## DRUGS AND ALCOHOL POLICY

[Organization Name] recognizes impairment as a significant health and safety concern in the workplace, as it can negatively impact the abilities and judgement of employees. We also acknowledge that substance abuse and dependency are medical issues that some employees may struggle with. [Organization Name] is therefore committed to:

* Creating a safe and healthy workplace by prohibiting the unsafe use of drugs and alcohol on the premises;
* Providing support to employees with dependency issues.

DEFINITIONS

**Impairment (as per the Workers’ Safety & Compensation Commission):** (also known as unfit for duty/work) at any worksite can have severe consequences for not only the impaired worker, but also their co-workers, supervisor, and employer. Impairment can come from fatigue, stress, illness, or the use of alcohol, illicit drugs, prescribed and over-the-counter medication.

POLICY

To ensure the safety of our organization, employees, clients, and the public, [Organization Name] strictly prohibits the use of any substances that can cause impairment, including drugs or alcohol, whether legal or illegal, while in the workplace or while representing [Organization Name]. Exceptions to this policy may be made if authorized in writing by management for medical reasons or under special circumstances such as a company event.

Employees are prohibited from working while impaired, regardless of whether they are on-site, off-site, or working from home. If an employee is unfit to report to work for any reason, they should notify their supervisor following the regular process. Safety is our top priority at [Organization Name].

Failure to comply with this policy may result in disciplinary action, up to and including termination of employment, or involvement of the authorities, if necessary.

Safety Concerns with Machinery or Equipment

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

If an employee who operates machinery or equipment, including company vehicles, reports to work and informs their supervisor/manager of their current state of impairment, the supervisor or manager must take immediate action. This may include arranging for the employee to be transported 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, such as work parties or events, may allow for the consumption of legal substances if the event takes place in accordance with the laws of Nunavut. This includes compliance with the Cannabis Act and other relevant legislation. However, exceptions to company policy will be communicated by management, and employees will be expected to exercise appropriate judgement and consume substances responsibly in these situations.

Duty to Accommodate

[Organization Name] is committed to providing disability-related accommodations to employees who come forward with addiction issues or 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 or HR team member, without fear of negative consequences. All employee medical information will be treated as confidential.

Medical Use of Cannabis

Employees may not smoke or vape cannabis for a medical purpose related to a disability in places where smoking or vaping of cannabis and tobacco is prohibited for public health reasons.

When there is a medical need to smoke or vape cannabis, [Organization Name] will allow an employee who smokes cannabis for a medical purpose to do so outside in areas where smoking is permitted by law.

**Employee Responsibilities**

Employees are expected to:

* Follow the procedures outlined in this policy.
* Inform their supervisor/manager if they are under medical care and require the use of a prescription drug that may impair their abilities. Employees are not required to share their diagnosis or prognosis; the information regarding their medication is solely precautionary.
* Notify their supervisor/manager if they arrive at work impaired.
* Report any suspected impairment of another employee to their supervisor/manager to ensure the health and safety of all individuals attending the workplace, in accordance with the laws of Nunavut, Canada.

**Supervisor/Manager Responsibilities**

Supervisors and managers are responsible for:

* Informing employees about and enforcing the company's drug and alcohol policy and what it means to be fit for work.
* Ensuring employees under their direct supervision are fit for work.
* Having timely conversations with employees who show signs of impairment and/or substance use dependency, using a reasonable suspicion of impairment checklist.
* Taking appropriate action when an employee reports impairment or when signs of impairment are observed.
* Alerting the authorities if an employee attempts to drive while under the influence of a legal or illegal substance.
* Providing job accommodations to employees who require them.
* Providing clear instructions to employees for special events, such as company parties, to ensure employees 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

o 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.

## 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 Substance Abuse Policy.

*(Check one)*

Employee has agreed to testing

Employee has not agreed to testing

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

## 