Cannabis, Cognitive Function, and Impairment.  
Alberta Employers Presentation

Darcy Hansen CD, RN, COHN(C)  
President of HD Occupational Health Services Corporation
Hierarchy of hazard control.

Elimination - Physically remove the hazard.

Substitution - Replace the hazard.

Engineering Controls - Isolate people from the hazard.

Administrative Controls - Change the way that people work.

PPE - Protect the Worker with Personal Protective Equipment.
1 - Owner or General Manager

2 - Human Resources Manager

3 - Health and Safety Manager

4 - Supervisor

5 - First Aider

6 - Worker

7 - Worker

8, 9, 10, etc - Workers
Owners and General Managers

On June 1, 2018 you must implement all of the new Alberta OHS Act requirements, WCB AB Act changes, Employment Standards Code changes, and Labour Relations Code changes to your policies and business plans.

In late summer of 2018, Cannabis will become available for recreational use, you must implement a plan to ensure quality production and services while protecting your brand as an industry leader.

NAFTA changes and tariffs impact your business operations.
The Trans Pacific Partnership brings increase competition for your services.

On October 1, 2018 minimum wage goes to $15 per hour, costs for products and services increases.

The Canada Revenue Agency implements many changes to taxation for corporation.

Oil is not rebounding to $100+ per barrel, the US becomes a major oil exporter, and Canadian export pipelines are not completed.
Transportation costs increase due to new US rules for electronic log book devices and increase drug and alcohol testing requirements, driver shortages, weak Canadian Dollar, strong US dollar, anticipated electrical power blackouts due to an aging power grid, higher gas prices, and other factors.

Increased use of Mobile Applications, Artificial Intelligence, and deep learning advancements forces your company to become extremely efficient to compete.
Health and Safety Manager

Work related Hazards:

Extreme Heat, extreme cold, Shift Work, fatigue, workplace violence, workplace bullying, psychological injury factors or aggravation of pre-existing psychological or social wellbeing factors, PTSD, fire, robberies, insecurity after a workplace incident, allergens, animal/insect bites, potential asphyxia, substances causing benign neoplasms/tumors, bio hazards, objects or procedures that may cause bruising, chemicals that can burn, repetitive tasks that can cause carpal tunnel syndrome, circulatory conditions including work induced myocardial infarction, tasks that may cause concussion, tasks that may cause crushing, tasks that may cause cuts or lacerations, tasks that may damage a prosthetic, tasks that may cause a dislocation, electrical hazards,
tasks that may cause epicondylitis (tennis elbow), foreign body injury risks, risks of fractures, frostbite risk, H1N1 influenza and Influenza risks, head injury risks, hernia risk, infectious disease risks, infectious disease exposure, injuries causing loss of consciousness, situations causing mental health conditions injuries, procedures causing neoplasms/tumours/cancer, injuries to the nervous system, poisons and other toxins, puncture risk, respiratory hazards, scratch/abrasion hazards, skin disorder hazards, sprain/strain/tear injury risks, systemic body risks, tendinitis injury risks, risks of trauma, welder’s flash risks, and other identified work related hazards.
Non work related hazards:
Illega substance use
Over the counter medications
Recreational and medically authorized Cannabis use.
Alcohol use
Prescribed Medication use
Physical injuries or conditions
Mental health injuries or conditions
Other stressors in the worker’s life.
(Studying for exams, unresolved conflict, sexual harassment, problem shopping or gambling, sick child, carrying for a family member, etc)
Cannabis impairment. It is really complicated.

10,000 plus strains or chemo types with varied levels of cannabinoids and other compounds.

Very limited or no research for effects of all strains or interactions with all known work related and non-work related factors.

Varying worker tolerance, metabolism, other medical conditions, interaction with other cannabis products or substances.

Varying times of onset of impairment for different cannabis products.

There is almost no research for the 10,000+ strains cannabis and the cognitive function impairment risks for all known work related and non-work related hazards.
Cannabis can impair a person’s ability to perform critical decision making tasks limiting the person’s ability to assess their own level of cognitive function impairment.

Ray of sunshine?

http://www.mondaq.com/canada/x/697902/employment+litigation+tribunals/Medical+Marijuana+Found+To+Be+Undue+Hardship+In+Safety+Sensitive+Positions+The+Problem+Of+Residual+Impairment

The Arbitrator in Lower Churchill Transmission Construction Employers’ Association and IBEW, Local 1620 dismissed a grievance on April 30, 2018 concluding:
“The Employer did not place the Grievor in employment at the Project because of the Grievor’s authorized use of medical cannabis as directed by his physician. This use created a risk of the Grievor’s impairment on the jobsite. The Employer was unable to readily measure impairment from cannabis, based on currently available technology and resources. Consequently, the inability to measure and manage that risk of harm constitutes undue hardship for the Employer.”
Not so fast.

Once Cannabis is legal for recreational use, most employers will not be able to afford to take every worker that consumes legal cannabis to court to enforce a zero tolerance for cannabis use policy. A cognitive function policy and assessment tool is your only option either in support of your drug and alcohol testing or as a stand-alone policy.

Exception: Employers that must comply with US DOT regulations must enforce a zero tolerance for cannabis use policy and complete drug and alcohol testing.
The detection timelines for Cannabis drug testing are expected to be challenged in court. Blood THC drug testing – 2 hour window of detection with chronic users possibly being above the 5 ng/ml level with up to two days of abstinence. Oral fluid THC testing – up to a 14 hour detection window. Urine drug THC-COOH testing – up to 6 week detection period.

Diagnosing impairment is an almost impossible task in the moment because it must take into account all physical symptoms, all work related factors, and all non-work related factors, at the time of assessment which should occur as soon as reasonably possible.
Supervisors

On June 1, 2018 Supervisors have new obligations in the Alberta OHS Act.


2017 Bill 30

Third Session, 29th Legislature, 66 Elizabeth II

THE LEGISLATIVE ASSEMBLY OF ALBERTA

BILL 30

AN ACT TO PROTECT THE HEALTH AND WELL-BEING OF WORKING ALBERTANS

THE MINISTER OF LABOUR
“(tt) “supervisor” means a person who has charge of a work site or authority over a worker;”

“(v) “health and safety” includes physical, psychological and social well-being;”

Psychological and social well-being are very broad terms with far reaching implications for protection of the worker and other workers.
“Obligations of supervisors

4 Every supervisor shall

(a) as far as it is reasonably practicable for the supervisor to do so,

(i) ensure that the supervisor is competent to supervise every worker under their supervision,

(ii) take all precautions necessary to protect the health and safety of every worker under the supervisor’s supervision,

(c) report to the employer a concern about an unsafe or harmful work site act that occurs or has occurred or an unsafe or harmful work site condition that exists or has existed,”

And other obligations.
Workers

On June 1, 2018, workers have new obligations in the Alberta OHS Act.


2017 Bill 30

Third Session, 29th Legislature, 66 Elizabeth II

THE LEGISLATIVE ASSEMBLY OF ALBERTA

BILL 30

AN ACT TO PROTECT THE HEALTH AND WELL-BEING OF WORKING ALBERTANS

THE MINISTER OF LABOUR
“Obligations of workers

5 Every worker shall, while engaged in an occupation,
   (a) take reasonable care to protect the health and safety of the worker and of other persons at or in the vicinity of the work site while the worker is working,
   (b) cooperate with the worker’s supervisor or employer or any other person for the purposes of protecting the health and safety of
   (i) the worker,”

And other obligations.

This obligation to cooperate with the Employer can support the Employer decision to implement the QuickTest™ cognitive function assessment and other policies.
Suspected worker impairment.

The Supervisor observes any signs or symptoms of suspected impairment.

The Supervisor escorts the worker to be assessed by the First Aider to confirm that no life threatening conditions are present.

Airway, Breathing, Circulation, other life threatening conditions.

Severe allergic reaction, asthma attack, heart attack, stroke, diabetic emergency, opioid overdose, head injury, spinal injury, other life threatening conditions.
Should employers have naloxone at the work site for first aiders?
No. Unless the first aider is a Registered Nurse-Advanced First Aider or Advanced Care Paramedic.
If you want to have Naloxone, Epinephrine or other medications for use at the work site you must have a long and detailed policy that addresses the Prescribing, Dispensing, Administration, and other hazards and Restrict Activities in the Alberta Government Act. Your policy must be so detailed that these medications are only used as a last resort and that it would be negligent for someone not to attempt to assist a dying person if the medications are present at the work site. I have drafted these policies for employers and they easily exceed 100 pages in length for each drug.
If no life threatening conditions are present, the Supervisor returns to their duties.

OPTIONAL AND ADVISED: If no life threatening conditions are present, immediately complete a Cognitive Function Assessment using Quick Test™. 5 minute assessment.

OPTIONAL AND ADVISED: If no life threatening conditions are present, immediately complete a Breath Alcohol Screening using Lifeloc Sentinel™. 3 second assessment.

OPTIONAL AND ADVISED: If no life threatening conditions are present, immediately complete an ocular assessment using SafetyScan™ if in use at your company. 23 second assessment.
The First Aider confirms that no work related conditions or injuries are present, treat work related injuries as first aids.
Treat work related aggravation of non-work related conditions as aggravation of non-work related conditions first aid incidences.
Ensure that you have training and policies in place to address psychological and social well being injuries and conditions both as primary injuries at work and aggravation of pre-existing conditions.
Drug and Alcohol Testing

If you have a drug and alcohol policy, drug and alcohol testing should occur at this time, and within 2 hours of the incident, if possible.

A suboptimal cognitive function result in QuickTest™ supports the Employer decision for removal from work for reasonable suspicion and potential non-compliance with the Employer Drug and Alcohol Policy.

A positive breath alcohol screening with Lifeloc Sentinel™ supports the Employer decision for removal from work for reasonable suspicion and potential non-compliance with the Employer Alcohol Policy.
A referral decision with SafetyScan™ supports the Employer decision for removal from work for reasonable suspicion and potential non-compliance with the Employer Drug and Alcohol Policy.

If no work related injury or condition is present the worker should be assessed by the Human Resources Manager. The Human Resources Manager should ask the worker if they require any accommodation. Example: New type of cannabis product used and side effects were not expected.

Example: Worker is working two jobs and is fatigued.

Example: Worker is taking care of a sick relative or child.

Example: Worker is taking a new prescription medication and side effects were not expected, or other non-work related factors.
If the worker does not request accommodation, the only person that can assess the worker’s fitness for duty for all of the non-work related factors is the primary Physician.

 Prepare a letter to the Physician outlining the bona fide occupational requirements for the position and the observed concerns of the Employer.
Quick Test™

Quick Test™ is the only Health Canada approved medical device for cognitive function assessments that is available to Canadian Employers that takes into account all work related and non-work related factors. We have completed the legal overview to confirm that in the right circumstances the use of Quick Test™ is supported by existing case law. We have worked with Impact Applications for the last 14 months to secure a special licence for Canadian Employers. With over 20 million tests completed, Impact Applications Inc products including Quick Test™ are the most widely used professional cognitive function assessment tools in North America.
Quick Test™ is a secure 5-7 minute Cognitive Function Assessment Tool that can be administered at the work site by Supervisors on an IPad.

Quick Test™ is completed by the Worker, in the moment, to assess their Memory, Attention, and Motor Speed which are evaluated against normative values.

A Quick Test™ score at or below the 25th percentile for Memory and/or Attention and/or Motor speed is considered a Suboptimal Cognitive Function result.
HealthyWorker and Impairment Test are Registered Tradenames and Trademarks of HD Occupational Health Services Corporation. QuickTest is a Registered Trademark of ImPACT Applications, Inc. Lifeloc Sentinel is a Registered Trademark, and both are used under licence by HD Occupational Health Services Corporation.
Click on the number that corresponds to the following

\[ \text{∞} \quad \bigcirc \quad + \quad \| \quad \square \quad \uparrow \quad \bigtriangleup \quad \bigdiamond \]

1 2 3 4 5 6 7 8 9

Remember which number goes with each shape.
HealthyWorker and Impairment Test are Registered Tradenames and Trademarks of HD Occupational Health Services Corporation. QuickTest is a Registered Trademark of ImPACT Applications, Inc. Lifeloc Sentinel is a Registered Trademark, and both are used under licence by HD Occupational Health Services Corporation.
Lifeloc Sentinel™

A permanent wall mounted fuel cell alcohol screening device. Suspected alcohol impairment becomes a 3 second screening process at the Employers location. 24/7 availability with no operator required. No consumables. Can be used to activate turn stiles, gates, and other devices.
Fast, rugged, automated and completely non-invasive, the Sentinel allows for high volume testing at an unbelievable low cost. The Sentinel-VA can be self-administered. Take the breathalyzer off the cradle, blow into the instrument and be allowed or denied entry based on the breath alcohol results.
“SafetyScan™ detects psychomotor impairment by alcohol, drugs, and cognitive fatigue via a 30 second test of involuntary eye movement. An infrared camera tracks this eye movement and the test result is then analyzed using our proprietary algorithm. We then compare this current test to a previously established “normal” baseline for that person.

The result of this comparison is either PASS (meaning no impairment is found) or REFER (meaning impairment has been found). Next steps are dictated by each company’s HR policies. A REFER result supports further "reasonable grounds" testing.”
Reasonable suspicion example protocol review.

Prevention of injuries is the goal.

Supervisor suspects impairment and takes the worker to the First Aider.

First Aider confirms that no life threatening conditions are present.

Perform a Quick Test™ cognitive function assessment.

and/or

Perform an Alcohol Screening with Lifeloc Sentinel.

and/or

Perform an ocular assessment with SafetyScan™
Work related injuries and conditions are treated as work related injuries and conditions.

Work related aggravation of non-work related conditions are treated as work related aggravation conditions.

Non-work related conditions are treated as non-work related conditions.

If insufficient information is available, the primary Physician is engaged to assist with the determination of fitness for duty or clearly defining the accommodation requirements for the worker.

All return to duty decisions are on a case by case basis at the Employer discretion.
https://work.alberta.ca/occupational-health-safety/ohs-publications.html#physical
https://work.alberta.ca/documents/OHS-bulletin-CH076.pdf - naloxone
https://work.alberta.ca/occupational-health-safety/elearning-programs.html
https://www.ohscanada.com/drug-testing-proposal-splits-group-helping-liberals-workplace-pot-policies/
https://arhca.ab.ca/sites/default/files/Fatigue-Mgmt-Program.pdf
https://work.alberta.ca/occupational-health-safety.html
https://work.alberta.ca/occupational-health-safety/ohs-publications.html
https://work.alberta.ca/occupational-health-safety/ohs-publications.html#psychological
https://work.alberta.ca/documents/WHS-PUB-VAH001.pdf
Cannabis, Cognitive Function, and Impairment.
Alberta Employers Presentation

Darcy Hansen CD, RN, COHN(C)
President of HD Occupational Health Services Corporation