Joe Johnson Equipment Subsidiary Of Federal Signal Corporation	**Policy & Procedure: P236** **Subject: Reasonable Suspicion and Substance Use Policy**

PURPOSE

This policy is designed to establish expectations for reasonable behavior as it relates to the use of substances that could impact employees' ability to perform work duties safely, competently and efficiently, and to communicate the expectations and guidelines surrounding substance use, misuse and abuse.

SCOPE

This policy is applicable to all employees, contractors and visitors of FST Canada Inc. ("the Company").

POLICY

The Company is committed to providing a safe, healthy and productive workplace where employees, the contractors and visitors are protected from the adverse effects of impairment due to the consumption of substances, including but not limited to recreational cannabis, while in the workplace or while conducting company business. It is the expectation that employees are to perform their work duties safely, competently and efficiently, without any impairment due to the consumption of substances. Employees under the influence of substances on the job can pose serious health and safety risks to themselves, their fellow employees, and the general public.

It is the policy of the Company that:

- The use, possession, distribution or sale of drugs or alcohol during work hours, including during paid and unpaid breaks, is strictly prohibited;
- Employees are prohibited from reporting to work while under the influence of drugs or alcohol, other than medically prescribed cannabis; and
- Employees requiring the use of prescription medication or medically prescribed substances, including medical cannabis, must communicate to management or HR any potential risk, limitation, or restriction requiring modification of duties or temporary reassignment due to the use of medically required substances.

To help ensure a safe and healthy workplace, the Company reserves the right to prohibit certain items and substances from being present or brought on to Company premises.

DEFINITIONS (for the purpose of this policy):

The "Company" - FST Canada Inc. (o/a Joe Johnson Equipment)

Alcohol – The intoxicating agent in beverages, including but not limited to, beer, wine, distilled spirits and very low alcohol products.

Contractor – Any person(s) providing services or goods to the Company under a contract or other agreement and who are not paid through the Company payroll system.

Drug – any substance, including illicit drugs, medication, recreational cannabis and medical cannabis, the use of which has the potential to change or adversely affect the way a person thinks, feels or acts.

Employee – Any full-time, part-time, temporary or contract employee, any volunteer, student or intern worker.

Fit for Duty – An employee is able to perform the duties of the job with efficiency, competency and in a safe manner as compared to established or generally-accepted performance standards.

Illicit Drugs – Any drug or substance that is not legally obtainable by the employee and whose use, sale, possession, purchase or transfer is restricted or prohibited by Canadian Law (which may include but is not limited to street drugs such as cocaine, heroin, hallucinogens, stimulants), and includes prescription drugs that have not been lawfully prescribed to the employee.

Impaired/Under the Influence/Unfit for Duty – the inability to safely, competently or efficiently perform work duties without limitation resulting from the use, after-effects of, or otherwise being under the influence of drugs or alcohol.

Medication – A drug obtained legally, either over the counter or as properly prescribed by a registered and regulated health professional.

Medical Cannabis - Refers to the use of cannabis or cannabis, including constituents of cannabis, THC and other cannabinoids, as a physician-prescribed form of medicine or herbal therapy.

Misuse of – The intentional use of medication, drugs or alcohol in a way or for a purpose that was not intended or under circumstances that risk the health and safety of the employee, his/her co-workers and/or the workplace.

Recreational Cannabis – Up to 30 grams of dried cannabis, or its equivalent in non-dried form, possessed or used for recreational purposes. Only people of legal age limit are able to possess and use recreational cannabis. The use of recreational cannabis in the workplace is illegal.

Substance Dependence – A primary, progressive and chronic condition characterized by the regular, repetitive, habitual, compulsive, or obsessive use of a substance or a combination of substances.

Safety-Sensitive Position - a position which is occupied by an employee (whether on a temporary or permanent basis) and which has the potential, if carried out improperly, to result in a serious incident affecting the health and safety of employees, contractors, customers, the public and/or the environment.

Workplace – Any land, property, premises, location or thing at, upon, in or near which a worker works during the course of his or her duties, including but not limited to Company events held outside of Company premises.

ROLES AND RESPONSIBILITIES

The Company will:

- Firmly and fairly enforce the policy that its employees must not be impaired while at work or while conducting business on the Company's behalf.
- Take all reasonable precautions to provide a safe work environment for employees.
- Review and update this policy on a regular basis.
- Clearly communicate expectations to employees regarding use, misuse and abuse of drugs and alcohol in the workplace.
- Take all reasonable steps to ensure that any employee medical information provided to the Company for the purpose of providing reasonable accommodation, including but not limited to prescription drug use information, is considered confidential and is treated as such; and
- Provide reasonable accommodation to employees per the Company's Duty to Accommodate policy, including by providing a designated area for those prescribed medical cannabis in smoke-only format.

Management will:

- Communicate with employees about the need to maintain a workplace that is free

from misuse of drugs and alcohol.

- Where an employee's work performance has deteriorated or an employee's actions jeopardize his or her own health and safety, the safety of others or the reputation of the Company, Managers and Supervisors are responsible for taking appropriate remedial action, including but not limited to, assessing whether the employee's conduct is related to impairment due to use of drugs or alcohol.
- Encourage employees to self-disclose any conditions or concerns, including the use of drugs, alcohol, or substance dependence that might impair their job performance or compromise their or others' health and safety.
- Encourage employees to advise Management if they have reasonable grounds to suspect that a co-worker is under the influence of drugs, alcohol, or has a substance dependence.
- Identify and address any situation where an employee appears to be Impaired/Unfit for work that could impact their ability to perform their job in a safe, competent and efficient manner.
- Prohibit without exception the operation of a motor vehicle and/or machinery by an employee who appears to be impaired/unfit for work.
- Ensure that any employee who discloses a substance dependence and seeks assistance is provided with the appropriate support (including accommodation) and is not disciplined for doing so; and
- Maintain confidentiality and employee privacy.

Employees will:

- Abide by the provisions of this policy and be aware of their responsibilities under it.
- While at work or representing The Company in a work capacity arrive fit for duty and able to perform their duties safely and to standard and remain fit for duty for the duration of their shift. This means being able to perform assigned duties safely, competently and productively without limitations due to the use of drugs or alcohol or the after-effects of the use of drugs or alcohol.
- When off duty, refuse a request to come into work, if unfit for duty; Employees are encouraged to self-disclose any conditions or concerns including the use of drugs, alcohol, or substance dependence that might impair their job performance or compromise their or others' health and safety.
- Employees are encouraged to disclose any conditions or concerns including the use of drugs, alcohol, or substance dependence that might impair their job performance or compromise their or others' health and safety; and
- Seek assistance where there may be a substance dependence that may impact their ability to be fit for duty.

Human Resources will:

- Maintain confidentiality and employee privacy.
- Facilitate and support the safe, healthy and productive return to work of an employee who requires accommodation due to substance dependence.
- Ensure that this Policy and its related Procedures are communicated and that all employees are trained with respect to its contents.
- Provide assistance with respect to Policy interpretation; and
- Maintain and update the Policy as needed.

PROCEDURE

- Employees must not attend work in a condition which renders them unfit for duty (either due to the use of alcohol, drugs, or otherwise).
- In all situations where the Company has reasonable grounds to suspect impairment in the workplace, an investigation will be conducted and documented to verify whether a policy violation has occurred before any corrective action is taken.
- The Company has the authority and discretion to remove from the workplace any employee who the Company has reasonable grounds to suspect is impaired or was involved in an incident due to impairment, pending the results of the investigation.

- The appropriate corrective action in all cases depends on the nature of the violation and the circumstances surrounding the situation. Some violations are considered sufficiently serious that immediate dismissal may be warranted on a first occurrence. Examples include, but are not limited to, trafficking or possession of illegal drugs on Company premises, consumption of beverage alcohol or illegal drugs on Company premises, while on Company business or when driving a Company vehicle or equipment.
- Any confirmed violation of this policy by an employee will result in progressive corrective action, with increasing severity depending on the seriousness of the violation, up to possible dismissal.

Use of Medications and Medical Cannabis

Employees who know or suspect that they will be impaired and/or will not be fit for duty due to the effects of medication or medical cannabis may only consume the medication or medical cannabis on Company premises or in the course of their duties in the following circumstances:

1) The employee is medically required to take such medication or medical cannabis as a result of a medical condition; and

2) The employee advises his or her immediate manager that he or she is taking medication or medical cannabis, and that the employee's ability to carry out his or her duties may be affected.

3) The employee will be required to provide satisfactory medical confirmation that the employee is required to take the medication or medical cannabis, and the expected level of impairment or effect.

4) Accommodation requests to use medically required medications or medical cannabis while at work or when conducting business on the behalf of the Company may not be accommodated if the Employee is deemed to be in a safety-sensitive position. Alternative accommodations may be made, such as allowing the employee a leave of absence or providing the employee with alternative forms of work that do not engage safety concerns.

5) All employee medical information shall be kept confidential by the Company unless otherwise authorized by law.

Voluntary Disclosure and Accommodation

- Employees are encouraged to communicate to management or HR if they have a substance dependence. Employees will not be disciplined for requesting help or due to current or past involvement in a rehabilitation effort.

- Any time an Employee requires accommodation due to substance dependence, the Company will make every reasonable effort to provide reasonable accommodation for the employee, up to undue hardship; and

- All employee medical information shall be kept confidential by the Company unless otherwise authorized by law.

Suspicion of Impairment

The following procedure will be enacted if there is reasonable belief that an employee is impaired by substance use at work:

If possible, the employee's manager/supervisor will first seek another manager/supervisor's opinion to help establish whether an employee appears to be impaired. The use of the Reasonable Cause Checklist should be used to help determine, if any the level of impairment present.

1) The manager/supervisor will consult privately with the employee to discuss the findings of the observations. Suspicions of an employee's ability to function safely

may be based on specific personal observations and/or criteria established by the Company. If the employee exhibits unusual behavior including, but not limited to, slurred speech, difficulty with balance, watery and/or red eyes, dilated pupils, and/or there is an odor of alcohol or drugs, the employee should not be permitted to return to their assigned duties in order to ensure their safety and the safety of other employees or visitors to the workplace.

2) If an employee is considered impaired and deemed "unfit for work" this decision is made based on the best judgment of two members of management. It DOES NOT require a breathalyzer or blood test. The employee will be advised that the Company has arranged a taxi or shuttle service to safely transport them to their home address or to a medical facility, depending on the determination of the observed impairment. The employee may be accompanied by a manager/supervisor or another employee if necessary.
3) An employee who the Company has reasonable grounds to believe is impaired will not be allowed to drive. The employee will be advised that if they choose to refuse this organized transportation and make the decision to drive their personal vehicle, the Company is obligated to and will contact the police to make them aware of the situation.
4) A meeting will be scheduled for the following workday to review the incident and determine a course of action, which may include a monitored program.
5) If an employee is sent home due to suspected substance impairment, the hours missed will be paid.

Continuing Employment or Reinstatement Following Policy Violation

Depending on the circumstances, and subject to the Company's duty to provide reasonable accommodation, employees may be permitted to continue their employment with the Company. Such employees will be advised of the conditions governing their continued employment, which may include, where appropriate, the following:

- Assessment by a substance abuse professional.
- Completion of any recommended treatment and compliance with medically recommended relapse prevention programs after treatment.
- No further policy violations.
- Maintenance of job performance according to expectations; and/or
- Ongoing assessment and confirmation of medical fitness for duty for safety sensitive positions.

Disciplinary Action

The Company may impose a full range of disciplinary sanctions for breach of this policy, up to and including immediate termination of employment for cause. The Company will take into account any substance dependencies disclosed by an employee when considering what disciplinary action (if any) may be appropriate in the circumstances.

Subject to the Company's duty to provide reasonable accommodation where justified and appropriate, employees will be subject to disciplinary action, up to and including termination of employment for failure to adhere to the provisions of this policy, including, but not limited to:

- Failure to meet prescribed safety standards as a result of impairment; and
- Engaging in illegal activities (e.g., selling drugs and/or alcohol while on Company premises).

TRAINING

Any of the following method(s) may be used to communicate this policy:
Company email
Company memo
Posting of policies and procedures
Training
Meetings and Safety talks

REFERENCES

Acknowledgement For F236.1 – Reasonable Cause Checklist

Acknowledgement and Agreement

By signing below, I acknowledge that I have read and understand the contents of this policy. I agree to adhere to this policy 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.

Print Name: _____

Signature: _____ Date: _____

Reasonable Cause Checklist - F235.1

☐ Employee is reporting for duty	☐ Employee is already on duty
Employee Name:	Branch:
Date of Observation:	Time of Observation: From _____a.m./p.m To_____a.m./p.m _____

A. Physical Signs

Speech (check one) ☐ normal ☐ abnormal (if "abnormal" check any options below that describe the abnormal

☐ Soft	☐ Loud	☐ Mumbled	☐ Slurred	☐ Other -Specify:

Breath (check one) ☐ normal ☐ abnormal (if "abnormal" check any options below that describe the abnormality

☐ Faint alcohol odor	☐ Faint cannabis odor	☐ Having difficulties breathing
☐ Moderate alcohol odor	☐ Moderate cannabis odor	
☐ Strong alcohol odor	☐ Strong cannabis odor	

Cannabis odor on clothing (check one) ☐ no cannabis odor ☐ cannabis odor detected (if "abnormal" check options below that describe the abnormality)

☐ Faint cannabis odor	☐ Moderate cannabis odor	☐ Strong cannabis odor

Eyes (check one) ☐ normal ☐ abnormal (if "abnormal" check any options below that describe the abnormality)

☐ Bloodshot	☐ Dilated Pupils	☐ Fixed Pupils	☐ Glassy	☐ Heavy Eyelids

Skin (check one) ☐ normal ☐ abnormal (if "abnormal" check any options below that describe the abnormality)

☐ Flushed	☐ Pale	☐ Excessively sweating	

Balance while stationary ☐ normal ☐ abnormal (if "abnormal" check any options below that describe the abnormality)

☐ Falling	☐ Swaying	☐ Wobbling	☐ Needs Support

If the employee has fallen, please specify how many falls occurred and the nature of the falls: Employee explanation

Movement ☐ normal ☐ abnormal (if "abnormal" check any options below that describe the abnormality)

☐ Falling	☐ Swaying	☐ Stumbling	☐ Staggering	☐ Needs support

If the employee has fallen, please specify how many falls occurred and the nature of the falls: Employee explanation (if any):

Overall physical appearance ☐ normal ☐ abnormal (if "abnormal" check any options below that desc the abnormality)

☐ Shaking or trembling	☐ Clothing not properly worn (not properly buttoned, worn inside- out)
☐ Clothing disheveled	☐ Appears recently injured (e.g., has a "black eye" or visible cut)
☐ Poorly groomed	☐ Sudden change in appearance following a break
☐ Inappropriate clothing	☐ Other - Specify

B. Behavioural Signs

Has the employee exhibited any of the following behaviours at the workplace without known or reasonable explanation (check all that apply)		
☐ Hiccupping ☐ Belching ☐ Drowsiness	☐ Vomiting ☐ Crying	☐ Excessive trips to the washroom ☐ Sudden personality change
Employee explanation for behavior (if any):		
Has the employee exhibited any of the following misconduct at the workplace (check all that apply)		
☐ Fighting ☐ Inappropriate language ☐ Failure to respect safety procedures ☐ Other – Specify	☐ Excessive unexplained absenteeism ☐ Causing an accident or near accident ☐ Repeated failure to follow instructions or operating procedures	
Employee explanation for behavior (if any):		

C. Cognitive/Emotional Signs

Does the employee know where they are?	☐ Check if "no"
Does the employee know what day it is?	☐ Check if "no"
Does the employee know what time it is?	☐ Check if "no"
Is the employee having difficulties with memory?	☐ Check if "yes"
Does the employee appear abnormally <u>unfocused</u> at the workplace?	☐ Check if "yes"
If yes, please describe: Employee explanation for behaviour (if any):	
Does the employee appear abnormally <u>confused</u> at the workplace?	☐ Check if "yes"
If yes, please describe: Employee explanation for behaviour (if any):	
Does the employee appear abnormally <u>distressed</u> at the workplace?	☐ Check if "yes"
If yes, please describe: Employee explanation for behaviour (if any):	
Does the employee appear abnormally <u>irritable</u> at the workplace	☐ Check if "yes"
If yes, please describe: Employee explanation for behaviour (if any):	
Does the employee appear abnormally <u>nervous</u> at the workplace?	☐ Check if "yes"
If yes, please describe: Employee explanation for behaviour (if any):	
Does the employee appear abnormally <u>manic</u> at the workplace?	☐ Check if "yes"
If yes, please describe: Employee explanation for behaviour (if any):	
Does the employee appear abnormally <u>excited</u> at the workplace?	☐ Check if "yes"

If yes, please describe: Employee explanation for behaviour (if any):	
Does the employee appear abnormally <u>combative</u> at the workplace?	☐ Check if "yes"
If yes, please describe: Employee explanation for behaviour (if any):	
Is the employee exhibiting <u>any other</u> abnormal cognitive or emotional, pattern at the workplace?	☐ Check if "yes"
If yes, please describe: Employee explanation for behaviour (if any):	

D. Direct Evidence of Unauthorized Workplace Drug or Alcohol Use

Do any of the following apply to the employee?
☐ Found in unauthorized possession of alcohol
☐ Found in unauthorized possession of cannabis
☐ Found in unauthorized possession of another impairment-causing substance
☐ Found in unauthorized possession of drug paraphernalia
☐ Admitted to unauthorized use of alcohol, cannabis, or other impairment-causing substance
☐ Received a report of alcohol/drug use. (If yes, provide detail below and attach statements from sources)

E. Manager or Supervisor Statement Following Observation

Based on the assessment above, the employee appears to be impaired due to alcohol or other drug use. ☐ Yes ☐ No	
Comments	
1) Signature of Manager or Supervisor:	Date:
2) Signature of Manager or Supervisor:	Date: