

<b>POLICY TITLE</b>	<b>POLICY NUMBER</b>
<b>Alcohol &amp; Drug Abuse</b>	<b>GA-6-10</b>
	<b>DATE OF ORIGINAL APPROVAL</b>
	June 2, 2000
	<b>APPROVED BY:</b>
	VP Corporate Services
<b>MANUAL/SECTION</b>	<b>DATE OF REVIEW / REVISION</b>
General Administration / Human Resources	June 2, 2000
	<b>PAGE(S)</b>
	Page 1 of 8

## 1.0 Policy

The sale, purchase, possession, or use of controlled or restricted drugs by employees of the Interlake Regional Health Authority (IRHA), while engaging in IRHA business or on IRHA premises, is prohibited. Furthermore, the employees of the IRHA are prohibited from performing their responsibilities, or representing the IRHA, while under the influence of alcohol or drugs.

The Interlake Regional Health Authority acknowledges that alcohol and drug abuse, or addiction is recognized as a disease which is a serious medical, social, public health, and employment problem, and which can be treated by existing medical and therapeutic methods. The IRHA and its employees have a strong interest in encouraging early treatment and assisting employees towards full rehabilitation.

This policy is intended to achieve restoration of health and full recovery of persons suffering from the disease of substance abuse or addiction. It is expected that through this policy, employees who suspect that they may have an alcohol or drug abuse problem, at any stage, will be encouraged to seek diagnosis and treatment. The objective of any substance abuse program is to assist employees to help themselves and to arrest the advance of their addiction or substance abuse, before their condition renders them unemployable.

### Scope

This policy applies to all employees and volunteers of the Interlake Regional Health Authority.

The taking of prescribed medicine in the manner prescribed by a physician would not be considered applicable to this policy.

While the consumption of alcohol at IRHA locations is generally prohibited, except at times and locations specifically authorized by IRHA management, this policy is not concerned with social drinking. The concern is limited to those

instances of alcohol abuse which affect the job performance of the individual, his/her co-workers, or the safety of the workplace.

### Definitions

#### Controlled or restricted drugs:

Includes most forms of narcotics, depressants, stimulants and hallucinogens.

#### Alcohol or drug abuse/Substance abuse:

A disease in which a person's use of any alcoholic beverage or drug interferes, or has the potential to interfere, with the individual's health and/or job performance.

### Policy Application

The same benefits and insurance coverage that are provided for all other diseases will be available for individuals who accept an approved course of treatment for substance abuse, subject to the terms of the IRHA benefit and insurance plans.

Persons participating in an ongoing alcoholism or drug abuse treatment program will be expected to meet existing job performance standards and established work rules.

No person with substance abuse problems, who has been appropriately treated, will have either job security or promotional opportunities jeopardized for having requested diagnosis and treatment.

The confidential nature of medical records of individuals with substance abuse problems will be strictly preserved.

All discussions and meetings with employees must adhere to the respective collective agreement if applicable.

Nothing in this statement of policy is to be interpreted as constituting a waiver of management's right to maintain discipline or the right to take disciplinary measures in the case of misconduct resulting from alcoholism or drug abuse problems.

### Responsibility

1. The Chief Executive Officer is responsible for the overall application of this policy, for amending the procedures as required and approving any exceptions.

2. District Directors are responsible for ensuring that this policy is applied in each of their respective areas.

## 2.0 Procedure

These procedures, in Parts 1 to 3, provide guidance to managers and supervisors in dealing with incidents of performance decline or impairment at work. Included are specific supervisory responses to problems associated with employees working in safety sensitive situations. Part 4 of this document provides guidance on how to deal with two other types of situations:

1. When managers become aware of a substance abuse issue in their own peer group, either through personal observation, or are informed of suspected substance abuse by someone else.
2. In smaller worksites when an employee recognizes a substance abuse issue of a supervisor or of another employee and there is not another supervisor to report the issue to.

Managers and supervisors play a key role in ensuring that alcohol and drug abuse by IRHA employees is recognized and confronted and that measures are implemented to ensure appropriate treatment and rehabilitation of employees with substance abuse problems. Managers and supervisors should always document any interactions between themselves and employees.

Consultation on these issues should occur with the Director, Human Resources

### **Part 1: Employee with Performance Decline**

Effective supervision of employees includes performance monitoring and the confrontation of performance decline. While not all performance decline is due to substance abuse, the recognition by a supervisor of performance decline, may be the key factor in motivating an employee with a substance abuse problem to seek assistance.

#### **Step 1: Recognition and Documentation of Performance Decline**

Be alert to the early signs of performance decline which may include, but are not limited to:

- Assigned tasks taking more time than usual;
- Erratic patterns of high and low productivity;
- Missed deadlines, difficulty in recalling instructions;
- Poor judgement, mistakes;
- Over-reaction to real or imagined criticism;

- Wide mood swings, unreasonable resentments;
- Absenteeism – Monday/Friday, excessive tardiness, leaving work early, improbable excuses for absences, frequent short term absences;
- On-the-job absenteeism – long coffee breaks, frequent absences from the work area.

Document all instances of performance decline, including dates and times, as applicable.

#### Step 2: Meeting – Supportive Confrontation

Meet with the employee privately for a frank and honest discussion concerning observed performance decline. It is critical that the employee understands what is unacceptable performance and accepts the responsibility for change. Realistic, time-targeted goals for performance improvement must be set at this meeting, usually within four weeks. Set a date for a follow-up meeting

**Do not** speculate as to why the employee is experiencing performance decline. Be supportive, offer assistance through Employee Assistance Program (EAP) as available, but keep the discussion focused on job performance. Should the employee admit to a substance abuse problem, do not permit excuses or make allowances for this condition. Stress that the expectations for job performance remain and that the onus is on the worker to obtain help in dealing with his/her substance abuse problem. If required, time off work would be available, as for any other medical condition, for the employee to deal with his/her problem and to seek rehabilitation.

#### Step 3: Second and Subsequent Follow Up Meetings

Conduct a follow up meeting at the appointed time. Have available documented evidence of improved job performance or continuing job decline. Give the employee credit for a job well done, point out any errors or omissions. Should the employee continue to show signs of declining job performance, without evidence of attempts to rectify the situation, begin progressive disciplinary steps.

### **Part 2: Employee Appears Impaired at Work**

When an employee shows evidence of impairment at work, the onus is on the supervisor to immediately confront this situation.

#### Step 1: Recognition of Impairment

Be alert to the signs of impairment which may include:

- Slurred speech;
- Excessive drowsiness;

- Difficulty walking;
- Mood swings – combative, loud, depressed;
- Odour of alcohol or masking agent on breath.

**Do not** assume that the impairment is due to substance abuse. The onus is on the supervisor to confront the issue of impairment, regardless of cause.

#### Step 2: Confront the Impairment

Confront the employee immediately in the presence of a third person. Inform the employee that, as evidenced by the employee's behavior, you have concluded that the worker is impaired. This behavior is unacceptable on IRHA premises. Accordingly, the employee is immediately suspended for the remainder of his/her shift. Make an appointment to further discuss this matter with the employee on the next business day. Inform the employee that, should there be a medical reason for the apparent impairment, that you will require medical documentation to that effect, including any applicable job restrictions.

#### Step 3: First Follow Up Meeting

This meeting should be conducted in a manner similar to Step 2, *Employee with performance Decline*. Clearly indicate to the employee that evidence of impairment at work is unacceptable and cannot be repeated. Failure to comply with this requirement could result in dismissal. Specifically state and stress that the onus is on the worker to ensure that appropriate measures are in place to ensure no further repeats of unacceptable behavior. Offer assistance through the Employee Assistance Program (EAP) as available, or time off, as required and subject to IRHA benefits plans, to deal with the problem and to seek rehabilitation, as necessary. Set a date for a follow up meeting to ensure performance monitoring.

Should the employee have provided evidence that the apparent impairment was due to medical condition, or prescribed medication, make work accommodation available where reasonably practical.

#### Step 4: Second and Subsequent Follow up Meetings

Conduct follow up meetings at the appointed time. These meetings should be conducted in a manner similar to Step 3, *Employee with Performance Decline*. Progressive disciplinary steps, up to and including termination, must be initiated should there be any further evidence of impairment at work.

### **Part 3: Employee Appears Impaired at Work – Safety Sensitive Position**

When an employee, working in a safety sensitive position, shows evidence of impairment at work, the onus is on the supervisor to immediately confront this situation.

The steps to be followed are similar to the ones outlined in part 2, *Employee Appears Impaired at Work*. The difference in this situation is that the employee is not to be permitted to return to his/her regular job without documented, medical evidence that his/her condition is being treated, is under control, and is being regularly monitored. The treating physician should be informed of the nature of the employee's job and should be requested to provide a fitness for duty opinion. If medical evidence shows that the employee may return to work, but in a modified or alternate job capacity, efforts to accommodate the worker should be made to do so where reasonably practical.

Always offer the employee support through the Employee Assistance Program (EAP) as available, and where applicable, provide the employee with information concerning the availability of time off through existing IRHA benefit and insurance plans for rehabilitation and treatment purposes. The onus, however, is on the employee to obtain help in dealing with his/her condition.

Should the employee refuse or fail to provide medical evidence of treatment, or refuse to cooperate in a prescribed rehabilitation program, progressive disciplinary steps, up to and including termination, should be initiated.

### **Part 4: Notification or Awareness of a Potential Abuse Problem**

Dealing with performance decline in a direct reporting relationship can be readily documented and confronted. There are other situations, however, which may cause an employee discomfort, but which, nevertheless, must be addressed. In dealing with them, the risks to the IRHA and the health of the individual involved must be prime considerations. Examples of such situations are:

1. When managers become aware of a substance abuse issue in their own peer group, either through personal observation, or are informed of suspected substance abuse by someone else.

One situation is one in which a manager becomes aware of a possible substance abuse problem in a fellow manager. As with any employee, the onus is on the manager who is aware of this situation to address and confront it or, should the manager feel that he or she cannot personally confront the matter due to perceived conflict, the matter must be then taken to the next supervisory level for attention.

The manager should document the behaviors indicative of a concern and confront his/her peer as in Part 1 of these procedures, making it clear that if there is no change in behavior the issue will be further discussed with the manager's supervisor. Ensure that the manager is aware of how to access the EAP for support. This issue must be taken to the manager's supervisor if the problem is not resolved.

Another situation is one in which a manager is informed of a potential substance abuse concern by someone else, whether a co-worker, client, etc.,. The manager must actively listen to the concern and document the behaviors that are being discussed. The individual should be thanked for bringing the concern forward and be informed that from this point onward the issue will be dealt with by the manager. The discussion between the manager and the individual must remain confidential. If substantiated, the manager must then deal with the issue as outlined in Parts 1 to 3.

2. In smaller worksites, when an employee recognizes a substance abuse issue of another employee or supervisor, and there is not a supervisor present and/or available to deal with the issue, the following steps should be taken:

Step 1: Confront the Impairment

Confront the employee immediately in the presence of a third person if available. Inform the employee that as evidenced by the employee's behavior, you have concluded that he/she is impaired. Advise them that you will be proceeding with contacting the individual in charge of the facility, and arranging for a replacement for the remainder of their shift. Ensure that an incident report is completed.

Step 2: Contact the Individual in Charge

Contact the individual in charge of the facility to report the incident. Attempts to contact the individual in charge should proceed in the following order.

- Head Nurse
- Clinical Services Manager
- District Director
- Vice-President, Health Services

Step 3: Arrange for Replacement Staff

If unable to reach the individual in charge, a replacement should be called to replace the employee showing impairment.

Step 4: If All Else Fails

If unable to find a suitable replacement for the impaired employee, the issue and concern should be reported to the local RCMP Detachment.

Throughout all of the above steps, it is extremely important to ensure clear documentation is maintained.