



**QUINTE HEALTHCARE CORPORATION**

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**Medical – Medical Cannabis**

<b>Title: Medical – Medical Cannabis</b>		<b>Policy No:</b>	<b>3.11.7</b>
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<b>Department:</b>	<b>Interprofessional</b>	<b>Policy Lead:</b>	Director Quality Patient Safety and Interprofessional Practice
<b>Approved By:</b>	<b>Medical Advisory Committee Nursing Practice Committee</b>		

**BACKGROUND:**

On October 17<sup>th</sup> 2018 the Cannabis Act came in to effect governing the use of both recreational and medical cannabis. Access to medical cannabis under this new legislation will not change. Individuals may be authorized to use medical cannabis after they have been assessed by a physician and deemed an appropriate candidate. Physicians must provide a “medical document” (equivalent to a prescription) to the individual, which will grant them authorization. Using the medical document provided, individuals can obtain medical cannabis by either registering with a licenced producer who will provide them with quality-controlled cannabis, or registering with Health Canada allowing them (or a designate) to produce a limited amount for their own medical purposes. Cannabis that is procured outside of these avenues is not considered medical cannabis.

There are also synthetic cannabinoids such as nabilone (Cesamet<sup>®</sup>) capsules or tetrahydrocannabinol/cannabidiol (Sativex<sup>®</sup>) buccal spray available. Synthetic agents are produced by pharmaceutical companies, have a Drug Identification Number (DIN), and may be available on hospital formularies. This policy **does not** apply to synthetic cannabinoid agents.

**1. POLICY**

Quinte Health Care (QHC) is committed to providing care that is patient centered and safe. QHC will adhere to the Legislative requirements set out in *The Cannabis Act* to ensure patients requiring medical cannabis have reasonable access. The following procedures have been developed to ensure that QHC healthcare providers are able to facilitate this, while complying with all relevant federal and provincial legislations, relevant QHC policies and professional standards governing individual healthcare providers practice.

## 2. DEFINITIONS

**Cannabis - Medical:** physician authorized cannabis used by people suffering from serious illnesses and where the use of cannabis is expected to have some medical benefit. It is available in various forms and routes of administration, and is produced only by a licenced provider in adherence to quality controlled standards that are regulated by Health Canada

**Cannabis - Oral:** oral route of administration referring to eating the cannabis in pure form, baking into a product such as a cookie or brownie, drinking as a tea, or other forms of oral ingestion such as oils or tinctures

**Cannabis - Smoked:** When dried cannabis is smoked or inhaled, the active ingredients are deposited directly into the blood stream after being absorbed through the mucus membrane of the lung.

**Cannabis - Vaporized:** similar to smoking cannabis, however the cannabis is not heated to the point of combustion, thereby releasing medicinal ingredients in to the air as opposed to turning it into smoke

**Cannabinoid:** Substances similar to delta-9 tetrahydrocannabinol (THC) or acting through the cannabinoid receptors including phytocannabinoids produced by the cannabis plant (eg. cannabinol, cannabidiol, cannabinolic acid, cannabigerol, cannabicyclol, as well as a growing number of synthetic cannabinoid agents (e.g. nabilone).

**Health Care Practitioner:** Under *The Cannabis Act* is defined as, a medical practitioner or nurse practitioner (NP). The health care practitioner may provide a medical document to individuals to authorize medical cannabis.

**Licensed Producer:** Persons holding a license issued by Health Canada to produce and sell fresh or dried marihuana, cannabis oil or seeds. A list of licensed producers can be found on the government of Canada website:

<https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/licensed-producers/authorized-licensed-producers-medical-purposes.html>

**Medical Document:** A document provided by a health care practitioner to a person who is under their professional treatment. This document details:

- the authorized health care providers licence information
- the patient's name and date of birth
- period of use for up to one (1) year
- a daily quantity of dried cannabis expressed in grams

**Proof of Authorization:** Patient specific information which verifies that the individual has been authorized to use medical cannabis and that they have the legal authority to possess the product.

Individuals can prove they are authorized by:

- presenting a valid Health Canada Identification Card or
- presenting the label from the product packaging from a licensed producer or
- presenting the shipping document accompanying the cannabis product from the licensed producer

### 3. PROCEDURE

All clinical staff have a responsibility to be aware of the policies and procedure documents supporting the use of medical cannabis. When a patient using medical cannabis is admitted the following process will be followed:

#### **Most Responsible Prescriber: Physician and/or Nurse Practitioner**

- Patients who wish to continue the use of medical cannabis would need to discuss with the MRP to determine if medical cannabis treatment needs to be continued given the patients current medical condition and other therapies
- MRP would need to validate proof of authorization and confirm the ordering details for the patient while in hospital.
- MRP may suggest switching to an alternative synthetic cannabinoid agent available through pharmacy or other non-cannabis treatment options
- If the decision is to continue the medical cannabis therapy, the physician will write the order which must include;
  - Maximum Daily Dosage
  - Dosage form of cannabis e.g. fresh, dried, oil
  - Route of administration e.g. oral, vaporized, smoked etc.
  - Dosing interval, which will be determined in consultation with the patient and nursing staff
  - Relevant order instructions such as “Use Patient’s Own Supply” or patient may “self-administer” e.g. Patient may use own supply of dried medical cannabis, self-administer, max 3 grams a day, smoked prn

#### **Patient:**

- Must provide their own cannabis
- Preferably be able to self-administer, however in cases where the patient may be palliative and require assistance, the patient/family will discuss options with the Interprofessional team.
- Is responsible for the storage and security of their own supply of cannabis, e.g., in a hospital supplied lockable box
- Patient must sign a waiver for *Release of Indemnity: Regarding the management and storage of their medical cannabis* Please see Appendix A
- Must abide by policy 2.11.20 Corporate- Smoke-Free Environment: patients wanting to use cannabis which is smoked or vaporized must do so off QHC property
- When self-administering cannabis off hospital property, patient must carry with them, proof of authorization
- Record in the *Inpatient Cannabis Patient Self Log Sheet* when self-administering Please see Appendix B

## **Nursing Staff:**

**Caveat:** There have been recent legislative changes which now permit nursing staff to directly administer cannabis to their patients. The College of Nurses in Ontario (CNO) has stated that from an “ethical stand point the nurse has a role to facilitate the client’s actions and choices including providing assistance to clients who cannot take their own medical (cannabis) independently.” They also remind nurses to practice within their scope and that they must adhere to the medication practice standard, ensuring that they administer the medication “safely, competently and can manage the potential outcomes of administering it.” (CNO, 2018)

## **Nurses must:**

- Make a photocopy of the Health Canada ID card or the label on the packaging or the document accompanying the cannabis shipment from a licenced producer. It must be filed in the health record as proof of authorization
- Ensure the patient has a lockable box that is obtained from the pharmacy department
- Answer any patient/family questions or concerns, and advise them of their responsibilities. Have the patient sign waiver and file in the patient record
- Provide patient with *Inpatient Cannabis Patient Self Log Sheet* and instruct patient about when and how they are to log their record of self-administration. Ensure the log sheet is filled in correctly and has a patient label. Log sheet is to be filed in the patient record at discharge.
- If a patient will be smoking or vaporizing cannabis, advise security generally of the existence of a patient who has an authorization, but do **not** provide identifiable patient information.
- At the time of discharge, nurse must ensure the medical cannabis is returned home with the patient/family and will document accordingly on the waiver at discharge
- In the event that cannabis is left behind on discharge, notify patient and/or family that cannabis must be picked up with in 24hrs or it will be destroyed. Cannabis is to remain in the safe during this time.
- If patient or family fails to pick up cannabis which has been left behind, the nurse is to destroy medical cannabis under the witness of another professional staff member by placing it in to the yellow medication disposal container. Both staff members are required to initial the section in the waiver relating to destruction of cannabis that is left behind as part of their documentation.

## APPENDICES AND REFERENCES

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### APPENDICES:

Appendix A: *Release of Indemnity: Regarding the management and storage of their medical cannabis*

Appendix B: *Inpatient Cannabis Patient Self Log Sheet*

### REFERENCES:

Bill C-45. (n.d.). Retrieved July 26, 2018, from <http://www.parl.ca/DocumentViewer/en/42-1/bill/C-45/first-reading>

Brockville General Hospital (n.d.). DRAFT Policy *Inpatient Use of Medical Marijuana*

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Legislative Services Branch. (2018, June 28). Consolidated federal laws of Canada, Controlled Drugs and Substances Act. Retrieved July 26, 2018, from <http://laws-lois.justice.gc.ca/eng/acts/C-38.8/>

Peterborough Regional Healthcare Center (2017). Policy # 2.B.070 *Medical Use of Marihuana (Marijuana and Cannabis)*

Providence Care (2016). Policy # CLIN-PP-102 *Medical Marijuana*

Sault Area Hospital (2018). Policy # C5 *Cannabis/Marijuana for Medical Purposes*

**CROSS REFERENCES:**

Quinte Health Care (2015) Policy 3.12.7 *Medication- Medication Administration*

Quinte Health Care (2009) Policy # 2.11.20 *Corporate- Smoke Free Environment*