## DRUGS AND ALCOHOL IN THE WORKPLACE POLICY

[Organization Name] recognizes impairment as a serious health and safety issue in the workplace as it can reduce the abilities and judgement of employees. We also recognize that substance abuse and dependency are medical issues that certain employees may struggle with. [Organization Name] is therefore committed to:

1. Creating a safe and healthy workplace by prohibiting the unsafe use of drugs and alcohol in the workplace; and
2. Providing support to any employees with dependency issues.

POLICY

To protect our organization, employees, clients, and the public at large, [Organization Name] prohibits the use of any substances that lead to impairment such as drugs or alcohol, whether legal or illegal, while in the workplace or representing [Organization Name], unless they have been authorized in writing for use by management for medical reasons or in special circumstances such as a company event.

Employees may not be impaired while working, whether on-site, off-site or while working from home. Employees who are unfit to report to work for any reason should notify their supervisor using their regular process. Safety is our number one priority at [Organization Name].

Employees who fail to comply with this policy may face disciplinary action, including termination, or the involvement of the authorities, where necessary.

Safety Concerns with Machinery or Equipment

Driving or operating machinery, including work vehicles, while under the influence is strictly prohibited.

Should an employee who operates machinery or equipment, including company vehicles, report to work and inform their supervisor/manager of their current state of impairment, their supervisor/manager is required to take immediate action, which may include sending the employee home in a taxicab or other commercial vehicle, and pursuing disciplinary action at a later date when the employee is no longer impaired.

Solicitation or Possession of Illegal Substances

Solicitation, or possession of illegal substances within the workplace is strictly prohibited at all times. There are no exceptions to this rule.

Work Events

Certain work situations (work parties, events, etc.) may allow for consumption of legal substances. These exceptions to company policy will be communicated by management and employees will be expected to use appropriate judgement and reasonable consumption levels while in these situations.

Duty to Accommodate

[Organization Name] is committed to providing disability-related accommodation up to the point of undue hardship to employees who come forward with an addiction issue, or to employees who require cannabis for a medical purpose related to a disability.

Employees with substance abuse or dependency concerns are encouraged to share these challenges with their manager/supervisor so that proper and appropriate accommodations can be organized. They may do so without fear of negative consequences. All employee medical information will be treated as confidential.

Medical Use of Cannabis

An employee can consume edible cannabis for a medical purpose related to a disability as long as it does not interfere with workplace safety and health or the performance of their job duties.

In accordance with smoking and human rights laws:

* Employees may not smoke or vape cannabis for a medical purpose related to a disability in places where laws or rules prohibit smoking or vaping cannabis and tobacco for public health reasons.
* Where there is medical need to smoke or vape cannabis, [Organization Name] will allow an employee who smokes cannabis for a medical purpose to smoke outside in places where smoking is permitted by law.

Employee Responsibilities

Employees are responsible for:

* Following the procedures outlined in this policy
* Informing their supervisor/manager in the event that they are under medical care and require the use of a prescription drug which may impair their abilities
	+ Employees are not to share their diagnosis or prognosis with the supervisor/manager; the information regarding their medication is precautionary only
* Employees must also inform their supervisor/manager in the event that they arrive at work impaired
* If an employee should observe the suspected impairment of another employee, they have a responsibility for informing their supervisor/manager to ensure the health and safety of all others attending the workplace
* Using their judgement in the case of work events, either taking place off-site or at [Organization Name]’s premises

Supervisor/Manager Responsibilities

If a supervisor notices the potential impairment of an employee, the supervisor has a responsibility to investigate and ensure the safety and health of employees.

Supervisors/Managers are also responsible for:

* Informing employees about and enforcing this drug and alcohol policy
* Ensuring employees under their direct supervision are fit for work
* Alerting the authorities should an employee attempt to drive while under the influence or a legal or illegal substance
* Providing job accommodation to employees who require it
* Providing clear instructions to employees for special events such as company parties to ensure employees clearly understand what they are and are not allowed to do

Suspicion of Impairment

[Organization Name] will provide training to supervisors and workers on the impact of impairment and on how to recognize and respond to possible signs of impairment.

This includes the use of the Suspicion of Impairment checklist and then follow-up actions with the employee who is suspected of being impaired.

Follow-up actions may include:

* Ensuring that the employee is returned to their home
	+ However, if the employee is impaired, [Organization Name] will not condone them using their own vehicle and will make arrangements for alternate transportation such as a taxi or an uber
		- Should an employee insist on driving themselves, the authorities will be notified
* Scheduling a meeting with the employee at the workplace to discuss the impairment
* Inquiring about potential dependency/addiction

Additional actions may include drug and alcohol testing, administrative leaves or suspensions, and agreements for counselling as appropriate under human rights and employment legislation. Each situation will be assessed individually.

##

## DRUGS AND ALCOHOL REASONABLE SUSPICION CHECKLIST

| Name of Observed Employee   | Date   | Time (am/pm)  |
| --- | --- | --- |
| Location |  |  |

When there is reasonable suspicion that an employee at work is unfit for duty, the supervisor or manager observing the behavior as well as another supervisor/manager as witness, if possible, must complete the checklist below. Where “Other” is checked, please describe.

| **Observation Checklist**  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Walking**  | **Yes**  | **No**  |  | **Yes**  | **No**  |  | **Yes**  | **No**  |
|  Holding on  |    |    |  Stumbling  |   |   | Unable to walk  |    |    |
|  Unsteady  |    |    |  Staggering  |  |  | Swaying  |    |    |
|  Falling  |    |    |  Other  |   |  |  |  |  |
| **Standing**  | **Yes**  | **No**  |  | **Yes**  | **No**  |  | **Yes**  | **No**  |
|  Swaying  |    |    |  Feet wide apart  |  |  |  Unable to stand  |    |   |
|  Rigid  |    |   |  Staggering  |  |  |  Sagging at knees  |    |    |
|  Other  |    |  |  |  |  |  |  |  |
| **Speech**  | **Yes**  | **No**  |  | **Yes**  | **No**  |  | **Yes**  | **No**  |
|  Whispering  |    |    |  Slurred  |  |  |  Shouting  |    |   |
|  Incoherent  |    |    |  Slobbering  |  |  |  Silent  |    |    |
|  Rambling  |    |    |  Mute  |  |  |  Slow  |   |    |
|  Other  |   |  |  |  |  |  |  |  |
| **Demeanor**  | **Yes**  | **No**  |  | **Yes**  | **No**  |  | **Yes**  | **No**  |
|  Cooperative  |    |    |  Calm  |  |  |  Talkative  |    |   |
|  Sarcastic  |    |   |  Sleepy  |  |  |  Polite  |    |    |
|  Crying  |    |    |  Sleeping on job  |  |  |  Argumentative  |    |    |
| Other  |  |  |  |  |  |  |  |  |
| **Actions**  | **Yes**  | **No**  |  | **Yes**  | **No**  |  | **Yes**  | **No**  |
|  Hostile  |    |    |  Fighting  |  |  |  Profanity  |    |   |
|  Drowsy  |    |   |  Threatening  |  |  |  Hyperactive  |    |    |

| **Eyes**  | **Yes**  |  | **No**  |  | **Yes**  | **No**  |  | **Yes**  | **No**  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  Bloodshot  |    |  |    |  Watery  |  |  |  Droopy  |    |   |
|  Dilated  |    |  |   |  Glassy  |  |  |  Closed  |    |    |
|  Other  |   |  |  |  |  |  |  |  |
| **Face**  | **Yes**  | **No**  |  | **Yes**  | **No**  |  | **Yes**  | **No**  |
|  Flushed  |    |    |  Pale  |  |  |  Sweaty  |    |   |
|  Other  |   |  |  |  |  |  |  |  |
| **Appearance/Clothing**  | **Yes**  |  | **No**  |  | **Yes**  | **No**  |  | **Yes**  | **No**  |
|  Neat  |    |  |    |  Unruly  |  |  |  Messy  |    |   |
|  Dirty  |    |  |   |  Stains on clothing  |  |  |  Having odor  |    |    |
|  Partially dressed  |    |  |  | Bodily excrement stains  |  |  |   |   |   |
|  Other  |   |  |  |  |  |  |  |  |
| **Breath**  | **Yes**  |  | **No**  |  | **Yes**  | **No**  |  | **Yes**  | **No**  |
|  No alcoholic odor  |    |  |    |  Faint alcoholic odor  |  |  |  Alcoholic odor  |    |   |
| No cannabis or drug order |    |  |   | Smell of cannabis |  |  | Smell of another known drug  |   |   |
|  Other  |   |  |  |  |  |  |  |  |
| **Movements**  | **Yes**  |  | **No**  |  | **Yes**  | **No**  |  | **Yes**  | **No**  |
|  Fumbling  |    |  |    |  Jerky  |  |  |  Nervous  |    |   |
|  Other  |   |  |  |  |  |  |  |  |

 Presence of alcohol and/or drugs in associate’s possession or vicinity

 On-the-job misconduct by employee

 Employee admission concerning alcohol use and/or drug use or possession

If there are witnesses to employee’s conduct list:

| Other observations: (if accident, provide details)     |
| --- |
| Employee’s explanation of reasons for their conduct:          |

Once the above portion of form has been completed by you and a witness, you are now ready to take a position with the employee. Be certain to follow company procedures as outlined in [Organization Name]’s Drug and Alcohol Policy.

*(Check one)*

 Employee has agreed to testing

 Employee has not agreed to testing

| Supervisor/Manager Signature   | Date   |
| --- | --- |
| Witness Signature   | Date   |