

There are many sources of potential impairment, including fatigue, life stresses, use of drugs (over the counter, prescription, illicit), consumption of alcohol.

Regardless of the cause, members of the Loyalist College community are expected to report 'fit' for duty. Each member of the College community must take all steps reasonable for the protection of the individual, students, workers, the environment, and College property.

If you suspect a person to be impaired, report it to the individual who is responsible for the work activity. An investigation will follow.

When determining 'fit for duty', consider:

- Is something different than normal with this person?
- Do I know this person well enough to assess normal vs. abnormal behaviour?
- Is there anything going on in the work environment that could explain it?
- Is anyone else affected?
- Is the safety of this person and/or others affected by the behaviour?
- Does the person have the ability to perform his/her job safely?
- What is the risk of harm?
- Do the person's actions cause disruption that interferes with the working environment?

POSSIBLE ACTIONS: Based on the behaviour of the person and associated risk, you may:

- call 911;
- call the campus Security emergency number (x2222);
- call the campus non-emergency Security number (x2316);
- contact the most responsible manager/supervisor;
- contact OH&S (x2418)

COMPLETING THE INVESTIGATION:

The person completing this investigation must remain judgment-free and refrain from voicing personal opinions around drug, alcohol or other substance use.

The privacy and confidentiality of this information will be maintained throughout the process, and only shared with those parties deemed necessary for purposes of investigation and appropriate follow-up.

Completed form is to be submitted to the OH&S Co-ordinator.

Employee Name:	
Program/Department:	
Date of Incident:	
Description of Incident:	

OBSERVATIONS:

BEHAVIOUR	<input type="checkbox"/> Nervous	<input type="checkbox"/> Insulting	<input type="checkbox"/> Sleepy/fatigued
	<input type="checkbox"/> Exaggerated politeness	<input type="checkbox"/> Confusion	<input type="checkbox"/> Combative/quarrelsome
	<input type="checkbox"/> Excited	<input type="checkbox"/> Paranoia	<input type="checkbox"/> Hallucinations
	<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Overly talkative	<input type="checkbox"/> Inappropriate responses
	OTHER (please describe):		
UNUSUAL ACTIONS	<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):		
SPEECH	<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):		
MOTOR SKILLS	<input type="checkbox"/> Falling	<input type="checkbox"/> Staggering/Unsteady	<input type="checkbox"/> Stumbling
	<input type="checkbox"/> Needs support	<input type="checkbox"/> Unsure	<input type="checkbox"/> Compromised fine motor skills
	OTHER (please describe):		
WORK PERFORMANCE	<input type="checkbox"/> Frequent errors	<input type="checkbox"/> Safety infractions	<input type="checkbox"/> Lack of focus, apathy
	<input type="checkbox"/> Frequent lateness	<input type="checkbox"/> Frequent absenteeism	<input type="checkbox"/> Poor memory

Witness/others involved:	
Supervisor actions & next steps:	
Outcome:	
Planned follow-up:	

SUBMITTED BY:

Name – please print

Signature

DATE:

(adapted from CCOHS Workplace Strategies: Risk of impairment from Cannabis)