

# Workplace Strategies: Risk of Impairment from Cannabis

*3rd Edition*





**Workplace Strategies: Risk of Impairment  
from Cannabis – 3rd edition**

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## EXECUTIVE SUMMARY

Impairment in the workplace can have severe consequences. There are many sources of impairment such as fatigue, life stresses, use of drugs (over the counter, prescription, illicit), consumption of alcohol, etc. This White Paper discusses the implications associated with the use of cannabis for both therapeutic and recreational purposes. The key steps to reducing the impact of impairment on the workplace are to have appropriate policy and response mechanisms in place, to provide clear guidance to all workplace parties, and to apply workplace policies and programs using a fair and consistent approach.

This White Paper presents information and recommendations for employers, employees, and others interested in workplace health and safety including how to:

- address the potential for impairment as part of a hazard assessment,
- establish a concise policy and program on the use of any substance that can cause impairment,
- determine the actions the workplace will take regarding impairment,
- implement accommodation practices where necessary (including for therapeutic needs, substance dependence or disability due to substance dependence), and
- create a supportive healthy and safe workplace.

In Canada, workplace drug testing is generally considered to be discriminatory on the basis of disability and perceived disability under human rights legislation. Substance testing should only be considered for safety sensitive positions and on a case-by-case basis. Employers must provide training to supervisors and employees on the impact of impairment, and how to recognize and respond to possible signs of impairment.

### Notes:

1. CCOHS does not endorse the use of, nor make a moral statement, about the use of cannabis.
2. This document does not refer to any jurisdiction specific occupational health and safety legislation or to any human rights legislation. Where recommendations are made, they are intended as good or promising practices. For legal interpretation, contact the relevant jurisdiction or body.
3. This document does not directly address any methods used for determining impairment (e.g., testing methods).
4. In the case of a unionized environment, always reference collective agreements and seek advice from union representatives.
5. This document does not address any possible health and safety concerns for those who manufacture or sell cannabis.

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## Definitions

**Disability** – While there is not one single definition used across jurisdictions or industries, disability can be defined as: Any previous or existing mental or physical disability and includes disfigurement and previous or existing dependence on alcohol or a drug. (*Canadian Human Rights Act, 1985*)

**Discrimination** – An action or a decision that treats a person or a group negatively for reasons such as their race, age or disability. (Canadian Human Rights Commission (CHRC), (2013))

**Impairment** – While not formally defined by the Canadian Human Rights Commission in “Impaired at Work: A Guide to Accommodating Substance Dependence” (CHRC, 2017), the appearance of impairment at work is described as: “(e.g. odor [sic] of alcohol or drugs, glassy or red eyes, unsteady gait, slurring, poor coordination).”

**Safety sensitive positions** – While there is not one single definition used across jurisdictions or industries, the Canadian Human Rights Commission (2017) defines a safety-sensitive position as one which “if not performed in a safe manner, can cause direct and significant damage to property, and/or injury to the employee, others around them, the public and/or the immediate environment”.

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## INTRODUCTION

Cannabis, also referred to as marijuana/marihuana, weed, pot, grass, and many other terms, is a tobacco-like greenish or brownish material consisting of the dried flowering, fruiting tops, and leaves of plants from the *Cannabis* family.

The use of cannabis as a therapeutic treatment has been legal in Canada as of 2001. The sale, possession, and use of recreational cannabis is legal in Canada as of October 17, 2018.

This White Paper presents information and recommendations on the impact of legalization for employers, employees, and others interested in workplace health and safety. Employers have the duty to assess each situation and determine the effect on the workplace, and the possibility of fulfilling the duty to accommodate in terms of therapeutic use and disability due to substance dependence.

### Background

The World Health Organization (2016) states “Cannabis is globally the most commonly used psychoactive substance under international control. In 2013, an estimated 181.8 million people aged 15-64 years used cannabis for nonmedical purposes globally.”

The Government of Canada (2015) states that a UNICEF report published in 2013 ranked Canada highest amongst all nations in terms of rates of cannabis use among youth.

The Centre for Addiction and Mental Health (2014) states: “Canada has one of the highest rates of cannabis use in the world. More than 40% of Canadians have used cannabis in their lifetime and about 10% have used it in the past year. No other illegal drug is used by more than 1% of Canadians every year.” The Canadian Tobacco, Alcohol and Drugs Survey from 2015 (as published in 2017) reports similar statistics that over 44% have used cannabis in their lifetime, and over 12% have used it in the past year.

### Experiences of Other Jurisdictions that have Decriminalized or Legalized Cannabis

Within a legal context, “decriminalization” means that it is illegal to use or possess cannabis, for example, but some criminal charges are replaced by fines or other penalties (e.g., a person may be fined for having a small quantity on their person versus being jailed). Legalization of a substance is different. “Legalization” includes allowing certain amounts to be held and grown by a person, and includes the government’s ability to licence, regulate, and tax both the products and sale locations.

While approximately 20 countries have decriminalized cannabis, the jurisdictions that have formally legalized cannabis for recreational purposes are the country of Uruguay, and within the United States of America, the jurisdictions of Colorado, Alaska, Oregon, Washington, Maine, Nevada, Massachusetts, Vermont, California, and the District of Columbia (as of July 2018).

In Canada, the impact on the workplace of legal use of recreational cannabis is unknown. Legalization will not necessarily change existing workplace policies, but it is generally felt that, at least initially, more people may use cannabis in a regulated market for adult use.

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## HEALTH EFFECTS FROM CANNABIS

### Composition of Cannabis

Cannabis contains hundreds of chemical substances, among which over 100 are known cannabinoids. Cannabinoids are a class of chemical compounds that act on receptors in cells in the brain and body. Delta-9-tetrahydrocannabinol (THC) is the most studied component of cannabis and is the chemical responsible for the psychoactive effect or “high”. Another key component, cannabidiol (CBD) may be useful in treating treatment-resistant epilepsy in children and adults. CBD does not produce a high. Some low THC strains have been used in patients with chronic pain who do not want the psychoactive effect (Goldsmith et al., 2015).

Cannabis is most often inhaled as smoke as a dried herbal product, either alone or as a concentrate mixed with tobacco, but it can also be vaporized. The flower of the cannabis plant can be made into a variety of products, including:

- dried herbal material (i.e., “marijuana”),
- oil (e.g., “hash oil”),
- hash (i.e., compressed resin),
- concentrates (e.g., “shatter”), or
- foods and beverages containing extracts of cannabis (Government of Canada, 2015).

Cannabis can also be ingested by pill form or in food, or absorbed through the skin via creams, salves, or skin patches.

### Impairment Effects on the Body

When inhaling cannabis, the chemicals in the smoke pass from the lungs into the blood, which carries the chemicals throughout the body and to the brain. The effects of cannabis are delayed if it is ingested instead of smoked, because the chemicals must first pass through the digestive system.

Users have varying sensitivity to the effects of THC. Regardless of method of consumption, the effects are the same. According to Health Canada (2016a), effects may include:

- dizziness, drowsiness, feeling faint or lightheaded, fatigue, headache
- impaired memory and disturbances in attention, concentration and ability to think and make decisions
- disorientation, confusion, feeling drunk, feeling abnormal or having abnormal thoughts, feeling “too high”, feelings of unreality, feeling an extreme slowing of time
- suspiciousness, nervousness, episodes of anxiety resembling a panic attack, paranoia (loss of contact with reality), hallucinations (seeing or hearing things that do not exist)
- impairment of motor skills, and perception, altered bodily perceptions, loss of full control of bodily movements, falls
- dry mouth, throat irritation, coughing
- worsening of seizures
- hypersensitivity (worsening of dermatitis or hives)



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- higher or lower blood levels of certain medications
  - nausea, vomiting
  - fast heartbeat

As Health Canada (2016a) states “Using cannabis or any cannabis product can impair your concentration, your ability to think and make decisions, and your reaction time and coordination. This can affect your motor skills, including your ability to drive. It can also increase anxiety and cause panic attacks, and in some cases cause paranoia and hallucinations.” These effects have been noted to last as long as 24 hours. The National Academies of Sciences, Engineering and Medicine (2017) report that there is moderate evidence of a statistical association between cannabis use and the impairment in the cognitive domains of learning, memory and attention (acute cannabis use).

Effects of cannabis for an average user and average dose will vary. Health Canada (2016b) states:

“Patients with no prior experience with cannabis and initiating such therapy for the first time are cautioned to begin at a very low dose (e.g. 1 mg THC) and to immediately stop therapy if unacceptable or undesirable side effects occur.”

and

“With inhalation (smoking, vaporizing), effects may be felt within a few minutes of dosing and will generally peak within 30 mins. Acute effects generally last between 2 and 4 hours but may be longer (e.g. 24 hours). With oral ingestion (e.g. oils, foods, capsules), acute effects may begin to be felt as quickly as 30 mins and as late as 3 or 4 hours after administration. This variability in timing depends on a number of factors (e.g. amount of food in stomach). It is prudent to wait a minimum of 2 hours between administration of single doses of oral products to avoid possible overdosing. Acute effects generally peak between 3 and 4 hours after dosing and can last up to 8 hours or longer (e.g. 12–24 hours). With topical application, it is not known how long it takes for potential therapeutic effects to appear, nor how long they last. There have been reports of hypersensitivity reactions (e.g. rashes, itching) when skin has come into contact with cannabis.”

Similar impairment times are cited by a Joint Guidance Statement of the American Association of Occupational Health Nurses and the American College of Occupational and Environmental Medicine. (Phillips, 2015) The American College of Occupational and Environmental Medicine (ACOEM) also caution that there are few reliable studies, and many studies in the past were conducted when cannabis typically had lower THC concentrations. The American College of Occupational and Environmental Medicine states:

“The majority of studies of impairment related to driving and cognition show return to a generally nonimpaired state within 3 to 6 hours after smoking cannabis among occasional recreational users.”,

and

“Impaired behavior from acute use differs between occasional users and long-term users. There is good evidence that chronic frequent cannabis users exhibit less impairment from acute THC than do occasional users, but the degree to which impairment is mitigated in safety-sensitive activities is unclear.”

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Also noting that the length of time for impairment is unclear is Goldsmith, et al (2015), who state:

“Although definitive conclusions about the acute and lingering effects of the drug have been elusive, there is now a large body of evidence to support the persistence of neurocognitive impairment lasting from hours to weeks.”

and

“The findings on transportation safety have been generalized through other lines of research. These include tests demonstrating that, at very high dose, the drug causes persistent, negative effects on verbal and visual memory, executive functioning, visuoperception, psychomotor speed, and manual dexterity. This level of use was shown to be associated with decrements in neurocognitive performance even after 28 days of abstinence. This persistence is generally linked to very heavy use of the drug. Although other reports suggest that neurocognitive and withdrawal affects do not extend beyond 25 days, performance and safety could conceivably be compromised even after a several-week period of abstinence.”

There is also a significant combination effect when cannabis is consumed with alcohol, leading to a greater level of intoxication and motor control problems than when either substance is consumed alone. (Harris, 2016) Impairment may also be made worse when cannabis is consumed with other central nervous system (CNS) depressants such as benzodiazepines, barbiturates, opioids, anti-histamines, or muscle relaxants (Health Canada, 2013).

The National Health Service (NHS) (2016) in the United Kingdom indicates that data from a urine sample for THC reveal the following:

- an occasional or first-time user would probably test positive up to four days after last using
- a frequent user would probably test positive up to ten days after last using
- a very heavy user could test positive up to one to two months after last using

## **Therapeutic Uses of Cannabis and Cannabinoids**

In an evidence review, the National Academies of Sciences, Engineering and Medicine (2017) report the following conclusions about the therapeutic effects of cannabis and cannabinoids:

Conclusive or substantial evidence that cannabis or cannabinoids are effective for:

- the treatment of chronic pain in adults
- as antiemetics (drugs taken to prevent or treat nausea and vomiting) in the treatment of chemotherapy-induced nausea and vomiting (oral cannabinoids)
- for improving patient-reported multiple sclerosis spasticity symptoms (oral cannabinoids)

Moderate evidence that cannabis or cannabinoids are effective for:

- improving short-term sleep outcomes in individuals with sleep disturbance associated with obstructive sleep apnea syndrome, fibromyalgia, chronic pain, and multiple sclerosis (cannabinoids, primarily nabiximols)

Limited evidence for:

- increasing appetite and decreasing weight loss associated with HIV/AIDS (cannabis and oral cannabinoids)
- improving clinician-measured multiple sclerosis spasticity symptoms (oral cannabinoids)

- 
- improving symptoms of Tourettes syndrome (THC capsules)
  - improving anxiety symptoms, as assessed by a public speaking test, in individuals with social anxiety disorders (cannabinol)
  - improving symptoms of post traumatic stress disorder (nabilone; a single, small fair quality trial)

The National Academies of Sciences, Engineering and Medicine (2017) also report that there is substantial evidence of a statistical association between cannabis smoking and:

- worsening respiratory symptoms and more frequent chronic bronchitis episodes (associated with long-term cannabis smoking),
- increased risk of motor vehicle crashes,
- maternal cannabis smoking and lower birth weight of offspring, and
- development of schizophrenia and other psychoses, with the highest risk among the most frequent users.

In Canada, commercial production and distribution of cannabis for therapeutic purposes is regulated under the Federal *Access to Cannabis for Medical Purposes Regulations* (SOR/2016-230). However, as Health Canada (2016a) states “There is no scientifically defined dose of cannabis for any specific medical condition.” and “Dosing remains highly individualized and relies greatly on titration (i.e., finding the right dose where potential therapeutic effects are maximized while adverse effects are minimized). The current available information suggests most individuals use less than 3 grams daily of dried marijuana, whether that amount is taken orally, inhaled, or a combination of both.”

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## LEGISLATIVE REQUIREMENTS

### Health and Safety

As per occupational health and safety legislation across Canada, employers have a duty to provide a safe work environment and take all reasonable precautions to protect the health and safety of employees and others in the workplace. This duty is known as due diligence. Due diligence is the level of judgement, care, prudence, determination and activity that a person would reasonably be expected to do under particular circumstances. Reasonably practicable has been described by the Labour Program (Canada) as taking precautions that are not only possible, but that are also suitable or rational, given the particular situation. Determining what should be done is usually done on a case by case basis. This concept is similar in other jurisdictions.

In addition to legislation regarding the recreational use by the general public, workplaces should consult with the government agency responsible for occupational health and safety in their jurisdiction.

For example, some jurisdictions specifically include provisions about impairment in their legislation (current as of August 2018):

- workers must inform employers of any impairment (British Columbia, Yukon)
- workers must not enter or remain at work while impaired (British Columbia, Yukon, Newfoundland)
- others have industry-specific (e.g., mining, diving, transportation) provisions (Saskatchewan, Manitoba, Ontario, Northwest Territories, Nunavut, Federal)

To exercise due diligence, an employer should work with the health and safety committee to create and implement a plan that identifies all possible workplace hazards, including the impacts of possible impairment, and carries out the appropriate corrective action to prevent incidents or injuries.

### Human Rights

If an employee has a diagnosed medical condition or disability, employers have the duty to accommodate that individual.

First, as with any diagnosed medical condition or treatment plan, if an employee self-discloses or if it is determined that they are taking medications (including cannabis for therapeutic reasons) that may cause impairment or result in diminished functionality, the employer has a duty to accommodate.

Second, under the Canadian Human Rights Act dependence on drugs and or alcohol – referred to as substance dependence – is classified as a disability. This disability means employers have a duty to accommodate employees with a substance dependence or who have been prescribed medicinal cannabis to the point of undue hardship. For example, the employee with a substance dependence disability should be accommodated, such as being permitted to do their job (or assigned to other work as appropriate) while they are seeking treatment for their dependence.

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Accommodation must be attempted. Employers must be able to prove undue hardship and demonstrate quantifiably that they have taken all reasonable measures to provide accommodation. To demonstrate undue hardship, consideration would be given to:

- the cost of the accommodation (e.g., so substantial that the accommodation would alter the essential nature of the enterprise)
- the change to the structure/organization of work (e.g., so significant that the change would substantially affect the organization's viability)
- the resulting risk to health or safety

As there is not a standard definition of undue hardship, each case would be assessed independently.

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## IMPAIRMENT IN THE WORKPLACE

### Legalization of Recreational Cannabis

As noted earlier, recreational cannabis is legal in Canada as of October 17, 2018.

In general terms, legalization allows for adults 18 years old and over in Canada to:

- possess up to 30 grams of legal dried cannabis or equivalent in non-dried form
- share up to 30 grams of legal cannabis with other adults
- purchase dried or fresh cannabis and cannabis oil from a provincially-licensed retailer
- grow up to 4 cannabis plants per residence for personal use from licensed seed or seedlings
- make cannabis products, such as food and drinks, at home provided that organic solvents are not used

The provinces and territories license and oversee the distribution and sale of cannabis, subject to federal conditions. Check with your jurisdiction to determine if they have:

- increased the minimum age
- lowered the personal possession limit
- created additional rules for growing cannabis at home, such as restricting or lowering the number of plants per residence
- restricted where adults can consume cannabis, such as in workplaces, public spaces, or vehicles (Government of Canada, 2018).

Other legislation such as smoke free regulations as set by a province, territory, or municipal by-law may also apply.

It remains illegal to transport cannabis across the Canadian border (either in or out), including when the individual is authorized for medical purposes.

As part of the activities leading to legalization, a task force report “A Framework for the Legalization and Regulation of Cannabis in Canada: The final report of the task force on cannabis legalization and regulation” was released in November 2016 with a series of recommendations. Legalization provides for a mechanism to standardize serving sizes and potency (Government of Canada, 2015)(Goldsmith, et al. 2015). The Task Force reviewed the implications to workplace safety, and made three main recommendations:

- Facilitate and monitor ongoing research on cannabis and impairment, considering implications for occupational health and safety policies
- Work with existing federal, provincial and territorial bodies to better understand potential occupational health and safety issues related to cannabis impairment
- Work with provinces, territories, employers and labour representatives to facilitate the development of workplace impairment policies (Government of Canada, 2016).

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These recommendations centred around the need for further research on cannabis and impairment, and what that would mean for the workplace. While it was not a formal recommendation, there was also an expressed need for further research related to testing for impairment and how to determine impairment. There was also a comment pertaining to access to services from a personal health resources perspective.

Also of note, research has shown that the current average level of THC in products is between 12-15%, up from an average of 3% in the 1980s. Higher concentration products are available (e.g., “shatter” can have levels as high as 80-90%).

Colorado experienced an issue with doses within non-dried products (e.g., “baked goods”). Overdoses were experienced with food products because the dose per unit was not clearly regulated or indicated. In some cases, 10% (1/10th) of a cookie contained what would be considered a dose of THC (Ghosh, et al., 2015). Steps were taken to remedy this issue and to regulate the dose per item (Fraser, 2016) (Government of Canada, 2015).

Legalization allows for control of production practices, for example by not allowing the use of certain ingredients, resulting in safer products through testing and monitoring of both cannabis and non-cannabis ingredients. In a Globe and Mail report, products currently marked as “medicinal” and available from a various dispensaries in Toronto were tested for contaminants (Robertson, et al, 2016). Three of the nine products tested would not pass safety standards currently set by Health Canada for regulated therapeutic cannabis. Contaminants included bacteria, yeast, mould, and other chemicals (e.g., pesticides, lead, ammonia and formaldehyde) (Ghosh, et al., 2015).

## How to Test for Presence of Cannabis in the Body

Currently, there are limited means to determine impairment from cannabis through testing methods. Most testing methods have been explored in terms of testing for impairment while driving. Roadside testing would include oral fluid drug screeners. Department of Justice (2017) states that these devices “are able to detect the presence of some drugs in oral fluid, including THC, the main impairing component in cannabis. The device is inserted into the mouth of a driver, and once enough oral fluid is collected, the device indicates the presence or absence of drugs. ... Police would be authorized to demand that a driver provide an oral fluid sample if the officer has a reasonable suspicion that the driver has drugs in their body. A reasonable suspicion would be based on objectively discernable facts, such as red eyes, muscle tremors, agitation, or speech patterns. ... The drug screener takes longer than the alcohol screener and cannot convert a sample of oral fluid to a blood drug concentration.”

Biological testing can include the analysis of blood, breath, urine or saliva for THC. Oral fluid screening (saliva) devices are currently the most advanced type of test, and can signal recent use. To screen for the individual’s functional ability, police have also used a “standard field sobriety test” which includes a horizontal gaze test, walk and turn test, and one leg stand test (Harris, 2016).

While development of testing methods is underway, in many cases results of current testing methods can often only determine if THC is present in a person (e.g., that person has used cannabis at some point). Unlike testing for blood alcohol levels, obtaining a positive test result that indicates the presence of cannabis is not necessarily a clear indication of the risk of impairment.

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Currently in force in Canada, the impaired driving laws include limits for THC. These limits are as follows:

- for the summary conviction offence for 2 nanograms (ng) but less than 5 ng of THC per millilitre (ml) of blood
- for the hybrid offence for 5 ng or more of THC per ml of blood
- for the hybrid offence for a combination of 50 milligrams (mg) of alcohol per 100 ml blood + 2.5 ng or more of THC per 1 ml of blood

Department of Justice Canada (2018) also notes that:

Oral fluid drug screeners ... can detect some or all of THC, cocaine and methamphetamine, the three most common impairing drugs found in Canadian drivers. Police can demand an oral fluid sample if the officer has a reasonable suspicion that the driver has drugs in their body based on objectively visible facts, such as:

- red eyes
- muscle tremors
- agitation
- speech patterns

If a driver tests positive on an oral fluid screening test, the positive result would confirm the presence of the drug and, combined with other signs of impairment observed by the police at the roadside, would provide grounds for the investigation to proceed further either by making a demand for drug recognition and evaluation (DRE) or a blood sample.

In the United States of America, for example, the State of Colorado has set a blood limit of 5 nanograms (ng) or more of THC as an indicator of impaired driving. They indicate “as a rule of thumb, if you’re smoking, wait at least six hours before driving. If you’re ingesting, wait at least eight.” (State of Colorado, 2017). However, ACOEM reports that fewer than 20 states specifically address cannabis and driving. Of these states, 11 have a zero tolerance for any level of THC (Phillips, 2015).

## How an Employer Can Determine Impairment

The Canadian Human Rights Commission (2017) indicates that “In deciding whether and how to conduct drug or alcohol testing in the workplace, an employer must consider a variety of factors including human rights law, safety, privacy, labour standards, the provisions of any applicable collective agreements, regulatory requirements, the level of supervision available in the workplace, among other considerations.”

In addition, substance testing is generally considered to be discriminatory on the basis of disability and perceived disability under human rights legislation and should only be considered for safety sensitive positions and on a case-by-case basis. Employers must provide training to supervisors and employees on the impact of impairment, and how to recognize and respond to possible signs of impairment

As the American College of Occupational and Environmental Medicine states, “employees who appear to be impaired in the workplace should always be assessed according to employer policies. Urine levels of THC do not correlate with impairment. Blood levels correlate more directly; however, all assessments should include an overall evaluation of impairment.” (Phillips, 2015).



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Therefore, there is a reliance on observation to determine possible impairment (e.g., if there is a change in behaviour or ability) that could lead to the risk of injury, illness, or incident to that person, others or the environment. Employers should consider if there is a risk to the individual's safety or the safety of others. For example, while impaired:

- Does the person have the ability to perform the job or task safely (e.g., driving, operating machinery or equipment, use of sharp objects)?
- Is there an impact on cognitive ability or judgement?
- Are there other side effects of the medical condition or the treatment that need to be considered?

Because users can have varying sensitivity, each individual should be assessed on a case-by-case basis.

NOTE: It is highly recommended that employers seek legal advice before implementing a substance testing program.

Some guidance may also be available through occupational health and safety and human rights agencies in your jurisdiction.

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## EMPLOYER OBLIGATIONS

### Employer Duties

As stated, as per occupational health and safety legislation across Canada, employers have a duty to provide a safe work environment and take all reasonable precautions to protect the health and safety of employees and others in the workplace. Due diligence is demonstrated by the employer's actions before an event occurs, not after.

To establish due diligence, the employer would have in place written occupational health and safety policies and programs. These policies and programs would demonstrate and document that the employer carried out a gap analysis to identify hazardous practices and conditions and made necessary changes to correct these conditions, and provided employees with information to enable them to work safely.

The employer should provide the appropriate education and training to employees so that they understand and carry out their work according to the established policies, practices, and procedures.

### Workplace Policies

In the case of cannabis use and the workplace, the employer should consider workplace policies and programs as they may relate to impairment from any source such as fatigue, life stresses, alcohol, medications (used legally or illegally), cannabis (recreational or therapeutic), or any other substance.

A substance use policy that addresses the risk of workplace impairment should be jointly developed by labour and management, including the health and safety committee. The policy should use the general concept of "impairment" as this approach will be relevant to all sources of impairment, not just cannabis.

The policy should clearly indicate the organization's position regarding whether employees are not to use, possess, or be under the influence of substances while at work. Prevention initiatives should also be included.

It is important to tailor the policy to meet the specific needs of the workplace. Elements of the policy could include:

- statement of the purpose and objectives of the program
- definition of impairment
- definition of what the employer considers to be impairment
- statement of who is covered by the policy and/or program
- statement of the employee's rights to confidentiality
- a mechanism for employees' to confidentially report when they have been prescribed a medication that may cause impairment
- statement regarding if either medical/therapeutic or non-medical substances are allowed on the premises, or under what situations they would be allowed
- that arrangements have been made for employee education (e.g., a general awareness regarding disability due to substance dependence)

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- that arrangements have been made for educating and training employees, supervisors, and others in identifying impaired behaviour and what steps will be taken
  - provisions for assisting those with disability due to substance dependence
  - processes for accommodation, and return to work/remain at work planning
  - if applicable, statement of under what circumstances substance testing will be conducted, as well as the criteria for testing and interpretation of test results
  - provision for a hierarchy of disciplinary actions

A sample impairment policy is provided in Appendix A. An accommodation policy template is provided in Appendix D.

## Presence of Cannabis at the Workplace

Employers can set organizational policies about the physical presence of cannabis products in the workplace. For example, while it may be legal to carry small amounts of recreational cannabis “in public”; the employer can determine if its presence is permitted at the workplace (similar to allowing alcohol on the premises) regardless of intent of consumption.

Where it has been recommended that an individual use cannabis for therapeutic purposes, considerations may be needed regarding how the product is consumed (e.g., x amount to be taken at specific intervals), and for secure storage at the workplace, if necessary.

Employers should establish a way for employees to disclose this therapeutic need without fear of reprisal or judgement. Also, if the therapeutic cannabis is smoked, employers should consider control measures to reduce the risk of second hand or passive smoke. Options could include:

- Creating a specific and designated area, away from entrances, and away from ventilation intake vents
- Establishing a separate area from cigarette smoking, if required
- For home health care workers who may be visiting clients who smoke cannabis for therapeutic purposes:
  - request the client stop smoking 60 minutes or more before a visit
  - use fans and open windows to clear the smoke before the home care worker arrives
  - request a designated smoke-free room in the home (PSHSA, 2016)
- Hotel or hospitality workers may need to use fans or open windows to clear the smoke before cleaning a room or working in the area
- Working with the employee and their physician to determine if the use of alternate forms of cannabis other than smoking would be appropriate (e.g., pills)
- Consulting the jurisdiction or local municipal by-laws (e.g., smoking by-laws) to determine if there are any changes due to legalization of cannabis and take steps accordingly.

Note that the use of personal protective equipment may not be practical as there are no air purifying or disposable respirators designed and tested specifically for cannabis smoke and its by-products. If required, a self-contained breathing apparatus is an option (PSHSA, 2016).

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## Policies Regarding Substance Testing

Legal advice is highly recommended to any employer who is considering implementing substance testing. Canadian Human Rights Commission (2017) states: “In deciding whether and how to conduct drug or alcohol testing in the workplace, an employer must consider a variety of factors including human rights law, safety, privacy, labour standards, the provisions of any applicable collective agreements, regulatory requirements, the level of supervision available in the workplace, among other considerations.” As noted earlier, it is highly recommended that employers seek legal advice before implementing a substance testing program.

Some guidance may also be available through occupational health and safety and human rights agencies in your jurisdiction.

The organization should have a clearly defined policy that outlines the criteria for impairment and, if any, testing procedures. If testing is to be part of the program, it should be completed in a manner that protects the privacy, dignity, and confidentiality of the employee being tested, and results are only shared with necessary persons (e.g., the employee, the supervisor, or human resources). Employees using therapeutic cannabis would have the duty to disclose their medical authorization beforehand to avoid complications with any necessary substance testing requirements.

## Addressing Safety Sensitive Positions

Using job safety analysis is one method to identify the risk associated with each job position and how that job may be affected by a risk of impairment. When determining whether a position is safety sensitive, one should consider the context of the industry, the particular workplace, and the employee’s direct involvement in a high-risk operation or in high-risk decision making.

The four basic steps to completing a job safety assessment are:

- select the job to be analyzed
- break the job down into a sequence of steps
- identify potential hazards
- determine preventive measures to overcome these hazards

## Recognizing Impairment

We often think of substance use in terms of addiction or dependence, but the use of substances can fall anywhere on a spectrum and, at any point, may impact workplace performance and safety (Mental Health Commission of Canada, et al., no date).

The employer should develop a clear statement of what is considered to be impairment within their workplace. For consideration, the Canadian Human Rights Commission (2017) points to the following changes in employee’s attendance, or behaviour which may be signs of impairment or substance dependence:

- personality changes or erratic behaviour (e.g. increased interpersonal conflicts; overreaction to criticism)
- appearance of impairment at work (e.g., odour of alcohol or drugs, glassy or red eyes, unsteady gait, slurring, poor coordination)

- 
- working in an unsafe manner or involvement in an incident
  - failing a drug or alcohol test
  - consistent lateness, absenteeism, or reduced productivity or quality of work

The Canadian Human Rights Commission continues:

**Don't assume**

There could be many reasons that explain these situations, such as:

- another disability or temporary medical conditions.
- conflict at work.
- job dissatisfaction or low morale.
- the stress in balancing work and caregiving obligations.
- personal problems unrelated to work.

Employers should keep in mind that the employee may just be having a bad week or month. However, in some cases, the observed behaviour could be the consequence of substance dependence.

**Sometimes, immediate action is required**

An employee may need to be removed immediately from the workplace if:

- they are involved in an workplace incident, or near miss, where impairment is suspected.
- their behaviour or performance is having a serious impact on the workplace, owing to suspected impairment.
- their behaviour puts their own safety or the safety of others at risk.

Note that under human rights, the employer has the “duty to inquire”. For example, the Canadian Human Rights Commission states that “when an employer observes changes in an employee’s attendance, performance or behaviour that may indicate possible substance dependence, it triggers the employer’s legal obligation to initiate a discussion with the employee about a need for accommodation of a disability. In workplaces with safety-sensitive positions where there is drug and alcohol testing, the employer’s duty to inquire is also triggered upon receipt of a positive test result.”

While in other situations an employee may self-disclose and ask for an accommodation, denial is a common characteristic of substance dependence. If the employer has reasonable grounds to suspect a substance dependence, the employer is obligated to inquire. Due to the nature of substance dependence, the employer may need to have more than one conversation with the employee.

NOTE that the duty to inquire involves legal rights. Contact the Canadian Human Rights Commission or the Human Rights agency in your jurisdiction for more information.

**Table 1: Signs and Symptoms of Problematic Substance Use  
(not specific to any causal agent)**

The following table is from “A Toolkit to Address Problematic Substance Use that Impacts the Workplace” as published by the Atlantic Canada Council on Addiction (ACCA) (no date). ACCA notes the following about using signs and symptoms:

- They may be different from person to person.
- When used alone or in combination, they do not necessarily mean that somebody has a substance use problem. However, they may be indicators that your employee is in trouble or in need of some help (regardless of if the issue stems from problematic substance use or another cause).

	<b>Indicator</b>
<b>Physical</b>	<ul style="list-style-type: none"> <li>• deterioration in appearance and/or personal hygiene</li> <li>• unexplained bruises</li> <li>• sweating</li> <li>• complaints of headaches</li> <li>• tremors</li> <li>• diarrhea and vomiting</li> <li>• abdominal/muscle cramps</li> <li>• restlessness</li> <li>• frequent use of breath mints/gum or mouthwash</li> <li>• odour of alcohol on breath</li> <li>• slurred speech</li> <li>• unsteady gait</li> </ul>

<b>Psychosocial Impacts</b>	<b>Indicator</b>
<b>Workplace performance and professional image</b>	<ul style="list-style-type: none"> <li>• family disharmony (e.g., how the colleagues speak of family members)</li> <li>• mood fluctuations (e.g., swinging from being extremely fatigued to 'perkiness' in a short period of time)</li> <li>• inappropriate verbal or emotional response</li> <li>• irritability</li> <li>• confusing or memory lapses</li> <li>• inappropriate responses/behaviours</li> <li>• isolation from colleagues</li> <li>• lack of focus/concentration and forgetfulness</li> <li>• lying and/or providing implausible excuses for behaviour</li> </ul>
	<ul style="list-style-type: none"> <li>• calling in sick frequently (may work overtime)</li> <li>• moving to a position where there is less visibility or supervision</li> <li>• arriving late for work, leaving early</li> <li>• extended breaks; sometimes without telling colleagues they are leaving</li> <li>• forgetfulness</li> <li>• errors in judgement</li> <li>• deterioration in performance</li> <li>• excessive number of incidents/mistakes</li> <li>• non-compliance with policies</li> <li>• doing enough work to just 'get by'</li> <li>• sloppy, illegible or incorrect work (e.g., writing, reports, etc.)</li> <li>• changes in work quality</li> </ul>

## Reporting Suspected Impairment

As part of their education and training, employees and supervisors will be aware of the signs and symptoms of impairment. If anyone suspects impairment in others or wishes to report their own inability to work safely, this concern should be reported to the supervisor or delegated persons. Any supervisor or delegated person who received this report will then take action and respond to the concern.

A sample reporting suspected impairment form is available in Appendix B

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## Responding to Suspected Impairment

Supervisors and employers must enforce policies and programs in a fair and equal manner. In most cases, when assessing an individual for impairment, it is suggested that a second trained person be present to observe, and to facilitate an unbiased assessment.

It is not the role of the supervisor or employer to diagnose a possible substance use or dependency problem. Their role is to identify possible employee impairment and to take the appropriate steps as per their policy.

Employers and supervisors should be able to identify signs of impairment, and know how to respond to situations. They should be familiar with available resources and supports (e.g., Employee Assistance Programs, or agencies within the local community), and help employees seek treatment as necessary.

If a supervisor or co-worker becomes aware of an employee who is showing signs of impairment (regardless of cause), it is imperative that action is taken. All actions should be handled with empathy and without judgement. Examples of steps to take include but are not limited to:

- Speak to the employee in a private area to discuss their behaviour.
- If the person is in crisis and needs immediate assistance, go to the emergency department of the nearest hospital or dial 9-1-1.
- Ask another supervisor or designated person to be present as a witness.
- Remove any stigma regarding substance use. State the concern is about safety for others and themselves.
- State your concerns to the employee and request that they explain what is going on. Examples of how to start this conversation are listed below.
- Based on employee response, discuss options, where applicable and available.
- Follow the steps outlined in your organization's program. In some cases, it may be necessary to assign non-safety sensitive work or to ask the employee to stop their work.
- If applicable, notify senior management and/or union representative.
- Provide information on your Employee Assistance Program, if one is available. Encourage access and use, and reassure the employee that the services are voluntary and confidential.
- If necessary, have employee escorted home; do not allow them to drive if you suspect impairment.
- Where necessary, follow procedures for accommodation.
- If disciplinary action is required, follow your organization's policies on progressive discipline.

Stating your concerns should be done in an unbiased and factual manner. Do not place blame or make assumptions. Express your concerns by using statements such as:

- "We would like to talk to you as we have noticed the following actions or behaviours lately. We are concerned for your safety and that you or someone else may get hurt."
- "It was reported that you were almost involved in an incident. Can we discuss what happened leading to this event?"



- 
- “You don’t seem yourself lately and we are concerned. Can we talk?”
  - “Are you okay?”
  - “For your safety and the safety of others, we would like to discuss...”

Be clear that the intent is to maintain a safe working environment or that the organization is concerned for their well-being. Try to anticipate the employee’s reaction so that you can be prepared. Identify any consequences if the issue continues and what steps must be taken. Discuss and outline what each party will do and when to improve the issue. Determine a time to meet again when the employee is not showing signs of impairment to discuss further.

Every discussion should be accompanied by an incident report. (See Appendix C for a sample responding to suspected impairment report form.) The report should include the events preceding the incident or suspicion concern, identification of the employee’s unsafe work practices, the matters discussed with the employee, that management and union representatives were notified, a list of all actions taken, and any recommendations made to the employee (Workplace Safety North, 2017).

Recall it is not the employer or supervisor’s duty to diagnose an employee, or to know if they have a disability (CHRC, 2017). Employers can observe changes in an employee’s attendance, performance, or behaviour. They can initiate a discussion about the issue(s) as related to work, and discuss possible solutions. If an employee does not disclose a disability, the employer can outline the consequences of the observed change in behaviour, or address attendance or performance issues according to the steps outlined in the workplace’s policy. The discussion between the employer and employee may need to occur more than once. Document all discussions. Provide support and practice empathy, not sympathy. Focus on solutions, but if disciplinary action is necessary, it is important to follow through.

## **Supportive Medical Information for Accommodation**

In order to properly accommodate an employee, the employer should have sufficient information from the physician or medical professional.

This information balances the employer’s need to maintain a safe workplace while respecting the employee’s right to privacy. Information requests should be limited to essential duties and accommodation needs. The employer is not entitled to receive the diagnosis, nor are they entitled to the details of the treatment plan. If a request for an independent medical evaluation is necessary, the Canadian Human Rights Commission (2017) recommends that the employer seek legal advice as this request may infringe on an employee’s privacy rights.

The employer and employee should share with the physician a complete description of the job and related duties/responsibilities, the work schedule, if the position is classified as safety sensitive, and any other pertinent information. The physician should provide details on:

- specific accommodation needs
- any restrictions or limitations
- any implications from the treatment plan regarding behaviour, attendance or performance
- the plan for return to work if the employee is to be off work

- 
- if the employee can safely perform the job, especially if the employee is in a safety sensitive position
  - anticipated return to work date if on leave

One option is to use a “fit to work” assessment.

“Fit to work” or “fitness to work” is a medical assessment done when an employer wishes to be sure an employee can safely do a specific job or task. The purpose is to determine if medically the employee can perform the job or task under the working conditions. Typically, the employee will visit a medical professional who will determine if the person is able to do the particular job. The medical professional may consider physical or mental abilities, sensory acuity, level of skill, functional limitations, etc. The medical professional will typically only report one of three conclusions back to the employer:

- fit,
- unfit, or
- fit subject to work modifications.

Once it has been determined there are any concerns or limitations, a return to work/remain at work plan can be developed and accommodations can be implemented.

## Steps for Accommodation

Recall that substance use can fall anywhere on a spectrum and does not necessarily mean dependency. The need for accommodation may be required when there is a therapeutic/medical requirement, cognitive issue, or a diagnosed substance dependence that may impact workplace performances and safety.

When the employer is aware that accommodation may be necessary, accommodation would include the organization following established policy(ies) that cover cannabis use related to therapeutic needs, and disability due to substance dependence. From these policies, a plan can be developed for each employee on a case by case basis. Both parties should work together and agree to the accommodations.

Careful examination of the employee's job responsibilities and duties should be performed. While human rights laws require accommodation of employees with medical needs or disability due to substance dependence, there is also the general duty requirement for employers to ensure a safe workplace. In this context, employers should ensure that if an employee is impaired due to prescribed medication or substance dependence, that employee not be permitted to engage in work that would endanger themselves or others.

The Canadian Human Rights Commission (2017) recommends the following components be part of an accommodation plan:

- put in writing the roles, responsibilities and expectations
- the resulting agreement must be signed by all parties
- identify accommodation components based on the employee's medical information
- designate a 'go-to' person that an employee can go to with concerns or questions about accommodation plans

- 
- determine what changes in the employee's behaviour or performance that will be deemed significant and when there would be a need for updated medical information

Note that while the employer has the obligation to accommodate, it may not be possible to adapt all jobs or positions to the employee's ideal or preferred outcome. The Canadian Human Rights Commission (2017) recommends "Being creative, flexible and open to trying different strategies will be a key to success. The goal should be to keep the employee at work where it is appropriate or support the employee in returning to work as soon possible." Having follow-up meetings at set intervals can help track the success of the accommodation and any adjustments can be made promptly.

There is not a comprehensive list of accommodation solutions. It is a collaborative process that requires the both employee and employer, with input from the medical professional to find suitable solutions. Examples of accommodation include:

- modification to the employee's schedule to accommodate treatment, appointments, etc.
- modification and adjustment to hours or performance requirements as per medical assessments/fit for work assessments/functional abilities forms
- modification of the work environment (e.g., assistive devices, etc.)
- outline of expectations regarding conduct and behaviour
- possible re-assignment of duties if the employee is in a safety sensitive position
- short- or long-term leave

Be sure to include steps that address return-to-work success including a contact schedule/frequency, and how the employee will reintegrate with their team. These steps are important as they help to re-establish trust, create healthy boundaries, and reduce stigma.

Accommodation should be collaborative and the goal is to keep the employee functional at work. All accommodation requests should be taken in good faith. It's important to maintain confidentiality of the employee, and additional documentation should be only requested if necessary.

Please see the Atlantic Canada Council on Addiction's guide "A Toolkit to Address Problematic Substance Use That Impacts the Workplace" and the Canadian Human Rights Commission's guide "Impaired at Work: A Guide to Accommodating Substance Dependence" for more details about accommodation. The web addresses are included in the reference section of this White Paper.

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## EMPLOYEE OBLIGATIONS

### Employee Duties

Employees have a duty to perform their job safely. This duty includes the need to understand their job and the impact that using substances (medical/therapeutic or non-medical) could have on their safety and the safety of others. Employees have a duty to work safely, and to follow prescribed health and safety legislation and the employer's policies and programs. As noted earlier, as part of their education and training, employees and supervisors will be aware of the signs and symptoms of impairment. If anyone suspects impairment in others or wishes to report their own inability to work safely, this concern should be reported to the supervisor or delegated persons.

If an employee requires a medication that is known to cause impairment, it is beneficial that they notify their employer. In some cases, they may have a legal obligation to do so. The medication includes any over-the-counter medications or prescription drugs including cannabis used for therapeutic purposes. The employee's diagnosis does not need to be stated. If there is an effect that may prevent the employee from performing their work safely, appropriate accommodations should be made. The employee should:

- provide relevant documentation to the employer,
- follow any medical directions that relates to taking the medication, and
- follow all precautions regarding impairment.

It is the responsibility of the employee to work with their medical professional to complete any form or assessments necessary to support fitness to work or accommodation plans, and to participate in return to work/remain at work planning. If there are changes to the employee's abilities, these changes should be promptly discussed with the employer by the employee.

### Education and Training

Employees should be:

- aware and trained on their role and responsibilities regarding their organization's policy(ies)
- aware of how impairment will be assessed (e.g., fit to work)
- educated and trained on substance use, including information about disability due to substance dependence and the impact on safety, health, personal life, and work performance
- aware of what current resources and supports are available for an individual and their family
- aware of any implications of discipline if there are contraventions of the organization's policy(ies)
- provided with the employer's accommodation policy and procedures
- if trained to do so, be able to recognize the signs and symptoms of impairment in others, and report concerns to their supervisor or employer

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## PREVENTION – CREATING A HEALTHY WORKPLACE

### Workplace Factors

There are workplace factors that may contribute to substance use, for example:

- jobs that offer little control or low job satisfaction
- repetitive, monotonous jobs with periods of inactivity
- working in isolation or remote areas with little supervision

There are many personal and social factors that can influence an individual and could lead to a substance dependence issue. There are also some work-related factors that can negatively impact an individual and potentially lead to substance use:

- high stress, low control
- low job satisfaction
- long hours or irregular shifts
- fatigue
- repetitious duties
- periods of inactivity or boredom
- isolation
- remote or irregular supervision
- easy access to substances

Also, individuals with substance dependence may feel fear of discrimination and stigma, which can prevent them from seeking help and addressing the issue.

For these reasons, it's important to create supportive workplaces in which there is a culture of respect and inclusion to help those facing challenges, and keep employees safe and healthy.

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## Create and Foster Supportive Workplaces

Often substance use and mental illness are concurrent disorders, and substance use can have a significant impact on the mental health of an individual as well as the culture of the organization.

A comprehensive workplace health and safety program (CWHSP) is a recommended approach that will not just benefit individuals who are facing challenges, but all employees. In a supportive workplace, employees will feel safe to share their concerns and seek assistance. A CWHSP is a series of strategies and related activities, initiatives and policies developed by the employer, in consultation with employees, to continually improve or maintain the quality of working life, health, and the well-being of the workforce. This program addresses (Burton, 2010):

- occupational health and safety
- psychosocial work environment
- workplace health promotion (wellness/well-being, personal health resources)
- organizational community involvement

These activities are developed as part of a continual improvement process to improve the work environment (physical, psychosocial, organizational, economic), and to increase personal empowerment and personal growth. Note that these are not four distinct or separate areas. They overlap and should be integrated within the program, and not addressed in isolation.

## Comprehensive Workplace Health Policy and Program

The program should start with a needs assessment to help identify the scope of the issue, and any concerns that should be addressed, determine what is already in place, and what resources are available for individuals with substance dependence problems. Once the needs assessment has been completed, the policy can be drafted and implemented. The policy should include the following sections:

- Scope
- Objectives
- Roles and responsibilities
- Rules
- Policy violations and consequences
- Procedure
- Prevention
- Assessment and rehabilitation
- Confidentiality and privacy
- Policy and program evaluation

Once the policy and program is complete, then there is a need for education and training for both employees and supervisors. Finally, appropriate supports should be identified.

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## CONCLUSION

Addressing potential impairment from cannabis is part of a workplace's hazard assessment process. Appropriate controls and measures must be identified, including the need for a concise workplace policy(ies). As part of the policy and procedures, identify what action will be taken if there is suspected or identified impairment or substance use, and the need for accommodation practices where necessary (including for medical/therapeutic needs, and disability due to substance dependence).

Testing employees for substances typically reveals only the presence of the substance, not the level of impairment. Testing is also not generally supported by human rights legislation. As such, supervisors should be trained on how to identify signs of impairment, and how to respond and implement the next steps as identified in the workplace policy. Employees should be educated and trained on available policies, programs, recognizing impairment in others, and any assistance measures available to them.

Accommodation is necessary in cases of medical/therapeutic need, or disability (including disability from substance dependence). Accommodation plans should be based on medical assessment, and developed collaboratively between both employer and employee.

Creating a supportive workplace will help reduce the stigma associated with substance use or dependence, and ideally, reducing the need for substances in general.

The key steps to reducing the impact of impairment on the workplace is to have these mechanisms in place, to provide clear guidance to all workplace parties, and to apply workplace policies and programs using a fair and consistent approach.

## APPENDICES

### Appendix A: Sample Workplace Policy Regarding Impairment

**Title:** Impairment

**Relevant Legislation:** *Occupational Health and Safety Act; Human Rights Act*

#### Purpose

ABC Organization is accountable to create a safe environment for patients, families, staff, volunteers and members of the public. This duty includes addressing any issue that may impair an employee's ability to perform their work functions responsibly.

#### Policy

All individuals working at ABC Organization (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 situation, or issue that may impair judgment or performance.

ABC Organization 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.

#### Procedures

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.

Employees who are assessed and suspected to be impaired while at work will be sent home immediately. Transportation will be arranged. The supervisor is responsible for documenting any incidence of suspected impairment.

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

ABC Organization will use "fit to work" procedures, and provide accommodations (where appropriate). ABC Organization honours that disabilities are protected through human rights legislation. ABC Organization will provide support for employees by providing access to 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 or duties.

The Human Resource contact will work with the immediate supervisor to determine appropriate disciplinary action if necessary.

The Manager will ensure adherence to reporting requirements with the appropriate licensing bodies.

**Signed:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

Adapted from ACCA (no date)



## Appendix B: Sample Tool – Reporting Suspected Impairment

Reporting Employee Name:			
Date of Incident or Concern:			
Description of Incident or Concern and those involved:			
<b>Behaviour</b>	<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)?		
<b>Unusual Actions</b>	<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)?		
<b>Speech</b>	<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)?		
<b>Balance</b>	<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:			
Supervisor Actions:			
Signature:			
Date:			

Adapted from ACCA (no date)

## Appendix C: Sample Tool - Responding to Suspected Impairment Form

Responding to Suspected Impairment	
Employee Name:	Date:
Supervisor Name:	
Observer Name:	
Incident or Concern Details	
<b>Action Note:</b> 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:	
<b>Signatures</b>	
Employee:	Date:
Supervisor:	Date:
Observer:	Date:

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## Appendix D: Sample Tool – Accommodation Policy and Procedures.

**More Information:** This appendix was provided by the Canadian Human Rights Commission. For more information about the duty to accommodate, please visit the Commission's website at [www.chrc-ccdp.gc.ca](http://www.chrc-ccdp.gc.ca)

### Template [Name of Organization] Accommodation Policy and Procedures

#### Policy Statement

[Name of Organization] is committed to fostering an inclusive workplace where all employees are treated with respect and dignity.

[Name of Organization] will act in a manner consistent with its obligations under the Canadian Human Rights Act [insert; “and the Employment Equity Act, and (title of provincial or territorial human rights legislation)” if applicable].

[Name of Organization] will provide a workplace that ensures equal opportunity free from discrimination based on race, colour, national or ethnic origin, religion, age, sex (includes pregnancy or child-birth), sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability (includes mental or physical disability, disfigurement and dependence on alcohol or a drug) or conviction for an offence for which a pardon has been granted or a record suspended.

[Name of Organization] will provide workplace accommodation, to the point of undue hardship. The purpose of accommodation is to ensure that individuals who are otherwise able to work are not discriminated against by being excluded from doing so when working conditions can be adjusted without causing undue hardship to the employer.

#### Application

This policy applies to all current employees and applicants for employment of [Name of Organization], including full and part-time, casual, contract, permanent, and temporary employees. This policy also applies to employees on approved leave including short and long-term disability leave.

This policy applies to all aspects of employment including, but not limited to recruitment, selection, training, promotion, transfers, work arrangements, compensation and benefits, and termination of employment.

#### Definitions

An **Inclusive Workplace** means that all employees have the opportunity to contribute and participate in the workplace in a barrier free environment. Critical to the notion of an inclusive workplace is a robust accommodation policy.

**Accommodation** means taking steps to adjust rules, policies, practices or situations that have a negative impact on an individual or groups, protected under the Canadian Human Rights Act.

**Undue Hardship** occurs when accommodation adjustments to the workplace would be prohibitively expensive, or create undue risks to health or safety. Each situation will be viewed as unique and assessed individually. A claim of undue hardship must be supported with facts and a detailed analysis of options, impressionistic or speculative reasons will not suffice.

The following are examples where accommodation could cause undue hardship:

- an employer cannot accommodate without seriously impacting business operations;
- an employee will not be able to return to work in the foreseeable future or is absent so often that it is no longer possible to accommodate them without causing the employer serious financial hardship;
- the employee's position is safety sensitive and, as a result, accommodation may pose a safety risk to the employee, his or her colleagues, clients and / or the public.

#### Responsibilities and Expectations

Accommodation is a shared responsibility between employees, supervisors and [Name of Organization], as the employer.

**[Name of Organization] is responsible for:**

- eliminating barriers that prevent people from accessing, or being included in, the workplace;
- minimizing the need for individual accommodation by regularly reviewing rules, policies, by-laws and practices to ensure that they are not discriminatory;
- ensuring that all employees and job applicants are advised of their right to be accommodated;
- dealing with requests for accommodation in a timely, confidential and sensitive manner;
- providing individual accommodation to the point of undue hardship; and
- ensuring that this policy is effectively implemented.

**Supervisors are responsible for:**

- fostering an inclusive work environment by treating all employees and job applicants with respect and dignity;
- identifying and eliminating barriers that prevent people from accessing, or being included in, the workplace;
- dealing with requests for accommodation in a timely, confidential and sensitive manner;
- informing individuals requiring accommodation what information they need to provide to be accommodated;
- generating accommodation options based on the information provided about the individual's accommodation need(s)
- involving individuals requiring accommodation in the search for accommodation;
- initiating a discussion about accommodation when they are aware that an employee or job applicant may have a need for accommodation, but is unable, for any reason, to articulate that need.

**Employees and job applicants are responsible for:**

- making their accommodation needs known. This does not require the disclosure of the specific cause of their needs but only the effects which create the need for accommodation.
- helping to identify potential accommodation options;
- providing documentation in support of their request for accommodation, including information about any restrictions or limitations; and
- accepting an offer of accommodation that meets their needs, even if it is not their preferred accommodation option.

**Employees and job applicants can expect:**

- to be treated with respect and dignity;
- to have their needs accommodated up to the point of undue hardship; and
- to be informed of the reasons, if their accommodation request is denied.

## Procedures for Accommodation

### Job Applicants

When contacted for an interview, job applicants will be advised that **[Name of Organization]** has an accommodation policy and asked whether he or she requires accommodation to participate in the hiring process.

**[Name and/or Position A]** will evaluate the job applicant's request for accommodation and may request more information from the applicant to facilitate the accommodation.

If a request for accommodation is denied, the reasons why will be clearly communicated to the job applicant.

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## Employees

An employee may request accommodation by notifying his or her supervisor. Alternatively, accommodation needs may be identified through supervisor and employee collaboration in response to concerns raised by the supervisor.

The supervisor will document the request, including the employee's name, position and date of the request, any details provided by the employee and any accommodation options suggested by the employer or employee.

The supervisor may request supporting documentation from the employee in order to identify accommodation needs and options (e.g. details of restrictions or limitations).

When dealing with an accommodation request based on disability, the supervisor should refer to Annex A which provides guidance on asking for medical information to support the accommodation request.

The supervisor will consider accommodation options including, but not limited to: workstation adjustments; reassignment of job tasks; changes to scheduling or hours of work; leaves of absence; and temporary or permanent reassignment.

The supervisor will discuss available accommodation options with the employee. The accommodation preferences of the employee will be taken into account. However, the supervisor may proceed with an option that is less costly or easier to provide, when it meets the employee's accommodation needs. The supervisor will clearly communicate the reasons for his or her decision to the employee.

The supervisor will review the accommodation measures with the employee on a regular basis to confirm they continue to be necessary and effective.

If the available accommodation options raise the likelihood of causing undue hardship, the supervisor will refer the matter to **[Name and/or Position B]** for decision.

**[Name and/or Position B]** will ensure that all accommodation options short of undue hardship have been considered prior to refusing accommodation. If a request for accommodation is denied, **[Name and/or Position B]** will clearly communicate the reasons why to the employee.

## Appeals

If an employee or applicant has been denied accommodation, is not satisfied with the accommodation offered, or believes that his or her request has not been handled in accordance with this policy, he or she may request a second opinion from **[Name and/or Position C]**.

An employee or applicant may also file a discrimination complaint with the Canadian Human Rights Commission **[insert "and (title of other grievance mechanism)" if applicable]**.

## Privacy and Confidentiality

All records associated with accommodation requests will be maintained in a secure location, separate from employees' personnel files and will only be shared with persons who need the information.

**[Name of Organization]** and all individuals involved in the accommodation process will comply with the requirements of the **[insert "(title of applicable privacy legislation)"]** to protect personal information.

## Review

**[Name and/or Position A]** will review this policy and related procedures on an annual basis, or as required, and will make adjustments as necessary to ensure that it continues to meet the needs of all employees.

## Enquiries

Enquiries about this policy and related procedures can be made to **[Name and/or Position B]**.

**Date:** **[Month, day, year]**

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## RESOURCES

### Legislation

*Access to Cannabis for Medical Purposes Regulations (SOR/2016-230)*  
<http://laws.justice.gc.ca/eng/regulations/SOR-2016-230/>

*Canadian Human Rights Act Revised Statutes of Canada (1985, c. H-6)*  
<http://laws-lois.justice.gc.ca/eng/acts/h-6/FullText.html>

*Cannabis Exemption (Food and Drugs Act) Regulations (SOR/2016-231)*  
<http://laws.justice.gc.ca/eng/regulations/SOR-2016-231/>

*Controlled Drugs and Substances Act (S.C. 1996, c. 19)*  
<http://laws-lois.justice.gc.ca/eng/acts/C-38.8/>

**Any jurisdictional legislation that may apply including occupational health and safety, and human rights. Contact information is below:**

Occupational Health and Safety Jurisdictions across Canada  
<https://www.ccohs.ca/oshanswers/information/govt.html>

Employment and Human Rights Offices across Canada  
[https://www.ccohs.ca/oshanswers/information/human\\_rights.html](https://www.ccohs.ca/oshanswers/information/human_rights.html)

### Samples of Case Law in Canada

*Burton vs Tugboat Annie's Pub, 2016 BCHRT78*  
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*City of Calgary vs CUPE 37, 2015 CanLii 61756*  
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