Unpredictable
- No safe havens
- "Traffic cop"

FOR CAUSE TESTING

- Behavioral observation
- Supervisory referrals
- Post event testing

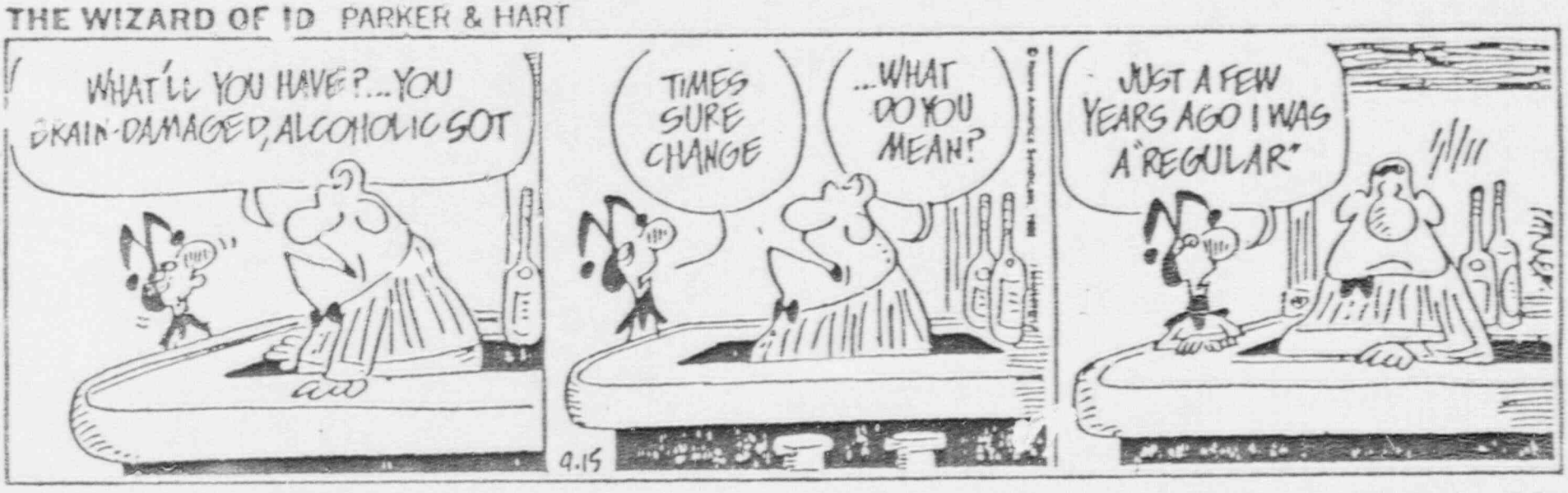
"I'LL BE FRANK, LEMTON... I TALKED WITH THE PERSONNEL DIRECTOR ABOUT DRUGS IN THE OFFICE AND YOUR NAME CAME UP!"

AWARENESS TRAINING

- Drugs
- Alcohol
- Other FFD concerns
- Policy and procedures
- Rights and responsibilities

SUPERVISORY TRAINING

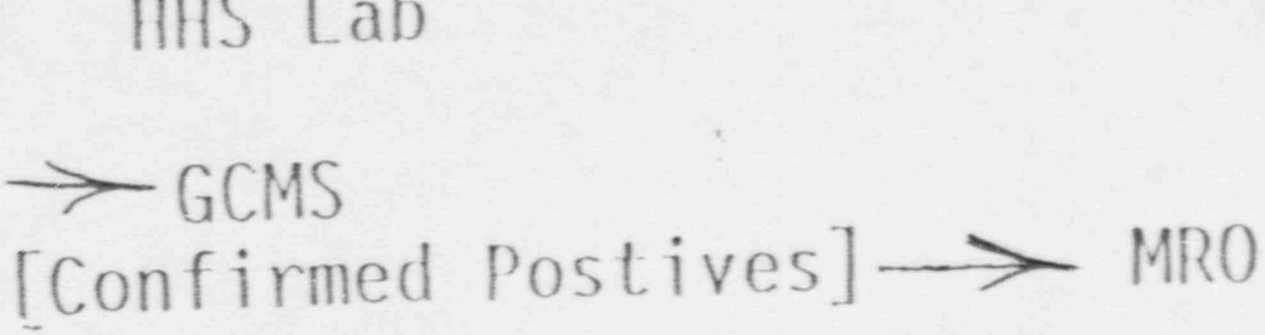
- Behavioral observation
- Referrals for testing
- Referrals to EAP
- Responsibilities



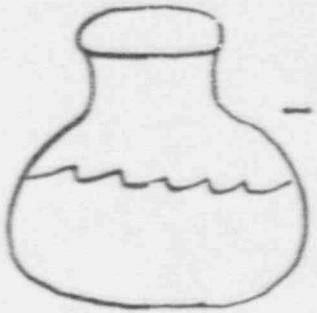
EMPLOYEE ASSISTANCE PROGRAM

- Early identification
- Resolution of other EFD problems


What's your BAC cutoff for PILOTS?
MAJOR AIRLINE


HHS Lab
GCMS
[Confirmed Postives]
MRO

On-site Lab or HHS Lab



------> EMIT SCREEN

[Presumptive Positives]-->

(high false positives)

FUNDING FOR DRUG ABUSE TREATMENT (IN THOUSANDS OF DOLLARS) BY REGION

Region	Goverment	Private	Public	Other	Total
Northeast	$218,443	$92,059	$123,119	$10,537	$444,158
Southeast	$79,926	$75,163	$10,465	$3,955	$169,509
Great Lakes	$85,292	$107,373	$21,127	$10,267	$224,058
Midwest	$46,453	$74,097	$14,385	$9,302	$144,237
West Coast	$111,883	$197,666	$25,876	$6,160	$341,585

Derived from the National Drug and Alcoholism Treatment Unit Survey, 1987
U.S. Alcohol, Drug Abuse, And Mental Health Administration Rockville, MD

FUNDING FOR ALCOHOLISM TREATMENT (IN THOUSANDS OF DOLLARS) BY REGION

Region	Goverment	Private	Public	Other	Total
Northeast	$186,301	$210,110	$79,968	$19,186	$495,547
Southeast	$110,438	$81,718	$14,979	$8,989	$216,124
Great Lakes	$127,351	$135,316	$33,100	$12,769	$308,536
Midwest	$86,189	$106,028	$14,769	$17,085	$224,071
West Coast	$114,376	$380,000	$29,983	$6,682	$531,041

Derived from the National Drug and Alcoholism Treatment Unit Survey, 1987
U.S. Alcohol, Drug Abuse, And Mental Health Administration Rockville, MD

TOTAL FINANCIAL SUPPORT FOR ALCOHOLISM AND DRUG ABUSE TREATMENT SERVICES BY FUNDING SOURCE

Funding Source	Drug Funds	Alcohol Funds	Total Funds
Government (Federal, State and Local)	$540,848,000	$617,910,000	$1,158,758,000
Private (Private third party, client, etc.)	$531,724,000	$855,884,000	$1,387,607,000
Other Public (Welfare, Medicaid, Food Stamps, etc.)	$195,024,000	$173,524,000	$368,548,000
Other	$40,411,000	$64,752,000	$105,163,000
Total	$1,308,008,000	$1,712,069,000	$3,020,077,000

Derived from the National Drug and Alcoholism Treatment Unit Survey, 1987
U.S. Alcohol, Drug Abuse, And Mental Health Administration Rockville, MD

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Derived from the National Drug and Alcoholism Treatment Unit Survey, 1987
U.S. Alcohol, Drug Abuse, And Mental Health Administration Rockville, MD

MANAGEMENT ACTIONS AND SANCTIONS

ILLEGAL DRUGS

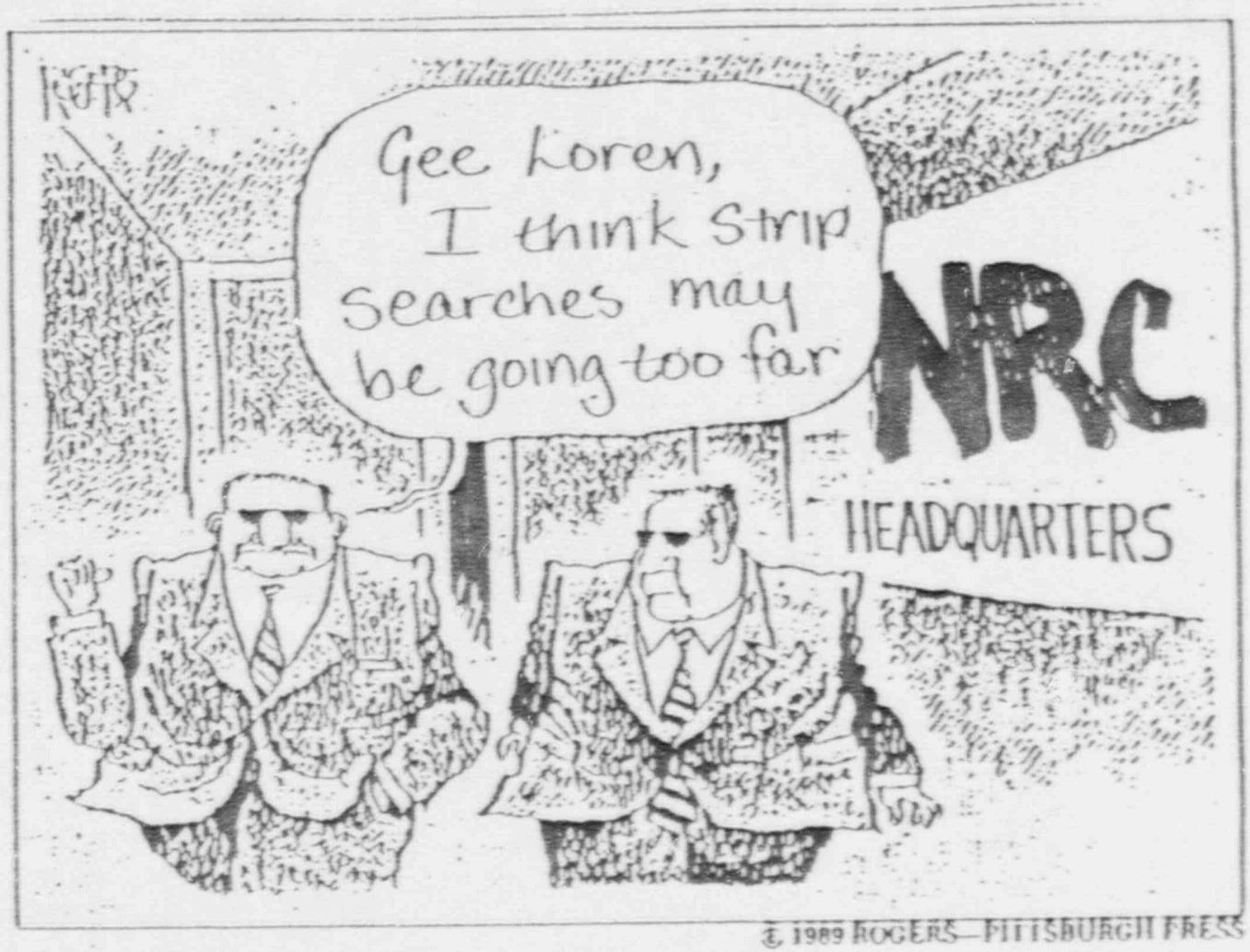
- DISMISS EMPLOYEE
- REFER EMPLOYEE TO EAP
  - Re-instate after rehabilitation
  - Dismiss if does not complete program or tests positive a second time

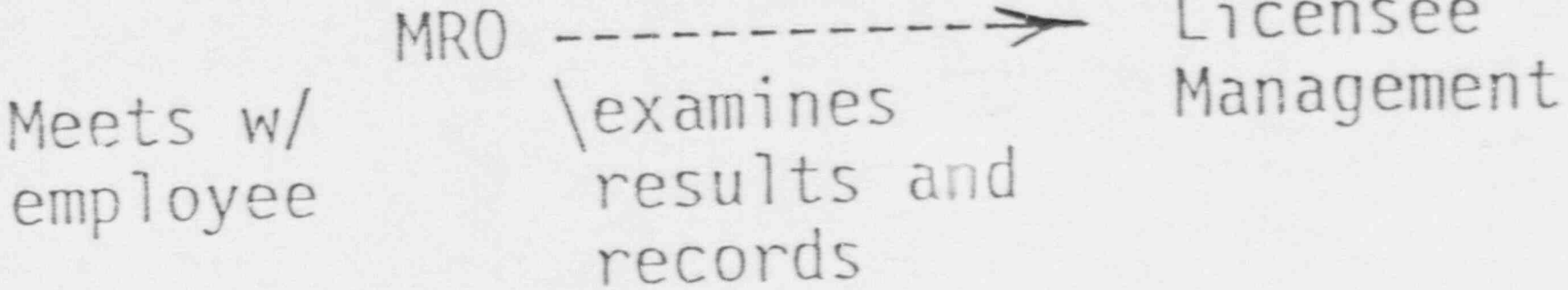
ALCOHOL, LEGAL DRUGS, OTHER FFD CONCERNS

- DISMISS EMPLOYEE
- REFER EMPLOYEE TO EAP
- SUSPEND EMPLOYEE FOR PERIOD OF TIME
- GIVE EMPLOYEE A RAISE

THE DRUG-ABUSING . . . EMPLOYEE MAY NEVER BEFORE HAVE ENCOUNTERED THE RISKS ASSOCIATED WITH DRUG USE. THUS, THE CONTACT WITH THE MRO MAY BE ONE OF THOSE POWERFUL MOMENTS IN LIFE WHEN COUNSELING CAN BE ESPECIALLY EFFECTIVE.

EMPLOYEE RIGHTS




MRO
Licensee Management
Meets w/ employee
\examines results and records

SLIDE 1

Purpose: Give overview of rule and rationale for its major elements

First: The goal is program effectiveness. In terms of many of the details, this can be achieved in many ways. So, we recognize licensee discretion

SECOND: This is not just a drug testing rule

However:

An effective program needs to address three major elements

1. Detection: identifying users of illegal drugs, abusers of legal drugs, and workers with other significant fitness for duty problems.

2. Deterrence: Motivating people not to use illegal drugs, abuse legal drugs, or to take appropriate actions if they are experiencing other significant fitness for duty problems

3. Program Integrity: Taking the necessary steps to assure that the program supports the overall NRC's fitness for duty policy and that it conforms to the legal and ethical environment within which that policy was framed.

Without each of these, the program will be ineffective.

Now lets look at the major program elements that are designed to support detection, deterrence, and program integrity

Slide 2

Purpose: Identify the elements of the rule that support detection

Detection is probably most controversial because of random testing However, many other elements

Detection isn't easy
- Random testing isn't a certainty
- Behavioral Observation is difficult
- Different problems require different methods - thus need a mixed approach

Lets walk through the elements

Techniques for recognizing . . . very important - on site issue handled through training - but is it implemented?

Proactive efforts: nothing specifically required - may be handled outside FFD program but tells you something about it

Pre-access: Previous use - previous disqualification under the rule Are they looking - if they decide to give access are they being prudent

Call-in: One of the most discussed

Chemical testing:

Self-referral: Under appreciated - particularly for other dependencies

SLIDE 3

Deterrence:

To start, deterrence doesn't work without the realistic possibility of detection. We don't really know how much detection is enough - we do know that some people are not deterred even at 100% testing rates. Thus - while detection is essential - we also need a menu approach to deterrence.

- Sanctions (fairly harsh - but shouldn't exceed due process)
- Education (education that goes beyond)
- Treatment (access to EAPs and treatment)

~~SLIDE 1 : CONTINUED~~

Slide 5

Program Integrity : Running the Program Right is essential to Being in

- Bug in program leads to data loss
- Bug in leads to detection

Deterrence

1. Impediments to Program Integrity

Definition of Program Integrity — Industry rather than Plant levels

Impediments

slow Hope Creek
1. Non-randomness
   - Harassment
   - differential treatment

| not just in random testing

2. Sloppy Chemical Testing
3. Valid Medical Explanations
Crystal River
4. Violation of Privacy

Elements of program

Defining Population

1. Rule req are simple
   - unescorted access to protected area
   - phys. rep to EOF/TSC
2. Haven't seen too many problems
3. Some things to look for
   - Inflating the population

Generating Sampling Frame

1. Probably computerized listing of active badges
   - should be updated daily
   -
2. Can't imagine the use of other lists
3. How are records identified?

Selecting Random Sample

1. Have them describe
2. Interaction with sampling frame
3. Are biases built in ~~to~~ to the selection process?
4. ~~who has~~ How frequently do they sample?
5. Is there a detectable pattern?
6. Back shifts & weekends [How much is enough?]
7. Overall rate
8. Protection of information - who is doing - trustworthiness, limited access

take person out of process

Notification

1. How notified - Protection of info - who is notified -
2. Length of time to report
3. Valid excuses
4. What is done with no shows

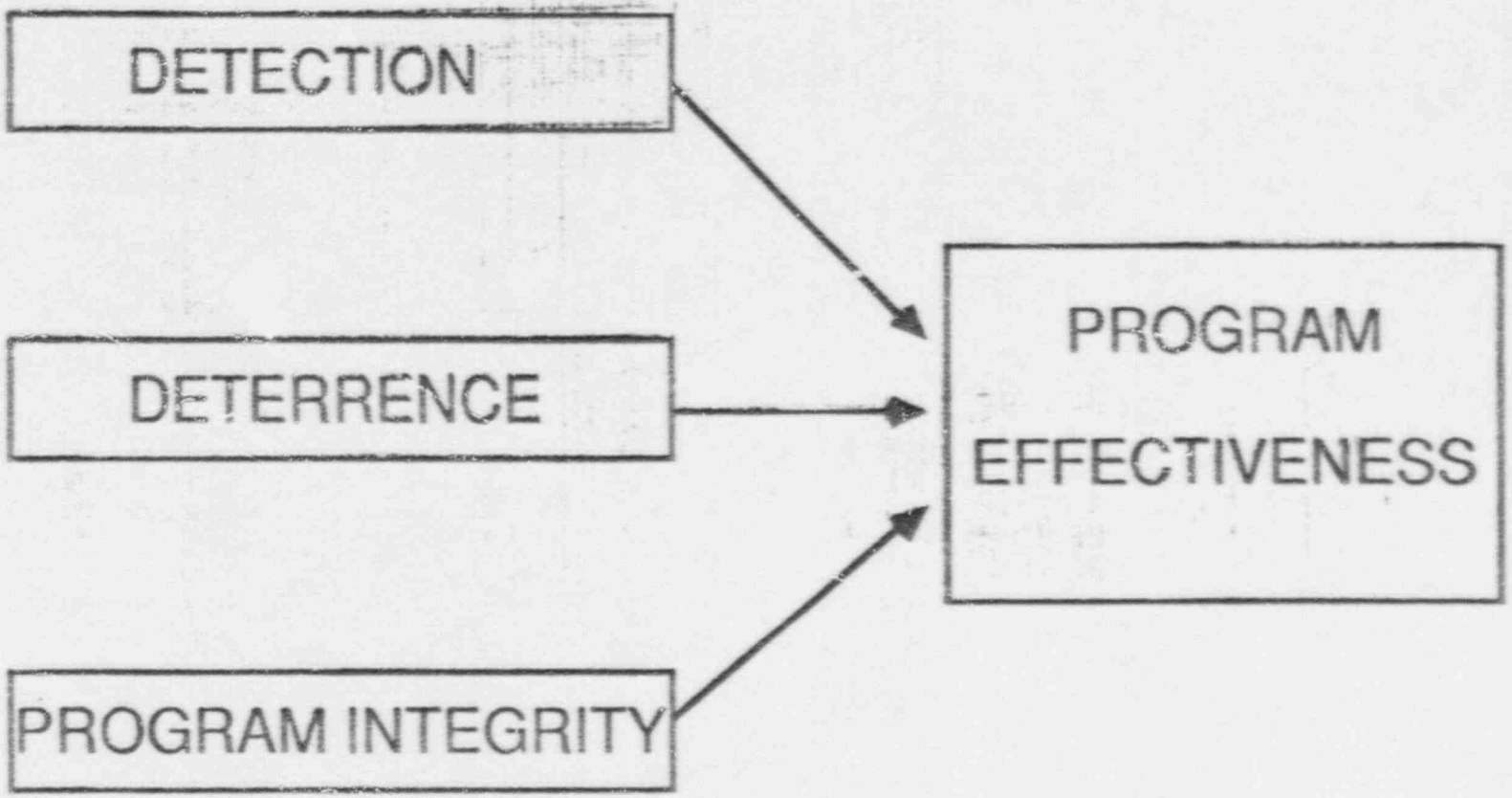
~~Focusing~~

1. Defining the population
   - All persons granted unescorted access to protected areas
   - Licensee, vendor, or contractor personnel required to physically report to the Technical Support Center or Emergency Operations Facility

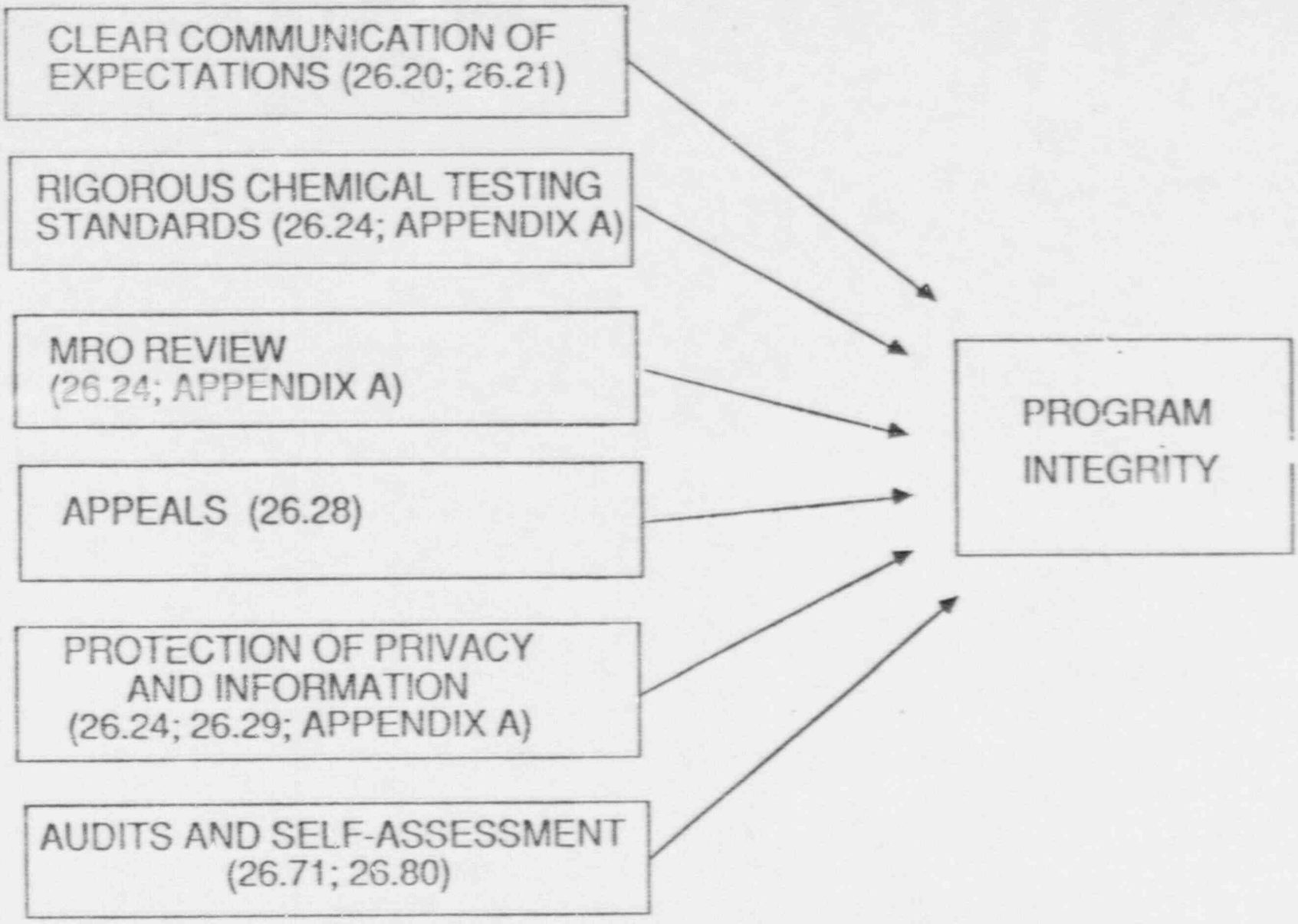
   - Prevent induced too many problems here
   - ~~should join to base~~ combining with non-covered

2. Maintaining Current Listing
   - tied to site access badging system
   - how updated
   -

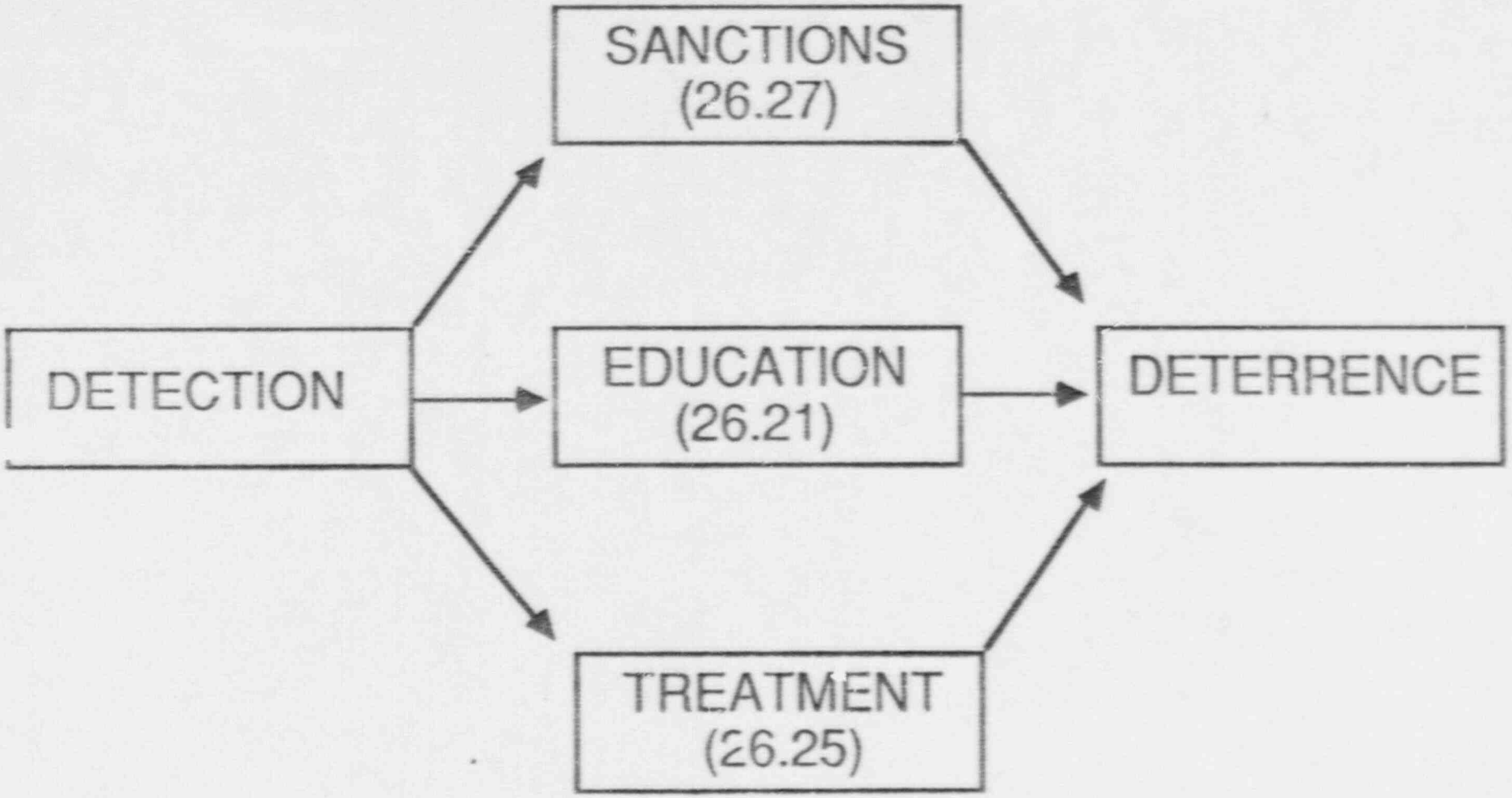
3. How selected
   - best to use random # generator if employee #s are truly sequential



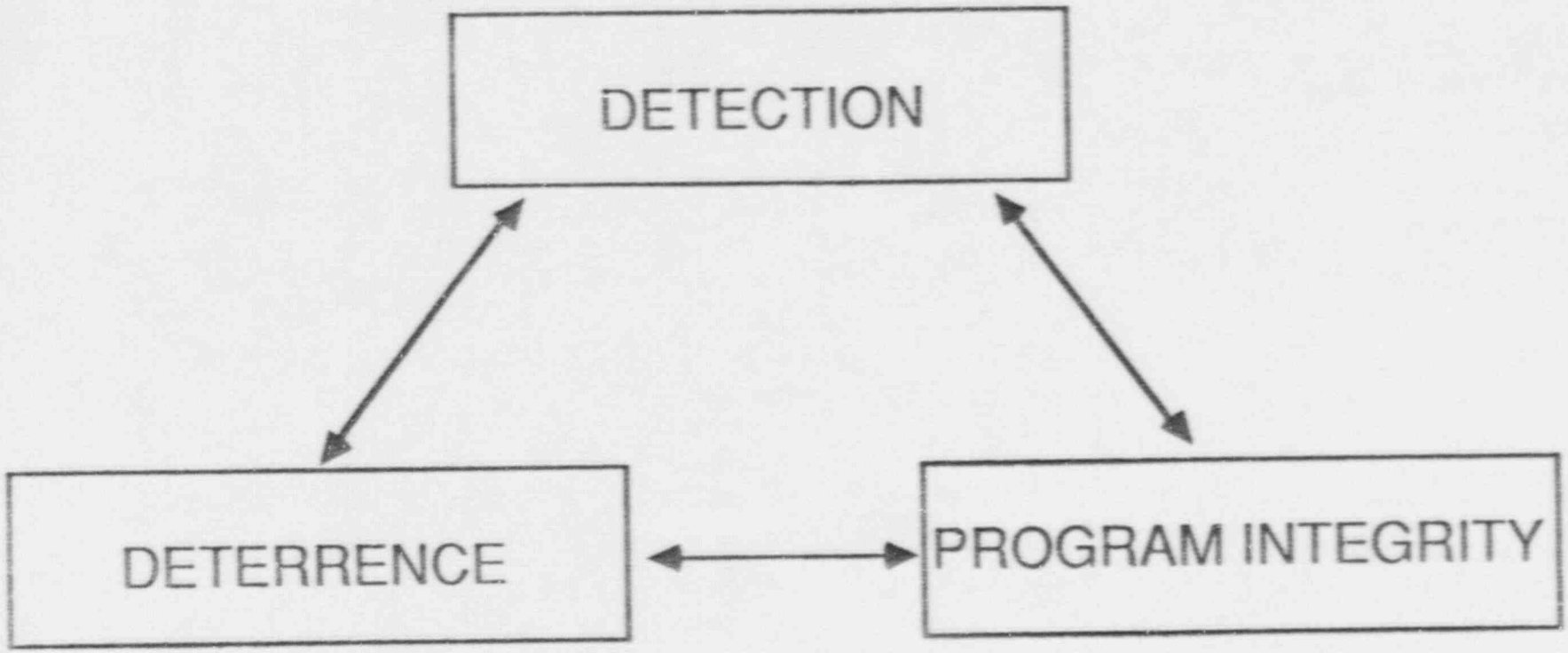
ELEMENTS OF FFD PROGRAM EFFECTIVENESS



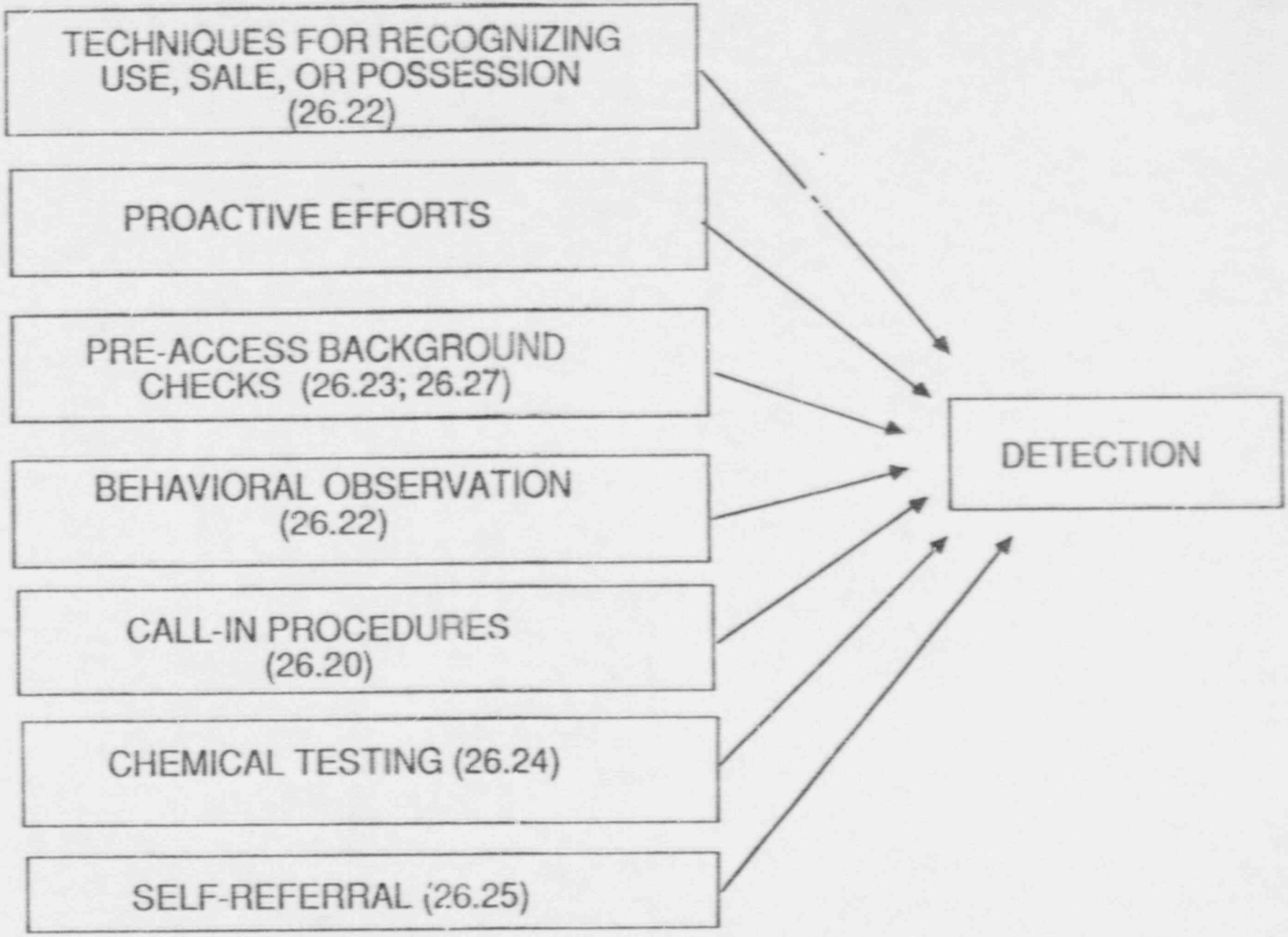
ASSURING PROGRAM INTEGRITY



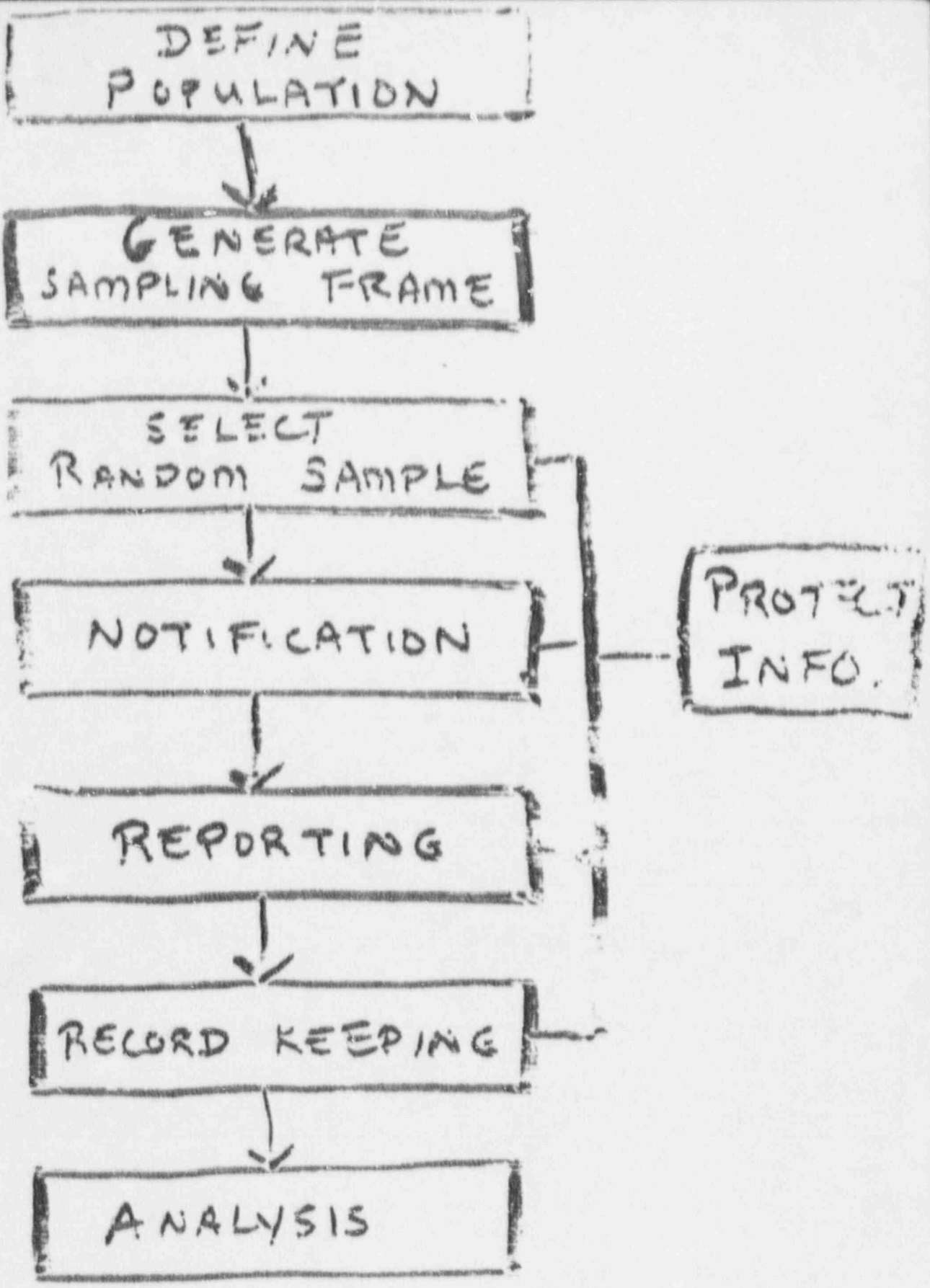
ELELMENTS OF DETERRE



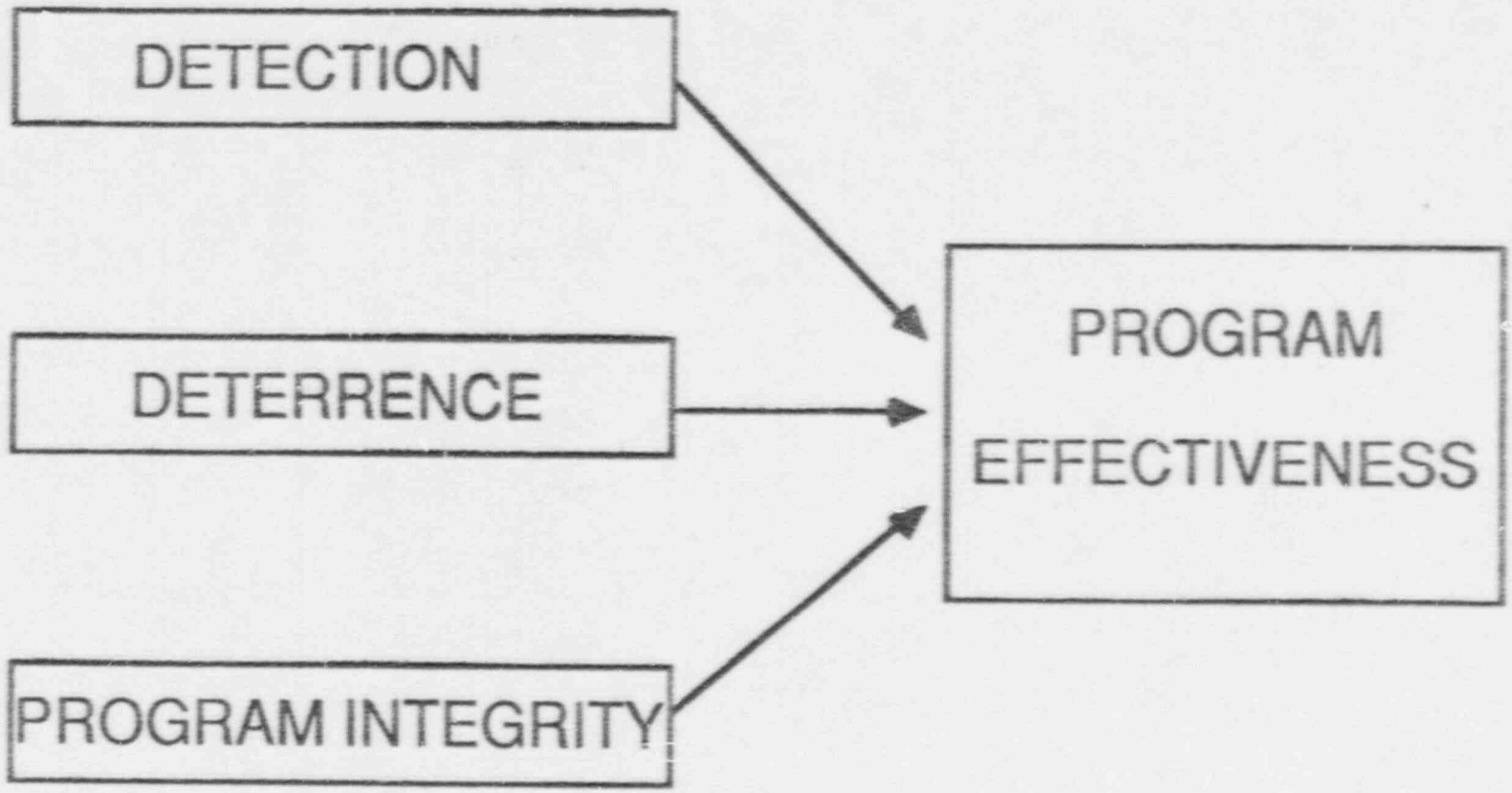
ELEMENTS OF EFFECTIVENESS ARE MUTUALLY REINFORCING



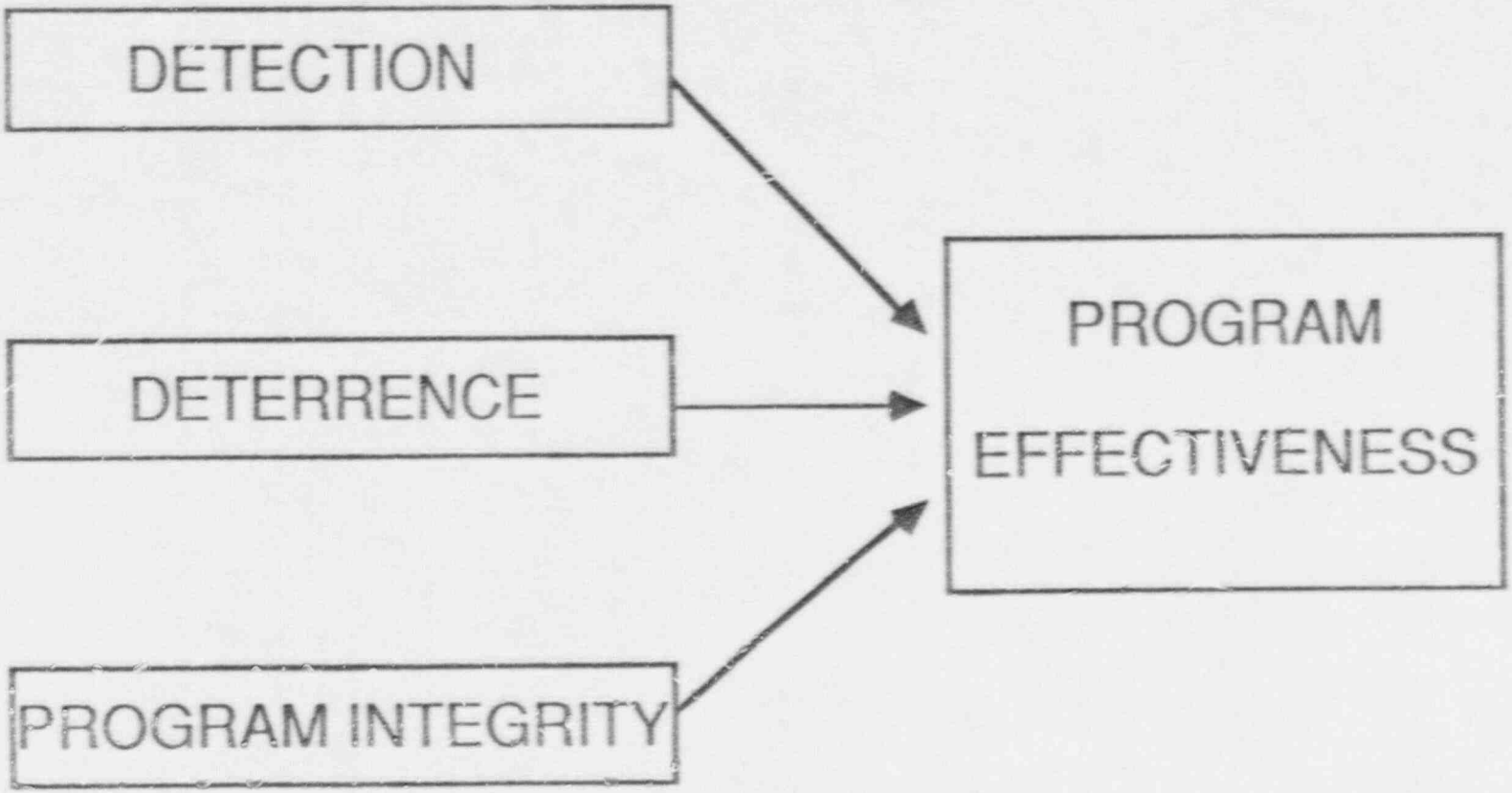
ELEMENTS OF DETECTION



SELECTION ; NOTIFICATION



ELEMENTS OF FFD PROGRAM EFFECTIVENESS



ELEMENTS OF FFD PROGRAM EFFECTIVENESS

PURPOSE OF POLICIES AND PROCEDURES

NRC FFD RULE

Licensee FFD Policies
Licensee And Procedures

Licensee
Programs

PURPOSE OF REVIEWING POLICIES AND PROCEDURES

- Rule requirements
- Focussing inspection efforts
- Assisting in improving documents

GENERAL PRINCIPLES OF EVALUATING

POLICIES AND PROCEDURES

- Purpose -- What function does the document serve?
- Audience -- Who is the document written for?
- Use -- How will the document be used?

TABLE OF CONTENTS

POLICIES AND PROCEDURES

What Do You Want To Look For?

- Content
- Level of Detail
- Usability

CONTENT

- Are minimal requirements of Rule addressed in the document set?
- Are there conspicuous omissions of non-required topics and issues in the document set?
- What topics and issues beyond the minimal requirements are addressed in the document set?
- Are there any direct conflicts with the requirements of the Rule?

LEVEL OF DETAIL

- Is it sufficient for the intended purpose?
- Is it sufficient for the intended audience?
- Is it sufficient for the intended use?
- Is it too extensive to allow for flexibility for unforeseen contingencies?

USABILITY

- Can you understand the document?
- Could the document be misinterpreted?
- Can tasks actually be performed?
- Does the structure and design of the document correspond with its intended use?
- Does the overall organization of the document set make sense?

g. All procedures shall be conducted in a professional, detached, and objective manner.

4.3.3 In all cases, when the validity of the specimen has been established, the individual shall be instructed to observe the packaging of his/her specimen.

4.4 Urine Specimen Packaging

4.4.1 Aliquots of the original sample, labeled #1, shall be poured off into two sterile, plastic, screw-top tubes which shall be labeled #2 and #3 respectively.

a. If it has been determined that the individual also requires routine urinalysis testing, another aliquot shall be poured off from the original specimen container (#1) at this time.

4.4.2 After the specimens have been divided and properly labeled in the presence of the donor, the container lids shall be tightly capped. The collection site person shall then seal each container with tamper proof tape marked with the work "confidential".

4.4.3 The individual may now wash his/her hands or utilize towelets and dry paper towels.

4.4.4 The collection site person shall ask the individual to verify the following:

a. That his/her name on the identification label is correct on samples #1, #2, and #3.

b. That his/her social security number is correct on samples #1, #2, and #3.

4.4.5 The collection site person shall instruct the individual to initial the identifying labels on each of the three sample containers, using initials corresponding with his/her name as shown in the Permanent Record Book.

4.4.6 The collection site person shall, also initial and number each of the three sample containers.

20. BOTH THE INDIVIDUAL BEING TESTED AND THE COLLECTION SITE PERSON SHALL KEEP URINE AND BLOOD SPECIMENS IN VIEW AT ALL TIMES PRIOR TO THEIR BEING SEALED AND LABELED. IF A URINE SPECIMEN IS SPLIT AND IF ANY SPECIMEN IS TRANSFERRED TO A SECOND CONTAINER, THE COLLECTION SITE PERSON SHALL REQUEST THE INDIVIDUAL TO OBSERVE THE SPLITTING OF THE URINE SAMPLE OR THE TRANSFER OF THE SPECIMEN AND THE PLACEMENT OF THE TAMPEREVIDENT SEAL OVER THE CONTAINER CAP AND DOWN THE SIDE OF THE CONTAINERS.

21. THE COLLECTION SITE PERSON AND THE INDIVIDUAL SHALL BE PRESENT AT THE SAME TIME DURING PROCEDURES OUTLINED IN PARAGRAPH (H) THROUGH (J) OF THIS PROCEDURE.

22. THE INDIVIDUAL SHALL INITIAL THE IDENTIFICATION LABELS ON THE SPECIMEN CONTAINERS FOR THE PURPOSE OF CERTIFYING THAT IT IS THE SPECIMEN COLLECTED FROM HIM OR HER.

23. THE COLLECTION SITE PERSON SHALL PLACE SECURELY ON EACH CONTAINER AN IDENTIFICATION LABEL WHICH CONTAINS THE DATE, THE INDIVIDUAL'S SPECIMEN NUMBER, AND ANY OTHER IDENTIFICATION INFORMATION PROVIDED OR REQUIRED BY THE DRUG TESTING PROGRAM. IF SEPARATE FROM THE LABELS, THE TAMPEREVIDENT SEALS SHALL ALSO BE APPLIED.

III. RESPONSIBILITY

A. The Vice President, Nuclear is responsible for the overall implementation of this Directive.

B. The Manager of Nuclear Human Resources is responsible for the detailed implementation and administration of this Directive, identified as the Fitness-For-Duty (FFD) Program Manager.

C. The Medical Review Officer is responsible for reviewing and examining alternate medical explanations for any positive test result.

D. Supervisors are responsible to assure all personnel under their supervision are fit-for-duty. In addition, supervisors are required to inquire during call-outs if the employee has abstained from the consumption of alcohol at least five (5) hours preceding the start of scheduled work. If the employee acknowledges consumption of alcohol within the five (5) hours preceding the start of scheduled work, and refuses the call-out assignment, the employee will not be required to work. If the employee does report and is above the 0.04% BAC or deemed to be unfit for duty, the supervisor should send or have the employee taken home.

E. All personnel with unescorted access or are assigned to duties under the Emergency Plan requiring access to the TSC and EOF are responsible to report to supervision any person on site reasonably suspected of being unfit for duty, or involved in the use, possession or delivery of alcohol and/or drugs while on duty or on Company property.

F. All personnel are required to report to the Medical Review Officer or his/her designated representative all medical treatment with controlled or behavioral altering substances.

G. All personnel are required to abstain from the use, sale or possession of illegal drugs at all times and abstain from the consumption of alcohol for a period of at least five (5) hours preceding the start of a scheduled work tour and during the period of any working tour.

PURPOSE, AUDIENCE, AND USE AS A UNIT

Is the content and level of detail of a written procedure adequate?

- Purpose, training document or job performance aid
- Audience, low level of training or high level of training
- Use, memory jog or checklist of essential actions

A written procedure for the collection site person includes a 30 item checklist for the collection site person to complete upon the receipt of a specimen.

- The first 10 items address ensuring specimen integrity and completing chain of custody paperwork.
- The next 10 items address preparing the facility for the next donor.
- The last 10 items address placing the specimen in temporary storage.

ADMINISTRATIVE POLICY 05A-01
FITNESS-FOR-DUTY POLICY

The following passage appears in Administrative Policy 051-01:

> Through direct observation, the Fitness-For-Duty Program Director shall ensure that blood specimens for alcohol testing are properly drawn. The Director shall periodically observe the drawing of blood and ensure that the venipuncture site is cleansed with a Betadine wipe and the 7ml of blood is drawn from the anterior cubital vein in the forearm.

ADMINISTRATIVE POLICY 05A-01
FITNESS-FOR-DUTY POLICY

1.0 Purpose and Scope

This document is intended to provide the Fitness-For-Duty Director with complete information on the company's policy on workers' use of drugs and alcohol. Thus, the purpose of the document is to state the company policy, and the scope of the document applies to the Fitness-For-Duty Director and all individuals who report to the Director of the Fitness-For Duty program. These personnel include all personnel involved in the administration of the program (e.g., collection site persons, medical review officer, on-site testing laboratory personnel).

PURPOSE OF POLICIES AND PROCEDURES

NRC FFD RULE

Licensee FFD Policies
Licensee And Procedures

Licensee
Programs

LEVEL OF DETAIL REQUIREMENTS

Effected workers know what is expected of them and the consequences of failing to adhere to policy.

- What they should do
- What they should not do
- Consequences
- Balanced with flexibility

BREATH SPECIMEN IS RECEIVED

13. Breath specimen is provided

14. Documentation of breath specimen is completed

15. Donor is dismissed

URINE SPECIMEN IS RECEIVED

8. Urine specimen is provided
9. Sample is verified
10. Sample is packaged
11. Sample is secured
12. Documentation of urine specimen is completed

ALCOHOL TRAFFIC STUDIES

Typical percentages of individuals with BAC levels > 0.10% in fatality studies

- Around 60% of drivers in single-vehicle crashes
- Around 35% of responsible drivers in multiple-vehicle crashes
- Around 35% of pedestrians

EMPLOYEE RIGHTS

DONOR IS RECEIVED

3. Identification is confirmed with photo ID

4. Instructions and information are given to donor

5. Chain of custody paperwork is begun

6. Actions to prevent subversion are taken

7. Observation for unusual behavior begins

Studies Identifying Impairment at or Below 0.05% BAC

(Moskowitz and Robinson (1988). Effects of low doses of Alcohol on Driving-related Skills: A Review of the Evidence)

Reaction Time (observed as low as 0.02)

Observed Impairment	Number of studies
Motor unit	2
Simple	2
Choice	7
Simple visual	2
Simple auditory	2
Choice reaction time errors	1
Total	17

Tracking (observed as low as 0.02)

Pursuit tracking under noise	1
Pursuit tracking	8
Compensatory tracking	7
Critical tracking task	2
Total	18

Studies Identifying Impairment at or Below 0.05% BAC

Optometric Functions (observed as low as 0.01%)

Observed Impairment	Number of studies
Glare recovery	2
Flicker fusion	1
Fusion reserves	3
Frequency of eye movements	1
Visual acuity of distance	2
Convergence nearpoint	2
Optokinetics*	5
Blink test	1
Field of view	1
Visibility distances	1
Contrast sensitivity	1
Total	20

* Nystagmic eye movements, Saccade movements, Optokinetic slow component velocity, smooth pursuit movements,

POSSIBLE STRATEGIES

- Putting burden on workers and physicians
- Lists
- Awareness training
- Chemical testing for especially problematic drugs

COMPLEX POLICY ISSUES

- Unknowns regarding impairment
- Individual variability
- May increase safety
- Abuse is not the only issue
- Sanctions
- Less information on testing protocols (e.g., cutoff levels)

COLLECTION PROCESS

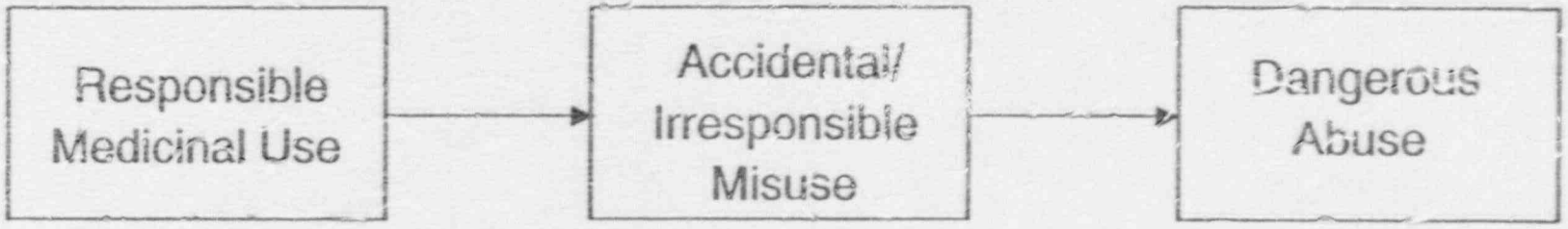
- Preparation of the collection site
- Reception of donor
- Receipt of urine specimen
- Receipt of breath specimen
- Dismissal of donor

COLLECTION SITE IS PREPARED

1. Security of site is ensured

2. Adequacy of supplies and equipment is ensured

DRUGS PEOPLE CHOOSE TO USE



Studies Identifying Impairment at or Below 0.05% BAC

Divided Attention (observed as low as 0.02)

Observed Impairment	Number of studies
Pursuit tracking Under noise	1
Detection of peripheral stimuli Under noise	1
Tone detection Digital recall	1
Digit cancelling Visual reaction time	2
Pursuit tracking Choice reaction time	2
Response to central stimuli Response to peripheral stimuli	2
Compensatory tracking Visual search	1
Counting central visual stimuli Detecting peripheral light	1
Pursuit tracking Choice Reaction time	1
Total	12

COLLECTION PROCESS GOALS

Protection of privacy and prevention of subversion

- BYOB sampling -- Unacceptable
- DRNO sampling -- Unacceptable
- Own SIIS -- Acceptable

PRESCRIPTION AND OTC DRUGS

- CNS stimulants
- Sedatives and hypnotics
- Cough and cold medications and analgesics

AN EFFECTIVE FFD PROGRAM WILL . . .

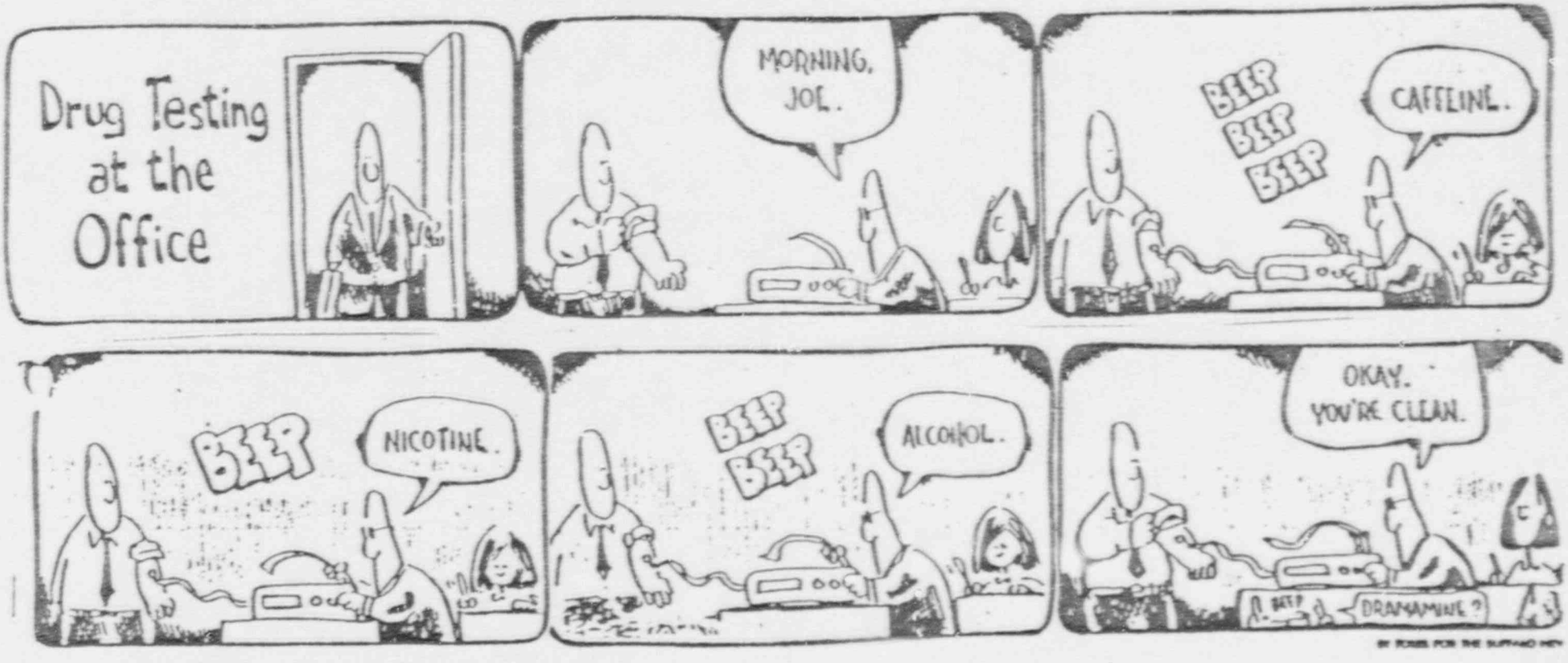
- Address workers' use of the proscribed drugs
- Address workers' use/misuse of alcohol
- Address workers' abuse of other drugs
- Address workers' misuse of other drugs
- address workers' responsible use of other drugs
- Use a broad-brush approach

ALCOHOL

- Next to caffeine, most widely used drug in American society
- Functions as both a stimulant and a depressant
- Proven to be major contributing cause of accidents
- Impairs numerous skills and abilities needed by workers

FFD PROGRAM CHOICE OF DRUGS

- Proscribed drugs
- Other impairing drugs subject to misuse/abuse


Drug Testing at the Office
MORNING, JOE.
BEEP BEEP BEEP
CAFFEINE.
BEEP
NICOTINE.
BEEP BEEP
ALCOHOL.
OKAY. YOU'RE CLEAN.
BEEP
DRAMAMINE?

IRRESPONSIBLE MISUSE

- Using contraindicated combinations of drugs
- Self prescriptions
- Incorrect dosage
- Inappropriate activities

The drug-abusing. . . employee may never before have encountered the risks associated with drug use. Thus, the contact with the MRO may be one of those powerful moments in life when counseling can be especially effective.