



Construction Labour Relations  
An Alberta Association

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**To all CLR Members and Nonmembers**

**RSAP Communication Plan & First Installment of the RSAP Information Series**

Since September 2007 the Rapid Site Access Program (RSAP) has been in operation with the Insulators. Approximately 300 workers are voluntarily participating in the program and 98 workers are engaged in third party case managed aftercare. This represents approximately twenty percent of the membership voluntarily participating in the program, and seven percent in mandatory case managed aftercare. During 2008, participation in the program plateaued and no other affiliates were moving towards offering the program to their members.

The Insulators suggested that if RSAP adopted oral fluid testing for random drug testing more Insulator members would participate, and RSAP would become more attractive to other affiliates. The Association consulted experts and reviewed the science of oral fluid testing. The findings are that laboratory oral fluid drug testing is at least as reliable as urine based testing. (One major difference between the technologies is oral fluid testing has a shorter window of detection for the marijuana panel.) The Association proposed that if a critical mass of affiliates offered RSAP to their members, the Association and the Building Trades of Alberta would recommend to participating owners the use of oral fluid testing for random drug testing. In anticipation of the potential move to oral fluid testing, the Operating Engineers, Ironworkers Structural and Reinforcing, Electricians, Cement Masons and Plasterers have agreed to offer the program to their members. Three other unions have also agreed but are not yet in a position to make a public announcement. Positive discussions continue with others. RSAP participation of the aforementioned is contingent on the adoption of oral fluid testing for the random drug testing component of the program.

In the event RSAP grows to include other parties, contractors are going to need information on the program, **and this information must reach site supervision and safety personnel.** Our plan is to issue an information series on various aspects of the Rapid Site Access Program. The information series will cover program awareness, acquaint your staff with RSAP providers, and set out contractor roles and responsibilities. At the conclusion of this communication series a contractor implementation guide will be issued and training will be offered.

To assist with this communication plan **we ask you to set up a distribution list within your organization and forward this and subsequent information on to your supervision and safety personnel.** In the past there have been key individuals caught off guard by RSAP. It is our hope this communication plan will help to avoid that from occurring in the future. Thank you for supporting this initiative. If you have questions or would like to arrange a meeting to discuss this further please contact me at the Edmonton office.

Yours truly,

Sam Kemble

## RSAP Information Series #1 What is the Rapid Site Access Program?

This information series is for summary purposes only and is nonbinding. These communication do not modify, alter or amend the RSAP Procedural Rules, Letters of Understandings, or agreements entered into between stakeholders participating in the program. Stakeholders with particular questions should refer to the RSAP Procedural Rules, corresponding Letters of Understanding and agreements for accurate and complete information

The Rapid Site Access Program (RSAP) is a voluntary alternative to site access testing. Workers who opt in agree to comply with the *Canadian Model* and the RSAP Procedural Rules, which includes agreeing to be random tested while employed on participating sites. In return, participating workers who take a dispatch to a participating site proceed directly to the job without having to submit to a site access test. Managed by third party case administration, RSAP expedites dispatch, enhances privacy, helps to ensure compliance with the *Canadian Model*, and, ultimately, improves safety performance.

Random testing and aftercare is administered on behalf of contractors by RSAP providers. In situations where there has been a non-negative A&D test, contractors are notified and must remove the individual from the site pending the results of an assessment. Upon receipt of the assessment, RSAP delivers a suite of monitoring, counselling, treatment, education and aftercare services. When a worker has satisfied the prerequisite substance abuse expert recommendations, RSAP arranges for the worker to be redeployed and the case management continues for the duration of the term of aftercare. The RSAP providers include a Third Party Case Administrator (Organizational Health Incorporated), Testing Administrator (Mobile Industrial Health Services), Substance Abuse Expert Team (Human Solutions), and the Treatment Team. The Treatment team includes providers such as AADAC, Human Solutions, twelve step programs, and community medical service providers.

It is important to remember, **RSAP does not replace the implementation of the *Canadian Model***. RSAP is simply another tool to promote and monitor compliance with the *Canadian Model*, and it is an alternative to site access testing. **Diligence continues to be required in respect to post incident, reasonable cause testing, and monitoring for other violations of the *Canadian Model***.

Through the implementation of RSAP, there are a number of important interactions with contractors that are required to make the program a success. These include:

1. Registering for the program (so providers know how best to contact your organization),
2. Confirming a worker's good standing in RSAP at dispatch,
3. Responding when notified of the requirement to test,
4. Responding when notified of the requirement to remove a worker from the site, and
5. Reporting worker transfers, quits, layoffs, and terminations

These topics and more will be included in future correspondences of the RSAP Information Series.

Please direct any questions to the undersigned.

Submitted by Sam Kemble