**WORKPLACE IMPAIRMENT POLICY & PROCEDURE**

Your Company Name is committed to creating a safe environment for our employees, customers and members of the public. This duty includes addressing any issue that may impair an employee’s ability to perform their work functions responsibly.

All individuals working at Your Company Name (including volunteers and contractors) are expected to report fit for duty for scheduled work and be able to perform assigned duties safely and acceptably without any limitations due to use or after effects of alcohol, illicit drugs, non-prescription drugs, prescribed medications, or any other substance that may impair judgment or performance.

Your Company Name has taken the position that the presence of illicit drugs, recreational drugs and alcohol on the worksite is not permitted. Any individual failing to adhere to this policy will be subject to discipline up to and including dismissal.

Managers and supervisors are to identify and handle all situations promptly where there are concerns about an individual’s ability to perform his or her job safely due to impairment.

Employees who are assessed and suspected of being impaired while at work will be sent home immediately, sufficient transportation will be arranged. The Supervisor is responsible for documenting any incidence of suspected impairment.

Employees are encouraged to inform their supervisors or another named person(s) about any situation that may compromise their safety or the safety of others, or impair their performance.

Your Company Name will use fit-for-work procedures, and provide accommodations (where appropriate). Your Company Name understands that disabilities are protected through human rights legislation.

Your Company Name will provide support for employees by providing access to a confidential assessment, counselling, treatment, and after-care services.

Employees who have substance dependence are strongly encouraged to seek assistance through the Employee Assistance Program. All voluntary referrals to the Employee Assistance Program are kept confidential.

Employees shall advise their supervisor whenever they have any concerns about their colleagues’ fitness for duties. The Human Resources contact will work with the immediate supervisor to determine appropriate disciplinary action if necessary.

The Supervisor will ensure adherence to reporting requirements with the appropriate governing bodies.

XXXXXXX Date

Vice President

Your Company Name

**PURPOSE**

This procedure establishes expectations for reasonable behaviour as it relates to the use of substances that could impact a Worker’s or sub-contractor’s ability to perform their work duties safely, competently and efficiently. The Policy strives to respect the dignity and privacy of individuals; and places a priority on treatment, accommodation and the successful recovery of Employees who have a Substance Use Disorder.

**SCOPE**

This Policy applies to all Employees while at work, while conducting business (whether at our workplace or a customer facility), this also applies to wherever the work is taking place and includes while traveling and attending things such as conferences or trade shows.

All of our sub-contractors are also expected either to adopt this policy and its procedures as their own or to develop and enforce their own Substance Use Policy as it pertains to employees (if any) when engaged in work on behalf of Your Company Name

**DEFINITIONS**

**Alcohol** - The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol. Beverage alcohol includes but is not limited to beer, wine, distilled spirits and very low alcohol products (e.g. beer with 0.5% alcohol by volume) as are included in this definition (Ontario Ministry of Health).

**Fit for Work -** An Employee is able to perform the duties of the job with efficiency, competence and in a safe manner as compared to established or generally accepted performance standards.

**Illicit Drugs -** Any drug or substance that is not legally obtainable by the Employee and whose use, sale, possession, purchase or transfer is restricted or prohibited by Canadian law (which may include but is not limited to street drugs such as cannabis, cocaine, heroin, hallucinogens, stimulants), and includes prescription drugs that have not been lawfully prescribed to the Employee.

**Impaired/Unfit for Duty -** The inability to safely, competently or efficiently perform work duties without limitation resulting from Substance use, after effects of Substance use or otherwise being under the influence of Substances. Impairment can also be a cause of fatigue/ lack of sleep.

**Medication -** A drug obtained legally, either over the counter or as properly prescribed by a registered and regulated health professional inclusive of medicinal cannabis.

**Misuse of Medication -** The intentional use of Medication in a way or for a purpose that was not intended or under circumstances that risks the health or safety of the Employee, his/her co-Workers and/or the Workplace.

**Substance -** Any substance that is ingested, consumed or otherwise taken, and includes Alcohol, Illicit Drugs, recreational drugs and Medication the use of which represents a Misuse of Medication.

**Recreational Drugs** – includes recreational cannabis in all forms including plant, oils, mists and food goods that may include recreational drugs.

**Substance Use Disorder -** A primary, progressive, and chronic disease characterized by the regular, repetitive, habitual, compulsive, obsessive use of a Substance or a combination of substances. Moderate to Severe Substance Use Disorder is characterized by a preoccupation with the Substance(s), loss of control, increased tolerance to the Substance(s), harmful consequences in one or more major life areas, denial and delusion.

**Fatigue Impairment** – Fatigue is the state of feeling very tired, weary or sleepy resulting from insufficient sleep, prolonged mental or physical work, or extended periods of stress or anxiety.

**Accommodation Plan** – when a worker is required to take drugs as part of a healing process, or if a worker has informed the employer or supervisor of an addiction to drugs or alcohol, the employer will assess the work that the worker engages in and will work with the worker to find a way they can work safely. Accommodation Plans will be based on the work the worker does and what is considered to be a reasonable accommodation for both the worker and the employer.

**Safety Sensitive Position**; A safety-sensitive position refers to a job in which the employee is responsible for his or her own or other people's safety. It also refers to jobs that would be particularly dangerous if performed under the influence of drugs or alcohol.

**Management Commitment**

Your Company Name is committed to:

* Firmly and fairly enforcing the principle that its employees must not be impaired while at work, while conducting business at our company or at a customer facility. Impairment can be the result of drug use, both illegal and recreational drugs, alcohol use and extreme fatigue.
* We will take every precaution reasonable in the circumstances for the protection of our Workers.
* Communicating to Employees about the risks and potential consequences of Substance Use, Substance Use Disorder and Impaired Employees in the Workplace, including the negative impact on job performance, health and safety and disciplinary action that may result when an Employee reports for work in an Impaired/Unfit for Work state;
* Providing education and training to help employees, Supervisors and others to identify impaired behaviour and/or to recognize warning signs that may indicate that they or another employee may have a Substance Use Disorder, and to identify to them in either instance what the appropriate response and next steps are, including advising regarding any rights to confidentiality that an employee may have;
* Investigate suspected incidences of impairment as soon as suspicion is established.
* Providing employees who have a Substance Use Disorder with appropriate accommodations to access to programs, services, benefits, or work accommodation in order to assist them to overcome their dependency in accordance with our company policy.
* Provide employees who are under short term prescription use of drugs with an accommodation plan that will see them getting back to their regular work duties.

**It is Your Company Name’s expectation that Employees:**

* Employees must advise their supervisor if they reasonably believe that another employee has a Substance Use Disorder or that another employee is or has been Impaired while at work.
* Employees must be fit for work and not impaired while at work, while conducting work.
* Must **not** report for duty while impaired by Alcohol or drugs of any sort. This includes any prescribed drugs and recreational drugs such as cannabis.
* Report to your manager or supervisor if you are so tired (fatigue) that you can not safely do your job or task.
* No worker is allowed to use, possess, distribute, offer or sell drugs including cannabis or drug paraphernalia in the workplace;
* Must not engage in the unauthorized consumption of alcohol while on duty or while in the workplace, except where otherwise provided for in this policy;
* If a worker is prescribed any medication that may cause impairment, they have a responsibility to notify your supervisor so that steps can be taken to ensure your safety and the safety of others.
* Must not engage in or suffer the continuing effects of misuse of medication while at work;
* Must use medications responsibly, ensuring that their ability to perform work safely, competently and/or efficiently is not impaired;
* When on standby or in on-call situations, must remain fit for work and not impaired, or decline the call;

## RESPONSIBILITIES

**Employees are responsible for the following**:

* To be fit for work and remain fit for work throughout their work day. This means being able to perform assigned duties safely, competently and productively without any limitations due to drug, alcohol use or the after-effects of these substances. This would also include the effects of fatigue. Employees must not consume Substances prior to reporting to work, during unpaid breaks or at any other time during their work day. For clarity, no employee is allowed to consume drugs or alcohol including recreational cannabis (in any form) before work or during breaks.
* Understand that where there is reasonable cause to believe that an employee is Impaired/Unfit for work or may be unable to perform his or her job safely, competently and efficiently he or she may not be allowed to work. Employees that are suspected of being impaired will be sent home by taxi or other means at the expense of the Worker.
* They may be accommodated through other duties; or where the Employee has not disclosed any conditions that may be contributing to his or her Impaired/Unfit for work state he or she may be subject to discipline, up to and including termination. The nature of the Employee’s employment, previous instances of reporting for work in an Impaired/Unfit for work state, and whether or not an error or accident has occurred, as a result of that state will be considered in the level of discipline that may be imposed.
* Where there is reasonable cause to believe that an Employee is engaging in Substance use or has a substance use disorder that might hinder the Employee’s ability to perform his or her assigned duties safely, competently or productively or which may compromise the employee’s, or others’, health and safety, the Employee will be encouraged to self-disclose any conditions that might be contributing to his or her inability to do his or her job. This is required so that the company can develop an accommodation plan for the worker.
* Assume ownership of his or her Substance Use Disorder, including an expectation that the Employee will use counseling and treatment services available to him or her. An Employee with a Substance Use Disorder will not be disciplined or terminated as a result of requesting help to overcome a Substance Use Disorder or as a result of his or her participation and involvement in rehabilitation efforts.
* Recognize that problems related to alcohol and drug use or dependency does not excuse inappropriate behaviour or unsafe work performance. Workers who engage in behaviour that would normally fall under our violence or harassment policy, and disciplinary actions may be taken.
* Recognize that if a supervisor or manager has reason to believe that a worker may be impaired by drugs or alcohol, they have an obligation under this policy to initiate an investigation into the suspected impairment. Supervisors that feel that a worker may be impaired by drugs, alcohol or fatigue are required to send that worker home. The cost of getting the worker home will be the expense of the worker. If the worker can not pay for the ride home, the company will cover the costs and will deal with the repayment with the worker at a later time.

**Employees identified as having a substance use disorder or who are voluntarily seeking or receiving treatment for substance use disorder must:**

* Undergo a substance abuse professional assessment and follow the recommended treatment, rehabilitation and/or follow-up programs (e.g. after care) in order to ensure that their employment and position at Your Company Name is maintained for them. An Employee who refuses to participate or co-operate in such programs, may be subject to discipline, up to and including termination of his or her employment.
* Participate in work accommodation, if necessary and if available, during the course of treatment, rehabilitation and/or follow-up programs.
* Understand that their consent to the sharing of their rehabilitation status with their supervisor(s) after treatment and (where applicable) prior to their return to work, may be required. Any information shared with the Employee’s supervisor(s) will be assessed by Return to Work Program (Human Resources) on a “need-to-know” basis only in order to ensure that the Employee receives the appropriate level of support and Workplace monitoring on their return to work.
* Be aware that, if the employee refuses to consent to the sharing of rehabilitation information where it has been deemed necessary, they will not be able to return to work until Your Company Name has been assured that they do not pose a health and safety risk in the position to which they will be returning. Benefit entitlement during this period will be reviewed.
* Participate in any further treatment or follow up care that is necessary when they return to the Workplace to prevent recurrence or relapse.

**Managers and Supervisors are responsible for the following**:

* Communicate with Employees about the need to maintain a workplace that is free from Substance use. This includes answering questions about this Policy and its related Procedure.
* Early and regular identification and management of performance issues related to Substance use and/or Substance Use Disorder. If an Employee’s work performance has deteriorated to an unacceptable level or an Employee’s actions jeopardize his or her own health and safety, the health and safety of others, or the reputation of Your Company Name, Managers and Supervisors are responsible for taking appropriate remedial action.
* If a manager or supervisor has any reason to believe that a worker may be imparted by drugs, alcohol or things like lack of sleep, they shall investigate the suspicion of impairment to ensure the safety of the worker and others. Special attention will be given to Workers who may have a safety sensitive position.
* Remedial action that may be appropriate will include documenting suspected impairment including performance issues; providing written feedback to the Employee along with the documented details of any impairment, including Substance use or Substance Use Disorder related events.
* Encourage Employees to self-disclose any conditions or concerns, including Substance use or Substance Use Disorder that might impair their job performance or compromise their or others health and safety. Supervisors and Managers need to facilitate a working environment that is conducive to self-disclosure.
* Encourage Employees to disclose any conditions or concerns including impairment or Substance Use or Substance Use Disorder regarding a co- worker that might impair the job performance or compromise health and safety.
* Identify and address any situation where an Employee appears to be Impaired/Unfit for work that could impact their ability to perform their job in a safe, competent or efficient manner.
* Prohibit**, without exception**, the operation of a motor vehicle and/or machinery by an Employee who appears to be impaired/unfit for work.
* Take appropriate steps for interventions if a Manager or Supervisor has a **“Reasonable Suspicion**” (evidence or reasonable cause to suspect an employee of drug or alcohol impairment) which may include removal from the workplace or jobsite.
* **Participate in education programs** that will allow you to identify signs and symptoms of impairment. All managers and supervisors will be required to attend a “Reasonable Suspicion” course to allow them to better identity impairment.

**EMPLOYEE ASSISTANCE**

Employees who have drug or alcohol problems are encouraged to seek assistance before performance problems (whether or not in violation of this policy) lead to disciplinary action.

Upon being approached by an employee for help in overcoming a drug/alcohol problem, or if the employee has been prescribed medication that may cause an impairment of any kind, Your Company Name will review the medication to understand the effects it may have on a person. For addictions, Your Company Name may put the employee in contact with a medicinal practitioner who, if necessary, will make a referral to the appropriate agency.

An acknowledgment by an employee of a drug/alcohol abuse problem will not be a cause for disciplinary action. Notwithstanding such, an employee’s request for assistance will not be a defense to the imposition of disciplinary action where a violation of this or other policies/workplace rules has occurred.

Employees who enter a treatment program will be required to sign a form authorizing the administrators of such program to release to the Company information regarding the employee’s progress and degree of commitment to the program.

The Company will exercise reasonable care and caution to maintain confidentiality relating to an employee’s participation in a treatment program.

If you come into to work and we can smell cannabis on you or we feel that you may be impaired by any other means, we are obligated to investigate to determine if you would have any level of impairment. If we have any reason to believe that you may be impaired by drugs or alcohol, we will send you home for the day. This may include sending you home in a cab, and this will be at your expense.

**PRESCRIBED MEDICATIONS**

There may be occasions where an employee has been provided prescription(s) for medicinal cannabis or other medicinal drugs which may have an impact on workplace safety. Where this is the case Your Company Name will make every effort to accommodate such employees with the following provisions:

* A prescription for medicinal cannabis or other medication does not entitle an employee to be impaired at work
* A prescription for medicinal cannabis or other medication does not entitle an employee to compromise his or her safety, or the safety of others
* A prescription for medicinal cannabis or other medication does not entitle an employee to smoke in the workplace. Smoke-free laws apply to smoking cannabis in the same way they do to regular cigarettes
* A prescription for medicinal cannabis or other medication does not entitle an employee to unexcused absences or late arrivals

The employer is, however, required to attempt to find suitable workplace accommodation for disabled employees who have a prescription for medicinal cannabis use, just as would be required for any other disabled employee with a medicinal drug prescription.

**DISCIPLINARY ACTIONS**

Non-compliance with this Policy may result in the appropriate disciplinary measures, up to and including dismissal from employment.

Disciplinary action may be taken as assessed on a case-by-case basis. The nature of an Employee’s position, previous instances of reporting for work in an Impaired/Unfit for Work state and whether or not an error or accident has occurred as a result of that Impaired/Unfit for Work state will be considered in the determination of an appropriate disciplinary measure.

**ACKNOWLEDGEMENT**

This policy will be communicated to all existing employees as part of our ongoing health and safety initiatives and to all new employees as part of our onboarding program.

**ACKNOWLEDGEMENT OF OUR IMPAIRMENT AT THE WORKPLACE POLICY AND PROCEDURES**

The below persons acknowledge that they have read and understand Your Company Name policy and procedures on Impairment in the workplace and understand that if they have any questions regarding this policy that they can contact their manager or supervisor for clarification of the policy.

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| **Print Name** | **Signature** | **Date:** |
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**IMPAIRMENT INVESTIGATION REPORT**

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| --- | --- | --- | --- | --- | --- |
| Employee name: | | | | | |
| Date of incident: | | | | | |
| Description of actual or suspected incident: | | | | | |
| How did the person that initiated this investigation come to realize that the worker may be impaired?  🞎 Report from another worker  🞎 Observations by the supervisor  🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Who was the person who initiated this investigation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What is their role with the company? | | | | | |
| **Has the worker admitted to taking any kind of drug or alcohol?** | 🞎 Yes  🞎 No | | Details: | | |
| **Behaviour**  **Behaviour cont.** | 🞎 Nervous? | | 🞎 Insulting? | | 🞎 Sleepy? |
| 🞎 Exaggerated Politeness? | | 🞎 Confused? | | 🞎 Combative? |
| 🞎 Excited? | | 🞎 Quarrelsome? | | 🞎 Extreme fatigued? |
| 🞎Uncooperative? | | 🞎 Poor memory? | | 🞎 Overly talkative? |
| 🞎 Happier than usual? | | 🞎 Staring into space? | | 🞎 Are they paranoid? |
| Other (please specify) | | | | |
| **Unusual Actions** | 🞎 Sweating? | | 🞎 Slow reactions? | | 🞎 Crying? |
| 🞎 Quick moving? | | 🞎 Tremors? | | 🞎 Fighting? |
| 🞎 Are they angry | | 🞎 Are they talking about things that do not make any sense? | | |
| Other (please specify) | | | | |
| **Speech** | 🞎 Slurred? | | 🞎 Slow? | | 🞎 Confused? |
| 🞎 Thick? | | 🞎 Rambling? | | 🞎 Pressured? |
| Other (please specify) | | | | |
| **Balance** | 🞎 Falling? | | 🞎 Staggering or unsteady on their feet? | | 🞎 Unsure? |
| 🞎 Needs support? | | 🞎 Stumbling? | | 🞎 Normal? |
| Other (please specify) | | | | |
| **Eyes & Appearance** | 🞎 Eyes blood shot? 🞎 Are pupils Dilated? 🞎 Unsure?  🞎 Are they dressed differently, shirt hanging out, collar up?  Other; | | | | |
| **Sobriety Tests** | Line walk Poor - 🞎 0 🞎 1 🞎 2 🞎 3 🞎 4 🞎 5 - Good  OLS Poor - 🞎 0 🞎 1 🞎 2 🞎 3 🞎 4 🞎 5 - Good  Hand to nose Poor - 🞎 0 🞎 1 🞎 2 🞎 3 🞎 4 🞎 5 – Good | | | | |
| **Is extreme fatigue a factor in this person’s possible impairment?** | 🞎 Yes - If yes, what are the details?  🞎 No | | | | |
| **Has the worker done something that would be considered as unsafe?** | Details: | | | | |
| **If impairment is evident, would this worker be a risk to themselves or others if allowed to continue working?** | 🞎 Yes  🞎 No  If yes, please describe: | | | | |
| **If impairment has been determined, what would be the contributing factors that may have caused this person to get to this state?** | 🞎 Depression  🞎Anxiety and stress  🞎Grief  🞎 life style 🞎 pre-existing addictions 🞎 family issues  🞎 illness/ Medical 🞎 worker not sure  Other: | | | | |
| **Witness / Other Employees Involved:** | Name: Position:  Name: Position:  Name: Position: | | | | |
| **Supervisor Actions:** |  | | | | |
| **What else is being done in this situation?** |  | | | | |
| **Planned Follow-up:** |  | | | | |
| **Signature of person conducting this report:** | |  | | Date: | |
| **Who else has been notified of this situation?** | |  | |  | |

**Notes:**

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