

PROCEDURAL GUIDELINES FOR POLICY AU0200 – SUBSTANCE USE DISORDER

PURPOSE

The policy is to protect patients/residents/clients, employees, medical staff, volunteers, students and the public from the potential adverse effects of the inappropriate use of alcohol and drugs. Interior Health and its employees have a responsibility to ensure the workplace remains free from adverse health effects. Employees are responsible to take steps to resolve their medical conditions that might put those at the workplace at risk.

Based on an understanding of current literature, it is Interior Health's belief that substance use disorder is a treatable disease and Interior Health promotes self-awareness and voluntary referral for assistance to enable employees with severe substance use disorders/substance dependence to get well. Interior Health supports the rehabilitation and return to work of employees and medical staff who are experiencing difficulties with severe substance use disorder/substance dependence.

Interior Health recognizes that prevention and early intervention improves the probability of lasting recovery, and to that end will provide education on early detection, intervention and rehabilitation initiatives. Interior Health values all of our employees and is committed to building an inclusive, welcoming, and accepting work environment.

DEFINITIONS

| TERM | DEFINITION |
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| Alcohol | The intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols including but not limited to beer, wine and distilled spirits. |
| Contractors | Any persons providing services to Interior Health under a service contract or other agreement and not paid through the Interior Health payroll system. |
| Drug | Alcohol, cannabis, illicit drugs, medications, solvents, inhalants or other substances that act on the central nervous system to change or adversely affect the way a person thinks, feels or acts. For purposes of this policy, drugs of concern are those that affect an individual's potential or ability to perform their job safely and productively. |
| Employees | All persons who have an employment relationship with Interior Health and who are compensated through the Interior Health payroll system including employees, Supervisors, Managers, Directors, Executive Directors, Vice Presidents and the President and Chief Executive Officer. |
| Enabling | An act of commission or omission that prevents the person with a substance use disorder from experiencing the natural consequences of their behaviour. It consists of ideas, feelings, attitudes and behaviours that unwittingly allow or encourage substance use disorders to continue to worsen. |
| Fit for Duty | Capable of performing the duties of the job with competence and in a safe manner in accordance with established performance standards. The person's ability to work is not impaired by alcohol, a drug or other substance so as to endanger the person or anyone else. |
| Illegal Activities | Any unlawful behaviour. Some examples include driving while impaired by a mood altering substance, trafficking in illicit or prescription drugs or theft of drugs from Interior Health or any source. |
| Illegal Drug | Any drug or substance that is not legally obtainable and whose use, sale, possession, purchase or transfer is restricted or prohibited by law (i.e. "street drugs" such as cocaine and crystal methamphetamine). |
| Impaired | The inability to perform job duties in a safe and competent manner due to the influence of fatigue or any other cause, substance or matter, including but not limited to drugs and alcohol. |

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| Individuals | All persons under the scope of this policy including those who carry out business for or on behalf of Interior Health including employees, medical staff, volunteers, students, contractors and employees of contractors. |
| Interior Health Premises | All land, property, structures, facilities, vehicles and equipment owned, leased, operated or otherwise controlled by Interior Health. |
| Medication | A drug obtained legally either over-the-counter or through doctor's prescription. |
| Misuse | The intentional or reckless use of a prescribed and/or over-the-counter medication in a way that was not intended or under circumstances that may pose a danger to the employee, co-workers, patients, public, medical staff, volunteers, students, contractors or their employees and/or the workplace. |
| Mood Altering Substance | A psychoactive substance which may potentially have a negative impact on the health or safety of an individual including but not limited to alcohol, cannabis, illicit drugs, prescription psychoactive medicine, inhalants and steroids. |
| Relapse | The recurrence of the use of mood altering substances following a period of abstinence. |
| Safety Sensitive Positions | Positions that Interior Health determines have a role in the operation where impaired performance could result in: i) a significant incident affecting the health and safety of employees, patients, public, medical staff, volunteers, students, contractors or their employees; ii) damage affecting the reputation of Interior Health, property or the environment. This includes all employees who are required to rotate through or regularly relieve in safety sensitive positions. Supervisors and Managers who directly supervise employees in safety sensitive positions or who may perform the same duties or exercise the same responsibilities are considered to be in safety sensitive positions. |
| Severe Substance Use Disorder | Diagnosis of a substance use disorder that meets the level of severity based on the specified criteria of the DSM-5 (also known as substance dependence). |
| Substance | Alcohol and/or drugs as defined under this policy. |
| Substance Use Disorder | The essential feature of a Substance Use Disorder is a cluster of cognitive, behavioral and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems. Substance use disorders occur in a broad range of severity, from mild to severe, with severity based on the number of symptom criteria endorsed. As a general estimate of severity, a mild substance use disorder has 2-3 symptoms, moderate 4-5 symptoms, and severe 6 or more symptoms (DSM-5 edition). |
| Treatment | Recovery related activities. |
| Unsafe Acts | A task or activity that subjects self and/or others to potential harm or danger. |

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PROCEDURES

Interior Health will proactively deal with employees with severe substance use disorders/substance dependence as these disorders can negatively affect safety, attendance, performance and behaviour. It is not Interior Health’s responsibility to diagnose but rather to intervene in a timely way to eliminate risk of unsafe acts and to require referral, as appropriate, to counseling, assessment, assistance and ongoing support for recovery.

Undiagnosed, untreated and/or under-treated substance use presents an extraordinary level of risk since these disorders are generally chronic and progressive in nature. The workplace is an effective venue for early detection and treatment referrals. It is important to avoid making the kinds of adjustments and compromises that will enable the continuation of problematic behaviours and interfere with employees getting timely assistance. Individuals, who suspect, recognize or are advised of an alcohol or drug problem in others in the workplace, must advise their Manager or designate or Physician Leader before worksite or personal safety is compromised.

SIGNS WHICH MAY INDICATE SUBSTANCE ABUSE *

Physical signs:

- Deterioration in appearance and/or personal hygiene; frequent use of breath mints, gum, mouthwash or perfume to mask odor of breath or body
- Increase in claims for sick time or complaints of physical ailments
- Skipped meals; frequent trips to the washroom
- Unexplained bruises; tremors, restlessness, slurred speech, unsteady gait
- Diminished alertness, lack of focus, lack of concentration, forgetfulness
- Blood spots on clothing (may indicate self-injection)

Performance Signs:

- Volunteering for overtime, making requests to transfer to a position or shift with less visibility or supervision; arriving late or leaving early; taking extended breaks throughout shift, sometimes without telling colleagues
- Making errors in judgment; involvement in an excessive number of incidents or mistakes
- Changes in charting practice, including excessive or over compensatory charting about medications or incidents; inadequate reporting, discrepancies between what is charted and what occurred
- Deterioration in performance; doing just enough to get by

Social Signs:

- Mood fluctuations (e.g. extreme fatigue followed by high energy over a short period); inappropriate responses or behaviours
- Confusion or memory lapses
- Isolation from colleagues; expression of perception of being picked on at work
- Lying and/or providing implausible excuses for behaviour

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Drug diversionary signs:

- Failing to ensure observations or co-signing for narcotic wastage; performing narcotic counts alone
- Volunteering to hold keys for narcotic storage cabinets or volunteering to dispense such medications; offering to cover during other nurses' breaks and to administer medications to their patients
- Using fictional patient names on narcotic records; frequent reports of lost or wasted medications
- Requesting assignment to patients who receive large amounts of pain medication
- Combination of excessive administration of PRN medications to patients and reports of ineffective pain relief from the same patients
- Reports that patients' medications from home have gone missing

* Partial Excerpt from CNA fact sheet *Problematic Substance Use by Nurses*

ACTION TO BE TAKEN IF A MANAGER OR DESIGNATE SUSPECTS AN EMPLOYEE AT WORK IS IMPAIRED OR UNFIT TO WORK:

1. The Manager or designate will investigate to determine if the employee is fit for duty. Meet with the employee, if employee is unionized meet in the presence of a shop steward, if possible. It is also a good idea to have a witness present other than a steward. The Manager or designate may consult with a Human Resource Business Partner (HRBP) if the incident occurs during regular business hours or the Administrative Manager on-call during off hours.
2. Check for indicators of impairment or evidence that the employee is unfit to perform her/his duties.
3. Ask the employee questions about her/his fitness to perform her/his duties, impairment, physical or emotional condition or whatever is causing the employer's concern.
4. If the Manager determines that the employee may be impaired and/or unfit to perform the duties, then she/he must advise the employee that she/he is being removed for the remainder of the shift. Remove the employee from service immediately and in a respectful manner. In cases where the employee has been removed from the workplace, the employee's union representative will be advised, as applicable.
5. In consultation with the HRBP, make an individualized assessment as to whether the employee is in a safety sensitive position.
6. If the employee is in a safety sensitive position, consult immediately with HRBP to determine if post-incident alcohol and/or substance testing should be carried out.
7. Call Security and/or police in situations where the employee is uncooperative and/or acting out inappropriately. Do not allow the employee to return to the workplace during that shift.
8. If the Manager believes the employee is impaired, do not allow the employee to drive her/himself home. Unless drug and/or alcohol testing is to take place, arrange for paid transportation for the employee to return to her/his residence or to the care of another person and determine if the employee needs to be accompanied. If the employee indicates s/he will drive her/himself home, advise the employee that you will contact the police if the employee leaves in their own vehicle.

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9. Where there is concern for the employee's immediate health status, arrange for transport to medical treatment.
10. Manager or designate documents observations and actions taken as soon as possible following these events.
11. Regardless whether there is evidence of impairment or not, when the employer has sent the employee home, the employee will be paid for the lost hours of work for that shift.
12. The Manager or designate contacts the employee the next business day or as soon as possible following the incident, to schedule a follow-up meeting with Human Resources and the union.

SUBSEQUENT MEETING IF AN EMPLOYEE HAS BEEN SUSPECTED OF IMPAIRMENT AT WORK

The course of action described below is applicable if this is a first occurrence and no misconduct has occurred prior to, or is alleged to have occurred at the time of, this incident. If the situation is a repeat occurrence and/or misconduct is alleged to have occurred, the HRBP will advise the Manager if a different course of action should be taken. In all cases, Human Resources should be involved in this process as a support to the Manager. There should be Union representation at this meeting.

1. Early intervention is important. Do not ignore the problem.
2. Outline the employee's work performance problems and observed behaviour to the employee.
3. Advise the employee that the employer has a Substance Use Disorder policy. Under this policy all individuals who are employed by or carry out business for or on behalf of Interior Health are expected to perform their assigned duties safely and responsibly without any limitations due to the inappropriate use or after-effects of use of alcohol, illegal drugs, medications or any other mood altering substances that may endanger their health and safety or that of any other person.
4. Ask the employee if there may be a medical problem, and explain that they are not required to discuss their medical diagnosis with you.
5. If employee acknowledges there is, or may be, a medical problem that may have contributed to the incident being discussed, refer employee to Disability Management Professional (DMP) for assistance with that medical problem, after completing this meeting.
6. Continue the meeting and investigation of the incident. Advise the employee that you will meet again to finalize the investigation after Disability Management has completed their work.
7. Following the meeting, refer the employee to Disability Management. Advise Disability Management as to whether or not the employee is in a safety sensitive position, and provide Disability Management with the employee's job description and other relevant information including any attendance, behavioral, safety or performance concerns that have been noted.
8. The DMP will:
 - a) Liaise with appropriate resources to facilitate employee's access to assessment and to explore available treatment options, including seeking information from the employee's health care providers, as appropriate;

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- b) The Disability Management Professional (DMP) may, in consultation with the Manager, and HRBP, where appropriate, recommend and coordinate a comprehensive independent assessment, with an appropriately qualified specialist, of an employee to determine if the employee has a severe substance use disorder. The DMP will coordinate with the employee and their union representative as appropriate in identifying an appropriate specialist;
 - c) Based upon individualized medical treatment recommendations from a qualified medical expert, collaborate with Manager, HRBP, Union and employee to develop a formal Return to Work or Last Chance agreement, as appropriate.
9. Upon receipt of the necessary information from Disability Management, consult with your HRBP, and make an individualized assessment as to next steps.
10. Meet again with the employee, their union representative, and HRBP to advise the employee of the outcome of the investigation.

If the employee has indicated that there are no medical concerns that may have contributed to their behaviors, yet there is reasonable cause to believe there are medical concerns, advise the employee that you believe there may be medical concerns and offer to refer them to Disability Management for an assessment. If the employee declines a referral to Disability Management for an assessment, consult with the Human Resource Business Partner to consider alternatives. Complete the investigation, in consultation with the Human Resource Business Partner and then meet again with the employee, their union representation and HRBP to advise of the outcome of the investigation and to discuss next steps.

CONDITIONS OF RETURNING TO WORK FOR EMPLOYEES WITH SEVERE SUBSTANCE USE DISORDER/SUBSTANCE DEPENDENCE DIAGNOSIS IN SAFETY SENSITIVE POSITIONS

- The employee must follow individualized medical treatment plan recommendations of an appropriately qualified medical expert.
- The employee must be medically cleared to the satisfaction of IH prior to returning to work;
- The employee should have an agreement with the medical specialist or practitioner which outlines the conditions under which the employee can return to work, medical restrictions, any recommended arrangements that should be in place to monitor for compliance with ongoing treatment recommendations and any accommodation issues which should be taken into consideration;
- The employee agrees to and signs a Return to Work or Last Chance Agreement (the type of agreement depends on the circumstances of the case) along with their union, if applicable, which outlines the conditions under which Interior Health will allow her/him to work for Interior Health again.
- If the employee is licensed to practice, the employee must have advised their licensing body of their severe substance use disorder/substance dependence. In order to return to work they must have a current license to practice, possibly with practice limitations.

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RETURN TO WORK OR LAST CHANCE AGREEMENT

Employees who work in safety sensitive positions will be required to enter into a Return to Work or Last Chance Agreement, depending on the circumstances. Employees who do not work in safety sensitive positions but have exhibited attendance, performance, behavioral and/or safety problems may also be required to enter into a Return to Work or a Last chance agreement, depending on the circumstances. Return to work meetings will typically involve the DMP, Manager and HRBP, the employee and her/his union representative, as applicable. The purpose of the return to work meeting is not to discuss medical information but rather to discuss the individual circumstances of the employee including the position, duties, and any restrictions that may apply with regard to the employee’s work. The written agreement that is reached will document the expectations agreed upon by Interior Health, the employee and his/her union representative. The agreement may include but is not limited to:

- Agreement to participate in the individualized medical treatment care plan prescribed by the qualified medical expert.
- Upon reasonable suspicion of a potential impairment confirmation that the manager may contact Disability Management to report, who may in turn, report the same to the treatment provider.
- Consequences for non-compliance with the Return to Work or Last Chance Agreement.
- Duration of the Return to Work or Last Chance Agreement.
- Agreement to comply with the return to work criteria outlined by the employee’s licensing authority or association i.e. CRNBC.

RESOURCES FOR ASSISTANCE

Employees may access other resources for assistance to deal with severe substance use disorder/substance dependence, in addition to an addiction specialist, such as:

- Self-referral to the Employee Family Assistance Program;
- Consulting with their personal physician;
- Contacting appropriate resources within the community;
- Seeking information on resources from their managers;
- Contacting a DMP;
- Seeking advice from their Union representative.

Interior Health will make information on resources available via a variety of means to enable employees to self-refer. When appropriate, Interior Health will ensure that employees are given adequate time off for assessment, treatment and rehabilitation and that they may access any benefits to which they are entitled.

SELF DISCLOSURE

If an employee self-discloses a severe substance use disorder/substance dependence or suspected severe substance use disorder/substance dependence, the employee will be referred to Disability Management for assistance.

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SAFETY SENSITIVE POSITIONS

Safety concerns are paramount in these positions and the safety sensitive designation may determine the degree of urgency for intervention and will affect decisions in determining fitness to return to work. Health professionals must be informed that the employee being assisted or treated is in a safety sensitive position as the standard of care and monitoring must be higher in these situations. Negligent care of these cases carries greater potential liability for health professionals and the organization. Prior to returning to a safety sensitive position from an absence related to severe substance use disorder/substance dependence issues, an employee’s fitness to work must be confirmed to the satisfaction of Interior Health.

Interior Health will make an individualized assessment of the position occupied by an employee in application of the Policy and these Guidelines. Employees in health care professions regulated by the *Health Professions Act* are required to make independent clinical decisions, exercise professional judgement and, in all cases, use professional discretion in applying their clinical skills and responding to unanticipated and/or unusual situations which requires critical thinking. In the event such employees are impaired at work, their impairment could significantly impact the health and/or safety of patients, other employees, or themselves. Therefore, these professions will be presumed to be safety sensitive under this policy and guidelines, however, individual assessment will also occur at the necessary time to confirm, and as consideration as to whether any alternate duties are available.

In the assessment of safety sensitive positions, the Employer will consider such criteria as the following (not an exhaustive list):

- Whether a position has direct interaction with patients/residents/clients (i.e. Registered Nurses, Registered Psychiatric Nurses, Licensed Practical Nurses, Medical Staff, Care Aides, Community Health Workers, Respiratory Therapists, Physiotherapists, Occupational Therapists, Imaging Technologists, Pharmacists, Laboratory Technologists).
- Whether a position has indirect interaction with patients/residents/clients and whose work is directly related to patient care (i.e. Pharmacy Technicians, Social Workers, Medical Stenographers, Food Service Workers, Housekeepers).
- Whether a position has a role in an emergency situation or is placed on-call (i.e. Engineers, Electricians, Maintenance Workers, Switchboard Operators, Manager, Directors, Admin-On-Call).
- Whether a position operates potentially hazardous equipment or is required to operate a motor vehicle in the ordinary performance of the work (i.e. Fork Lift Operators, Sterile Processing Staff, Laundry Workers, Public Health Inspectors).
- Whether a position has a significant, ongoing responsibility for decisions or actions likely to affect the safe operations, finances or reputation of Interior Health but does not have the same direct impact on immediate physical loss (i.e. President and Chief Executive Officer, Vice Presidents, Executive Directors, Internal Auditors).

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EVALUATION FOR SUBSTANCE USE / ABUSE / SEVERE SUBSTANCE USE DISORDER: SAFETY SENSITIVE POSITIONS

All employees in Safety Sensitive Positions may be subject to testing, including body fluid and breath testing, in the following circumstances:

Reasonable Cause Testing:

Reasonable Cause testing may occur whenever Interior Health has reasonable cause to believe that the actions, appearance or conduct of an employee while on duty are indicative of the use of a drug or alcohol. The referral for a test will be based on specific, personal observations including, but not limited to the indicators set out earlier in these procedures under “SIGNS WHICH MAY INDICATE SUBSTANCE ABUSE”.

Post Incident Testing:

Post incident testing may occur after a significant work-related accident, incident or near miss as part of a full investigation into the circumstances unless there is clear evidence that the acts or omissions of employees could not have been a contributing factor (e.g. structural or mechanical failure). Only employees who are identified, with reasonable grounds, as having been directly involved in the chain of acts or omissions leading up to the event will be referred for testing. After such an incident, the following procedures apply:

1. Employees involved must report the situation to their immediate supervisor/manager as soon as possible after the incident and cooperate fully in any subsequent investigation;
2. Those employees who are to be tested must not use alcohol until after the test has been completed, or they are advised a test is not required.
3. Employees to be tested must follow the testing procedures as directed.

Some examples of significant incidents would be those causing or resulting in:

- a fatality or serious personal injury to an employee, a contractor, a member of the public or any other individual;
- an accident or incident that is or will be the subject of a safety investigation under the Workers Compensation Act or Regulations.
- an environmental spill or release with significant implications;
- significant loss or damage to property, equipment or vehicles;
- a vehicular accident which disables a vehicle; or
- significant loss of Interior Health revenues.

Failure or refusal to comply with post incident procedures including testing will constitute a violation of Policy and may lead to discipline up to and including termination.

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GUIDELINES FOR CONTRACTORS:

Contractors must ensure individuals providing services to Interior Health (IH) conduct themselves in a manner consistent with this policy.

In order to provide a safe work environment, Interior Health will take reasonable steps to ensure contractors enforce the provisions of the Substance Use Disorder Policy with their employees, sub- contractors and agencies. Any contravention of the policy will be considered a breach of contract which may result in penalties, suspension or expulsion of the individual involved or termination of the contract.

If there is any reason to suspect a contravention of the policy:

- The contractor and site contract manager will be notified.
- Security will be notified if required.
- Any individual suspected of impairment from alcohol or drugs will be respectfully removed from the premises and safe transport will be arranged at the contractor’s expense.
- The contractor and Interior Health will investigate the situation to determine if further action is required.
- The individual will not be permitted to return to their contracted position without written permission from the site manager.

GUIDELINES FOR MEDICAL STAFF:

Medical staff is expected to practice safely in all facilities operated by Interior Health in a safe manner consistent with this policy.

Interior Health will ensure medical staff is made aware of this policy during their orientation process. This policy will be accessible to medical staff either by hard copy or through internet access. Any contravention of this policy may be considered grounds for either suspension or termination of privileges as outlined in the Medical Staff By-Laws and Rules.

If a Medical Staff member contravenes this policy:

- Adherence to the procedures outlined in the IH Medical Staff Rules, Article 17.3, is required.
- The appropriate Department Head or Chief of Staff will be notified immediately, and will then take all necessary steps to ensure continuity of patient care and safety, including notifying the appropriate Senior Medical Director.
- The Medical Staff member may be summarily suspended, will be relieved immediately and respectfully from all patient care responsibilities, and may be removed from the premises, if necessary, by security staff who may arrange safe transport from the facility.
- The site Chief of Staff or delegated Department Head will investigate the incident and advise the appropriate Senior Medical Director of the circumstances. The Senior Medical Director will then notify the Vice President of Medicine and Quality who may refer the matter to the IH Medical Advisory Committee.

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- The medical staff member will be referred to an attending physician and/or the BC Physician Health Program for assessment, counselling or therapy, which may be mandated by the CPSBC or the Vice President of Medicine and Quality.
- Should the incident be referred to HAMAC, it will review the matter and make recommendations, if appropriate, to the IH Board of Directors with respect to cancellation, suspension, restriction or non-renewal of privileges.
- The IH Board of Directors will make a final decision with respect to HAMAC's recommendations.
- The medical staff member's return to practice will be recommended to HAMAC and the Board by the Vice President of Medicine and Quality in consultation with the Senior Medical Director, the BC Physician Health Program, the College of Physicians and Surgeons and the treating MD, as appropriate.

GUIDELINES FOR VOLUNTEERS:

Volunteers are expected to perform their assignments in a safe manner consistent with this policy. Interior Health will ensure volunteers become aware of this policy within their orientation process. Copies of this policy will be accessible for volunteers either by hard copy or internet access. Any contravention of this policy will be considered grounds for immediate dismissal.

If a volunteer contravenes this policy:

- The Manager of Volunteer Services will be notified.
- The volunteer will be immediately and respectfully removed from his/her assignment and may be removed from the premises by security staff who may arrange safe transport from the facility.
- The Manager of Volunteer Services will investigate the situation and determine what action is required, in consultation with Human Resources.
- The volunteer will not be permitted to return to their volunteer position without written permission from the Manager of Volunteer Services.

GUIDELINES FOR STUDENTS:

Students are expected to perform their assignments in a safe manner consistent with this policy. Interior Health will ensure students are made aware of this policy within their orientation process. Copies of this policy will be accessible for students either by hard copy or internet access. Any contravention of this policy will be considered grounds for immediate termination of their placement.

If a student contravenes this policy:

- The Manager of the unit where the placement is situated, the preceptor, the instructor and the Program Head of the educational facility will be notified.

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- The student will be immediately and respectfully removed from his/her assignment and may be removed from the premises by security staff who may arrange safe transport from the facility.
- The student will not be permitted to return to a placement within IH without demonstrating proof of treatment and satisfactory outcomes.

SEARCHES

Interior Health may conduct searches where there are reasonable grounds to believe that there is use, possession, trafficking or theft of substances in violation of the Policy and where such searches are reasonably necessary for the enforcement of the Policy. This includes, but is not limited to, a search of the personal effects if there are reasonable and probable grounds for such a search. Provided in all cases that the search is carried out in a reasonable manner; and further, that prior notice is given to the affected employee and to her/his union representative, if applicable. Failure or refusal to cooperate with a reasonable search may constitute a violation of this Policy.

These Procedural Guidelines are intended to be guidelines not procedural rules. The course of action to be followed in a specific situation will be determined based on the individual circumstances with reference to these Guidelines and adherence to the Substance Use Disorder Policy.

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