

APPENDIX A

Fitness for Duty Assessment Guideline for Supervisors

When you become aware of concerns with respect to an employee not being fit for duty at work, follow the steps outlined below.

1. The supervisor will consult privately with the employee to determine the cause of the observation, including whether substance use has occurred. Outline the observations noted to the employee and ask them to provide an explanation. Suspicions of an employee's ability to function safely may be based on specific personal observations. If the employee exhibits impaired behavior, the employee should not be permitted to return to their assigned duties in order to ensure their safety and the safety of other employees, students or visitors to the workplace. The employee should be asked to remain in a safe place should the supervisor need to leave to consult with other stakeholders.
2. Contact the Superintendent of Human Resource Services or designate to consult on other possible next steps.
3. If an employee is considered impaired and deemed not fit for duty, this decision is made based on the best judgment of the supervisor in consultation with the Superintendent of Human Resource Services or designate.
4. An employee deemed not fit for duty will not be allowed to drive. The employee will be advised that the supervisor has arranged for transportation to safely transport them to their home address or to a medical facility, depending on the determination of the observed impairment. The employee may be accompanied by a supervisor or another employee if necessary.
5. The employee will be advised if they choose to refuse the transportation organized by the supervisor and make the decision to drive their personal vehicle, the Board is obligated to and will contact the police to make them aware of the situation.
6. After the supervisor has arranged the transportation, the supervisor will complete the Fit for Duty Assessment Checklist. Make notes about the interactions and forward both documents to the Superintendent of Human Resource Services or designate.
7. A meeting will be scheduled by Human Resource Services as soon as is possible to review the incident and determine a course of action. An employee may be required to attend this meeting before a return to work is permitted. Such meeting will be attended by a union representative, if applicable.



Fit for Duty Assessment Checklist

Employee Name:						
Date & time of Fit for Duty evaluation:						
List any unusual workplace conditions:						
Was transportation arranged for the employee? YES___ NO___						
Were the police contacted? YES___ NO___ If YES, provide relevant details (i.e. badge number of officer, incident number, etc)						
Complete the checklist below based on physical characteristics and behaviours that were observed:						
NO	YES	Observations		NO	YES	Observations
		Slurred speech				Unsteady gait
		Smell of alcohol on breath				Trembling or shaking hands
		Smell of cannabis on employee				Deteriorating personal hygiene
		Disheveled appearance				Markedly slowed reaction time
		Seems disoriented or "spaced out"				Unusual hyperactivity/restlessness
		Uncontrollable crying				Face flushed/sweaty
		Visible anxiety				Sudden mood swings
		Threats, direct or indirect, made towards self or others				
		Co-worker complaints of inappropriate behavior or remarks by employee				



		Observations of drug or alcohol use on the job by coworkers
		Difficulty recalling sequence of events
		Admitted to being under the influence of alcohol, recreational cannabis or illicit non-prescription drugs while at work
		Admitted the use of prescription drugs or medical cannabis is directly affecting work performance
		Observed possession of a prohibited substance or paraphernalia
		Visibly fatigued, falling asleep or drowsy
		Unexplained physical injuries (e.g. scraped knees, black eye, cuts, bruises, etc.)

Based on this assessment the employee named above is deemed to be Fit for Duty.

YES

NO

If "NO" then the Superintendent of Human Resources or designate must be notified immediately.

Supervisor Name: _____

Supervisor Signature: _____