


<b>Holland Bloorview</b> Kids Rehabilitation Hospital	Manual <b>Corporate</b>	Cluster <b>Medication Management</b>
	Theme <b>Medication Management</b>	<b>Number</b> <b>00554</b>
<b>Client's Own Medical Cannabis Administration</b>		

**Preamble**

Holland Bloorview Clients may possess and use their own cannabis for medical purposes while on our premises, when done in accordance with this Policy.

**Policy Statement**

This policy is meant to be used as an adjunct to existing medication reconciliation and administration policies and procedures.

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## 1.0 Introduction

In late 2018, cannabis was legalized in Canada. This policy applies to the use of cannabis for medical purposes, as set out in the Cannabis Regulations (Part 14 – Access to Cannabis for Medical Purposes) of the federal *Cannabis Act* (“Cannabis Regulations”). Under this regulatory framework and provincial laws, certain health care providers (HCPs) may possess medical cannabis, in a public place and/or transfer or administer it to an individual in accordance with the *Cannabis Act* and *Cannabis Regulations*.

Despite emerging evidence, and the general plausibility that cannabis and its derivatives may be effective, there is limited evaluation and well-designed research to support its efficacy, requiring each situation be addressed on a case-by-case basis (Reider, 2016; Yap, et al, 2015; Health Canada, 2013).

## 2.0 Definitions

**Authority to legally possess cannabis for medical purposes** – Confirmed through the proof of authorization to utilize cannabis for medical purposes as issued under the Cannabis Regulations.

**Cannabis** – Refers to the cannabis plant which contains over 500 chemically active components, including cannabinoids and terpenes. The most abundant and commonly used components are cannabidiol (CBD) and tetrahydrocannabinol (THC).

**Cannabis for medical purposes / Medical cannabis (Also known as “medical marijuana”)** - refers to the use of cannabis where it is expected to have some benefit in symptom control.

**Caregiver** – A person (most often family members or friends) designated by the Client and/or substitute decision-maker to provide care and support to a Client.

**Client** – A person admitted as an inpatient or registered to an outpatient program at Holland Bloorview.


**Client’s own Medical Cannabis** – the Client’s own supply of medical cannabis.

**Licensed Producer** – A company that has been issued a licence by Health Canada authorized to sell to registered persons who wish to access cannabis for medical purposes under the Cannabis Regulations.

A list of licensed producers is found here: <https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-use-marijuana/authorized-producers/authorized-licensed-producers-medical-purposes.html>

**Proof of authorization** – Required documentation in the form of *at least* one of the following:

- a product containing the Client’s name with a label or registration document from a licensed producer, or
- a Health Canada registration certificate to produce cannabis for one’s own medical purposes, or produce for another person, or


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- a completed medical document from the authorizing prescriber which includes the following components:
  - authorized health care practitioner's licence information
  - the client's name and date of birth
  - a period of use, specified in number of days, weeks or months, of up to one (1) year
  - a daily quantity of dried cannabis expressed in grams

**Substitute Decision-Maker (SDM)** - A person named under section 20 of the *Health Care Consent Act*(HCCA) who is authorized to give or withhold consent to treatment on behalf of an incapable client. To be an SDM, the person must be at least 16 (unless the parent of a child), willing, available, not prohibited by court order or separation agreement, and capable according to the legal test in the HCCA. At Holland Bloorview, a child’s parents will normally be joint substitute decision-makers, unless a divorce/custody proceeding has altered the default HCCA ranking.


### 3.0 Policy

- 3.1 Proof of authorization is required prior to ordering, handling, storing or administering a Client’s medical cannabis at Holland Bloorview.
- 3.2 Clients who are legally authorized to possess medical cannabis will be carefully assessed by the healthcare team to determine if medical cannabis can be continued safely during the Client’s time at the hospital (i.e. as an inpatient or while in attendance at an outpatient program). Exclusions to the permitted use medical cannabis include:
  - Client/substitute decision-maker or caregiver is not able to ensure the security of the cannabis product for the duration of the Client’s time at the hospital;
  - The healthcare team has an expectation that continued use of medical cannabis will interfere with the rehabilitation, medical care and/or program participation of the Client. In particular, continued use would negatively impact their underlying diagnosis or ability to participate in rehabilitation or program;
  - Prescription of interacting medication (e.g. other opioids or central nervous system agents) that are likely to induce an unwanted and/or adverse outcome when ingesting medical cannabis;
  - Medical cannabis will make it unsafe for the Client in their seating system or ambulation equipment;
  - Not abiding by the hospital’s requirements for consumption or use.

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Clients who are not permitted to use their medical cannabis at Holland Bloorview, for any of the above reasons, will not be authorized to take medical cannabis on hospital premises. These Clients will be encouraged to send any cannabis in their possession home for safe-keeping.

- 3.3** The Client/substitute decision-maker agreement form must be complete prior to the continuation, handling, storage, or administration of Client’s medical cannabis.
- 3.4** Use of medical cannabis in hospital requires a Client’s own medication order. Information for this order may be provided on the product label, reported by the Client/substitute decision-maker, or on the medical authorization form from the original prescriber. For outpatient programs, a letter or copy of the medical authorization form indicating dose and frequency, from a prescriber, is required.
- 3.5** Inhalation methods for the use of medical cannabis are not permitted on hospital property in accordance with the *Smoke Free Ontario Act, 2017*. Clients participating in outpatient programs offsite will abide by the site’s rules and regulations.
- 3.6** All health care providers involved in the care for Clients utilizing medical cannabis as part of their treatment while in hospital or through an outpatient program must routinely review the Supporting Clients that are Using Cannabis for Medical Purposes resource page.
- 3.7** Storage of medical cannabis during a hospital stay or while attending an outpatient program is determined in collaboration with the Client/substitute decision-maker, taking into consideration safety and security of all clients. If Holland Bloorview takes responsibility for storage, this must be managed as per section 4.3 - Storage. Return and disposal of Client’s medical cannabis must be done as outlined in section 4.5 – Administration below.
- 3.8** The use of nitrile gloves is required by health care providers when handling and/or administering Client’s own medical cannabis, in addition to routine precautions.
- 3.9** Holland Bloorview nurses or legally authorized outpatient healthcare providers who have completed the required education may administer the Client’s medical cannabis only when all of the following conditions are met:
  - 3.9.1** The Client’s medical cannabis has been produced by a licensed producer regulated by Health Canada (see link above);
  - 3.9.2** The Client’s medical cannabis is labeled by the licensed producer and is in its original labeled bottle;

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**3.9.3** The label includes the quantity of THC and CBD per mL, or in each capsule or similar dosage form, as produced by the licensed producer, per the Cannabis Regulations;

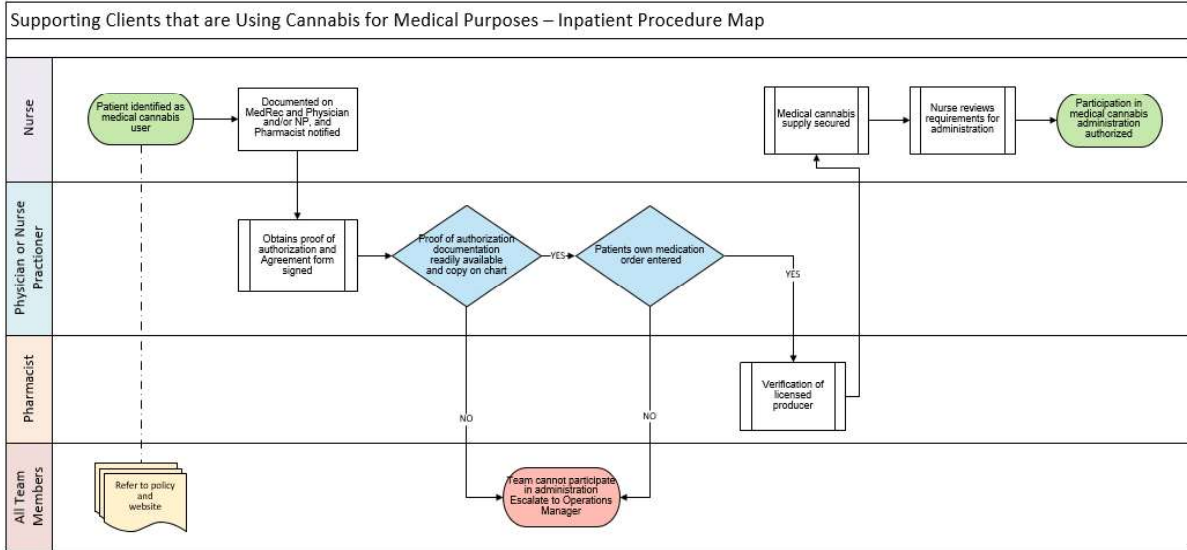
**3.9.4** The dose of medical cannabis can be consistently and accurately measured as a specific volume of oil (mL) or number of capsules or similar dosage forms; and


**3.9.5** Administration is by the oral or enteral route only.

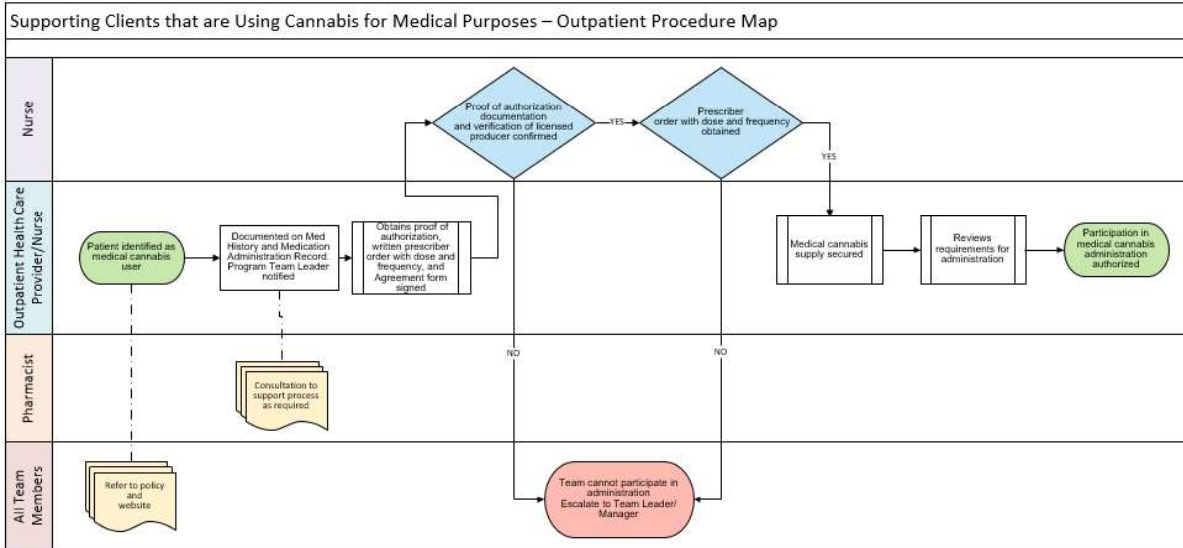
**3.10** The Client, substitute decision-maker or caregiver may administer the medical cannabis to the Client in the dosages established by the external prescriber when any of the conditions in 3.9 are not met. Inhalational routes of administration are the full responsibility of the Client/substitute decision-maker or caregiver. Where vaping is the mode of administration, all preparation (including heating of the device) will occur off hospital property (including any outpatient program location). Any vaping must be done in accordance with the *Smoke-Free Ontario Act, 2017*.

**4.0 Processes and Procedures**

**4.1 Flow map**



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## 4.2 Supply

The Client/substitute decision-maker is responsible for procuring and maintaining their supply of medical cannabis while in hospital or outpatient program in accordance with the Cannabis Regulations, and returning unwanted product to their licensed supplier. Holland Bloorview shall not purchase, stock, receive medical cannabis from a licensed producer, or supply medical cannabis, nor ascertain the quality and/or potency of the medical cannabis purchased.

## 4.3 Storage

**4.3.1** Medical cannabis is handled in the same manner as a controlled substance at Holland Bloorview, in order to maintain security and accountability of the drug. Client’s own medical cannabis supply is required to be secured in one of the following ways:

1. Double locked and secured in client room
  - The hospital may provide a storage system to the Client/substitute decision-maker or caregiver for storage of the medical cannabis that has a double lock system. The Client/substitute decision-maker or caregiver will be in sole possession of both keys.
2. Double locked and secured in medication room (e.g. narcotic drawer)

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- The Client’s medical cannabis must be stored in a sealed and signed (by two nurses, or one nurse and the Client/SDM/caregiver) tamper-proof bag after each use. The two individuals also sign on the ‘Daily narcotic/controlled drug administration record’.
  - The Client’s medical cannabis is documented as a count unit of ‘1’ (package) on the ‘Daily narcotic/controlled drug administration record’. Nursing does not count or handle the contents within the sealed tamper-proof container unless required for administration.
  - The narcotic and controlled drug shift counts include medical cannabis with a second witnessing nurse.
3. Double locked and secured in a designated medication storage location (outpatient program)
- The Client’s medical cannabis must be stored in a sealed and signed (by two trained outpatient health care providers, or one outpatient health care provider and the client/SDM/caregiver) tamper-proof bag, after each use. The two individuals also sign on the medication administration record.
  - Outpatient health care providers do not handle the contents within the sealed tamper-proof bag unless required for administration.


**4.3.2** Where cannabis products are received by hospital staff or outpatient program staff from a Client/substitute decision-maker/caregiver, the following information is documented and retained for at least two years:

- the name and address of the person from which the cannabis products are received;
- the quantity of cannabis that is received;
- a description of the cannabis products, including their brand names; and
- the date on which the cannabis products are received.

#### **4.4 Retrieval**

##### **4.4.1 Retrieval from storage in Client room**

- The Client/substitute decision-maker or caregiver retrieves the Client’s own medical cannabis from the double locked secure storage in the Client room. The Client/substitute decision-maker or caregiver will be in sole possession of both keys. In limited circumstances, nursing may assist a Client/substitute decision-maker or caregiver with retrieval of

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their medical cannabis from the locked storage under direction of the Client/ substitute decision-maker or caregiver.

#### **4.4.2 Retrieval from storage in medication room**

- The nurse accesses the Client’s medical cannabis in the presence of another nurse from the secure location in the medication room.
- The nurse ensures that the tamper-proof bag is intact with the same two signatures on the ‘Daily narcotic/controlled drug administration record’ before opening.
- After use, the Client’s medical cannabis is placed in a new tamper-proof bag and signed (by two nurses, or one nurse and the client/ substitute decision-maker or caregiver).
- Each access of the Client’s medical cannabis is documented on the ‘Daily narcotic/controlled drug administration record’.


#### **4.4.3 Retrieval from storage in Outpatient Medication Storage location**

- The outpatient health care provider accesses the Client’s medical cannabis in the presence of another outpatient health care provider, or the Client/substitute decision-maker or caregiver, from the secure storage location
- The outpatient health care provider ensures that the tamper-proof bag is intact with the same two signatures on the medication administration record before opening.
- After use, the Client’s medical cannabis is placed in a new tamper-proof bag and signed (by two outpatient health care provider, or one health care provider and the Client/ substitute decision-maker or caregiver).
- Each access of the Client’s medical cannabis is documented on the ‘medication administration record’.

#### **4.5 Administration**

Where the administration of medical cannabis occurs off hospital property, the Client/substitute decision-maker or caregiver will inform the most responsible clinician of their departure and return, and will carry a cell phone to advise if they require emergent assistance. All predetermined off hospital or outpatient program property administration will be discussed with the care team to ensure location at all times. Leaves for the purpose of administration of medical cannabis will be granted only at times that do not interfere with program activities. The Client will not vape or smoke



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medical cannabis in the presence of other Holland Bloorview clients, families, visitors or staff.

**4.6 Return and Disposal**

Upon discharge or outpatient program completion, the Client’s remaining medical cannabis supply must be returned to the Client or substitute decision-maker, and documented in the health record, and the ‘Daily narcotic/controlled administration record’ or outpatient medication administration record, as applicable.

The following is documented in the health record:

- the name and address of the person to which the cannabis products are returned;
- the quantity of cannabis that is returned;
- a description of the cannabis products, including their brand names; and
- the date on which the cannabis products are returned.

If the client’s supply of medical cannabis is not returned on discharge or outpatient program completion (e.g., left behind):

1. Contact Client/substitute decision-maker to arrange pick up.
2. The remaining supply must be sent to pharmacy and will be destroyed as per established narcotic waste protocols in 30 days (lost and found policy #453). This applies notwithstanding that medical cannabis is not a narcotic.

**5.0 Roles and Responsibilities**

In addition to requirements of medication administration, the below additional responsibilities are required.

**5.1 Inpatient Physician or Nurse Practitioner Responsibilities**

- Determines if medical cannabis will continue during the hospital stay, taking into account current medical condition and interventions.
- Order and includes dose, dosage form and interval.
- Discusses treatment alternatives with Client and/or substitute decision-maker, as applicable.
- Discusses the policy on cannabis for medical purposes with the Client and/or substitute decision-maker.
- Discusses and obtains Client and/or substitute decision-maker signature(s) on the agreement form.

**5.2 Inpatient Nurse Responsibilities**

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- Ensures medical cannabis is documented on the medication reconciliation and notifies the most responsible physician.
- Confirms Client authorization to possess and obtains copy for the Client's chart. This may be done in collaboration with the pharmacist where applicable.
- Secures the Client's own medical cannabis, as outlined in storage requirements above.
- Administers or assists in the administration of a client's medical cannabis according to the parameters of this policy.
- Monitors the Client after the administration of medical cannabis and observes for possible side effects and drug interactions, particularly when receiving concomitant therapy with other centrally acting medications. This observation will be part of the typical monitoring that would occur in hospital with pre-determined frequency.

### 5.3 Outpatient Nurse Responsibilities

- Ensures the physician-signed form (medical stability), standard medication form, and letter or medical authorization form with cannabis dose and frequency are complete before outpatient is admitted to the program
- Confirms client authorization to possess and obtains copy for the client's chart.
- Secures the client's own medical cannabis, as outlined in storage requirements above.
- Administers or assists in the administration of a client's medical cannabis according to the parameters of this policy
- Monitors the client after the administration of medical cannabis and observes for possible side effects and drug interactions, particularly when receiving concomitant therapy with other centrally acting medications. This observation will be part of the typical monitoring that would occur in outpatient programs with pre-determined frequency.

### 5.4 Outpatient Health Care Provider - Non-Nurse (Outpatient Programs)

Where authorized by law and Holland Bloorview:

- Secures the Client's own medical cannabis, as outlined in storage requirements above;
- Administers or assists in the administration of a Client's medical cannabis according to the parameters of this policy; and/or
- Monitors the Client after the administration of medical cannabis and observes for possible side effects and drug interactions, particularly

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when receiving concomitant therapy with other centrally acting medications. This observation will be part of the typical monitoring that would occur in outpatient programs with pre-determined frequency.

**5.5 Pharmacist Responsibilities**

- Ensures medical cannabis is documented on the medication reconciliation and notifies the most responsible physician and nurse, where applicable.
- Reviews inpatient Client’s medication profile to identify clinically significant interactions.
- Confirms inpatient Client authorization to possess and obtains copy for the Client’s chart. This may be done in collaboration with the nurse where applicable.
- Provides consultation to outpatient teams as required.

**5.6 Client/Substitute Decision-Maker Responsibilities**

- Provides proof of authorization to possess own medical cannabis for medical purposes.
- Procures and provides at their own expense the medical cannabis needed in hospital or outpatient program.
- Collaborates with the clinical team to administer own medical cannabis, where applicable.
- Takes responsibility to securely store and self-administer own medical cannabis, where applicable.
- Reports changes in the frequency or dose of own medical cannabis to the physician or nurse practitioner as these changes may impact other pharmacological or therapeutic interventions.
- Reports any unexpected or adverse effects from medical cannabis therapy to the healthcare team.