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DEBATE ESSAY

# Management of illicit substances in hospital: An evaluation of policy and procedure implementation

Stephanie Penta[1] | Alyssa DeAngelis[1] | Holly Raymond[1] | Bojana Vucenic[1] | Victoria Kay[1] | Hollie Gladysz[1] | Catherine McCarron[1] | Katherine Holshausen[1,2]

[1]St. Joseph's Healthcare Hamilton, Hamilton, Ontario, Canada

[2]Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, Ontario, Canada

**Correspondence**
Holly Raymond, Clinical Director of General Psychiatry and Addiction Services, St. Joseph's Healthcare Hamilton, 100 West 5th Street, Hamilton, ON L8N 3K7, Canada.
Email: hraymond@stjoes.ca

## Abstract

Previous research has identified illicit substance use on hospital property as an ongoing concern, particularly in inpatient mental health units. This research, combined with concerns raised by healthcare providers, patients, and patients' families, resulted in one hospital in a medium-sized city in Canada enacting two internal strategies for the management of illicit substances on hospital property. The unit-based Green-Yellow-Red procedure employs environmental scanning and regular risk assessment to report the incidence rate of illicit substances suspected and/or found in the unit, to inform staff of the extent of necessary interventions which should ensue. The hospital-wide Management of Illicit Substances protocol includes ten steps which can be followed by any staff member who suspects they have found an illicit substance or related paraphernalia on hospital grounds. This paper discusses the creation and implementation of these two strategies, as well as associated challenges and outcomes of each. Overall, these strategies have effectively functioned to mitigate the potential dangers of exposure to illicit substances for staff and patients alike. These results stand to encourage other institutions to implement similar strategies in order to better manage situations in which illicit substances are suspected or discovered on hospital property.

KEYWORDS

acute hospital, addiction, policy, substance abuse

## 1 | INTRODUCTION

Previous research has identified ongoing systemic illicit substance use on hospital property as a difficulty, particularly in inpatient mental health units (Strike et al., 2020; Grewal et al., 2015). A 2015 study showed that 43.9% of people who use substances who had been hospitalized at least once reported using substances which had not been prescribed to them during their admission (Grewal et al., 2015). Similarly, another study which surveyed a comparable patient sample reported that the majority of its participants disclosed using unprescribed substances during their admission. Of these individuals, most attempted to conceal their illicit substance use from healthcare providers. The same study surveyed healthcare providers who supplied care to this patient group, and found that few providers could identify a hospital policy which pertained to illicit substance use and the majority employed personal beliefs to guide their responses to it (Strike et al., 2020). This research, in combination with concerns voiced by physicians, staff, patients and patients' families about the prevalence of suspected illicit substances on hospital property, resulted in one hospital in a medium-sized city in Canada creating two internal strategies for the management of illicit substances.

Prior to these strategies' inductions, the hospital had not yet been able to identify a consistently effective program for the management of illicit substances, where primary barriers to implementation included lack of consistency and a propensity to respond to

substance use in a reactive rather than proactive fashion. The hospital's addition of a then 20-bed (now 22-bed), addiction-specific Concurrent Disorders Inpatient Unit (CDIU), which clustered many patients with substance use problems together, resulted in the need for the creation of this protocol at the hospital. While standard care procedures had been developed and followed for the medical treatment of individuals under the influence of illicit substances, including medical assessment and screening for medical comorbidities (e.g., cutaneous complications, cardiac complications, and HIV infection), no such protocols existed to describe actions to be taken once illicit substances were suspected or physically found on the unit. The first successful management initiative of this kind included the implementation of a unit-level procedure in the CDIU for reporting the incidence rate of illicit substance use. This procedure centred on environmental scanning to determine the level and type of interventions required.

Next, a working group was enacted to create a hospital-wide protocol to outline standard procedures for once a suspected illicit substance is found on site. Although it was clear that illicit substances were being brought into the hospital, there were inconsistent procedures for handling situations between units and services. It was imperative to create one universal protocol to (1) provide guidance to staff who may be exposed to the risk of handling suspected illicit substances, and (2) ensure the safe handling, storage and disposal of suspected illicit substances. This protocol was titled "Management of Illicit Substances" and was based on similar guidelines created by the College of Pharmacists of British Columbia (2015). Following the establishment of the protocol, staff training was initiated to ensure its effective and safe execution. Protocol training included an outline of safety precautions, a description of how to utilize the protocol depending on staff role, and short videos in which staff members who had previously struggled with addiction issues shared their stories. The protocol was later updated to include aspects specific to the detection and handling of cannabis, following its legalization in Canada. This paper will (1) discuss the implementation, challenges, and outcomes associated with the unit-based environmental scanning procedure and the hospital-wide systematic protocol and training, and (2) present reasoning for other institutions to adopt similar policies.

**Key Points**

- The presence of illicit substances on hospital property poses several health and safety risks of individuals who may encounter them, thus highlighting a need for effective management policies to be implemented to mitigate such dangers.
- The implementation of a unit-based procedure that makes use of environmental scanning and regular risk assessment to report the incidence rate and policies associated with illicit substance use on an inpatient mental health unit positively impacted staff and patient safety.
- The implementation of a hospital-wide protocol for the management of illicit substances discovered on hospital property increased the number of reports of illicit substances made, likely due to more accurate assessment, recognition, awareness, and reporting of such incidents.

## 2 | THE NECESSITY FOR POLICIES FOR THE MANAGEMENT OF ILLICIT SUBSTANCES

The presence of unregulated substances creates several safety risks for individuals who might encounter them. Both staff and patients may face an increased risk of accidental or unanticipated contact with illicit substances and paraphernalia, which could pose a physical and biological safety hazard (Polovich, 2004). Additionally, given the opioid epidemic at the time of this study in the mid-sized city where the hospital is located and across North America, the chance of being exposed to fentanyl, carfentanil, or other opioid analogues may present an extremely dangerous, even potentially life-threatening situation (Leen & Juurlink, 2019). Furthermore, patients under the influence of these illicit substances may display increased incidences of aggressive behaviour (Wicomb, Jacobs, Ebrahim, Rensburg, & Macharia, 2018), posing a threat to staff and patients. The presence of illicit or unregulated substances in hospitals also creates a unique risk for patients with treatment goals of substance use reduction or abstinence, where they may be offered or tempted by substances in the very place they are seeking treatment. Furthermore, patients who have remained abstinent from substances for a given period of time—the standard for all those admitted—are likely to face a decreased substance tolerance, placing them at increased risk for overdose should they relapse, especially in cases of opioid use (Strang et al., 2003; Brugal et al., 2002).

From a systems perspective, there is a significant risk to the efficacy of hospitalization when active substance use is involved. In order for accurate diagnoses, and therefore effective treatment, it is essential that physicians are able to distinguish between symptoms characteristic of psychiatric disorders and those of substance use or withdrawal, since these symptoms' presentations are often similar in appearance. Thus, in order to support effective treatment, it is essential that clinicians are aware of and able to intervene in active substance use in inpatient units. This concern stressed a clinically relevant need to adequately discern if patients were using non-prescribed substances while admitted to inpatient units. Taken together, these factors made it imperative for a policy to be put in place at the hospital to mitigate the potential dangers of illicit substances to staff and patients.

## 3 | UNIT-LEVEL PROCEDURE

### 3.1 | Creation and implementation

The "Green-Yellow-Red" procedure was created by the CDIU Unit Manager in collaboration with Concurrent Disorders Program frontline staff, applying feedback solicited from patients. It was adapted from a similar model used elsewhere in the hospital for managing patient aggression. The primary purpose of this procedure is to use environmental scanning and regular risk assessment to report the incidence rate of illicit substances suspected or found in the unit, in order to inform staff of the extent of necessary interventions which should ensue. The procedure uses a colour-based system to represent the incidence rate of substances found on the unit at any given time. In the system, green represents: "No reports of substances on the unit," yellow represents: "Rumors of substances on the unit – not substantiated," or "Substance use on the unit that appears to be only on an individual level," and red represents: "Substances found on the unit; several patients engaging in substance use. Staff feel that there is a significant risk to patients and staff."

This policy was originally implemented in the CDIU by displaying a poster with green, yellow, and red sections at the staff entrance to the unit. Each coloured section represents the cause of and protocol associated with that particular colour for staff (see Appendix A for more details about these protocols). A moveable arrow is affixed to one of the three sections at all times in order to easily denote the current colour status of the unit (see Figure 1). This protocol is reviewed during each shift, as well as throughout the day. Should an incident regarding illicit substance detection occur, staff are to inform the charge nurse of their observations as soon as possible. At that point, the clinical team will make decisions about any necessary adjustments to the system's colour and will outline the proper response. For example, if a patient presents with acute substance withdrawal at some point during their inpatient admission, it is important for staff to discuss whether this may be an indication of substances on the unit. Any recent incidents are communicated to the oncoming shift staff during a regular transfer of accountability. Regardless of whether an incident has occurred, the status of the unit is a standing item during the transfer of accountability at shift change and is always discussed.

After the successful implementation of the Green-Yellow-Red procedure in the CDIU, this protocol was extended to the hospital's emergency department and psychiatric emergency services. Colour status is disseminated electronically to all necessary staff members and is presented in poster format in various key locations in these departments. Managers of these departments are expected to have a copy of the document on hand and refer to it during regularly scheduled safety huddles. It is used during processes such as discharge planning, assessment, and risk management protocols.

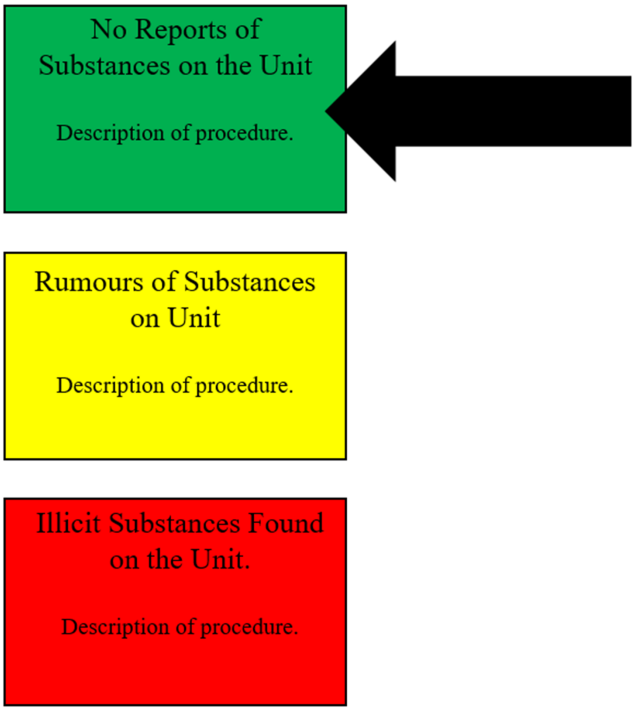


**FIGURE 1** Depiction of the green-yellow-red poster with moveable arrow, located on the wall of the Nurses' station in the CDIU

### 3.2 | Challenges

During the implementation process, several challenges related to the Green-Yellow-Red procedure were identified by the development team. These included gaps in staff knowledge, staff turnover, the frequent need for risk assessment, and a general lack of systematic input solicited from the patient perspective. Knowledge gaps regarding the identification of intoxication and withdrawal symptoms, types of illicit substances, and drug paraphernalia were resolved with staff education, by means of classroom sessions. However, this issue was prolonged and exacerbated by staff turnover, another challenge. In response to this concern, the CDIU increased its utilization of the Addictions Attendant staff members on the units. The purpose of this position is to provide staff with ongoing support and consultation about topics pertaining to illicit substance use. The need to regularly reassess the level of risk of illicit substances present on the unit was also a barrier to procedure adherence, especially considering the high workload expectations and unit acuity already in place. To address this concern, it was imperative that managers presented the rationale for this procedure to all frontline staff. A thorough understanding of the importance and benefits of this procedure ensured that staff would incorporate it into their daily routine. Last, while patient feedback was solicited in weekly unit meetings, this feedback was often limited to patients whose length of admission allowed them the opportunity to provide it. Since many patients are admitted to the CDIU for only a few days, it has been

identified that soliciting feedback from shorter-term patients is a challenge which needs to be addressed. This missing information is vitally important, considering the Green-Yellow-Red procedure was designed to increase the safety of both patients and staff.

As with the management of any unit, it is imperative that patient confidentiality and therapeutic rapport be protected. At the onset of implementation in the CDIU, it was challenging to balance safety with these important considerations. For these reasons, it was essential to ensure that the room searches associated with the various colours (see Appendix A) did not appear to target specific patients, even if staff were informed of substance-related instances pertaining to one specific individual. Thus, it became routine to notify all patients, upon admission, that random room searches are a regular occurrence on the unit and could be expected.

### 3.3 | Outcomes

Staff feedback on the outcomes of the Green-Yellow-Red procedure was sought through focus groups and daily team huddles, as well as by interviewing three directly impacted clinical frontline staff members (two Registered Nurses and one Registered Social Worker) 3 years after the procedure's implementation on their perception of its usefulness and success. Two of these staff members were directly involved in the conceptualization and implementation of the procedure. As mentioned, patient feedback was solicited in weekly unit meetings. Overall, many positive outcomes for both staff and patients were identified.

From discussions in the daily team huddles, it was determined that communication between staff members regarding patient substance use is enhanced, with added efficiency due to the creation of standardized terminology (i.e., the different colours used in the model). It has also resulted in ongoing staff education and learning about illicit substances, methods of their use, and other substance-related information pertinent to excellent quality of care. Furthermore, this procedure has resulted in a significant increase in the quality of patient care being provided; patients are not only safer, but there is also a consistent approach to substance use on the unit, regardless of the cycling staff members who patients engage with. This consistency has been very beneficial for maintaining therapeutic rapport with patients throughout their inpatient admission. It has also improved the quality of work life for staff by decreasing confusion and increasing their capacity for informed decision-making. Following the implementation of this procedure, patients reported feeling safer at weekly unit meetings and made more reports of illicit substances, themselves. This is attributed to the procedure imposing a proactive, non-punitive approach to the management of illicit substances in the unit.

All three interviewed staff members endorsed that the Green-Yellow-Red procedure positively affected staff and patient safety, as well as staff awareness that illicit substances exist on the unit, their willingness to report illicit substances suspected or found on the unit, and their understanding of what to do once illicit substances are indeed suspected or found. One staff member identified that staff also exhibited increased confidence when responding to situations in which illicit substances were suspected or discovered, and that the procedure allowed for increased consistency in these responses. Along this same vein, another staff member stated that the procedure helped to standardize a process for how staff are expected to respond in a given situation, in effect decreasing confusion and increasing their perception of support. The third staff member endorsed that the procedure was effective for increasing safety because staff were identifying concerns sooner and were better prepared to follow the corresponding strategies associated with each colour category. They also stated that talking points related to the Green-Yellow-Red procedure were always brought up at shift changes, thus keeping staff engaged in the ongoing discussion about the status of illicit substances on the unit and more aware of related occurrences throughout a given shift. They went on to credit the Green-Yellow-Red procedure for staff successfully managing situations which involve illicit substances before they escalate.

## 4 | HOSPITAL-WIDE SYSTEMATIC PROTOCOL

### 4.1 | Creation and implementation

The "Management of Illicit Substances" protocol was created in collaboration with hospital executives, unit managers, local police services and frontline staff. It required several layers of approval, including the hospital's internal Occupational Health and Safety Committee, the hospital's internal privacy board, the province's Ministry of Labour and various healthcare unions.

This protocol includes ten steps (see Appendix B) which can be followed by any staff member who suspects they have found an illicit substance or related paraphernalia on hospital grounds. The steps include the following: (1) protocol initiation, (2) notification of the most responsible person, (3) substance containment; (4) contacting and making a report to security services, (5) documentation and transfer, (6) substance storage, (7) police notification, (8) retrieval by police, and (9) & (10) guidance about police follow-up and debriefing.

Following the legalization of recreational cannabis in Canada, the protocol was updated to include a cannabis-specific appendix. This appendix outlines storage, disposal and clinical considerations for encountering cannabis on hospital grounds. In general, recreational cannabis or products that contain recreational cannabis are prohibited on hospital grounds.

### 4.2 | Staff education

Once this ten-step protocol was created, it was imperative for staff to receive training on how to properly execute it, should they find an illicit substance or related paraphernalia on site. Staff education was to be completed within a 6-month timeframe of the protocol's

initiation, as per the province's Ministry of Labour order. This was first delivered in an in-person presentation format in order to elicit direct questions and feedback from staff, thereby ensuring the protocol was understood. The protocol training was comprised of the following: an introduction to illicit substances, "anti-stigma" videos focused on showing compassion to those living with addictions, guidance on how to utilize the Management of Illicit Substances protocol's safety precautions, and guidance on how to access support for patients who are using substances. A quiz was administered at the end for the purpose of tracking completion. Quiz answers were reviewed and explained in depth.

As an alternative to the in-person presentation format, an online course was designed. In order to create these online training modules, a presentation about the training topics was recorded and used as the basis for the modules. An online course based on the recording was created on the hospital's internal learning system with questions designed to test participant understanding embedded throughout. Each module concluded with a short quiz on which participants were required to score 80% or higher in order to be considered as having successfully completed that module. This online training is now utilized as the sustainment plan for the protocol. New staff are automatically assigned this training module at orientation, along with other hospital training necessities (e.g., emergency preparedness and proper hand-washing).

### 4.3 | Challenges

The main challenge with this protocol was the vast spread of staff members the implementation had to reach within a short timeframe. The working group responsible for creating the hospital's Management of Illicit Substances protocol was tasked with training over 2000 hospital staff members across multiple sites, in a span of approximately 6 months. As a result, it was important that unit managers and nurse educators were immediately involved with and supported this initiative. It was found that staff on units with direct manager and educator involvement in training compliance completed the education most efficiently. After originally testing the training modules for this protocol both in-person and online, feedback was received from both forums. Upon analysis of this feedback, it was determined that the online education option was clearly more cost-effective and equally as successful as the in-person education.

Second, there were some staff concerns regarding their roles in the protocol. Some clinical staff expressed confusion about partaking in what seemed to be the role of security services. The rationale provided was that all hospital staff, physicians and learners are responsible for patient safety, especially within the clinical inpatient units. A better understanding of how to safely and effectively handle a situation in which illicit substances are found in the hospital improves patient safety. This explanation seemed to be understood, but could have been more effective if included in the training module which introduced the protocol. In retrospect, the best method of delivery for this particular education would have likely been to thoroughly train all managers and educators about the protocol first. After incorporating their feedback into the education, the online modules could then be introduced to frontline staff, allowing them to contact their manager or educator directly, should they have questions or concerns regarding the protocol or their corresponding roles.

Similar to the Green-Yellow-Red procedure, another challenge associated with this protocol was collecting and implementing patient feedback. While the Management of Illicit Substances protocol was primarily designed to provide guidance to hospital staff on the safe handling, storage, and disposal of suspected illicit substances, the patient perspective remains an important one, considering patients are also affected by this process. This is especially true when patients make the initial discovery of the illicit substances and subsequently report them to staff or when the substances are found within close proximity to patients (e.g., on the same inpatient unit). However, since these discoveries are relatively infrequent and made across the entire hospital by many different staff members, it has proven difficult to reliably collect patient feedback in parallel to these reports. Accurately and safely following the protocol through to completion is the priority for staff members. By the time research staff are made aware of a given incident, the patients involved are often no longer available for comment.

### 4.4 | Outcomes

Since its inception in April of 2017, over 2000 hospital staff members have been successfully trained on the Management of Illicit Substances protocol, either in person or via the online course. This protocol and the education surrounding it have created many positive outcomes. In the year following the protocol's implementation (i.e., from April 2017 to March 2018), the number of reported incidents of suspected illicit substances in the hospital multiplied by ten. This increase is likely not due to an actual increase of illicit substances in the hospital, but rather, to more accurate assessment, recognition, awareness, and reporting of such incidents.

## 5 | FUTURE INITIATIVES

Although the initiatives outlined above have proven to be very successful at the hospital, they would greatly benefit from increased feedback from the patient perspective. Following the initiation of these procedures, a qualitative study was designed in order to gather information about management strategies for the prevention of illicit substances from both patient and staff perspectives (Rahman et al., manuscript under review). Further, data collection on outcomes of the unit-level procedure and hospital-wide protocol ceased approximately 1 year following their respective implementations. Future longitudinal studies should evaluate the impact of similar procedures over multiple years. These studies should make use of more specific outcomes and clearer metrics. In general, managing

illicit substance presence and use in hospitals is a topic in need of more systematic research.

Moving forward, the hospital intends to begin providing education about the Green-Yellow-Red protocol to inpatients and subsequently seeking their feedback. It is suspected that this will cause less confusion in the unit when colours—and therefore rules and procedures—change, and will discourage the trafficking of illicit substances in the hospital. Additionally, the CDIU and the Management of Illicit Substances protocol are currently undergoing updates to include harm reduction considerations, such as the provision and use of Narcan kits and other safe supplies. It is expected that the inclusion of this information in the protocol will further promote safety in the face of unregulated illicit substances on hospital property.

## 6 | WHY OTHER INSTITUTIONS SHOULD CONSIDER ADOPTING SIMILAR POLICIES

The unit-level Green-Yellow-Red procedure and hospital-wide Management of Illicit Substances protocol described in this paper represent two effective strategies for managing illicit substances suspected and/or discovered on hospital grounds. These strategies have functioned to mitigate the potential dangers of exposure to illicit substances for staff and patients alike in the hospital in which this study was conducted. As described, both staff and patients of the CDIU reported positive outcomes with respect to the unit-level procedure. Patients reported feeling safer at weekly unit meetings and made more reports of illicit substances, themselves. Staff echoed that the procedure positively impacted safety, as well as staff awareness that illicit substances exist on the unit, their willingness to report illicit substances found on the unit, and their understanding of what to do next once illicit substances are suspected or found. In turn, the Green-Yellow-Red procedure increased the quality of patient care in the unit, since an informed approach to the suspicion and discovery of illicit substances is now applied consistently. Similarly, the hospital-wide procedure also saw positive outcomes: many more reports of illicit substances in the hospital were made following its implementation. Taken together, these results stand to encourage other institutions to implement similar strategies in order to better manage situations in which illicit substances are suspected or discovered on hospital property.

### AUTHOR CONTRIBUTIONS

SP: investigation, methodology, writing - original draft, writing–review and editing. AD: conceptualization, methodology, writing–original draft, writing–review and editing. HR: conceptualization, resources, writing–review and editing, supervision. BV: conceptualization, writing–review and editing. VK: investigation. HG: writing–review and editing. CM: supervision. KH: methodology, writing–review and editing, supervision.

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### DATA AVAILABILITY STATEMENT

Data available on request from the authors.

### ORCID

*Holly Raymond* https://orcid.org/0000-0003-4543-3531

### REFERENCES

Brugal, M. T., Barrio, G., Fuente, L. D. L., Regidor, E., Royuela, L., & Suelves, J. M. (2002). Factors associated with non-fatal heroin overdose: Assessing the effect of frequency and route of heroin administration. *Addiction*, *97*, 319–327. https://doi.org/10.1046/j.1360-0443.2002.00058.x

Grewal, H. K., Ti, L., Hayashi, K., Dobrer, S., Wood, E., & Kerr, T. (2015). Illicit drug use in acute care settings. *Drug and Alcohol Review*, *34*, 499–502. https://doi.org/10.1111/dar.12270

College of Pharmacists of British Columbia. (2015). Guidelines for handling suspected illicit substances in hospitals. http://library.bcpharmacists.org/6_Resources/6-5_Pharmacy_Resources/5066-Handling_Suspected_Illicit_Substances_in_Hosp_Guidelines.pdf

Leen, J. L., & Juurlink, D. N. (2019). Carfentanil: A narrative review of its pharmacology and public health concerns. *Canadian Journal of Anesthesia*, *66*, 414–421. https://doi.org/10.1007/s12630-019-01294-y

Polovich, M. (2004). Safe handling of hazardous drugs. *Online Journal of Issues in Nursing*, *9*, 6. https://search.proquest.com/scholarly-journals/safe-handling-hazardous-drugs/docview/229555009/se-2?accountid=86136

Rahman, L., Raymond, H., Labuguen, B., Gladysz, H., Holshausen, K., Brasch, J., Amlung, M., & MacKillop, J. (Under review). Perceptions of prevalence, consequences, and strategies for managing contraband substance use in an inpatient concurrent disorders program: a qualitative study of patient perspectives and survey of clinician perspectives.

Strang, J., McCambridge, J., Best, D., Beswick, T., Bearn, J., Rees, S., & Gossop, M. (2003). Loss of tolerance and overdose mortality after inpatient opiate detoxification: Follow up study. *BMJ*, *326*, 959–960. https://doi.org/10.1136/bmj.326.7396.959

Strike, C., Robinson, S., Guta, A., Tan, D. H., O'Leary, B., Cooper, C., Upshur, R., & Chan Carusone, S. (2020). Illicit drug use while admitted to hospital: Patient and health care provider perspectives. *PLoS One*, *15*, e0229713. https://doi.org/10.1371/journal.pone.0229713

Wicomb, R., Jacobs, L., Ebrahim, N., Rensburg, M., & Macharia, M. (2018). Illicit drug use and violence in acute psychosis among acute adult admissions at a south African psychiatric hospital. *African Health Sciences*, *18*, 132–136. https://doi.org/10.4314/ahs.v18i1.17

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## APPENDIX A

**Green-Yellow-Red Procedure**

**Substance Green Status**

*Definition*: No reports of substances on the unit.

**Actions**

*Belongings*: All belongings are to be searched when patients are admitted. All bags, purses, and luggage bags need to be opened, have the contents removed, and searched. Patients may be asked to pull out their pockets and/or take off their shoes and socks to be searched. Use your clinical concerns and judgement in order to safely perform the personal search. When a patient returns from pass, new belongings should be searched and personal searches should be done at staff discretion in a private place. If a patient is admitted to seclusion, they are to be fully searched, and, depending on the risk factors, may be placed in a gown. All personal belongings will be placed in their rooms, with the exception of sharps, and will be documented on their seclusion flow sheet.

*Visits*: Visits are not to occur in patient bedrooms. Patients and families are able to visit in any of our quiet or living rooms. We encourage all patients with privileges to take their visitors off the unit to enjoy hospital amenities.

*Court Yard Access*: Staff will determine if patients will be able to enjoy the courtyard, either accompanied or unaccompanied. If a patient is in the courtyard, rounds must be completed in the yard for that person or persons. Patients will use the sign-out board to track where they are. Staff will monitor the area on the GUI camera system.

*Room Searches*: Staff may search any room on the unit at any time. The patient must be notified that their room is being searched and they have the right to be present. Just as with the belongings search, all bags, clothing, and personal items must be searched and checked. All areas of the room must be searched. The bathroom, closet, and under the mattress must be searched. Two staff must be present and security can be called for support if needed.

*Tests*: If staff feel that a patient needs a Urine Drug Screen, it can be administered as Urgent (results take roughly 24 h to return) or ER-DRUG Urine Screen (Code 40154; results take roughly 1–2 h to return). The patient must use the bathroom in front of the nursing station and be monitored by staff for proper compliance. The unit Breathalyser can be used in cases of suspected alcohol use.

**Substance Yellow Status**

*Definition*: "Rumours" of substances on the unit—not substantiated, or, substance use on the unit that appears to be only on an individual basis.

**Actions**

*Belongings and Personal Searches*: Staff will search belongings and patients in the same manner as in a *Status Green*. In a *Status Yellow*, staff will limit the number of belongings brought into the unit and family/friends will be asked to take the majority of belongings home. In cases where the patient has no family/friends to take the belongings, staff will store belongings in the storage room with the patient's name and the date. These belongings will be returned to the patient upon discharge.

*Visits*: Any patients who are suspected of using or bringing drugs onto the unit are only allowed to visit in the dining room or visible areas. Staff have the right to request visitors to leave or refuse entry to the unit at any time in a respectful manner.

*Court Yard Access*: Patients may access the courtyard only if accompanied. Consider access to the courtyard only for those patients who do not have Level 3 Unaccompanied Privileges. Staff are to inform other staff who remain on the unit that they will be in the courtyard with a high-risk patient. The GUI is to be used to monitor the patient/staff member for safety reasons.

*Room Searches*: The rooms of the individuals suspected of being involved with illicit substance activity should be searched daily. Staff should consider moving their room closer to the care desk for closer observation.

*Tests*: Stat ER-DRUG Urine Screen (Code 40154) should be administered at this point if the patient is agreeable. The patient must use the bathroom in front of the nursing station and be monitored by staff for proper compliance. The unit Breathalyser can be used in cases of suspected alcohol use.

*Cell Phone*: If it can be substantiated that cell phones are being used to contact drug dealers or are impacting the safety of anyone on the unit, the phone should be confiscated. Staff has the right to remove the cell phone from the patient and not return it until it is considered safe to do so.

*Assessment*: Complete a physical assessment of the patient and consult the Nurse Practitioner or On-Call Duty Doctor if needed. Assess the need for 1:1 observation.

*Notification*: The Program Manager or Nursing Supervisor is to be informed.

**Substance Red Status**

*Definition*: Substances found on the unit; several patients engaging in substance use. Staff feel that there is a significant risk to patients and staff.

**Actions**

*Belongings*: Patients will only have items that are deemed necessary. Staff will store extra belongings in storage if needed. No items or belongings will be accepted by visitors.

*Visits*: Visits will only occur in the dining room under close supervision from staff.

*Court Yard Access*: No courtyard access.

*Room/Unit Searches*: All rooms will be fully searched. Security will be called to assist and other units will be called to support staff. Living rooms, quiet rooms, and group rooms (i.e., ALL rooms) will be searched as well.

*Tests/Assessments*: Stat ER-DRUG Urine Screen should be administered if a patient is agreeable. The patient must use the bathroom in front of the nursing station and be monitored by staff for proper compliance. The unit Breathalyser can be used when patients are suspected of using alcohol.

*Notification*: The Nurse Manager and Program Director need to be informed at this time.

## APPENDIX B

**Management of Illicit Substances Protocol (6.0—Procedure)**

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|---|---|
| Step 1 | **ILLICIT SUBSTANCE OR PARAPHERNALIA FOUND**<br>• A suspected illicit substance or paraphernalia is found anywhere on or within the hospital's campuses. |
| Step 2 | **NOTIFICATION**<br>• Immediately contact the most responsible person on duty.<br>• If the substance is found on a patient unit or in a clinical setting, contact the Unit Manager or delegate; if it is found after hours/on a weekend, contact the Site Administrator.<br>• If the subsance is found in a public area, contact Security Services. A Security Professional will contact the Security Manager/Supervisor; if it is found after hours/on a weekend, contact the Site Administrator. |
| Step 3 | **CONTAINMENT**<br>• Secure the area in which the substance is found.<br>• Always ensure a minimum of two hospital staff members are present.<br>• Refer to the appropriate appendix of this document for instructions on *How to Safely Handle Substances*. |
| Step 4 | **SECURITY SERVICES REPORT**<br>• The Primary Clinician or delegate will contact Security Services to report suspected illicit substance and request for removal and storage of. |
| Step 5 | **DOCUMENTATION & TRANSFER**<br>• If the substance is suspected to belong to a patient, the Primary Clinician or delegate must complete a Special Incident Report and a Health Incident Report and document the incident in the patient healthcare record.<br>• The Primary Clinician or delegate must also complete an Illicit Substance Transfer Form in all circumstances.<br>• A copy of the Illicit Substance Transfer Form must be forwarded to the Unit/Clinical Manager for follow-up.<br>• An additional copy of the Illicit Substance Transfer Form must accompany the substance upon transfer to Security Services.<br>• Refer to the appropriate appendix of this document for more details. |
| Step 6 | **STORAGE**<br>• The substance or paraphernalia is to be stored by Security Services in a secure location.<br>• If the substance is prescribed medication or over-the-counter medication in its original packaging (e.g., labelled vial, bottle), the Primary Clinician or delegate can use clinical judgement to determine whether the substance will go to pharmacy, as dictated by pharmacy protocol (117-Med), or be sent home with the patient (if outpatient) or family/friend of the patient (if inpatient). |
| Step 7 | **POLICE NOTIFICATION**<br>• If it has been determined by the Unit Manager/Site Administrator to contact the city's Police Services, Security Services will contact Police to inform them of the suspicious substance.<br>• Security will ask police dispatch for the estimated time of arrival of Police for pick up and/or assistance (see the appropriate appendix of this document for *Guidance on Engaging with Police*). |
| Step 8 | **POLICE PICK UP SUBSTANCE AND OBTAIN INFORMATION AS REQUIRED**<br>(Refer to the appropriate appedix of this docucment for guidance.)<br>• All substances will remain in a secure location pending arrival and retrieval from the city's Police Services. |
| Step 9 | **DISCLOSURE OF PATIENT PERSONAL HEALTH INFORMATION**<br>• If Police express the expectation or desire to investigate the incident, then the name of the unit and location where the substance was found will be released.<br>• If Police request video or health record information, follow the guidance set out in the appropriate appendix of this document.<br>• Police may search the identified area where the substance was found.<br>• The Primary Clinician or delegate must be informed and present during investigation. |
| Step 10 | **PATIENT DEBRIEF**<br>• If applicable, debrief patient/substitute decision maker (SDM) regarding any medical questions for personal health or safety.<br>• Do not give any information to patient/SDM pertaining to the suspected illicit substance incident until Police have decided whether to lay charges or not, as that information could taint the legal process. |