



Alcohol and Substance Abuse Policy

Policy No: A-01-06

Updated: March 28, 2022

Policy Statement:

The Town aims to provide all employees with a drug-free and safe workplace. To this end, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner.

Responsibility: All Employees

Policy:

Violations of the Alcohol and Substance Abuse policy will lead to disciplinary action, up to and including immediate termination of employment for just cause. Such violations may also have legal consequences.

While employed by and on the premises of Town of Bow Island (the "Town") and while conducting business-related activities off the premises, no employee may use, possess, distribute, sell, or be under the influence of alcohol, cannabis or illegal drugs.

Please note that the only exception to this is if an employee is participating in a Town-sponsored social function or if an employee is conducting business in a social environment where alcohol is served. In those circumstances, the employee will ensure that safe transportation is available before consuming alcohol, and no equipment or vehicles are operated by the employee after consuming alcohol.

The legal use of prescription drugs* (including cannabis used for medical purposes) is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger the employee or other individuals in the workplace. Employees who are in safety sensitive positions or who operate machinery (including but not limited to motor vehicles) are required to report any prescription drug use that may impact their ability to safely carry out their job functions to human resources (if there is any doubt, please report). Once reported, the Town will take appropriate measures to ensure employee safety, in accordance with applicable health and safety and human rights legislation.

Any employee reporting for work and found to be under the influence of alcohol, cannabis, illegal drugs, controlled substances or prescription drugs (subject to the qualification above, i.e. prescription drugs that do not impair an employee's ability to carry out their essential duties) will be asked to leave the premises but will be provided transportation to ensure that they arrive home safely.



Employee Assistance Program: Employees with questions or concerns about substance dependency or abuse are encouraged to seek information from their Supervisor, Payroll Clerk, Benefits Coordinator or co-worker regarding available support and appropriate resources in the community. Such requests should be made before a workplace incident/accident/near miss. Further, the Town is pleased to provide full time employees with access to our Employee Assistance Program. This service is available through the employee benefit package.

Employees with drug or alcohol problems that have not resulted in and are not the immediate subject of disciplinary action may request approval to take unpaid time off to participate in a rehabilitation or treatment program. This leave may be granted if the employee agrees to participate fully in the rehabilitation program, if the employee agrees to abide by all Town policies, rules, and prohibitions relating to conduct in the workplace, and if granting the leave does not cause the Town undue hardship. Employees who fail to seek assistance before a workplace incident/accident/near miss may be subject to discipline up to and including termination of employment for just cause for violating this policy.

** For purposes of clarity, prescription drugs include but are not limited to pain relievers and cannabis used for medical purposes.*

Procedures:

1. If a supervisor or colleague notices behavior that indicates an employee may be affected by the use or abuse of alcohol or drugs while at work this must be reported to the department head immediately.
2. If it is determined that the employee is being influenced by alcohol or drugs, disciplinary action may be taken.
3. All actions taken, and employee information obtained from this policy will be confidential and privacy of the employee will be respected.
4. If a violation of this policy occurs because an employee suffers from a disability-including drug or alcohol dependency- the Town's response will be directed towards rehabilitation.



Reporting Suspected Impairment

Reporting Employee Name:			
Date of Incident or Concern:			
Description of Incident or Concern and those involved:			
Behaviour	<input type="checkbox"/> Nervous?	<input type="checkbox"/> Insulting?	<input type="checkbox"/> Sleepy?
	<input type="checkbox"/> Exaggerated politeness?	<input type="checkbox"/> Confused?	<input type="checkbox"/> Combative?
	<input type="checkbox"/> Excited?	<input type="checkbox"/> Quarrelsome?	<input type="checkbox"/> Fatigued?
	<input type="checkbox"/> Uncooperative?	<input type="checkbox"/> Poor memory?	<input type="checkbox"/> Overly talkative?
	Other (please describe)?		
Unusual Actions	<input type="checkbox"/> Sweating?	<input type="checkbox"/> Slow reactions?	<input type="checkbox"/> Crying?
	<input type="checkbox"/> Quick moving?	<input type="checkbox"/> Tremors?	<input type="checkbox"/> Fighting?
	Other (please describe)?		
Speech	<input type="checkbox"/> Slurred?	<input type="checkbox"/> Slow?	<input type="checkbox"/> Confused?
	<input type="checkbox"/> Thick?	<input type="checkbox"/> Rambling?	<input type="checkbox"/> Pressured?
	Other (please describe)?		
Balance	<input type="checkbox"/> Falling?	<input type="checkbox"/> Staggering or unsteady gait?	<input type="checkbox"/> Unsure?
	<input type="checkbox"/> Needs support?	<input type="checkbox"/> Stumbling?	<input type="checkbox"/> Normal?
	Other (please describe)?		
Witness / Other Employees Involved:			
Signature:			
Date:			



Responding to Suspected Impairment Form

Responding to Suspected Impairment

Employee Name:	Date:
Supervisor Name:	
Observer Name:	
Incident or Concern Details	

Action Note:

If there is concern employee may be or may become violent or threatening, or may be in need of medical assistance, call security, police, or 911

Observations
Concerns regarding safety, health, or other work-related issues
Details from discussion with employee
Discussion of available services, if applicable
Safe arrangements (driven by/taxi, other work assigned, etc.)
Next steps / Return to work process
Notifications made to:

Signatures

Employee:	Date:
Supervisor:	Date:
Observer:	Date: