

		POLICY
SECTION: HUMAN RESOURCES		NO: HR-CA-01
REFERENCE: CANNABIS POLICY		Date: May 13, 2020
		Next Review Date: May 2022

TITLE: MEDICAL CANNABIS

1. 0 INTENT

- 1.1 The employees of the City of Dryden are our most valuable resource, and for that reason, their health and safety is of paramount concern. Medical Cannabis will be treated the same as all other regularly prescribed medication. The City of Dryden has the same expectations from employees who use medical cannabis as who use all other types of medication and will accommodate individuals up to the point of undue hardship.

2.0 PROCEDURES

2.1 Guidelines:

- a) Employees may only use medical cannabis with a license in their names from a physician.
- b) If an employee is required to use medical cannabis while at work, they must inform the Manager of Human Resources. An employee is not required to disclose their specific medical diagnosis; however, they are required to provide a note from their doctor and a copy of the possession license.
- c) All information provided in regard to medical cannabis use is considered confidential and will be treated as such, keeping an employee's privacy as a top concern second only to safety.
- d) Employees who have a medical condition which requires additional accommodation can discuss their cannabis use schedule in the context of the

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general accommodation plan with the Manager of Human Resources or designate and their primary care physicians.

- e) City of Dryden will work with the employee that requests accommodation in an effort to ensure that the measures taken are both effective, and mutually agreeable.
- f) In the event that medical cannabis is deemed to pose a significant or potential hazard to the employee and/or other employees, City of Dryden may attempt to find alternative work for the employee, up to the point of undue hardship.

2.2 Use of Medical Cannabis at work:

- a) In the event that an employee is taking medical cannabis during regular working hours, they are expected to use it in moderation, only at the recommended level of dosage and the applicable frequency of the doses.
- b) City of Dryden asks that, where possible, employees who require medical cannabis use a method of ingestion other than smoking.
- c) Employees who choose to smoke medical cannabis must abide by all provincial smoking regulations.
- d) Employees who choose to smoke medical cannabis are not permitted to smoke in the presence of other employees.
- e) City of Dryden may determine an appropriate smoking area for the employee, with the goal of maintaining the confidentiality of the employee's medical situation.

2.3 Employee Expectations:

a) Management is required to:

- Treat employees who use medical cannabis the same as all other employees using prescription medication.
- Provide accommodation where possible, up to the point of undue hardship.

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- Be aware of the effects of cannabis use and ensure employees are not placed in any safety sensitive situations.
- Assess the effects of the use of cannabis on an employee's performance on the job.
- Ensure that the use of medical cannabis does not adversely affect the safety of the employee and/or his/her co-workers or the public.
- Ensure that any employee who asks for help due to a drug or alcohol dependency is provided with the appropriate support (including accommodation) and is not disciplined for doing so.
- Respond to any employee queries regarding the use of medical cannabis, while maintaining the privacy of an employee's specific situation at all times.

b) Employees are required to:

- Disclose their medical cannabis use to the Manager of Human Resources and their immediate supervisor.
- Work with their Supervisor and the Manager of Human Resources to develop accommodation plans that are mutually agreeable.
- Follow the agreed-upon accommodation plan and the guidelines of this policy.
- Never share their medication with any other employee, even those who may have a similar prescription.
- Maintain ongoing communication with management regarding the effects of cannabis on their ability to perform their job duties.
- Never participate in activities which could cause a safety risk such as driving while under the influence of cannabis.

3.0 Employees found in violation of this policy may be subject to disciplinary action, up to and including termination of employment. Where applicable, the City of Dryden may also take legal action in accordance with the law.

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This policy is subject to any specific provisions of the Municipal Act, or other relevant legislation or Union agreement.

History			
Approval Date:	October 23, 2018	Approved by:	By-law 4585-2018
Amendment Date:	May 13, 2020	Approved by:	CAO
Amendment Date:		Approved by:	
Amendment Date:		Approved by:	
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City of Dryden

Policy & Procedure

Confirmation of Receipt and Understanding

I have received a copy of the City of Dryden's Policies and Procedures entitled **Medical Cannabis** (HR-CA-01) and have read it or have had it read to me, and I fully understand its content.

Employee's Name (Please print)

Employee's Signature

Date

Supervisor's (or designates) Signature

Date

Please forward to the Human Resources Department



Medical Cannabis Prescription Form

Note to Physician: This form will be used only to address and outline an individual's use of cannabis for medical purposes.

1. The information shared on this form will be kept private and confidential.
2. Please do not provide a diagnosis or any other related medical information.

Employee Name: _____

I have reviewed this form and give you permission to supply City of Dryden with information related to my prescription here.

Employee Signature: _____

Date: _____

*****Please return this form by fax, email or mail.***

Medical Assessment
Name of physician:
Based upon my diagnosis, this individual has been prescribed the use of medical cannabis to alleviate one or more of their symptoms. The use of the prescribed medication is required.
Comments: _____ _____ _____
Job duty restrictions or limitations while using required medical marijuana: _____ _____ _____

Signature of Physician: _____

Date: _____

Name of Physician: _____
(please print)

Medical Office Stamp

Forward by confidential mail or email to:

Ms. Jennifer Peekhaus
Manager of Human Resources
City of Dryden
30 Van Horne Avenue
Dryden, ON P8N 2A7
Email: jpeekhaus@dryden.ca