

 HDGH <small>ESTD 1888</small>	Title: MANAGEMENT OF ILLICIT/UNIDENTIFIED SUBSTANCES	
	Policy Impact: All Departments	Document Type: POLICY & PROCEDURE
	Policy Owner (editor/author): Director, Risk Management and Chief Privacy Officer	Final Approver: Director's Council

BACKGROUND

The use and possession of illicit/unidentified substances while on the premises of Hôtel-Dieu Grace Healthcare (HDGH), including any off-site locations, raises complex and sensitive issues. All staff in partnership with security have a duty to act reasonably to protect everyone from foreseeable harm. This “duty” may include the proper removal of illicit/unidentified substances from patients or visitors and documenting actions toward proper and safe disposal of the substances. This process should always be focused on providing a therapeutic and safe environment while maintaining an overall philosophy of “harm minimization” and promoting successful recovery.

POLICY

HDGH is committed to ensuring a safe environment for all patients, clients, employees, physicians and visitors at all of our facilities. All reasonable actions will be taken to protect individuals from the potential risk of harm that may be caused by the possession or discovery of illicit/unidentified substances. Usage of, or being under the influence of illicit drugs, alcohol, marijuana or the misuse of prescription or non-prescribed medication is not permitted at HDGH.

Specific areas or programs of the HDGH campus may be more apt to locate illicit/unidentified substances. Often these substances will be voluntarily surrendered. In certain situations, a voluntary search of a person, individual belongings or a specific area may be required to maintain security and safety upon the HDGH campus. If a search is deemed necessary to ensure safety, the process described within the “[HDGH Search and Seizure Policy](#)” “Metal Detector Screening” will be adhered to.

This policy provides the framework for awareness, safety, continuity, documentation and destruction of illicit/unidentified substances located upon HDGH campus areas.

PURPOSE

To provide guidance to all staff who may be exposed to the risk of handling suspected illicit/unidentified substances.

To ensure the safe handling, storage and destruction of suspected illicit/unidentified substances (see [‘Appendix A’ - How to Safely Handle Illicit/Unidentified Substances](#)).

Editor(s): Shannon Tompkins	Last Reviewed Date: 11/30/2018 00:00:00
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Consistent with our Mission the philosophy of managing “illicit/unidentified substances” at HDGH will always:

- protect staff members, patients and visitors from physical harm;
- promote an overall philosophy of harm minimization and successful recovery;
- maintain patient privacy and confidentiality;
- protect staff members from criminal liability as it relates to the illicit/unidentified substance process of handling and destruction; and,
- be adaptable to different HDGH units and programs.

Illicit substances come in many forms (tablets, liquids, powders) and may not be easily identifiable. Staff members should proceed with caution and should consider the patients/visitors history when attempting to identify any risk from the substance found and to enable informed decision-making.

Staff members need to be aware that carrying a suspected illicit substance without proper documentation or rationale; or giving a suspected illicit substance back to a patient/visitor; could expose the staff member to criminal liability.

Patients legally permitted to possess marijuana for medical purposes (in possession of authorization for Health Canada) (see HDGH policy [Medical Marijuana Use by Inpatients](#)) will follow the HDGH policy for use. Smoking is not permitted on this campus and medical use is confined to the acceptable form.

DEFINITIONS

Illicit Substances – for the purpose of this policy, the term illicit substance includes any substance used without medical consent for their psychoactive effects (i.e., narcotics, cocaine, crystal meth, synthetic substances) and any associated paraphernalia.

PROCEDURE

Illicit/unidentified substances are occasionally located at HDGH. They may be discovered through a voluntary surrender process, a safety search process or as a found item upon the grounds.

When locating a suspected illicit/unidentified substance upon HDGH property the following procedure applies regardless of the source of the substance (patient, visitor, room, open area).

A. Step 1. Notification

- Immediately contact the most responsible person on-duty in your specific area; this may be a unit manager/supervisor, or the Manager On-Call (MOC) if after hours/weekends.
- If the illicit/unidentified substance is located in a public area notify security (ext. 3333) immediately.

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1. Immediate Safety Risk

Contacting Emergency Services (911) should be considered if the illicit/unidentified substance poses an immediate safety risk. This includes large quantities of an unknown substance or observed medical distress of nearby persons. Do not provide information to the Police that discloses the name or Personal Health Information of any patient involved. The Director of Risk Management/Chief Privacy Officer/designate will respond to the Police for the purpose of disclosure of information, if appropriate.

B. Step 2. Containment

- Contact Security to obtain a tamper-proof bag. In the presence of Security, secure the illicit/unidentified substance by placing it within a tamper-proof bag or appropriate sharps container. If Security cannot attend the area immediately for disposal in a sharps container, ensure there is a witness present. All actions with an illicit/unidentified substance need to be witnessed by another individual (staff or security). The “Suspected Illicit/Unidentified Substance Transfer Form” ([Appendix B](#)) must be completed and contain the signature of the individual **and** the witness.
- Document the event in the HDGH Safety Reporting System (RL6). The incident file number from the Safety Reporting System will be entered onto the Suspected Illicit/Unidentified Substance Transfer Form and directly onto the tamper-proof bag. (Note: the incident file number may be added to the copy of the form later depending on the timing of pickup/disposal. The incident file number may be provided to security by the Manager at time of verification to be added to the form and tamper-proof bag).
- All syringes/sharps containing illicit/unidentified substances must be safely disposed of in the nearest ‘sharps’ container. Syringes do not need to be placed within a tamper-proof bag. The Illicit/Unidentified Substance Transfer Form is still required if a non-prescribed substance is suspected in a syringe. Security can be called to pick up the sharps container with the suspected substance.
- Units or areas that frequently encounter illicit/unidentified substances (i.e., Withdrawal Management Services) will enclose the substance within the tamper-proof bag and deposit within the drop safe or sharps container within that area.

[Refer to ‘Appendix A’ and follow “How to Safely Handle Illicit/Unidentified Substances”](#)

1. Immediate Safety Risk

Any powder substance not contained – immediately call the Manager of Security/designate to address. Do not touch or move the substance.

C. Step 3. Documentation

The staff that has discovered the illicit/unidentified substance will complete and submit a report in the Safety Reporting System (RL6). If a patient is involved, the report must appear under the patient’s name.

If the suspected illicit/unidentified substance is located on the HDGH campus in an open area, a security supervisor will be responsible for completing an entry in the Safety Reporting System (RL6).

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- Complete the Suspected Illicit/Unidentified Substance Transfer Form ([Appendix B](#)). Label the sealed tamper-proof bag (if applicable) with patient initials, unit/room area, date, time and incident file number from the Safety Reporting System (SRS) once complete. This may be provided by the area Manager at time of verification if the incident report was not been completed at time of transfer/disposal. Never include full patient identifiers on any forms or bags. Never speculate or refer to the identity of the substance either on the form or the bag. Simply use brief descriptors such as “unidentified”, “white powder” or “dried, leafy material”...
- A copy of the Illicit/Unidentified Substance Transfer Form should be retained in the clinical area that the substance was located (i.e., log book/binder). Proper communication/charting of the incident with clinical staff for safety and on-going patient care is required. Notify the clinical/unit manager of the occurrence and ensure the copy of the transfer form is provided for verification at the time of transfer or inventory of drop safe or sharps container.
- If the illicit/unidentified substance was located during a “search” of a patient or their property, the event must be recorded in the progress notes of the patient’s chart.
- Details of visitors who may be found in possession of illicit/unidentified substances should also be documented in the applicable patient’s chart as the visitor’s actions may impact the patient’s on-going care and treatment plans.
- The original Suspected Illicit/Unidentified Substance Transfer Form should always accompany any subsequent movement (**if needed**) of the tamper-proof bag/sharps container which contains the substance. If the illicit/unidentified substance has been placed in the sharps container or a drop safe located within a specific area, the original transform form must be provided to Security at time of pick up and inventory of the drop safe or sharps container disposal.
- If the substance has been transferred to Security, the area Manager at the earliest opportunity will contact the Security Manager/designate and verify that the tamper-proof bag/sharps container and transfer form was received. The Security Manager or designate will add the date and time of verification to the transfer sheet and SRS file number if it was not available at time of transfer.

NOTE: *PERSONAL HEALTH INFORMATION IS NEVER TO BE DOCUMENTED ON EITHER THE TAMPER-PROOF BAGS OR THE SUSPECTED ILLICIT/UNIDENTIFIED SUBSTANCE TRANSFER FORM*****

The patient’s right to confidentiality in health care is protected by the Personal Health Information Protection Act (PHIPA).

D. Step 4. Transfer/Storage of Illicit/Unidentified Substances

After completion of the Suspected Illicit/Unidentified Substance Transfer Form (containing a witness signature) the following options exist;

- 1. If illicit/unidentified substance located in clinical area that has a drop safe (sharps container if syringe/needle)**
 - a) Staff members, in company with a second “witness” individual (staff member/security), will deposit the item in the proper container (i.e., sharps container/drop safe) as per HDGH procedures. The transfer form document will be maintained in a designated log book within the

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on-site area in which the drop safe is located. Ensure a copy is made for the area Manager for notification and verification purposes.

2. If illicit/unidentified item located in open/public area;

- a) Security will complete the required transfer information required on the form prior to depositing both the bag and the form within a locked safe. If the located item is a “syringe” the item will be disposed of immediately in a “sharps” container and the required form completed.
- b) Security will notify the HDGH Security Manager or the Security Operational Manager to advise of the event (email or personally). Safety equipment and storage containers will be brought to the scene.

3. Immediate Safety Risk

Any powder substance not contained – immediately call the Manager of Security/designate to address. Do not touch or move the substance.

4. Withdrawal Management Services/Off-Site Locations

- a) After completion of the Suspected Illicit/Unidentified Substance Transfer Form (containing a witness signature) the tamper-proof bag containing the substance should be secured within the proper designated container (i.e., sharps container/drop safe) to await later disposal.
- b) A binder containing all relevant Illicit/Unidentified Substance Transfer Forms reflective of all events will be maintained in a secure location on site for review/audit and disposal purposes.

E. Step 5. Destruction of Illicit/Unidentified Substances

- **All illicit/unidentified substances, once secured, must be stored securely in a controlled and restricted access area pending disposal/destruction.**
- **All syringes/sharps must be safely disposed of in the nearest ‘sharps’ containers. Security will be called to pick the sharps container up and bring to the drop safe location with appropriate transfer form. The Manager of Security, or designate, will be responsible for the destruction of illicit/unidentified substances located on HDGH properties. All secure “drop safes” (Withdrawal Management Services, Transitional Stability Centre, Mobile Security Cart, etc.) will be emptied as needed. A minimum of two (2) supervisory personnel will be responsible for proper transfer of items to the Windsor Police Service Drug Unit for disposal.**
- **Audits shall be conducted on every disposal event to assure that;**
 1. **That no personal health information of any individual is communicated in any format to law enforcement; and,**
 2. **That all “Suspected Illicit/Unidentified Substance Transfer Forms” are properly endorsed indicating that disposal has taken place (date, time, signatures). These forms will be retained at minimum for a two (2) year period by Security management/designate.**

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How To Safely Handle Illicit/Unidentified Substances

During discovery of a suspected illicit/unidentified substance, the container that the substance is confined in should not be opened. A second, “witness” staff member (or security) should be identified to assist. The most appropriate Personal Protective Equipment (PPE) should be utilized by the staff member who is leading the retrieval/search for the substance...

1. PPE Equipment includes:

- nitrile gloves (double glove in case of tear)
- N95 respiratory protection if substance is a powdered material
- face shield

If a patient/client is assisting in the voluntary surrender of suspected illicit substances, the PPE equipment must be offered to the patient for their own safety.

If the quantity of the suspected illicit substances is greater than that which would be suspected for “personal” use; and the quantity is such that it may pose a true area health hazard; a ‘[Code Brown](#)’ should be considered to manage the potential dangers.

2. Immediate Safety Risk

If you feel the substance may pose an immediate safety risk, call 911 directly and follow their direction. Remember to notify the [Manager On-Call \(MOC\) and Administrator On-Call \(AOC\)](#) immediately. A large quantity of unknown substance or the medical distress of persons in proximity to this substances may signal an immediate safety risk.

Do not provide information to the Police that discloses the name or Personal Health Information of any patient involved. The Director of Risk Management/Chief Privacy Officer/designate will respond to the Police for the purpose of disclosure of information, if appropriate.

3. Containment/Transfer of the Illicit Substance

If the substance is being surrendered by a patient/client voluntarily, this same patient/client can place the substance in the tamper-proof bag supplied. Clinical staff (using PPE) may hold the bag open for easier placement access by the individual.

All syringes/sharps must be disposed of in a nearby sharps container immediately; call security for pick-up of the sharps container.

If a “found” suspected illicit/unidentified substance is already enclosed in some form of bag or container, the item will still need to be placed within a proper tamper-proof bag. Complete all documentation on the bag and the Suspected Illicit/Unidentified Substance Transfer Form and the Safety Reporting System entry.

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APPENDIX B



SUSPECTED ILLICIT/UNIDENTIFIED SUBSTANCE TRANSFER FORM

Date Discovered: _____ (MM/DD/YYYY) Where Located: _____

Description of Suspected Substance:

Form (powder, leafy substance, liquid): _____

Colour: _____ Quantity (approx.): _____

Safety Reporting System Incident Number (RL6): _____
(Include # on tamper proof bag, if used)

Found By: _____ Title/Department: _____
Print Name

Signature: _____ Date: _____ (MM/DD/YYYY)

Witness: _____ Title/Department: _____
Print Name

Signature: _____ Date: _____ (MM/DD/YYYY)

Location: ☐ Drop Safe ☐ Sharps Container ☐ Transfer (Check one)

DO NOT LABEL BAG/FORM WITH ANY INFORMATION THAT COULD IDENTIFY THE PATIENT.
THE ORIGINAL COPY OF THIS FORM IS TO ACCOMPANY MOVEMENT OF THE BAG AT ALL
TIMES. A PHOTOCOPY IS TO BE RETAINED AT THE ORIGINATING LOCATION

Transfer to Security/Witness of Disposal

Date/Time: _____ (MM/DD/YYYY) (HH:MM)

Received By: _____ Signature: _____
Print Name

Verification with: _____ Date: _____ (MM/DD/YYYY)



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