

ADMINISTRATIVE MANUAL

Policy and Procedure

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Applies To:	All Team Members		

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PURPOSE

We believe it is in the best interests of our patients, Nova Scotia Health Authority (NSHA) Team Members, the public we serve, their families, and the communities in which we live and Work to establish a Drug and Alcohol policy as an integral part of our overall Safety Management System.

We recognize that the use of Alcohol and Drugs can have a negative impact on job performance, patient care, the health and safety of NSHA Team Members, and the Workplace.

A major focus of this policy is the guiding principles and awareness of how to recognize and address Impairment and Problematic Substance Use and assist Team Members in accessing appropriate resources.

Definitions for the purposes of this policy are as such:

NSHA Team Members:

All Employees, Physicians, learners, volunteers, NSHA Board members, Contractors, contract workers, franchise employees, Affiliated persons, and those with Affiliated appointments and other individuals performing activities within NSHA.

Employees:

A person employed by NSHA whose salary and compensation are provided by NSHA.

GUIDING PRINCIPLES AND VALUES

NSHA is committed to providing a safe and healthy Workplace and environment for NSHA Team Members, patients, and visitors. NSHA aims to ensure all Team Members are treated consistently, fairly, with dignity and respect, which includes the protection of privacy. Team Members are expected to conduct themselves in a professional manner, in accordance with NSHA values and policy.

NSHA acknowledges that Substance Use Disorder is both a preventable and a treatable disease, and accordingly promotes self-awareness and voluntary referral for assistance, to enable Team Members with Problematic Substance Use to pursue information, assistance, and recovery. NSHA recognizes that the earlier treatment for addiction/dependency is initiated, the greater the possibility of success in treatment.

POLICY STATEMENTS

1. All NSHA Team Members must report to Work Fit for Duty and remain so while On Duty and also while On Call.
2. Team Members not employed by NSHA (Contractors and Affiliated persons) must comply with the policies and processes of NSHA and their employer in regards to the consumption of Alcohol and Drugs, as applicable.
3. NSHA supports Employees by focusing on prevention, education, and early intervention to address any concerns related to substance use.
4. NSHA provides access to assistance, assessment, and treatment for all Employees as appropriate and as requested.

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5. Employees who Return to Work must submit to Alcohol and/or Drug Testing, as deemed necessary by an Occupational Health, Safety, and Wellness Representative (OHSR) in collaboration with any or all of the following: NSHA Occupational Health, Safety, and Wellness; Human Resources; Professional Practice; the Substance Abuse Expert (SAE), and Regulated Health Care Professional.
6. Employees who require accommodation for matters that may affect their ability to report to Work Fit for Duty must disclose and submit to OHSW.
 - 6.1. The Employee and People Services adhere to [relevant, local policies and procedures](#) on the accommodation of employees.
7. NSHA reserves the right to dismiss learners, volunteers, and Contractors who report to duty Impaired.
8. Physicians and Affiliated Team Members at NSHA are required to follow the rules and regulations of the [NSHA Medical Staff Bylaws pursuant to the Health Authorities Act \(Nova Scotia\)](#); as these documents constitute the framework for governance, credentialing, privileging, and discipline of medical Team Members.

PROCEDURE

RESPONSIBILITIES

The successful implementation and application of this policy is a shared responsibility of NSHA Team Members.

Everyone working at NSHA is expected to perform their duties in a safe manner and to:

1. Know, understand, and follow/comply with this policy;
2. Take responsibility to ensure their personal safety and the safety of others;
3. Use Medications responsibly, be aware of potential side effects of any Medications they are using, and notify their OHSR of any potential side effects that could be expected to affect their Fitness for Duty;
4. Not report to Work Impaired, follow your unit/department specific call out process.
5. Report, in confidence, to the OHSR or their immediate supervisor/manager any reasonable suspicion of Drug or Alcohol use or Impairment by Team Members in the Workplace, or other violation of this policy;
6. Seek advice and follow recommended treatment for Problematic Substance Use, and follow recommended Aftercare and monitoring programs;
7. Encourage co-workers to seek help when there is a concern regarding substance use, or a potential or perceived breach of this policy;
8. Provide support to co-workers dealing with substance use issues.

Directors, Managers and Supervisors

In addition to the responsibilities identified for NSHA Team Members, as part of the shared responsibility, Directors, Supervisors, and Managers are expected to:

1. Provide leadership by example, educate Team Members on the specifics of this policy,
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ensure adherence to the policy standards as part of the responsibility to perform Work in an effective and safe manner;

2. Serve as a resource person on the policy for Team Members;
3. Have an awareness of, and be able to recognize, the signs of Drug and Alcohol Impairment;
4. Relieve Team Members who are either not Fit For Duty, or there is reasonable suspicion that they are not Fit for Duty, of their Work responsibilities; ensure safe transportation is arranged or provided; and report such concerns and actions to the HR consultant and other relevant stakeholders.

4.1. Refer to the [Manager's Toolkit](#).

5. Work with the Team Member's professional regulatory body and union, where appropriate;
6. Monitor Contractor compliance with this policy, including the Alcohol and/or Drug Testing requirements;
7. Be accessible and approachable for Team Members reporting co-worker concerns;
8. Assist Team Members who self-identify and request help in dealing with Problematic Substance Use to access available [resources](#);
9. Facilitate the Return to Work process for Employees after treatment; and
10. Maintain confidentiality of all information received related to this policy, except to the extent disclosure is required to enforce and otherwise comply with this policy.

PEOPLE SERVICES

Occupational Health, Safety and Wellness

In addition to the responsibilities identified for NSHA Team Member, as part of the shared responsibility, Occupational Health, Safety and Wellness is expected to:

1. Serve as the internal resource for all medical matters related to this policy;
2. Provide training for Supervisors and Managers on indications of Drug & Alcohol Impairment and effective Management;
3. Navigate Team Members to appropriate resources for education on the health and safety risks of Problematic Substance Use with a focus on prevention and awareness
4. Establish external contract service agreements for the consultants required to apply program elements (Third Party Administrators [TPAs], Medical Review Officers [MROs], Substance Abuse Experts [SAEs], and Occupational Health Consulting Physician);
5. Maintain ongoing communications with the TPA for all Drug and Alcohol Testing matters, as needed and appropriate under this policy;
6. Receive Drug and Alcohol Test results from the MRO, review findings, and follow up with the MRO as required;
7. Inform Supervisors and Managers of a Team Member's required Work restrictions, and any implications for the Workplace;

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8. Work with the SAE, Employee and Family Assistance Program services, and health professional regulatory bodies and union, where appropriate, to develop a Rehabilitation Program and structured Return to Work/Aftercare plan;
9. Coordinate with colleagues in People Services as appropriate throughout the process; and
10. Maintain confidentiality of all information received related to this policy in the Employee's Occupational Health File, except to the extent disclosure is required to enforce and otherwise comply with this policy.

Human Resources

In addition to the responsibilities identified for NSHA Team Members, as part of the shared responsibility, Human Resources is expected to:

1. Serve as the internal resource for all matters, other than medical, related to this policy;
2. Work with the OHSR to manage the Drug and Alcohol Testing program with the designated TPA;
3. Coordinate with respective supervisors/managers as required and appropriate under this policy; which may include performance management up to and including termination;
4. Coordinate with colleagues in Occupational Health Safety and Wellness and other stakeholders as appropriate throughout the process; and
5. Maintain confidentiality of all information received related to this policy, except to the extent disclosure is required to enforce and otherwise comply with this policy.

WORK STANDARDS (GUIDELINES)

1. Confidentiality

- 1.1. Confidentiality is an integral part of encouraging NSHA Team Members to voluntarily disclose, request assistance, and accept assessment and treatment services relating to the use of Alcohol and Drugs.
- 1.2 All Team Members involved in dealing with problems in the Workplace related to the use of Alcohol and Drugs must respect and protect the privacy and reputation of all individuals involved, except to the extent disclosure is required to enforce and otherwise comply with this policy. Use and disclosure of confidential information under this policy must be in compliance with applicable privacy legislation and applicable NSHA privacy policies ([NSHA AD-AO-030 Privacy and Confidentiality of Personal Health Information](#)).

2 General Expectations

2.1 Fitness for Duty

- 2.1.1 All Team Members report to Work Fit for Duty and remain so while On Duty.

2.2 Drug and Alcohol Possession or Use

- 2.2.1 While on NSHA Property or while Working in any capacity for NSHA, Team Members must not use or possess:

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- Alcohol (except where being stored/dispensed as prescribed to patients or as authorized by [NSHA AD-FIN-070 Hospitality](#) and [NSHA AD-FIN-065 Meeting-Related Expenses](#));
- Drugs (except as identified under Medication Use);
- Notwithstanding 2.2.1, Alcohol and/or legally-purchased recreational Cannabis should not be stored or brought on onto any NSHA Property and Facility.

2.3 Drug and Alcohol Distribution, Transfer, Offer for Sale, and Tampering

2.3.1 Team Members who distribute, transfer, offer for sale Drugs and/or Alcohol, or who tamper with any sample for a Drug and/or Alcohol Test will be disciplined up to and including termination and may be referred to an SAE (this treatment may be at the Team Member's expense). NSHA may contact law enforcement in these cases.

2.4 Medication Use

2.4.1 All Team Members are expected to use Medication in a safe and responsible manner. Under this policy, Team Members may possess and use Medication under the following circumstances:

- 2.4.1.1 The Medication in the Team Member's possession or used by the Team Member must be duly prescribed or authorized as required by law;
- 2.4.1.2 The Team Member must use the Medication for its intended purpose and in the manner directed by the Authorized Prescriber or the manufacturer of the Drug;
- 2.4.1.3 The use of the Medication does not render the Team Member not Fit for Duty; and
- 2.4.1.4 Prior to beginning Work, the Team Member must notify the OHSR of any side effects that could be expected to affect their Fitness for Duty.

2.5 Voluntary Disclosure – Request for Assistance

- 2.5.1 Team Members who believe they have, or are developing Problematic Substance Use are expected to seek assistance and to follow treatment so that job performance is not affected and violations of this policy do not occur.
- 2.5.2 Resources and procedures for assistance in accessing help are outlined in on the [NSHA Drugs and Alcohol in the Workplace Site](#)

2.6 Reporting of Concerns about Team Member Substance Use Affecting Safety

2.6.1 Team Members who reasonably believe a co-worker is not Fit For Duty due to the effects of substance use, as a result of direct observations, or the occurrence of an Incident, must report any such concern as soon as practical and possible, in confidence, to a Supervisor or Manager or

Delegate.

2.6.2 Where appropriate (i.e. when the Incident impacts on a patient's safety), Team Members report this patient safety Incident via the Patient Safety Incident Management System used in their zone.

2.7 Confidentiality of Reporting

2.7.1 Any individual reporting or receiving a report of a concern of a Team Member being not Fit for Duty due to the effects of Drugs and/or Alcohol must maintain that information in the strictest confidence, except to the extent necessary to enforce or otherwise comply with this policy.

2.8 Impaired Driving

2.8.1 Any Team Member who operates or is expected to operate an NSHA vehicle and/or required to drive as a condition of employment must report to their Manager or HR consultant immediately before their next scheduled shift any charges, suspensions or convictions, whether related to conduct during NSHA business or not, if:

2.8.1.1 The Team Member's license is suspended; or

2.8.1.2 The Team Member has been charged with or convicted of:

- Impaired driving
- Driving offenses related to substance use
- Refusal to provide a sample
- Having a Blood Alcohol level over the legal Blood Alcohol Concentration (BAC) limit in the jurisdiction where the offense occurred

3. Assessment, Treatment and Aftercare of NSHA Employees

3.1 An Employee may be required to complete an assessment with an SAE and/or Regulated Health Care Professional as a result of a policy violation, or an Employee may request an assessment from an SAE and/or Regulated Health Care Professional as a result of a voluntary disclosure or request for assistance.

3.2 The process of referral to an SAE and/or Regulated Health Care Professional requires the Employee's participation in the assessment, and their consent:

- To participate;
- For the SAE and/or Regulated Health Care Professional to access individuals who may inform the assessment; and
- To release initial, interim, and summary reports, as appropriate, to NSHA's OHSR.

3.3 If the assessment by the SAE and/or Regulated Health Care Professional identifies a Substance Use Disorder, an individual treatment plan and recommendations for the Employee will be provided.

- 3.4 Full participation in appropriate treatment programs is required and may include education, Rehabilitation Programs, follow-up, and Aftercare programs.
 - 3.5 Participation in treatment does not remove the requirement for satisfactory job performance.
 - 3.6 An Employee who is at Work and participating in a treatment program must comply with all aspects of this policy.
 - 3.7 A written Return to Work agreement is required, outlining the conditions for Return to Work and consequences for failing to meet those conditions. Unannounced Testing for Drugs and Alcohol may be included in this agreement, with the specifics as recommended by the SAE and/or in consultation with the OHSR.
4. Investigations for Compliance
 - 4.1 The normal process of monitoring job performance (see [NSHA AD-HR-065 Performance Assessment and Development Process](#)) will be followed. Employees with apparent performance problems will be reminded of the assistance available through an SAE and/or Regulated Health Care Professional assessment, extended medical benefits (where available), and community resources, should there be a concern affecting job performance.
 5. Consequences of Policy Violations
 - 5.1 Team Members violating any provision of this policy, may be subject to disciplinary action up to and including termination of employment and/or placement. The appropriate consequence will be determined on an individual basis following consideration of any reasonable mitigating factors.
 - 5.2 Drug and Alcohol Use
 - 5.2.1 Employees who report to Work, or remain On Duty while not Fit for Duty are required to meet with an SAE and/or Regulated Health Care Professional before they Return to Work.
 - 5.2.1.1 Where a Substance Use Disorder is determined following an assessment, the SAE and/or Regulated Health Care Professional will make appropriate rehabilitative recommendations following the processes and approaches identified in [Appendix B](#), which the Employee is expected to follow. Failure to follow all treatment requirements may result in discipline up to and including termination.
 - 5.2.1.2 Where an Employee is determined not to have a Substance Use Disorder, the Employee will be subject to disciplinary action up to and including termination.

REFERENCES

Legislation

Canadian Human Rights Act, Revised Statutes of Canada (1985, c. H-6).

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Retrieved from the Justice Laws website: <https://laws-lois.justice.gc.ca/PDF/H-6.pdf>

Controlled Drugs and Substances Act, Statutes of Canada (1997, c. 19). Retrieved from the Justice Laws website: <https://laws-lois.justice.gc.ca/PDF/C-38.8.pdf>

Nova Scotia Health Authority Medical Staff Bylaws made under Section 21 of the *Health Authorities Act* S.N.S. 2014, c. 32 Retrieved from the Registry of Regulations website, the *Royal Gazette Part II* <https://novascotia.ca/just/regulations/regs/hamedstaff.htm>

Occupational Health and Safety Act, Acts of Nova Scotia (1996, c. 7).

Retrieved from the NS Legislature website:
<https://nslegislature.ca/sites/default/files/legc/statutes/occupation%20health%20and%20safety.pdf>

Other

The College of Family Physicians of Canada. (2014). Authorizing dried cannabis for chronic pain or anxiety: Preliminary guidance. Retrieved from https://www.cfpc.ca/uploadedFiles/Resources/_PDFs/Authorizing%20Dried%20Cannabis%20for%20Chronic%20Pain%20or%20Anxiety.pdf

Busse, J.W., Craigie, S., Juurlink, D.N., Buckley, D.N., Wang, L., Couban, R.J., Agoritsas, T., Akl, E.A., Carrasco-Labra, A., Cooper, L., Cull, C., da Costa, B.R., Frank, J.W., Grant, G., Iorio, A., Persaud, N., Stern, S., Tugwell, P., Vandvik, P.O. & Guyatt, G.H. (2017). Guideline for opioid therapy and chronic noncancer pain. *Canadian Medical Association Journal*, 189(18), E659-E666. <https://doi.org/10.1503/cmaj.170363>

Construction Owners Association of Alberta & Energy Safety Canada. (2018). *Alcohol and drug guidelines and work rule Canadian model for providing a safe workplace: A best practice guide*. Retrieved from <http://www.enform.ca/resources/detail/70/alcohol-and-drugs-policy-model-for-the-upstream-petroleum-industry>

RELATED DOCUMENTS

Resources

[Problematic Substance Use Guide - Manager's Toolkit](#)

[NSHA Drugs and Alcohol in the Workplace Site](#)

Learning Modules

[Problematic Substance Use - Employee](#)

[Problematic Substance Use - Manager Training](#)

Policies

[NSHA AD-AO-030 Privacy and Confidentiality of Personal Health Information](#)

[NSHA AD-HR-065 Performance Assessment and Development Process](#)

[NSHA AD-HR-105 Volunteer Dismissal](#)

[NSHA AD-OHS-50 Accommodation of Employees with Disabilities](#)

[NSHA AD-FIN-065 Meeting-Related Expenses](#)

[NSHA AD-FIN-070 Hospitality](#)

[NSHA AD-OHS-035 Scent Awareness](#)

[NSHA AD-OHS-030 Smoke & Tobacco Reduction](#)

Appendices

[Appendix A - Definitions](#)

[Appendix B - Substance Abuse Expert - Criteria and Process](#)

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Appendix A – Definitions

Alcohol	Beer, wine, distilled spirits, and the intoxicating agent that may be found in some medicines or other products that may be consumed and that has an alcoholic content in excess of 0.5 percent by volume.
Authorized Prescriber	A Regulated Health Care Professional who is permitted by federal and provincial legislation, their regulatory college, Nova Scotia Health Authority, and practice setting (where applicable) to prescribe Medications.
Contractor	A person, business, or corporation which provides goods or services to NSHA on a contract, sub-contract or consulting basis.
Drug	<p>Any substance, including Illicit (Illegal) Drugs Medications or other substances (e.g., cannabis, amphetamines, ecstasy, solvents, etc) the use of which has the potential to adversely affect the way a person thinks, feels or acts. For the purpose of this policy, Drugs of concern are those that negatively impact an individual's ability to safely and productively perform their Work. The definition of Drug includes but is not limited to:</p> <p style="padding-left: 40px;"><i>Illicit (Illegal) Drug</i> means any Drug or substance which is not legally obtainable in Canada and whose use, sale, possession, purchase or transfer is restricted or prohibited by law (e.g., cocaine).</p> <p style="padding-left: 40px;"><i>Medication</i> means Drugs intended for therapeutic use and obtained legally, either over-the-counter or through a Licensed Health Care Practitioner's prescription or medical authorization.</p> <p style="padding-left: 40px;"><i>Alcohol</i> as defined above.</p>
Drug/Alcohol Test	An analysis of a biological specimen: e.g. breath, urine, hair or blood
Fit/Fitness for Duty (FFD)	Being able to safely and acceptably perform all assigned employment duties and tasks without any limitations, negative effects or safety concerns related to the use or after-effects of Drugs and/or Alcohol.
Impaired/ Impairment	Means that there are reasonable grounds to conclude that an individual is not Fit for Duty. Such reasonable grounds include but are not limited to showing signs of physical and behavioral change including the smell of Alcohol or Drugs, glassy or red rimmed eyes, unsteady gate, slurring, poor coordination and/or aggressive or loud behaviour not typical to the person.

Incident	An event or circumstance which could have resulted, or did result in harm to a patient, or any other person at NSHA, which arises from factors other than the complications of health, treatment, or services itself.
Medical Practitioner	A Regulated Health Care Professional who holds a licence issued under the Medical Act (Nova Scotia) and the regulations entitling such professional to engage in the practice of medicine in Nova Scotia.
Medical, Dental and Affiliated Team Members	Those Medical Practitioners, dentists, and any other class of Regulated Health Care Professionals not employed by a health authority that are prescribed by the Medical Practitioners Regulations under the Medical Act (Nova Scotia) , who have privileges granted by the Board.
Medical Review Officer (MRO)	A licensed Physician, currently certified with the American Association of Medical Review Officers (AAMRO) or the Medical Review Officer Certification Council (MROCC), with knowledge of substance abuse disorders and the ability to evaluate a Team Member's positive Test results, who is responsible for receiving and reviewing laboratory results generated by an employer's Drug Testing program and evaluating medical explanations for certain Drug Test results.
NSHA People Services	Program encompassing Occupational Health, Safety and Wellness; Human Resources; Professional Practice, etc.
NSHA Property	All land, property, structures, vehicles, and equipment, whether owned, leased, or otherwise directly controlled by NSHA.
NSHA Team Member	Defined in the Purpose.
Occupational Health Safety and Wellness Representative (OHSR)	The individual identified by NSHA as holding the position of Occupational Health Representative and who is able to receive communications and Test results from Third Party Administrators (TPAs), a Medical Review Officer (MRO), and any treatment provider, and who is authorized by NSHA to take immediate action to remove an Employee from their duties and to make required decisions in the Testing and evaluation processes.
On Call	An employee who is on "stand-by" or "on-call" is away from the Workplace and accessible to the employer when needed. (Government of Canada, Hours of Work Retrieved from https://www.canada.ca/en/employment-social-development/programs/laws-regulations/labour/interpretations-

[policies/hours-work.htm](#)

On Duty	Any time during which Team Members are expected to perform Work, regardless of whether such Work is performed during regular Work hours or on NSHA Property. For greater certainty, Team Members who are On Call or have been called in unexpectedly to perform unscheduled services are considered to be On Duty.
Physician	Any medical, dental, surgical, or scientific NSHA Team Member who provides services to or on behalf of NSHA, as prescribed by the NSHA Medical Staff Bylaws .
Problematic Substance Use	<p>Means any use of Drugs or Alcohol which is or threatens to have a negative impact upon a Team Member's life. Not all Problematic Substance Use is indicative of a disorder or disability. However, Problematic Substance Use includes Substance Abuse Disorder, which is defined as follows:</p> <p><i>Substance Use Disorder</i> – The DSM-V combines the DSM-IV categories of substance abuse and substance dependence into a single disorder measured on a continuum from mild to severe. Each specific substance (other than caffeine, which cannot be diagnosed as a Substance Use Disorder) is addressed as a separate use disorder (e.g., Alcohol Use Disorder, Stimulant Use Disorder, etc.), but nearly all substances are diagnosed based on the same overarching criteria.</p>
Regulated Health Care Professional	<p>A member of a health profession group that is regulated by government legislation which defines the scope of practice for the profession. The regulatory body ensures its members are competent, qualified and follow clearly defined standards of practice and ethical principles. They also have a process for review of a members practice in the event of a complaint.</p> <p>CRNNS</p>
Rehabilitation Program (Aftercare)	A program tailored to the needs of an individual which may include in-patient or out-patient treatment, counselling, and/or education offered to assist a person to comply with the policy standards and to Return to Work being able to safely and acceptably perform their Work responsibilities.
Return to Work	For the purposes of this policy only, the term Return to Work is defined as the process started after an Employee violates the standards in this policy, and/or requests help for dealing with Problematic Substance Use or a Drug or Alcohol addiction/dependency.

Safety Management System	A coordinated and systematic approach to managing health and safety risks. The SMS assists in improving NSHA's safety performance and compliance to health and safety legislation and standards.
Substance Abuse Expert (SAE)	Detailed information is included in Appendix B.
Third Party Administrator (TPA)	A service agent that is contracted to provide or coordinate Drug and Alcohol Testing services for an employer. NSHA contracts the TPA to administer the Drug and Alcohol Testing
Work	All activities performed by a Team Member for NSHA including training and breaks from Work while working for NSHA.
Workplace	Any place at which any Team Member represents NSHA, conducts business, or performs Work for NSHA, including travel and off-site location Work.

Appendix B – Substance Abuse Expert – Criteria and Process

Overview and Criteria

The Substance Abuse Expert (SAE) is not an advocate for the employer or the client. The function and responsibility of the SAE is to protect the health and safety of the client, their co-workers, and the worksite by professionally assessing clients who have sought or are referred for an assessment. The SAE assessment includes a determination of addiction or dependency, or lack thereof, and makes recommendations for treatment and/or education (which may include counselling, out-patient and/or in-patient treatment), completes a follow-up evaluation, provides recommendations regarding follow up testing, and works with the employer to develop an aftercare plan.

The SAE is a health care professional who is a(n):

- Licenced Physician;
- Registered social worker;
- Registered psychologist; or
- Addictions counsellor with a minimum of 10 years' experience assessing substance abuse disorders.

These specialized health care professionals have knowledge of and clinical experience in the diagnosis and treatment of Substance Use Disorders; have been certified to administer and interpret recognized psychometric tests specific to the addictions field; have an understanding of the safety implications of substance use and abuse for the Workplace; and, have knowledge of the roles and responsibilities of an SAE.

Assessment

Consistent with established standards of care in addictions-related clinical practice, and utilizing reliable Substance Use Disorder assessment tools, the SAE must conduct a face-to-face assessment of the client. This assessment must include:

- A standard psychosocial history;
- An in-depth Drug and Alcohol use history (with information regarding onset, duration, frequency and amount of use; substance[s] of use and choice; emotional and physical characteristics of use; associated health, Work, family, personal and interpersonal problems); and,
- A current mental status.

When a client's referral to the SAE is as a result of a positive Drug and/or Alcohol Test, or a negative Drug Test with a safety advisory, the SAE's assessment may include a consultation with the Medical Review Officer (MRO) who verified the client's Drug Test. The MRO and SAE are free to discuss the Test result, substance concentration levels (if available), and any other pertinent medical information disclosed during the MRO's verification interview with the client

Where possible and practical, the SAE may consult with relevant health care providers/professionals, co-workers, Supervisors, Managers, family, and any additional

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sources of information that may assist the SAE in compiling a complete picture of the client's Substance Use Disorder history. Before contacting external resources, the SAE must have the client's documented consent for the release and sharing of such information.

The assessment report from the SAE to the employer should include:

- Determination regarding the level of Substance Use Disorder relevant to addiction/dependency;
- Outcomes information specific to functional and/or cognitive abilities, limitations or concerns; safety risk concerns; accommodation requirements, if any;
- Treatment and/or education recommendations including any counselling; educational requirements; participation in an in-patient, out-patient, private or community addiction treatment program; and, any other programs or resources to assist the client in addressing the Substance Use Disorder and supporting them in the Return to Work process;
- A treatment plan, with timelines, to be successfully complied with prior to the client becoming eligible for follow-up evaluation and subsequent Return to Work; and
- Any additional information deemed relevant and appropriate by the SAE in supporting the client's treatment and successful Return to Work, which may include unannounced Drug and Alcohol Testing during the treatment period.

The SAE assessment is provided as a confidential written report to the Designated Employer Representative (OHSR) and the client, and may also be provided to any appropriate treatment personnel.

Treatment/Education Referral

As a result of the assessment, the SAE will make recommendations regarding treatment and/or education programs based on individual client need and geographic availability. The SAE will, with the client's consent and in consultation with the employer, facilitate the referral(s) by making contact with the recommended program(s), and shall forward the assessment determinations and a treatment plan to the treatment provider(s).

Wherever possible and practical, identification of formal case management referral and responsibility, consistent with best practices, is recommended to ensure continuity of care, and client compliance with the required treatment and/or educational programs.

If treatment is ongoing, the OHSR may require monthly progress notes from identified treatment providers until a final assessment is completed by the SAE. These progress notes are to confirm regular attendance at and active participation in the treatment plan.

Follow-up Evaluation

Following completion of the prescribed treatment and/or education, the SAE will evaluate the client prior to Return to Work.

Alternatively, if the client is able to Return to Work while undergoing treatment and/or

education, the SAE will evaluate the client's commitment to and success in following the treatment and/or education plan within a reasonable timeframe upon Return to Work. This is conditional on the SAE first determining that the client is not a safety risk to themselves, co-workers and/or the Workplace.

The purpose of the follow-up evaluation is for the SAE to gauge the client's success in meeting the objectives of the prescribed treatment and/or education plan. The client's ability to successfully demonstrate compliance with the initial treatment recommendations will be determined in a clinically based follow-up evaluation. The SAE will also base the determination on written reports from and personal communication with the respective education and/or treatment program professionals.

The SAE will prepare a report for the client and the OHSR, including the clinical determination as to the client's success in meeting the objectives of the treatment plan. The report will include the client's continuing care needs regarding specific treatment, aftercare, support group services recommendations and a follow-up testing plan.

District Health Authority Policies Being Replaced

GASHA 3-15 Alcohol and Drug Issues

CDHA CH 30-092 Drugs and Alcohol in the Workplace

Version History

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
NEW 2018-10-11	