



PROCEDURE

Procedure Name	SUBSTANCE USE MANAGEMENT <i>Revised</i>		
Procedure Number	PR-HR-09-01	Approval Date	August 7, 2024
Parent Policy	HR-09 Substance Use		
Procedure Authority	Director, Human Resources		
Executive Sponsor	Vice-President, Administration and Finance		
Approved By	Vice-President, Administration and Finance		

1. PURPOSE

This procedure provides direction on Medicine Hat College’s (MHC’s) process in regard to managing substance use disclosure, risk mitigation, and suspicion of impairment.

2. SUPPORTING

HR-09 (the **Policy**)

3. PROCEDURE

3.1 Employee self-disclosure

Employees in safety sensitive roles and activities must complete steps 3 and 4.

Step	Action	Responsibility
1.	Disclose to supervisor, any substance related limitations that may compromise fitness to work, personal safety, or the safety of others. Employees are not required to disclose the specific cause of the limitation, the substance used, the medical condition, or medication used.	Employee
2.	Conduct an initial risk assessment to determine if there is an immediate need for temporary risk mitigation (Matrix available in the Health and Safety Management System).	Supervisor
3.	If a mitigation plan is required complete Substance Use Disclosure form and submit to Human Resources (HR).	Supervisor and Employee
4.	(If Applicable) Determine if additional supports and information are required.	Supervisor and Human Resources

3.2 Suspicion of employee impairment

Step	Action	Responsibility
1.	If the observed behavior causes imminent danger, immediately remove the employee from the situation as discreetly as possible.	Supervisor

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2.	Seek an opinion from another supervisor (if possible) to confirm initial observations about the employee's status if there is reasonable cause to believe that an employee is impaired at work.	Supervisor
3.	Consult privately with the employee to determine the cause of the observation. Employees are not required to disclose the specific cause of the impairment, the substance used, the medical condition, or medication used.	Supervisor
4.	(If applicable) Arrange transportation for the employee to their home address if they are unfit to work.	Supervisor and/or security
5.	(If applicable) Schedule meeting for the following workday to review the incident and determine a course of action.	Supervisor and HR

4. ADDITIONAL INFORMATION

Employee Substance Use Disclosure Form
MHC Occupational Health and Safety Management System (OHSMS)

ORIGINAL COPY SIGNED

Wayne Resch
Vice-President, Administration and Finance

Date: August 7, 2024

DOCUMENT HISTORY

October 2018 Procedure approved
August 2024 Revised procedure approved