

	<p>POLICY</p> <p>Number: 7311-60-032 Title: Medical Marijuana</p>
<p>Authorization</p> <p><input type="checkbox"/> President and CEO <input checked="" type="checkbox"/> Vice President, Finance and Corporate Services</p>	<p>Source: Director, Pharmacy and Director(s), Seniors' Health and Continuing Care Cross Index: 7311-20-001, 7311-75-009 Date Approved: April 26, 2016 Date Revised: Date Effective: May 5, 2016 Date Reaffirmed: Scope: SHR and Affiliates</p>

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OVERVIEW

Saskatoon Health Region's (SHR's) Medical Marijuana Policy facilitates patient use of medical marijuana in SHR acute care sites and Special-care Homes. The courts have required reasonable access to a legal source of marijuana when authorized by a healthcare practitioner.¹

DEFINITIONS

Authorized support person refers to a person who has obtained medical marijuana for the medical purposes of a patient for whom they are responsible² in accordance with the *Marihuana for Medical Purposes Regulations* (MMPR).

Healthcare provider refers to a physician, nurse, pharmacy technician and/or a pharmacist.

Licensed Producer means the holder of a license issued under the MMPR. Only producers who are authorized to produce and sell to the public may sell or provide marijuana to eligible persons under the MMPR (see Health Canada's [Authorized Licensed Producers under the Marihuana for Medical Purposes Regulations](#)).

Medical marijuana (marihuana, cannabis) is marijuana grown by authorized Licensed Producers in conditions that provide quality controlled marijuana for medical purposes, under the MMPR.
Examples of Types: Smoked, vaporized and consumed by mouth.

Nurse means a Registered Nurse, Licensed Practical Nurse, Registered Psychiatric Nurse and licensed graduate.

Patient means an acute care inpatient, a resident living in a Special-care Home and a client living in their home or a community setting.

¹ [Health Canada: Medical Use of Marijuana, 2015](#)

² MMPR Section 3(2)(a).

Special-care Homes means Long Term Care homes - owned and operated and Affiliates.

Staff means employees, affiliate employees, volunteers, professional staff and practitioner staff.

Proof of Authorization means the patient's Canadian license to possess medical marijuana, which may be demonstrated through either the registration document accompanying the shipment or the client label on the immediate container provided by the Licensed Producer in accordance with the *Marihuana for Medical Purposes Regulations* (MMPR Part 3 125).

- Also means an authorization to possess medical marijuana valid as of March 21, 2014 under the *Medical Marihuana Access Regulations* (MMAR).³ These individuals remain authorized to use medical marijuana as per the Federal Court ruling of February 2016.⁴

1. PURPOSE

The purpose of this policy is to establish the SHR's requirements regarding medical marijuana including:

- appropriate use/compliance with regulations,
- access and administration,
- security and storage,
- documentation, and
- roles and responsibilities of SHR staff, patients and family/support person(s).

2. PRINCIPLES

2.1 The Canadian Courts have determined individuals who demonstrate a medical need for marijuana must have reasonable access to a legal source when authorized by a healthcare practitioner. Therefore, SHR is committed to providing reasonable access to patients when it is safe, medically indicated and a prescribed treatment. SHR is committed to providing a safe and healthy environment for all SHR patients, staff and visitors, including protection from the risk of marijuana smoke exposure and the possibility of fire or explosion associated with combustion of marijuana in or on SHR/Special-care Home premises.

2.2 Legislation has established a framework which permits the use of medical marijuana by individuals.

2.2.1 The *Marihuana for Medical Purposes Regulations* (MMPR) provide a process to access and possess marijuana for medical purposes.⁵

2.2.2 Marijuana is categorized as a narcotic and is listed under Schedule 2 of the *Controlled Drugs and Substances Act*.⁶

3. POLICY

3.1 SHR is committed to providing reasonable access when it is safe, medically indicated and a prescribed treatment.

³ [Health Canada: Medical Use of Marijuana, 2015](#)

⁴ [Allard et al. v. Canada. February 24, 2016](#)

⁵ [Marihuana for Medical Purposes Regulations, Health Canada, June 2013](#)

⁶ [Controlled Drugs and Substances Act \(S.C. 1996, c. 19\)](#)

- 3.2** SHR is committed to ensuring patient involvement in decision making and permits patient use of medical marijuana when:
- the Most Responsible Physician (MRP) has completed a Practitioner's Order which permits the patient to bring medical marijuana into the facility/Special-care Home and to consume medical marijuana,
 - the patient holds and maintains a valid Proof of Authorization,
 - the medical marijuana is accompanied by the labelled container from the Licensed Producer, and
 - the patient is able to store securely within the facility/Special-care Home.

Appropriate Use/Compliance with Regulations

- 3.3** Use of medical marijuana in SHR acute care facilities and Special-care Homes must comply with Health Canada's *Marihuana for Medical Purposes Regulations (MMPR)*,⁷ SHR's *Tobacco and Smoke-Free Workplace Policy* and this policy. Only medical marijuana obtained with the appropriate licenses from a Licensed Producer may be accessed by a patient.

Possession Amount

- 3.3.1 In accordance with the MMPR, a person may only possess the lesser of 150 g or 30 times the authorized daily quantity of medical marijuana.⁸

Identification of Food Containing Medical Marijuana

- 3.3.2 Edible products containing medical marijuana must be securely stored (see 3.5 below) and labelled to indicate that it contains medical marijuana.

Location of Use by Method of Administration

- 3.3.3 Use of medical marijuana that is smoked or vaporized is permitted in designated smoking areas only.
- 3.3.4 Consumable forms of medical marijuana must be prepared (if applicable) and consumed inside of the patient's room, and not in a shared area of the facility/Special-care Home.

Access and Administration

- 3.4** SHR does not supply medical marijuana.
- 3.4.1 Patients must be able to self-administer while in a SHR facility/Special-care Home.
- 3.4.1.1 A family member/support person may assist with administration of the medical marijuana.⁹
- 3.4.2 Staff are not required to directly handle or assist with administration of medical marijuana, except under exceptional circumstances (see Procedure 2.12).
- 3.4.3 SHR staff are not required to provide information on how to prepare consumable forms of medical marijuana and may direct the patient to their Licensed Producer for information.
- 3.4.4 SHR does not assume liability for patients who leave the facility/Special-care Home to access/smoke marijuana.

⁷ [Marihuana for Medical Purposes Regulations, Health Canada, June 2013](#)

⁸ [Marihuana for Medical Purposes Regulations, Health Canada, June 2013](#)

⁹ MMPR, Section 3, Subsection (6)

Security and Storage

- 3.5** Medical marijuana must be stored in a secure locked storage container (lock box) that limits transmission of odor, located in the patient's room.
- 3.5.1 Individual facilities will work together with Security Services or if no Security Services exist, the Site Leader to establish a method for securing lock boxes in patients' rooms.
- 3.5.2 The lock box may not be used for storing anything other than medical marijuana.
- 3.5.3 The lock box must enclose the original product label supplied with the medical marijuana. This label must include:
- the name of the Licensed Producer, and
 - the brand name, lot number, potency (percentage) of ingredients, net weight, and packaging date of the medical marijuana.

Documentation/Controls

- 3.6** Proof of Authorization for use of medical marijuana must include:
- the patient's full name,
 - the name of the prescriber who provided the medical documents,
 - the name and contact information of the Licensed Producer, if applicable,
 - the patient's daily quantity to be used in grams, and
 - the expiry date of the patient's registration.
- 3.6.1 A photocopy of the Proof of Authorization must be faxed to the pharmacy and placed in the "Practitioner's Orders" section of the health record.
- 3.6.2 The patient's use of medical marijuana will be documented on medication history/medication reconciliation forms.
- 3.6.3 The Medication Administration Record (MAR) will indicate the patient's own use of medical marijuana, along with the daily quantity of medical marijuana to be used (expressed in grams/day), and period of use (e.g., days, weeks, months). Individual doses self-administered by the patient will not be documented on the MAR.
- 3.6.4 There will be no documentation in the Narcotic and Controlled Drug records of the facility/Special-care Home.

4. ROLES AND RESPONSIBILITIES

4.1 Patient

- 4.1.1 Maintain in their possession and provide Proof of Authorization to possess medical marijuana.
- 4.1.2 Ensure secure storage and labeling of medical marijuana in compliance with this policy and procedure.
- 4.1.3 Understand and co-operate with the terms of the SHR *Medical Marijuana and Tobacco and Smoke-Free Workplace Policies*, including signing a *Release from Responsibility*, form #101122 (if applicable).
- 4.1.4 Self-administer medical marijuana at prescribed doses and intervals.
- 4.1.5 Ensure that only medical marijuana obtained with the appropriate licenses from a Licensed Producer will be brought into the facility/Special-care Home.

4.2 Family/Support Person(s)

- 4.2.1 When a patient does not have the physical ability to administer medical marijuana, a family member or support person may assist with handling and administration of medical marijuana while in the presence of the

patient. This person may not possess more than the daily quantity the patient has been authorized to use¹⁰ unless they state they are the authorized support person.

- 4.2.2 If assisting with patient administration or handling, follow all terms and conditions of this policy and the *Tobacco and Smoke-Free Workplace Policy*.

4.3 Most Responsible Physician

- 4.3.1 Determine if medical marijuana therapy, in his/her professional judgment, is appropriate for the patient in their current circumstance.
- 4.3.2 New prescriptions – accept responsibility for all steps involved with the application for authorization in accordance with Saskatchewan College of Physicians and Surgeons Regulatory Bylaws ([Section 19.2](#)).
- 4.3.3 Reassess continuation/discontinuation of medical marijuana if clinically indicated in consultation with the patient/authorized support person/substitute decision maker and document the discussion(s) in the health record.
- 4.3.4 Inform patient of this policy and discuss the *SHR Medical Marijuana Policy Summary for Patients* (Appendix A).

4.4 Nurse

- 4.4.1 Document the patient's use of medical marijuana on the medication history form (e.g., Saskatchewan Pharmaceutical Information Program form), as applicable.
- 4.4.2 Obtain a copy of the Proof of Authorization when a patient has indicated a desire to access medical marijuana in the facility/Special-care Home and ensure verification that the medical marijuana has been obtained from an authorized Licensed Producer by searching for the name of the supplying company on Health Canada's Licensed Producer website.
- 4.4.3 Obtain MRP's order and, where clinical pharmacy services are not available, document on the MAR (in accordance with 3.6.3) to indicate that the patient is self-administering medical marijuana.
- 4.4.4 Inform/advise patient regarding storage and security of medical marijuana and staff's obligation to report to Security Services or if no Security Services exist, the Site Leader if marijuana is in possession without Proof of Authorization.

4.5 Pharmacy Services (in applicable acute care sites and Special-care homes)

- 4.5.1 Provide staff/patients with information about possible drug interactions and/or contraindications to therapy, as well as information about alternative products for treatment/symptom management, such as nabilone (Cesamet®) or nabiximols (Sativex®), if consulted, where services are available and deemed medically appropriate.
- 4.5.2 Document the patient's use of medical marijuana on the Best Possible Medication History form (e.g., the List of Medications Prior to Admission or Pharmaceutical Information Program forms) and Discharge Medication Reconciliation forms, as applicable in acute care.
- 4.5.3 Upon receipt of the MRP's order, review the Proof of Authorization, verify that it has been obtained from an authorized Licensed Producer and enter the patient's own use of medical marijuana on the MAR. Maintain an electronic copy of the Proof of Authorization.

¹⁰ MMPR, Section 3(6).

4.6 Security Services or the Site Leader if no Security Services exist

- 4.6.1 Request the patient voluntarily surrender any marijuana which is brought into the facility/Special-care Home without Proof of Authorization. If patient denies voluntary surrender, inform the patient that police services will be contacted to confiscate. Contact the local police services to take possession for proper disposal.
- 4.6.2 Supply lockbox and retain a secondary access key for patients meeting the requirements of medical marijuana use/possession within this policy.

5. POLICY MANAGEMENT

The management of this policy including monitoring and implementation is the responsibility of the Manager.

Education, implementation and amendment are the responsibility of the Director, Pharmacy and the Director(s), Seniors' Health and Continuing Care.

6. NON-COMPLIANCE/BREACH

Non-compliance with this policy may result in disciplinary action up to and including termination of employment and/or privileges with SHR.

Non-compliance with this policy by the patient may result in the loss of eligibility to use medical marijuana while in an SHR acute care facility or Special-care Home. In the event there is non-compliance with this policy, the MRP will be contacted to convene a meeting including the patient, MRP, nurse and potentially also Security Services and/or Site Leader, depending on the nature of the breach.

7. REFERENCES

See end of procedure.

PROCEDURE

Number: 7311-60-032

Title: Medical Marijuana

Authorization

- President and CEO
 Vice President, Finance and Corporate Services

Source: Director, Pharmacy and Director(s), Seniors' Health and Continuing Care
Cross Index: 7311-20-001, 7311-75-009
Date Approved: April 26, 2016
Date Revised:
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Scope: SHR and Affiliates

1. PURPOSE

The purpose of this procedure is to establish the process and guide staff on managing the use of medical marijuana by patients.

2. PROCEDURE

On Admission to Acute Care or Special-care Home

- 2.1** Patient discloses medical marijuana use and indicates their desire to continue accessing medical marijuana while in the facility/Special-care Home.
- 2.2** Where applicable, healthcare provider completes a medication history form (e.g., Pharmaceutical Information Program or Medication Reconciliation Form #103070), to include daily dose of medical marijuana (in grams), route of administration, and minimum interval of use. This healthcare provider asks the patient if they wish to continue marijuana in the facility/Special-care Home and if an authorized support person is responsible for administration of the medical marijuana. The responses are documented on the form and the nurse is informed.
- 2.3** Nurse discusses the *SHR Tobacco and Smoke-Free Policy* with the patient and advises patient as to where they may smoke medical marijuana (if applicable).
- 2.4** Nurse:
- 2.4.1 Asks the patient to provide Proof of Authorization and to present a labelled container supplied by the Licensed Producer.
 - 2.4.1.1 Proof of Authorization is verified by nurse or delegate to ensure the medical marijuana was obtained from an [Authorized Licensed Producer](#) (follow link for list of Licensed Producers on the Health Canada website).
 - 2.4.1.2 Proof of Authorization is photocopied and placed in the front of the "Practitioner's Orders" section of the patient's health record.
 - 2.4.2 In instances where a valid Proof of Authorization is not provided and/or the marijuana was not obtained from a Licensed Producer:
 - 2.4.2.1 Contact Security Services or if no Security Services exist, the Site Leader.

2.4.2.2 Where above not available, the patient is asked to voluntarily surrender unauthorized marijuana for disposal by local police services.

2.4.2.3 The nurse will secure the sealed marijuana in a locked narcotic cupboard.

- This transfer will be witnessed by another healthcare provider and the process used to secure the marijuana, along with the witness present, shall be documented in the health record. In instances where there is no other healthcare provider available, a non-licensed/non-regulated staff person may witness.
- The nurse, along with another healthcare provider as witness, will transfer de-identified marijuana to police services when able.

2.5 Nurse advises MRP of patient's desire to continue medical marijuana and documents in the patient's health record that the patient is in possession of unsecured, legally obtained medical marijuana until the MRP is able to assess.

2.6 MRP may discuss the potential alternative options for treatment/symptom management with the patient, and documents the discussion in the progress notes of the patient's health record.

2.7 MRP determines whether continued medical marijuana use is appropriate for the patient.

2.7.1 If the MRP agrees to continue medical marijuana in the hospital or Special-care Home, the MRP reviews the *SHR Medical Marijuana Policy Summary for Patients* (see Appendix A) with the patient, provides patient with a photocopy and places the original in the health record.

2.7.1.1 The MRP then writes an order in the health record for use in the facility/Special-care Home which includes the daily quantity of medical marijuana to be used by the patient (expressed in grams/day) and the period of use (days, weeks, months – not exceeding one year) as documented on the Proof of Authorization and indicates "patient's own medication". The amount of ordered medical marijuana must not exceed the amount authorized by the medical document issued under the MMRP.

2.7.2 If the MRP does not agree to continue medical marijuana and, after the MRP explains the rationale, the patient maintains their desire to continue using medical marijuana while in the facility/Special-care Home, the MRP will obtain a second opinion from another qualified physician who has experience with prescribing medical marijuana. The second opinion must be based on clinical indication and safety as per standard of practice.

2.7.2.1 If, after discussing the second opinion with the patient, the issue is still not resolved, it is the MRP's responsibility to attempt to transfer the patient's care to another MRP who is willing to authorize medical marijuana.

2.7.2.2 If the MRP is unsuccessful in finding an alternate MRP to accept the care of the patient, the MRP will contact the on-call Senior Medical Officer through Practitioner Staff Affairs for assistance.

2.7.2.3 If involvement of Practitioner Staff affairs does not resolve the issue and the patient's request remains, then the MRP will consult ethics.

- 2.7.2.4 The patient may contact Ethics Services at any point during the process.
- 2.7.3 If the MRP does not agree to continue medical marijuana and the patient is in agreement, the medical marijuana in possession is voluntarily removed from the facility/Special-care Home by the patient/authorized support person or voluntarily surrendered in a de-identified form for disposal by local police services.
- 2.7.4 In accordance with the Ordering of Medications Policy, medication orders shall remain active when a patient is transferred from one MRP to another, within and between regional acute care facilities (exception: transfer into critical care). A transferring MRP will inform the accepting MRP of the patient's existing authorization to access medical marijuana. The accepting MRP will continue the patient's medical marijuana unless a clinical indication or safety concern exists to warrant discontinuation of its use. If there is a situation in which the patient and MRP do not agree, the MRP will follow the steps to resolution, as outlined in Procedure 2.7.2.
- 2.8** In areas where pharmacy order entry occurs, the nurse faxes the Practitioner's Order and Proof of Authorization to pharmacy.
- 2.8.1 Where no pharmacy order entry occurs, the nurse will document on the MAR.
- 2.9** Where applicable, the pharmacist assesses for potential/known drug interactions and advises MRP if necessary.
- 2.9.1 Pharmacy enters the patient's use of medical marijuana, the daily prescribed quantity (in grams/day), "Patient's Own Medication – To be self-administered, integrity of product not verified by the pharmacy", and the expiration date of the Proof of Authorization to appear on the MAR.
- 2.10** Nurse obtains a lock box for patient use (Available from Security Services in urban acute care sites. Rural acute care and Special-care homes will establish a process for obtaining, securing and storing the lock box).
- 2.10.1 The patient is responsible for storage of the medical marijuana in a lock box kept in their room and for self-administration.
- 2.10.2 The key to the lock box will be kept with the patient in a safe location.
- If the patient does not have the physical ability to independently use the key, the nurse will, in the presence of the patient, assist in opening the storage container (See 2.12 - Handling by Staff for additional handling information).
- 2.11** Patient or authorized support person ensures the medical marijuana is labelled along with the container from the Licensed Producer in accordance with this policy.

Handling by Staff

- 2.12** Staff are not required to directly handle or assist with administration of medical marijuana, except under exceptional circumstances (see below).
- 2.12.1 If the patient is or becomes unable to self-administer, the patient must have a family member or support person available to assist them.
- 2.12.2 If the patient is unable to go outside to use medical marijuana, the MRP may authorize a change to the route of administration or the patient may be offered a therapeutic alternative such as nabilone (Cesamet®) or nabiximols (Sativex®). (**Note:** Different routes of administration of medical marijuana may not be therapeutically equivalent and therefore route changes should be titrated cautiously).

2.12.3 Exceptional circumstances:

Where the patient is unable to self-administer and there is no family/support person to assist with administration and therapeutic alternatives are not an option, the MRP may write an order for the nurse to assist with administration of the medical marijuana (does not apply to assisting with the smoking or vaporizing of medical marijuana).

2.12.3.1 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, Clinical Nurse Educator, Ethics, etc.).

2.12.4 In the event a patient is unexpectedly temporarily incapacitated due to unforeseen or unavoidable circumstances (e.g., surgery) and the patient/authorized support person is not able to manage their own authorized medical marijuana in a secure manner, the nurse will temporarily secure the patient's own sealed medical marijuana in a locked narcotic cupboard.

2.12.4.1 This transfer will be witnessed by another healthcare provider and the process used to secure the medical marijuana, along with the witness present shall be documented in the patient's health record.

2.12.4.2 The nurse will return the medical marijuana to the patient or authorized support person as soon as the individual is able to take possession of the medical marijuana. The return will also be witnessed and documented in the health record.

Handling of Complaints Regarding Marijuana Usage

2.13 Complaints of potentially unauthorized marijuana usage will be directed to Security Services or if no Security Services exist, the Site Leader (or nurse where Security Services and Site Leader are unavailable) who may request the patient present their Proof of Authorization.

2.13.1 If Proof of Authorization is presented, verify medical marijuana is being used in the appropriate location, according to this policy, and follow up with complainant (and nurse, if applicable) to indicate complaint resolved.

2.13.2 If Proof of Authorization is not presented, request that the unauthorized marijuana be voluntarily surrendered for disposal in a de-identified manner by local police services. Ensure secure storage and documentation per standardized process established by Security Services or if no Security Services exist, the Site Leader until police services arrives.

Contacting Local Police Services

2.14 If Local Police Services required, contact the Saskatoon Integrated Drug Unit (call 306-975-8300 and ask to be transferred) or the local policing authority. Follow SHR [Policy: Disclosure of Personal Health Information to Police Services](#).

Transfer from a SHR Facility/Special-care Home to another Facility/Special-care Home

2.15 Patient transports medical marijuana with them. SHR staff and any others assisting with transfer will not handle the medical marijuana during transport.

On Discharge

2.16 Patient takes the medical marijuana with them.

Upon Death

2.17 If the patient expires while admitted to a SHR acute care facility or Special-care Home, the medical marijuana will be given to Security Services or if no Security Services exist, the Site Leader to provide to local police services in a de-identified form.

When the Patient is no Longer using the Lock Box

2.18 Upon patient transfer, discharge or death, the nurse collects the lock box key, verifies that the box is empty, and documents in the patient's health record that the medical marijuana was removed from the facility/Special-care Home and by whom.

2.18.1 The nurse ensures the lock box is cleaned according to Infection Prevention and Control requirements.

2.18.2 The nurse contacts Security Services or if no Security Services exist, the Site Leader to retrieve the lock box.

Loss or Theft of Medical Marijuana

2.19 In the event of loss or theft of medical marijuana:

2.19.1 The patient informs their nurse and contacts local police services immediately. Staff may assist with such reporting.

2.19.2 SHR staff report the incident utilizing the site's appropriate reporting structure.

3. PROCEDURE MANAGEMENT

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Education and amendment is the responsibility of the Director, Pharmacy and the Director(s), Seniors' Health and Continuing Care.

4. NON-COMPLIANCE/BREACH

Non-compliance with this procedure may result in disciplinary action up to and including termination of employment and/or privileges with SHR.

Non-compliance with this procedure by the patient may result in the loss of eligibility to use medical marijuana while in an SHR acute care facility or Special-care Home. In the event there is non-compliance with this procedure, the MRP will be contacted to convene a meeting including the patient, MRP, nurse and potentially also security, depending on the nature of the breach.

5. REFERENCES

Canada Gazette vol. 148 No. 24 – June 14, 2014. Regulations Amending the Narcotic Control Regulations and the Marihuana for Medical Purposes Regulations (Communication of Information)

Capital Health (2014). Medicinal Marijuana – Use of by Authorized Users as inpatients in Capital Health Facilities (MM 20-021). Nova Scotia.

Health Canada: Marihuana for Medical Purposes Regulations - Daily Amount Fact Sheet <http://www.hc-sc.gc.ca/dhp-mps/marihuana/med/daily-quotidienne-eng.php> (accessed April 2016)

Health Canada: Medical Use of Marijuana <http://www.hc-sc.gc.ca/dhp-mps/marihuana/index-eng.php> (accessed April 2016)

Marihuana for Medical Purposes Regulations (SOR/2013-119) <http://www.laws-lois.justice.gc.ca/eng/regulations/SOR-2013-119/page-3.html#docCont> (accessed April 2016)

The Medical Profession Act, 1981. Saskatchewan College of Physicians and Surgeons – Regulatory Bylaw Amendments. Section 19.2.

The Ottawa Hospital (2014). Medical Marihuana Policy (1374). Ontario.

SHR MEDICAL MARIJUANA POLICY SUMMARY FOR PATIENTS

Saskatoon Health Region (SHR) requests that you read and comply with the SHR *Medical Marijuana* Policy. Accordingly, as a patient/client/resident in SHR, the expectation is that you will:

1. Provide your Proof of Authorization to possess medical marijuana, agree that a copy will be placed in the health record and carry the documentation whenever you are accessing the medical marijuana.
2. Accept the risks associated with the use of medical marijuana and commit to administering doses only as authorized by the attending physician.
3. Acknowledge that medical marijuana is not dispensed from SHR and that you will obtain your own product from a Licensed Producer in accordance with the *Marihuana for Medical Purposes Regulations*.
4. Understand that the continuation of medical marijuana treatment will depend on the nature of your current medical condition(s) and other therapies, and discontinuation may be recommended if the attending physician determines that the harm associated with use outweighs the potential benefit.
5. Accept responsibility for your own storage, supply and administration (may be assisted by an authorized support person) of the medical marijuana and for any cost incurred by the provision of secure storage (in Special-care Homes). The product will not be shipped from the Licensed Producer directly to a SHR facility or Special-care Home.
6. Understand that SHR does not accept liability for any loss or theft of the product. In the event of loss or theft, inform your nurse (or designate) and contact local police services immediately.
7. Understand the requirements of SHR's *Tobacco and Smoke Free Policy* (if applicable) and that smoking medical marijuana is only permitted in designated smoking areas. If there is no designated smoking area at the site, understand the expectation of smoking off SHR grounds and that staff are not required to escort/assist with smoking of medical marijuana.
8. Refrain from sharing, providing, or selling medical marijuana to anyone, even if the other person has authorization to possess medical marijuana.

Discussed with patient/client/resident/substitute decision-maker on _____
Date

by _____
Most Responsible Physician Printed Name Most Responsible Physician Signature



