

# FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT



## **Fitness-for-Duty / Behavior Observation Program**

**PA000081  
STUDENT HANDOUT**

---

### NOTICE

This document is for TRAINING PURPOSES ONLY. Do not use this material in place of the current revision of controlled documents.

The information contained in this document is intended for use within the ENERGY NORTHWEST training program. This document may neither be reproduced (in whole or part) nor furnished to third parties without prior express written permission of an agent of the ENERGY NORTHWEST.

---

# FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

## TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
REFERENCES.....	1
ACCESS AUTHORIZATION & FITNESS FOR DUTY .....	2
BEHAVIOR AUTHORIZATION PROGRAM .....	12

# FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION

### REFERENCES

1. Nuclear Energy Institute, Guideline for Plant Access Training (NEI 03-04), May 2003
2. 10 CFR 19, Notices, Instructions and Reports to Workers: Inspection and Investigations
3. 10 CFR 26, Fitness For Duty Program
4. SWP-CAP-01, Corrective Action Program
5. SWP-FFD-01, Fitness For Duty Program Requirements
6. SWP-FFD-02, Behavior Observation Program

# FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

## ACCESS AUTHORIZATION & FITNESS FOR DUTY

### SECTION LEARNING OBJECTIVES

1. Recognize the personal, public health, and safety hazards associated with the use/abuse of drugs (including prescription, over the counter drugs and dietary conditions) and alcohol.
2. State the methods used to implement the basic Access Authorization (AA) and Fitness-for-Duty (FFD) requirements for all individuals who have unescorted access to the protected area (or assigned duties at the TSC or EOF in support of the Emergency Plan.
3. State the NRC mandated sanctions with regard to FFD program violations.
4. State the effects prescription drugs, over-the-counter drugs and dietary conditions (e.g., food products such as poppy seeds or hemp oil, etc.) Illness, mental stress, and fatigue may have on job performance and test results.
5. State the purpose of the Employee Assistance Program (EAP) and services provided.
6. State the rights and responsibilities of the individual with regards to Access Authorization Fitness-for-Duty.
7. Demonstrate understanding of the requirement to report all arrests that could impact an individual's reliability and trustworthiness.
8. State the individual rights regarding Access Authorization and Fitness-for-Duty.
9. State the symptoms of worker fatigue and decreased alertness in the workplace.
10. State the contributors to worker fatigue.
11. State the contributors to circadian variations in alertness.
12. State the indications and risk factors for common sleep disorders.
13. State shift work strategies for obtaining adequate rest.
14. State the effective use of fatigue countermeasures.

# FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

## ACCESS AUTHORIZATION, FITNESS-FOR-DUTY AND BEHAVIORAL OBSERVATION

### A. Company AA & FFD Policy

1. It is the policy of this company that all individuals:
  - a. Report to work fit for duty unimpaired by alcohol, drugs, or fatigue.
  - b. Abstain from alcohol for at least [five] hours preceding regularly scheduled work and long enough to ensure blood alcohol content (BAC) is less than [0.04] percent. Failure to meet this requirement could result in termination of UA.

### B. Individual's Role and Responsibility under the FFD Program

1. It is the policy of this company that the individual (student):
  - a) Notify their supervisor of any problems such as mental stress, fatigue, or illness that may affect their fitness-for-duty.
  - b) Seek assistance for any problems that may affect their ability to safely and competently perform their duties.
  - c) Report the use of legitimate prescription or over-the-counter drugs that could impact their ability or performance.
  - d) Prevent and report actions that threaten company property or coworkers.
  - e) Report any previous denial of unescorted access, positive chemical test, or involuntary participation in a substance abuse treatment program. Cooperate fully with the chemical testing program.
  - f) Do not use, sell, or possess, illegal substances on or off company property.
  - g) Keep their supervisor informed of any medication or other substances that could affect job performance. Do not use someone else's prescription drugs.
  - h) Report to their supervisor all arrests, charges pending resolution or detentions by authorities for any violation of law, other than minor traffic violations.
  - i) Report to a supervisor or security if the individual notices unusual behavior or suspects substance abuse by any other worker. Prompt action is required since there is a potential for injuries or reduced plant performance.
  - j) Report to a supervisor when fatigued.

### C. AA & FFD Requirements

1. An individual is fit for duty when he/she is neither mentally nor physically impaired from any cause that could adversely affect safe, competent job performance. These impairments could be the result of:

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

- a) Physical illness
- b) Mental illness
- c) Substance abuse
- d) Mental stress
- e) Fatigue and contributing factors to decreased mental alertness
  1. Fatigue affects everybody
  2. Fatigue affects everything we do, physically and cognitively; and
  3. Often when we are fatigued, we are quite unaware of how badly we are performing.

2. Federal Law requires that each utility licensed to operate a nuclear facility to:

- a) Provide reasonable assurance that station personnel are reliable and trustworthy and are neither under the influence of any substance (legal or illegal) nor mentally impaired from any cause that may adversely affect their ability to safely and competently perform their duties.
- b) Establish a FFD program to create an environment free of drugs, alcohol, and their effects, and provide individuals with assistance for FFD-related problems.

### D. Implementation of AA & FFD

1. The primary tools used to implement AA & FFD are:
  - a) Chemical testing
  - b) Behavioral observation
  - c) Training
  - d) Employee assistance program

### E. Chemical Testing

1. The chemical testing program provides a means to detect and deter substance abuse in the workplace.
2. There are four test categories in chemical testing:
  - a) Pre access / pre-badging is conducted within 30 days prior to
    - (i.) Granting of unescorted access and
    - (ii.) Assignment to any emergency operations facility or technical support center
  - b) Random testing may be conducted:
    - (i.) At various unannounced times of the day, night, weekend, and holidays
    - (ii.) At an annual rate at least equal to 50 percent of the work force authorized unescorted access

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

c) For-cause testing will be conducted:

(i.) As soon as possible following any observed behavior or physical condition if there is reasonable suspicion of possible substance abuse

(ii.) After:

(a.) Accidents involving failure in individual performance resulting in an OSHA reportable injury

(b.) A radiation exposure or release of radioactivity in excess of regulatory limits

(c.) A actual or potential substantial degradation of the level of safety of the plant if there is reasonable suspicion that the worker's behavior contributed to the event

(d.) After receiving credible information that an individual is abusing drugs or alcohol.

d) Follow-up testing will be performed for any individual, if reinstated, after testing positive for drugs or alcohol to verify continued abstention from the use of substances.

### F. Testing Notification

1. The supervisor or point of contact will be notified when an individual is to report for drug testing. The supervisor, or point of contact, will notify the individual of the scheduled test time. The collection site is located at Building 64.
2. When an individual has been notified that he/she has been scheduled for a random drug test, the individual must report at the scheduled time and may only miss the test if not on site and if not expected to return that day or there is an emergency. An individual may not request time off once notified of a scheduled test.

### G. Call-Ins

1. Individuals may be called in as needed for unscheduled work.
2. Individuals are responsible for informing their supervisor if they have consumed alcohol within the past [five] hours or are not fit for duty for any other reason.

### H. Substances Tested For

1. Individuals will be tested for the following substances
  - a) Alcohol
  - b) Marijuana
  - c) Cocaine
  - d) Opiates
  - e) Phencyclidine
  - f) Amphetamines

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

2. Urinalysis will be used for all substances except alcohol. A breath alcohol content or oral fluid test may be used for an initial alcohol test. However confirmatory breath alcohol content test will be used if the test result is [0.04] percent or greater.
3. A confirmed positive test for alcohol must be declared under any of the following conditions:
  - a) When the result of the confirmatory test for alcohol is 0.04 percent BAC or higher.
  - b) When the result of the confirmatory test for alcohol is 0.03 percent BAC or higher and the donor had been in a work status for at least 1 hour at the time the initial test was concluded, including any breaks for rest, lunch, dental/doctor appointments, etc.
  - c) When the result of the confirmatory test for alcohol is 0.02 percent BAC or higher and the donor had been in a work status for at least 2 hours at the time the initial test was concluded (including any breaks for rest, lunch, dental/doctor appointments).
4. When the result of the confirmatory test for alcohol is equal to or greater than 0.01 percent BAC but less than 0.02 percent BAC and the donor has been in a work status for 3 hours or more at the time the initial test was concluded (including any breaks for rest, lunch, dental/doctor appointments, etc.), the collector shall declare the test result as negative and inform FFD program management. The licensee shall prohibit the donor from performing any duties that require the individual to be subject to 10 CFR Part 26 and may not return the individual to performing such duties until a determination of fitness indicates that the donor is fit to safely and competently perform his or her duties.
5. Individuals should be aware that prescription and over-the-counter medication could impact chemical test results. This is one of the reasons that it is important to inform your supervisor if taking medication. All drugs must be in a properly labeled container. Non-prescription drugs must be in the original container.

### I. Licensee Policy Regarding Violations of the FFD Program

1. All individuals who violate the AA & FFD policy can be suspended, have their UAA/UA denied.
2. Company employees will be referred to the employee assistance program.
3. Employees must not misuse prescription drugs.

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

### J. Sanctions Mandated by the NRC

1. The first violation of the FFD policy involving a confirmed positive drug or alcohol test result must, at a minimum, result in the immediate unfavorable termination of the individual's authorization for at least 14 days from the date of the unfavorable termination.
2. The following act(s) must result in an immediate unfavorable termination of the individual's authorization and permanent denial of authorization thereafter.
  - a) Any act or attempted act to subvert the testing process, including, but not limited to:
    - (i.) refusing to provide a specimen
    - (ii.) providing or attempting to provide a substituted or adulterated specimen, for any test
    - (iii.) For individuals whose authorization was denied for 5 years, any subsequent violation of the drug and alcohol provisions of an FFD policy.
3. The following acts require an unfavorable termination for a minimum of 5 years from date of unfavorable termination:
  - a) Any subsequent confirmed positive drug or alcohol test result, including during an assessment or treatment period;
  - b) When an individual is determined to have been involved in the sale, use, or possession of illegal drugs or the consumption of alcohol within a protected area of any nuclear power plant, or while performing duties that require the individual to be subject to 10 CFR Part 26
  - c) When an individual resigns or withdraws his or her application for authorization before authorization is terminated or denied for a first violation of the FFD policy involving a confirmed positive drug or alcohol test result.

### K. Role of MRO

1. The MRO is responsible for:
  - a) Overall administration of the chemical testing program
  - b) Reviewing all positive chemical test results
  - c) Recommending individuals to the employee assistance program

### L. The Role of Human Resources

1. The role of the human resource organization is:
  - a) Coordinating the personnel actions associated with violations of a FFD policy.

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

### M. The Role of the FFD Staff

1. The role of the FFD staff is:
  - a) To perform the collection of specimens
  - b) To process specimens for testing
  - c) Notification of plant supervision of testing requirements e.g., random selections, follow-up testing, etc.
  - d) Reporting results to plant management under the direction of the MRO

### N. Employee Assistance Programs

1. The company has an Employee Assistance Program (EAP) to provide:
  - a) Short-term counseling
  - b) Referral services
  - c) Treatment monitoring.
2. Only company employees are eligible for the EAP. Employees may request assistance from the EAP (self-referral) or be referred by their supervisor or the company medical staff.
3. If the EAP staff determines that an individual's condition constitutes a hazard to the individual or to others, 10 CFR 26 requires notification of company management even if the employee was self-referred.

### O. Negative Impact of Substance Abuse

1. Substance abusers have the following impact on business and the public;
  - a) Four times as many accidents
  - b) Five times as many worker compensation claims
  - c) About three times as many sick benefits
  - d) Are absent about twice as often
  - e) Make about twice as many mistakes
  - f) Cause 50 percent of all vehicular accident deaths
  - e) Cause 500,000 serious injuries in vehicular accidents each year

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

### P. Stress

1. Individuals should be knowledgeable of causes of worker stress in the workplace.
  - a) Daily stress is normal.
  - b) Stress is derived from events that occur throughout life e.g., marriage and family life, job changes, job performance, etc.
  - b) When daily stress turns into chronic stress the worker is at risk for adverse impact on day-to-day living, e.g., behavior changes.
  - d) Contributors to worker stress may include:
    - (i.) Increased irritability
    - (ii.) Feelings of depression
    - (iii.) Chronic fatigue (fatigue that has set in over several weeks or months)
    - (iv.) Overreacting to any single situation
    - (v.) Impulsiveness
    - (vi.) Excessive use of alcohol or drugs
    - (vii.) Constant sense of worry

### Q. Fatigue

1. Individuals should be knowledgeable of causes and the impact of fatigue in the workplace as well as methods to counter symptoms. Knowledge of these topics is necessary to ensure that individuals are able to:
  - a) self-manage fatigue that is caused by shift work and factors other than work hours
  - b) take actions to maintain their alertness at work
  - c) recognize and seek treatment for sleep disorders that might be creating or exacerbating their own fatigue.
2. Physical fatigue is present:
  - a) when an individual's diminished physical capability is due to overexertion
  - b) excessive time of exertion
  - c) a brief physical work load that is excessive and the resulting fatigue degrades physical task performance.
3. Circadian variations in alertness and performance:
  - a) The normal, inherent, unavoidable, 24-hour rhythms in human information processing and physical performance.
  - b) Most of these circadian rhythms fluctuate between a high point late in the day to a low point in the pre-dawn hours

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

- c) Most exemplified by:
  - (i.) Night work
  - (ii.) Shift work
- 4. Acute fatigue—Acute fatigue (physical or mental) builds up normally and unavoidably within one waking period.
- 5. Cumulative fatigue—(physical or mental) builds up across major waking periods when there is inadequate recovery (due to inadequate sleep) between the waking periods.
- 6. Chronic fatigue—may set in after several weeks or months of cumulative fatigue. Its symptoms are similar to those of Chronic Fatigue Syndrome (CFS):
  - a) the desire to sleep
  - b) apathy
  - c) substantial impairment in short-term memory or concentration
  - d) muscle pain
  - e) multi-joint pain without swelling or redness
  - f) headaches of a new type, pattern or severity
  - g) un-refreshing sleep
  - h) post-exertion malaise lasting more than 24 hours
- 7. Indications and risk factors for common sleep disorders:
  - a) Stress
  - b) Illness
  - c) Diet (e.g. caffeine, alcohol)
  - d) medications
- 8. Shift-work strategies for obtaining adequate rest:
  - a) Naps
  - b) Good sleeping habits
  - c) Improve sleeping environment
  - d) Understanding the affects of food and exercise
- 9. The effective use of fatigue countermeasures:
  - a) Sleep
  - b) Caffeine
  - c) Being mindful of effects of medications

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

### R. Effects of Drugs and Diet

1. Drugs can have a significant impact on job performance. Those individuals using drugs or other chemicals can have:
  - a) Impaired judgment
  - b) Impaired vision
  - c) Changes in reflexes
  - d) Reduced analytical ability
2. The prescribed use of drugs and chemicals may have an impact on any testing for chemicals. This also includes commonly purchased over-the-counter drugs such as aspirin, cold or allergy medicine. In addition, certain available food products such as poppy seeds or hemp oil, etc., may cause a confirmed test result. To ensure privacy of medical information, the individual may have to provide medication information directly to the MRO in the event of positive, adulterated, substituted or invalid confirmatory validity and/or drug test result.

### S. Individual Rights

1. Individuals who test positive shall have the right to appeal the confirmed test results and any resulting sanctions taken against them.
2. Appeals for a confirmed test result:
  - a) Apply to licensee employees and contractors
  - b) Must be in writing
3. Individuals have the right to privacy at the collection site unless there is reason to believe that the individual will tamper, alter, or substitute a specimen.
4. Personal information collected for the AA & FFD program will be protected and will not be disclosed except as required by the appropriate procedure.

# FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

## BEHAVIORAL OBSERVATION PROGRAM

### SECTION LEARNING OBJECTIVES

1. State company policy on addressing and documenting suspect behavior.
2. Recognize indicators of or potential precursors to aberrant behavior and that behavior may change quickly.
3. State indicators of changes in behavior to include work performance, social interactions and personal health.
4. Describe behavioral observation techniques for detecting deterioration, impairment, or changes in individual behavior.
5. Recognize drugs and know indicators of the illegal use or possession of drugs including the possibility of intent to sell.
6. Describe techniques for recognizing behavior which may result from using/abusing drugs and/or alcohol, work performance, social interactions, or personal health.
7. Recognize behaviors adverse to the safe operation and security of the facility including an unusual interest in or predisposition towards security and/or involvement in operations activities outside the normal work activities' scope.
8. State the supervisor's role and responsibilities under the AA & FFD program.
9. State company policy on addressing and documenting suspect behavior.
10. Describe the process for the timely removal of a potentially untrustworthy or unreliable person from the Protected Area.
11. State individual responsibility and process for handling and reporting behavioral problems and FFD concerns.
12. State the role of others in maintaining the company AA & FFD program.
13. State the individual responsibilities of the person(s) designated by the licensee or contractor/Vendor to receive FED concerns.
14. State the symptoms of worker fatigue and decreased alertness in the workplace.
15. State the contributors to worker fatigue.
16. State the contributors to circadian variations in alertness.
17. State the indications and risk factors for common sleep disorders.
18. State shift work strategies for obtaining adequate rest.
19. State the effective use of fatigue countermeasures.

Upon completion of this section, students should be able to recognize and report aberrant individual behavior that could lead to acts detrimental to public health and safety.

Students should be aware that Energy Northwest's approved BOP is the primary means for determining continued trustworthiness and reliability of covered individuals.

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

### A. Company Policy Regarding BOP

1. The objective of the BOP is, in part, to:
  - a) detect report illegal drug use and alcohol/legal drug abuse
  - b) to report and evaluate legal actions taken by a law enforcement authority or court of law to which the individual has been subject that could result in incarceration or a court order or that requires a court appearance, including but not limited to:
    - (i.) an arrest
    - (ii.) an indictment
    - (iii.) the filing of charges
    - (iv.) a conviction, excluding minor civil actions or misdemeanors such as parking violations or speeding tickets
    - (iv.) to detect and report other behavior that may constitute an unreasonable risk to the health and safety of the public, including a potential threat to commit radiological sabotage.
2. Managers and supervisors are in frequent contact with their personnel and are most familiar with their normal behavior patterns. Therefore, they are in the best position to detect long term changes in an individuals' behavior and to initiate appropriate corrective action.
3. Managers and supervisors have the responsibility for the continued observation of assigned individuals and initiating action for degraded behavior that could affect the safety and reliability of the plant.
4. Escorts and supervisors must be sensitive to the escorted individual performance for indications of aberrant behavior that affect the ability to perform assigned tasks.
5. All individuals should not try to diagnosis of the cause of impairment or behavior before taking action to prevent acts that could affect the reliability of the plant.

### B. Techniques for Recognizing Aberrant Behavior

1. Most people behave in a consistent manner. Changes in this pattern can occur quickly and may result from many possible causes, including health, family and work difficulties. Usually short lived, all of us experience such changes at one time or another. On occasion the difficulties continue and even intensify.
2. We identify changes in behavior by observing, through what we hear, see, smell and touch, around us. There are general indicators of degraded behavior that must be watched for:

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

- a) **PERSONAL HEALTH BEHAVIOR**
- (i.) Are you aware of signs of NERVES or EMOTIONAL UPSET MENTAL STRESS?
- (1.) Headaches
  - (2.) Startles easily
  - (3.) Cries easily
  - (4.) Shaky voice
- (ii.) Does the worker use ALCOHOL or DRUGS differently?
- (1.) Drinks too much
  - (2.) Smells of alcohol
  - (3.) Preoccupied with drinking or drugs
  - (4.) Gulps drinks, especially first couple
  - (5.) Encourages others to use
- (iii.) Does the worker show or report signs of FATIGUE?
- (1.) Sleepiness-yawning, tired eyes, legs
  - (2.) Decreased energy level
  - (3.) Feeling of malaise or lack of motivation, verbalizes or shows no desire and/or lack of interest in activity
  - (4.) Restlessness/fidgeting
  - (5.) Lethargic, listless or disinterested in surroundings
  - (6.) Poor Pallor (color), bluish/gray around mouth and lips
  - (7.) Shortness of breath/dizziness/pain/signs of extreme stress with exertion
  - (8.) Increased irritability or anxiety or impatience
- (iv.) Are you aware of changes in DAILY LIVING ROUTINE?
- (1.) Sleep difficulties
  - (2.) Change in amount/pattern of eating
  - (3.) Rigidly follows same pattern without reason
- (v.) Changes in worker's general APPEARANCE?
- (1.) Appears better/more poorly groomed
  - (2.) Walks differently (slower/stumble)
  - (3.) Change in posture

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

- (vi.) Have you noticed changes in the worker's **BODY** or **LIMBS**?
  - (1.) Shaky hands or twitching
  - (2.) Weight loss/gain
  - (3.) Nail biting
  - (4.) Cold, sweaty hands
  - (5.) Sweating, especially non-seasonal
- (vii.) Has the worker had any **GASTROINTESTINAL** changes (**ILLNESS**)?
  - (1.) Nausea/vomiting
  - (2.) Stomachaches
  - (3.) Frequent trips to bathroom
  - (4.) Excessive use of antacids, coffee/tea or other liquids, aspirin, cigarettes
- (viii.) Does the worker have any **CARDIOVASCULAR** difficulties?
  - (1.) Dizziness/fainting
  - (2.) Breathing irregularities
- (ix.) Have you noticed any changes in worker's **THINKING PATTERN**?
  - (1.) Hallucinations (see things that aren't there)
  - (2.) Delusions (false beliefs)
  - (3.) Bizarre or unusual ideas

### b) **SOCIAL INTERACTION BEHAVIOR**

- (i.) Does the worker appear **LESS SOCIABLE**?
  - (1.) Isolated/withdrawn
  - (2.) Smiles and talk to self
  - (3.) Refuses social contact
  - (4.) Lacks a sense of humor
  - (5.) Overly suspicious of others
  - (6.) Holds grudges/sulks
- (ii.) Has the worker become **TOO SOCIABLE**?
  - (1.) Talks too much with co-workers
  - (2.) Plays pranks/jokes
  - (3.) Monopolizes conversations
  - (4.) Inappropriate sex behavior
  - (5.) Flashes money

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

- (iii.) Are there **CHANGES IN** the worker's choice of **FRIENDS**?
  - (1.) Especially for breaks/lunch or transportation
  - (2.) Only those younger or easily dominated
  - (3.) Has separate set of friends just for drinking or gambling
- (iv.) Are there changes in the way **OTHER WORKERS REACT** to the worker?
  - (1.) Ignore or avoid
  - (2.) Get angry with
  - (3.) Become condescending
  - (4.) Complain about
  - (5.) Mistrust
- (v.) Does the worker show more **ANGER**?
  - (1.) Impatient
  - (2.) Overreacts to real/imagined criticism
  - (3.) Irritable/argumentative
  - (4.) Physical fights
  - (5.) Temper outbursts
- (vi.) Does the worker try to **MANIPULATE OTHERS**?
  - (1.) Brags/exaggerates/show off
  - (2.) Acts naïve or innocent
  - (3.) Lies
  - (4.) Borrows money
- (vii.) Have you noticed changes in the worker **SPEECH BEHAVIOR & CONTENT**?
  - (1.) Talks slower/faster
  - (2.) Talks more/less
  - (3.) Stammers
  - (4.) Jumps from topic to topic
  - (5.) Talks about hopeless future
  - (6.) Preoccupied with suicide, disasters, destruction
  - (7.) Never chats about family/interests

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

(viii.) Does the WORKER have more COMPLAINTS about:

- (1.) Physical ailments
- (2.) Back pain/muscle aches
- (3.) Co-workers or superiors
- (4.) Being ignored/left out
- (5.) Family/money problems
- (6.) Lack of privileges
- (7.) Filling out required forms
- (8.) Or, has stopped complaining

c) **WORK PERFORMANCE BEHAVIOR**

(i.) Work Performance Behavior

- (1.) Is the worker ABSENT from work more than normal?
- (2.) Unexplained or vague reasons given for the absence
- (3.) Reports absence due to depression, anxiety or psychological treatment

(ii.) Has work QUALITY or QUANTITY changed?

- (1.) Greatly changed speed of working
- (2.) Changed level of work involvement

(iii.) Has the worker made more MISTAKES or BAD JUDGMENTS?

- (1.) Has numerous accidents
- (2.) Laughs off errors or reprimands
- (3.) Denies mistakes
- (4.) Unnecessarily condemns self for mistakes

(iv.) Does the worker have more difficulty CONCERNTRATING or remaining ATTENTIVE?

- (1.) Forgets important or obvious things
- (2.) Acts without thinking
- (3.) Daydreams too much
- (4.) Signs of dozing off
- (5.) Difficulty following procedures
- (6.) Startle response when addressed or with sudden noise
- (7.) Slow or confused verbal or behavioral responding

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

(v.) Is the worker ABSENT “ON THE JOB”?

- (1.) Wanders around the plant a lot
- (2.) Takes excessively long breaks and lunches
- (3.) Avoids a part of the plant because of fear
- (4.) Gets sick while at work

(vi.) Does the worker adhere to COMPANY POLICY?

- (1.) Steals or damages property
- (2.) Disregards rules
- (3.) Bends rules

(vii.) Have you noticed the worker becoming OVERCAUTIOUS?

- (1.) Overreacts to normal conditions
- (2.) Freezes or disappears in an emergency
- (3.) Overly concerned about details/accuracy
- (4.) Double-checks work too much

(viii.) Has the worker become OVERZEALOUS?

- (1.) Never takes breaks
- (2.) Comes to work early
- (3.) Hangs around after shift
- (4.) Volunteers for excessive amounts of overtime

(ix.) Does the worker engage in a lot of RISK-TAKING?

- (1.) Drives recklessly
- (2.) Operates equipment carelessly on or off the job
- (3.) Shows poor judgment in dangerous physical activities
- (4.) Gambles a lot

(x.) Has the worker’s COOPERATION with CO-WORKERS changed?

- (1.) Refuses to share equipment/information
- (2.) Refuses to take directions
- (3.) Refuses to accept help from others

# FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

## (xi.) DRUG /ALCOHOL USE

(1.) Describe the symptoms and behavior associated with alcohol and drugs:

- (A.) Alcohol
- (B.) Marijuana
- (C.) Cocaine
- (D.) Stimulants
- (E.) Depressants

### C. Recognizing Drugs, Sales and Distribution

1. In addition to alcohol, the common drugs that may be used in the area should be recognized. These are:

- a) Marijuana - (Cannabis) Plant which grows wild throughout most of the tropic and temperate regions of the world. Brilliant green plant with an odd number of saw-tooth edged leaves.

Examples: hashish, hashish oil, and marijuana

Look for: rolling papers, pipes, dried green plant material, odor of burnt hemp rope, marijuana cigarette clips

Behaviors or signs of cannabis use:

- bloodshot eyes
- dilated (wide) pupils
- euphoria
- relaxed inhibitions
- increased appetite
- appearance of intoxication or disorientation

- b) Stimulants - How it works: stimulates the central nervous system.

Uses: treatment of narcolepsy, obesity, and hyperactivity in children

Examples: caffeine, nicotine, amphetamines (speed), methamphetamines, some over the counter diet pills, and cocaine.

Look for: pills, capsules, weight loss, glass vials or pipes, white crystalline powder or chunks ("rocks"), razor blades, spoons or straws

Behaviors or signs of stimulant use:

- risk taking due to or excitement overconfidence
- loss of sleep or appetite
- increased alertness
- irritability or anxiety
- euphoria
- constricted pupils
- mood swings
- hyperactivity

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

- c) Depressants - How it works: depresses the central nervous system  
Uses: relief of anxiety, irritability, tension, and insomnia  
Examples: barbiturates, Valium, Quaaludes, some over-the-counter medications, and alcohol  
Look for: capsules and pills, tablets, alcoholic beverage bottles, cans, or containers

Behaviors or signs of depressant use:

- slurred speech
- disorientation
- lowered inhibitions
- glazed eyes
- hangover
- confused behavior
- longer periods of sleep
- intoxicated behavior
- bloodshot - watery eyes (alcohol)
- smell of alcohol on breath

2. Individuals should be sensitive to any attempt to sell or distribute drugs on company property.
- a) There is no typical drug dealer
  - b) Drug dealers come from all parts of society
  - c) Drug transfer or sale can take place quickly, involving nothing more than a casual personal exchange.
3. Escorts and all workers need to be aware of locations where drugs can be concealed:
- a) Clothing—pockets, socks, shoes, underwear, hard-hats and caps
  - b) Personal containers—briefcases, purses, lunch boxes
  - c) Tobacco packages—cigarette and chewing tobacco packs

### D. Individual Responsibility for BOP and Reporting FFD Concerns

1. Every individual is responsible is to:
- a) recognize individual behavioral changes that, if left unattended, could lead to acts detrimental to public health and safety.
  - b) report behavior changes to supervision

### E. Individual Responsibility and Process Regarding Referrals to EAP

1. Review procedures for referring an individual to the Employee Assistance Program
- a) Supervisor's first responsibility is plant safety, and if required removing the individual from unescorted access.
  - b) Do not try to diagnose the problem.

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

- F. Individual(s) Designated by Energy Northwest to Receive FFD Concerns
1. The individuals designated by the licensee to receive FFD Concerns include:
    - a) Supervisor
    - b) Reviewing Official
    - c) FFD Staff

G. Fatigue and Decreased Alertness Risk Factors and Symptoms

1. Risk factors for fatigue include:
  - a) Extended Work and/or Commuting Periods
  - b) Split-Shift Work Schedules
  - c) Sleep/Work Periods Conflicting with Circadian Rhythms
  - d) Changing or Rotating Work Schedules
  - e) Unpredictable Work Schedules
  - f) Lack of Rest or Nap Periods During Work
  - g) Sleep Disruption
  - h) Inadequate Exercise Opportunities
  - i) Poor Diet
  - j) Environmental Stressors
2. Behavioral symptoms including:
  - a) yawning, red eyes
  - b) prolonged or excessive blinking
  - c) irritability
  - d) sleepiness
  - e) difficulty concentrating
  - f) apathy
  - g) feeling of isolation
  - h) annoyance
  - i) increased reaction time to stimulus
  - j) slowing of higher-level mental functioning
  - k) decreased vigilance
  - l) memory problems
  - m) task fixation
  - n) increased errors while performing tasks

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

### H. Contributors to Worker Fatigue

1. Task conditions including:
  - a) repetitive tasks, tasks with high mental focus or attention demands
  - b) tasks that require the individual to be sedentary
  - c) tasks that limit social interaction
  - d) In studies fatigued individuals consistently underreported how tired they really were
  - e) A tired individual truly does not realize the extent of actual impairment.
2. Environmental conditions including:
  - a) high heat and humidity
  - b) low lighting
  - c) low frequency noise/white noise

### I. Circadian Variations in Alertness

1. An individual's ability to perform and remain alert is influenced by physiological changes that follow a daily pattern.
2. Humans are hard-wired with a genetically-determined biological need for sleep and with a circadian pacemaker that programs us to sleep at night and to be awake during the day, on a 24-hour schedule.
3. Twenty-four hour operations challenge these basic physiological principles.
  - a) Individuals may be trying to work when the brain is programmed to be asleep, during the circadian low point in alertness and performance capacity.
  - b) Conversely, individuals may be trying to sleep when the brain is programmed to be awake; leading to sleep loss and poor sleep quality, which further degrades alertness and performance capacity.
4. Shift work, altered and changing work schedules, crossing time zones, long hours of continuous wakefulness, and sleep loss can create sleep and circadian disruptions that degrade waking function.
5. This result is:
  - a) fatigue and sleepiness while driving
  - b) monitoring equipment, into degraded vigilance and decision-making
  - c) into a wide range of other performance effects that can erode the safety margin in operational settings

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

### J. Indications and Risk Factors for Common Sleep Disorders

1. Sleep is a complex, active physiological state that is vital to human survival.
2. When an individual is deprived of sleep, the response is sleepiness, which is the brain's signal to prompt an individual to obtain sleep.
3. When deprived of sleep (acutely or chronically), the human brain can spontaneously, in an uncontrolled fashion, shift from wakefulness to sleep in order to meet its physiological need for sleep.

### K. Shift work strategies for obtaining adequate rest

1. The following are strategies for obtaining adequate rest
  - a) Minimize sleep loss
  - b) Take naps
  - c) Develop good sleep habits
  - d) Understand affects of food, alcohol and exercise

### L. Fatigue Countermeasures

1. The following countermeasures had been determined to be the most effective in counting fatigue:
  - a) Adequate Sleep
  - b) Caffeine
  - c) Napping
  - d) Anchor Sleep
  - e) Trip Planning
  - f) Good Sleeping Environment.

### M. Recognizing Behaviors Adverse to Safe Operation and Security of the Facility

1. Unusual interest in or predisposition towards security
2. Operations activities outside the scope of ones normal work assignments
3. Frequent unexplained absence from work assignments
4. Unusual or inadequate response when confronted about being in a plant or office location outside of the worker's usual scope of work
5. Unusual views or opinions that might be directly or indirectly threatening to a nuclear facility
6. An employee in an area outside of his usual scope of activities who can't provide an appropriate explanation.

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

7. Abnormalities that could be vandalism and/or tampering. Examples include but are not limited to:
  - a) Misaligned breakers or valves
  - b) Cut wires or cables
  - c) Foreign objects in machinery, reservoirs or tanks
  - d) Inappropriate holes drilled, punched or cuts in pipes, tubes or hoses
  - e) Damage to a component such that its safety or security function is impeded

### N. Reporting Potential Problems

1. When a behavioral problem is detected immediate reporting to a supervisor and security or FFD program personnel is required.
2. The primary concern is to preclude actions that could be detrimental to the individual, other workers, or plant safety.

### O. The Supervisor's Role and Responsibility in the AA & FFD Program

1. Managers and supervisors have specific responsibility in the company's FFD and BOP programs for:
  - a) Observing:
    - (i.) Assigned individuals' behavior patterns over time
    - (ii.) Other workers and reporting any aberrant behavior detected.
  - b) Documenting behavioral problems is an essential element in long-term observation so the cause of the change can be addressed.
    - (i.) It is important to record facts as they occur.
    - (ii.) Accurate records become a tool for taking appropriate action and can be of use in the EAP problem solving process.
    - (iii.) Records are essential if disciplinary action becomes warranted.
  - c) Act proactively to address behavior problems. A supervisor's responsibility is to recognize declining job performance, caused by behavioral problems, in its early stages and to respond promptly and constructively. When a supervisor observes or suspects that an individual is "unfit for duty", he/she should report those suspicions/observations to the individual's immediate supervisor and/or AA/FFD program personnel. In addition, the supervisor should:
    - (i.) Request that another supervisor or other utility employee, if a supervisor is not available, act as a witness to the circumstances
    - (ii.) Relieve the individual of duty, if appropriate

## FITNESS-FOR-DUTY / BEHAVIOR OBSERVATION HANDOUT

- (iii.) Report the facts of the situation to, security, and/or the AA/FFD program personnel
- d) Completing annual supervisory reviews for each individual with Unescorted Access Authorization/Unescorted Access (UAA/UA), maintained for 365 consecutive days. The evaluation shall be conducted by the individual's immediate supervisor. The review shall be based on interactions with the individual over the review period and include:
  - (i.) A description of any condition that may have resulted in the employee acting or behaving in an unconventional manner
  - (ii.) Any circumstances which may indicate the need to refer the employee for additional medical or psychological review
  - (iii.) Any information developed over the review period indicating behavioral norm deviations which have been reported to the supervisor through implementation of the BOP, as well as those behavioral norm deviations personally observed by the supervisor.
- e) Annual Supervisory Reviews shall be forwarded to an access authorization program reviewing official to determine if additional action is required concerning the individual's trustworthiness, reliability, and fitness for duty.

### P. Removing Access to the Protected Area

1. Action must be taken to remove access to the protected area when a supervisor becomes aware of a worker's change in behavior that could impact trustworthiness.

### Q. Employee Assistance Program

1. Review procedures for referring an individual to the Employee Assistance Program
  - a) Supervisor's first responsibility is plant safety, and if required removing the individual from unescorted access.
  - b) Do not try to diagnose the problem.