



Medication Management Policy and Procedure

TITLE: Patient's Own Medical Cannabis	NUMBER: 4.08
Sponsor: Drugs & Therapeutics Committee	Page: 1 of 10
Approved by: Medical Advisory Committee	Approval Date: March 6, 2018 Effective Date: May 16, 2018
Applies To: Pharmacy, Nursing, Medical Staff	

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POLICY

The purpose of this policy is to establish processes regarding medical cannabis where patient's own cannabis is to be administered during the course of their health centre stay.

Use of patient's own medical cannabis shall be permitted when the:

- Patient holds and maintains a valid Medical Document (or proof of authorization);
- Physician has completed an order which permits the patient to bring medical cannabis into the IWK for the patient's own medical purposes;
- Medical cannabis is accompanied by the labeled container from a Licensed Producer; AND
- Patient is able to store securely within the IWK (in exceptional circumstances, the product may be stored by nursing staff)

Health Care providers involved in the care of patients (in particular children) while patients at the IWK must routinely review the Medical Cannabis Resource page posted on PULSE.

Use of inhalation methods of medical cannabis is NOT permitted on IWK property. IWK does not assume liability for patients who leave the facility to access/smoke/vaporize cannabis.

Use of cannabis obtained through illegal sources (not from a licensed producer) shall not be permitted on health centre property.

Exclusions

This policy does not address the following:

- Use of illegally sourced medical cannabis (not from a licensed producer);
- Recreational use of cannabis by patients or staff (legalized October 17, 2018)
- Use of prescribed synthetic cannabinoids to which regular medication prescribing, storage and administration practices apply.

GUIDING PRINCIPLES & VALUES

- Cannabis is a controlled substance under Schedule II of the Controlled Substances Act (CDSA). It is not an approved pharmaceutical substance in Canada.
- A Canadian federal court ruling in February 2016 determined individuals who demonstrate a medical need for cannabis must have reasonable access to a legal source when authorized by a healthcare practitioner.
- The *Access to Cannabis for Medical Purposes Regulations (ACMPR)* came into force August 24, 2016. These Regulations provide a legal framework for Canadians who have the authorization of their healthcare practitioner to access and possess cannabis for their own medical use.
- Section 56 class exemption of the Controlled Drugs and Substances Act (CDSA) authorizes hospital employees (including nurses) to directly administer medical cannabis to clients who have authorization to use it.
- The IWK Division of Child/Adolescent Psychiatry does not support the use of cannabis as a treatment modality for mental health or addictions in the child and adolescent population (patients 24 years of age and under).
- IWK is also committed to providing a safe and healthy environment for all IWK patients, families, staff and visitors, including protection from the risk of dried cannabis smoke exposure and the possibility of fire or explosion associated with combustion of dried cannabis in or on IWK premises.

PROCEDURE

ROLES AND RESPONSIBILITIES

Patient/Family/Support Person(s)

- Provides **proof of authorization** to possess cannabis for medical purposes.
- Procures and provides their own medical cannabis supply.
- Ensures that only medical cannabis obtained with the appropriate licenses from a Licensed Producer is brought into the IWK.
- Ensures secure storage of the medical cannabis and, where applicable ensures product has original labeling from the licensed producer.
- Understands and co-operates with the terms of the IWK Smoke-Free Policy 104.2 and IWK Scent Awareness Policy 103.
- Self-administers medical cannabis at prescribed doses and intervals.
- Secures their supply of medical cannabis.
- Takes the medical cannabis with them upon discharge.

Family/Support Person(s)

- When a patient does not have the physical ability to administer medical cannabis, a family member or support person may assist with its handling and administration while in the presence of the patient.
- If assisting with patient administration or handling, follow all terms and conditions of this policy and the IWK Smoke-Free Policy 104.2 and IWK Scent Awareness Policy 103.

Physician

- Determines if medical cannabis therapy will continue during the patient’s health centre stay based on their professional judgment.
- Consults medical team members for support if needed.
- If deemed appropriate, writes an order authorizing continued use that includes the dose, route, dosage form and interval and use of the patient’s own supply. This information may be found on the product label, reported by the patient or caregiver or on the medical authorization form from the original prescriber.
- Discusses treatment alternatives with the patient or caregiver where applicable and documents the discussion(s) in the health record.

Nurse Practitioner (NP)

- Nurse Practitioner is authorized to:
 - Possess medical cannabis for the purpose of assisting the patient in administration
 - Directly administer medical cannabis to the patient.

Nurse**Identification of use**

- Completes a medication history to include daily dose of medical cannabis, route of administration, and interval of use.

Collecting Required Documentation

- Requests that the patient provide **proof of authorization** and the labeled container supplied by the Licensed Producer <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/industry-licensees-applicants/licensed-cultivators-processors-sellers.html>
This may be done in collaboration with Pharmacy.
- Obtains a copy of the proof of authorization, affixes patient label and places in the front of the External Documents section of the patient’s health record.

Patient/Family Education

- Discusses the IWK Smoke-Free Policy 104.2 and IWK Scent Awareness Policy 103 with the patient.

Collaboration with Interprofessional Team

- Advises physician of patient’s use of medical cannabis and documents in the patient’s health record that the patient is in possession of unsecured, legally obtained medical cannabis until the physician is able to assess patient.
- If decision is made to continue the administration of medical cannabis, verifies written order and documents on the MAR.
- Informs/advises patient regarding storage and security of medical cannabis.
- Reports to the physician if the patient possesses cannabis without a Medical Document.

Administration

- Nurses are expected to have the necessary knowledge, skill and judgement to either administer or to assist in the administration of medical cannabis.
- Where the patient is unable to self-administer (examples: patient without physical ability or capacity) or there is no family/support person to assist with administration and therapeutic alternatives are not an option, the nurse may possess the substance for the purpose of administration or assisting with the oral administration of the medical cannabis □ Specifically, the nurse may:
 - Directly administer medical cannabis by oral route
 - Prepare cannabis for patient to self-administer. This could include measuring the medication and/or mixing with food or juice for ingestion.
 - Be present during the self-administration of the medical cannabis.
- If, through this process, any barriers to supporting the patient’s reasonable access are identified, the nurse may contact the appropriate resource for guidance (e.g. Manager, Nursing Practice Leader, CLD, Ethics, etc.).

Storage

- In the event a patient is temporarily incapacitated due to unforeseen or unavoidable circumstances (e.g. surgery) and/or the patient or support person is not able to manage their own supply in a secure manner, the nurse may temporarily secure the patient’s own sealed medical cannabis in a designated box in the medication room.
 - This transfer will be witnessed by the patient as well as another healthcare provider and the process used to secure the medical cannabis along with the witness present shall be documented in the patient’s health record as well as on a medical cannabis documentation sheet.
 - The nurse will return the medical cannabis to the patient or authorized support person as soon as the individual is able to take possession of it. The return will also be witnessed and documented in the health record.

Documentation / Controls

- Place photocopy of the proof of authorization in the External Documents section of the health record and scan to Pharmacy..
- The Medication Administration Record (cMAR) will indicate the patient’s own use of medical cannabis, along with the daily dose and interval as entered by pharmacy. Individual doses self-administered by the patient will not be documented on the MAR by nursing staff.
- There will be no documentation in the IWK Narcotic and Controlled Drug records unless, under select circumstances, the medical cannabis is stored by nursing staff for the purpose of assisting the patient with administration or if being stored and administered by Nursing staff. ○ If doses are stored by nursing staff, the initial balance on hand must be reconciled with the patient (as noted above) and each dose drawn up
documented on a medical cannabis documentation sheet and witnessed by another nurse.

Discharge Activities

- Upon discharge, ensures that patient takes the medical cannabis with them.

Pharmacy

- Provides staff/patients with information about possible drug interactions and/or contraindications to therapy, as well as information about possible alternative products for treatment/symptom management, if consulted and deemed medically appropriate.
- Ensures that the patient’s use of medical cannabis is documented on the Best Possible Medication History and Discharge Medication Reconciliation forms. □ Reviews the patient’s medication profile to identify clinically significant interactions.
- Reviews the patient’s proof of authorization confirming patient authorization to possess medical cannabis and obtains a copy on the patient’s health record. This may be done in collaboration with the nurse.
- Verifies that the product has been obtained from a Canadian Licensed Producer.
- Enters the patient’s use of medical cannabis into Meditech, including the dose, dosage form and interval. Labels as “Patient’s Own Medication – To be self administered).

Security and Storage

As medical cannabis is a controlled substance, the regulations under the Narcotic Control Act, as well as the CDSA must be followed when storing patient’s own medical cannabis.

- The following options for storage are available to patients:
 - (1) Stored in the sole possession of the patient at all times
 - (2) Stored in the sole possession of a family member
 - (3) Stored in a container dedicated to this purpose and locked in the care area medication room
- The container may not be used for storing anything other than medical cannabis.
- The patient is responsible for secure storage of the medical cannabis kept in their room and for self-administration. It shall be kept out of site and not within reach of children.
- In the event of loss or theft of medical cannabis:
 - The patient informs their nurse and contacts Protection Services immediately.

REFERENCES

1. Access to Cannabis for Medicinal Purposes Regulations (ACMPR) August 24, 2016 <http://laws-lois.justice.gc.ca/PDF/SOR-2016-230.pdf>
2. Health Canada – Medical Use of Cannabis Website:
<https://www.canada.ca/en/health-canada/topics/cannabis-for-medical-purposes.html>
3. College of Registered Nurses of Nova Scotia, (2017). *Medication Administration Guidelines for RNs*. Halifax: NS, Author.
4. Information for Health Care Professionals – Medical Use of Cannabis
<https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/information-medical-practitioners.html>
5. Policy 7311-60-032 Medical Fresh or dried cannabis. Saskatoon Health Region, May 2016
6. College of Licensed Practical Nurses of Nova Scotia College of Registered Nurses of Nova Scotia, Practice Guideline Caring for Clients Authorized to Use Medical Cannabis
<https://crnns.ca/publication/caring-for-clients-authorized-to-use-medical-cannabis/>

7. College of Physicians & Surgeons of Nova Scotia, Professional Standard Regarding the Authorization of Cannabis for Medical Purposes, Approved June 26, 2014 by Council of the College of Physicians & Surgeons of Nova Scotia
8. Simplified guideline for prescribing medical cannabinoids in primary care, Clinical Practice Guidelines, Canadian Family Physician, Vol 63, pages 111-120, February 2018
9. Patient’s Own Medical Cannabis (Draft Policy), Hospital for Sick Children, Toronto Ontario - Accessed February 2018

RELATED DOCUMENTS

Policies

IWK Smoke-Free Policy 104.2

IWK Scent Awareness Policy 103

Management of Prohibited Items Policy 1105

Medications Brought into Hospital by Patients Policy 3.90

Self-Administration of Medications by Inpatients Policy 20.60

- Provincial Bill #125 (Smoke-Free Places Act):
<http://nslegislature.ca/legc/statutes/smokfree.htm>
- Smoke Free Places Regulations - Government of Nova Scotia
<http://www.novascotia.ca/Just/regulations/regs/sfpregs.htm>
- List of Licensed Medical cannabis Producers in Canada
<https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/industry-licensees-applicants/licensed-cultivators-processors-sellers.html>
- Medical Cannabis, College of Nurse of Ontario – October 17, 2018 <http://www.cno.org>
- CDSA Exemption Affects Role of Nurse in Administering Medical Cannabis, CRNNS Regulatory Update, August 2017
- Canadian Nurses Protective Society Cannabis for medical purposes: Legal implications for nurses
<https://www.canadian-nurse.com/en/articles/issues/2017/january-february-2017/cannabis-for-medical-purposes-legal-implications-for-nurses>
- Position Statement, IWK Division of Child/Adolescent Psychiatry – Use of cannabis in the treatment of psychiatric disorders, August 2017

Forms

IWK Medical Cannabis Record (from Patient’s Own Supply) – for med room storage

Appendices

Appendix A – Definitions

Appendix A

DEFINITIONS

Assist in administration of medical cannabis:

Includes engaging in the following activities:

- Preparation medical cannabis for the patient to self-administer. This could include measuring the dose and/or mixing with food or juice for ingestion.
- Being present during the self-administration of the product

Authorized support person: Refers to a person who has obtained medical cannabis for a patient for whom they are responsible in accordance with the Access to Cannabis for Medicinal Purposes Regulations (ACMPR).

Cannabis oil: Cannabis oil sativa, a hemp plant that grows throughout temperate and tropical climates in almost any soil condition; more commonly referred to as cannabis or fresh or dried cannabis. It contains cannabis in its natural form.

Cannabinoid: Class of chemicals that act through the cannabinoid receptors. Cannabinoids include phytocannabinoids synthesized/extracted from the cannabis oil plant. The principal phytocannabinoids appears to be delta-9-tetrahydrocannabinol (THC), cannabiniol, and cannabidiol (CBD). The only currently marketed product is Sativex® (delta-9-tetrahydrocannabinol-cannabidiol). Synthetic cannabinoids are laboratory-synthesized compounds that bind to cannabinoid receptors and include the prescription medication nabilone.

Health Care Provider: Refers to physician, nurse, pharmacist or (in select instances, pharmacy practice assistant (PPA)

Licensed Producer: A company that has been issued a license by Health Canada to sell registered persons who wish to access medical cannabis under the Access to Cannabis for Medical Purposes Regulations (ACMPR).

Medical Document: Refers to the document provided to a patient by their health care practitioner [medical doctor or Nurse Practitioner (where provincial scope of practice allows*)] that authorizes the patient’s lawful use of medical cannabis *Note: NP’s in Nova Scotia are not authorized to prescribe medical cannabis as of August 2017). Under the Access to Cannabis for Medical Purposes Regulations, the Medical Document must include:

- authorized health care practitioner's license information
- patient’s name and date of birth;
- period of use of up to one year from date of signing of medical document of 11
- daily quantity of dried cannabis, expressed in grams

Medical Cannabis: Fresh or dried cannabis or cannabis oil used for medical purposes grown by authorized Licensed Producers in conditions that provide quality controlled fresh or dried cannabis for medical purposes, under the ACMPR. May also be grown by a registered patient.

Nurse: Registered Nurse, Licensed Practical Nurse

Oral route: The oral route of administration refers to eating the cannabis oil in pure form. Fresh or dried cannabis may also be consumed as a tea, in capsules.

Possession Limit: In accordance with s. 6 of the ACMPR, a person may only possess the lesser of 150 g or 30 times the authorized daily quantity of dried cannabis. The authorized daily limit is stated in the Medical Document provided by the prescriber.

Proof of authorization: Required documentation in the form of:

- label or shipping document from a licensed producer, **or**
- Health Canada registration certificate to produce cannabis for one’s own medical purposes, or produce for another person, **or**
- a completed medical document from the prescriber which includes the following components:
 - authorized health care practitioner’s licence information
 - patient’s name and date of birth
 - period of use of up to one (1) year of signing of medical document
 - daily quantity of dried cannabis expressed in grams

Vaporized Form: Method by which the product is heated to the point where the medicinal ingredients are released into the air and can subsequently be inhaled.

Version History

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
	October 2018 – minor wording changes regarding proof of authorization