

Sent: Friday, July 7, 2023 2:28:08 PM

Subject: Patient Substance use and Possession of Substances

We've recently had an increase in admissions of patients with possession of substances and using substances while in hospital. Questions have been asked with requests and PSLS report follow-up therefore I have reached out to NH Regional Team for guidance.

Therefore, under direction from Risk Management and Professional Practice:

Possession of a substance of 2.5 g of substance is no longer an offence and a new CPS related to this is going to be published within the next month or so it's in final stages. With decriminalization of possession of drugs/substances (small amounts for personal use), staff should not be searching a patient's personal belongings and taking away, or holding onto their substances. These can remain with the patient. In circumstances where it is required (e.g. psychiatric intensive care), staff are required to follow the safekeeping of patients and residents valuables policy.

1. Staff DO NOT go through personal belongings whatsoever. It's illegal and warrants possible charges being pressed against staff which is therefore a reportable offence. We have been directed to not supply needlestick proof gloves as we will not be going through patient's property.
2. Staff DO NOT remove personal items from the patient's room, even if there is a knife or something considered as a weapon under 4" long. We use our best professional judgement on this and risk of violence factors. The patient is asked to lock it up or ask someone to bring it home for them. We do not remove substances or vape pens, pipes or anything of the sort. They remain with the patient.
3. Staff Do not call RCMP to go through personal items for a patient and do not call security to do the same. Police are only called for gunshot wounds and stabbings and related concerns. We can offer to lock up items for patients instead if they wish to do so.
4. Patients can use substances while in hospital in their rooms – they can either be provided with a Narcan kit or have one available. If a patient has overdosed on substances we use Narcan and provide teaching. I've asked pharmacy to supply us with take-home Narcan kits and Narcan kits available in the med room and back nurses station.
5. If patients are vaping in the room, they are asked to put it away and smoke on designated areas outside. If it poses a problem and consistent then its escalated to having it removed but only then is it taken away. We offer to lock it up for them for safe keeping
6. We do not restrict visitors if we suspect patients are bringing in substances. Only restrict if they are violent, intoxicated or posing a problem. We don't restrict if they're dropping off substances or suspect of the same.



We are not law enforcement; we have never been responsible for ensuring patients/clients are not in possession of unlawful substances. Our responsibility is the safe care of our patients/clients, with the idea that when thinking about safety, we are considering the safety of the patient, our other patients, visitors, staff and physicians all within the balance of what is reasonable.



Substance possession/use in and of itself is not the issue we need to manage or address; it is the associated behaviours.

- o Smoke Free Grounds policy still applies – individuals can be directed that they need to take their activities outside

o If behaviours become erratic/dangerous and/or constitute a refusal of care, we can take a progressive approach to behaviour management which can ultimately lead to discharge, if individuals are unable to conduct themselves in a way that is safe, considering all of the interested parties.

✚ There are some circumstances where it will continue to be reasonable to take a prohibitive approach, including involuntary psychiatry admissions, or withdrawal management admissions, where there are justifiable reasons to search and remove substances from an individual for their own safety or the safety of others.

✚ Ensure patients know they do not need to hide their substances and can keep them in their belongings may help to reduce the occurrence of this. If substances are being removed the [HANDLING AND REMOVAL OF SUSPECTED ILLICIT SUBSTANCES CPS: 1-20-6-3-060](#) should be followed.

Other resources that may be helpful:

[Risk assessment- Exposure to Unknown controlled substances](#)

[Safety Talk- Preventing Exposure to Unknown Controlled Substances](#)

Here is a link to the [FAQ on the decriminalization](#) which also links to other policies and resources.

Regards,

[Redacted Signature]

GR Baker Hospital

543 Front St, Quesnel BC V2J 2K7

(cell) [Redacted]

(office) [Redacted]

[Redacted] [@northernhealth.ca](mailto:[Redacted]@northernhealth.ca)

