

Wahnapiatae First Nation

Medical Cannabis Policy

Adopted by **Band Council Motion: BCM#WFN 18/19-11-87**

At Chief and Council Meeting of: November 29, 2018

Intent

The employees of Wahnapiatae First Nation 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 any regularly prescribed medication. Wahnapiatae First Nation has the same expectations from employees who use medical cannabis as those who use all other types of medication and will accommodate individuals up to the point of undue hardship.

Guidelines

- Employees may only use medical cannabis with appropriate documentation in their names from a qualified health care practitioner as defined by the *Access to Cannabis for Medical Purposes Regulations*.
- If an employee must use medical cannabis while at work and requires accommodation to do so, they must inform the Executive Director. An employee does not have to disclose their specific medical diagnosis; however, they must provide a note from their doctor and a copy of the appropriate documentation if accommodation is required.
- 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.
- Employees who have a medical condition which requires additional accommodation can discuss their cannabis use schedule in the context of the general accommodation plan with Wahnapiatae First Nation and their qualified health care practitioner.
- Employees may be required to work with the company's service provider, who will provide direction and support for the use of medical cannabis.
- Wahnapiatae First Nation will work with the individual who requests accommodation to ensure that the measures taken are both effective and mutually agreeable.

Use of Medical Cannabis While at Work

- If an employee takes medical cannabis during regular working hours, they shall do so only at the recommended dosage and frequency of the doses.
- Wahnapiatae First Nation asks that where possible employees who require medical cannabis use a method of consumption other than smoking.
- Employees who choose to smoke medical cannabis must abide by all provincial smoking regulations.
- Employees who choose to smoke medical cannabis are not permitted to smoke in the presence of other employees.
- Wahnapiatae First Nation will determine an appropriate smoking area for the employee, with the goal of maintaining the confidentiality of the employee's medical situation.

Employee Expectations

Management must:

- Treat employees who use medical cannabis the same as all other employees using prescription medication.
- Provide accommodation up to the point of undue hardship.
- 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 or their co-workers.
- 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.

Employees must:

- Work with Wahnapiitae First Nation 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 authorization.
- 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.

Wahnapiatae First Nation

Medical Cannabis Policy
Acknowledgement and Agreement Form

Acknowledgement and Agreement

I, _____, acknowledge that I have read and understand the Medical Cannabis Policy of Wahnapiatae First Nation, and I agree to adhere to this policy in its entirety and will ensure that employees working under my direction adhere to this policy. I understand that if I violate the rules set forth in this policy, I may face disciplinary action up to and including termination of employment.

Signature: _____

Date: _____

Witness: _____

Chief L. Rogue

Wahnapitae First Nation

Medical Cannabis Policy
Acknowledgement and Agreement Form
(Staff Copy)

Acknowledgement and Agreement

I, _____, acknowledge that I have read and understand the Medical Cannabis Policy of Wahnapitae First Nation, and I agree to adhere to this policy in its entirety and will ensure that employees working under my direction adhere to this policy. I understand that if I violate the rules set forth in this policy, I may face disciplinary action up to and including termination of employment.

Signature: _____

Date: _____

Witness: _____

Chief L. Roque

Medical Cannabis Accommodation Form

Note to physician: This form will be used only to address and outline an individual's restrictions while using 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 Wahnapiatae First Nation with information related to my cannabis authorization here.

Employee signature: _____ Date: _____

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

Signature of physician: _____

Date: _____

Name of physician: _____

(please print)

Medical office stamp

****Please return this completed and signed form by confidential fax, or mail to:**

Wahnapiatae First Nation
259 Taighwenini Trail Road
Capreol, Ontario
P0M 1H0
Phone: 705-858-0610
Fax: 705-858-1206
Attn: Executive Director