



Team Name: Pharmacy and Therapeutics Team Lead: Director - Pharmacy Approved by: Regional Lead - Medical Services & Chief Medical Office	Reference Number: CLI.6010.PL.023 Program Area: Pharmacy and Therapeutics Policy Section: General
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POLICY SUBJECT:

Cannabis for Medical Purposes

PURPOSE:

To provide guidance to members of the healthcare team on:

- Management of authorized cannabis for medical purposes use by clients
- Regulations and practices that govern the use of cannabis for medical purposes in a clinical care setting
- Client safety protocols for when cannabis for medical purposes is authorized and ordered for a client

BOARD POLICY REFERENCE:

Executive Limitation (EL-2) Treatment of Clients

POLICY:

- Clients are permitted to continue use or initiate use of cannabis for medical purposes if approved through the established framework outlined in the Health Canada [Cannabis Regulations](#).
- Cannabis for medical purposes is included on the Best Possible Medication History (BPMH).
- The healthcare team ensures that the client is an authorized user of cannabis for medical purposes.
- Cannabis for medical purposes requires an order by a prescriber for use in facility. Orders include a dose (ex. a total daily dose in grams for dried cannabis or an amount of drops of cannabis oil), dosage form, frequency, and route.
- Recreational cannabis edibles, such as brownies, gummies, cookies, chocolates and other food products, are not permitted. Recreational cannabis topicals, such as shampoo and lotion, are not permitted.

- Cannabis for medical purposes is not supplied by our programs, and all liabilities and responsibilities for use are the responsibility of the client.
- Client/Responsible adult signs Cannabis for Medical Purposes Agreement for Use and Release of Responsibility CLI.6010.PL.023.FORM.01 prior to medication administration.
- Clients or designated responsible adult are encouraged to self-administer medical cannabis.
- Nurses may administer oral dosage forms of medical cannabis, such as oil or capsules, to clients in facilities. Clients must self-administer outside of facilities (e.g. outpatient programs).
- Nurses may administer topical dosage forms of medical cannabis, such as oil or creams, to clients in facilities. Clients must self-administer outside of facilities (e.g. outpatient programs).
- Where inhalation of medical cannabis through smoking or vaporizing is ordered, all smoking related policies and procedures are adhered to the Smoke Free Environment policy ORG.1010.PL.003.
- Clients who smoke or vaporize their medical cannabis are responsible for self-administration of their doses. Healthcare professionals are not authorized to assist clients with smoking or vaporizing actions.
- Clients are prohibited from sharing or borrowing medical cannabis from other clients.
- Clients (or designated responsible adult) may possess a maximum of 150 grams of dried cannabis or equivalent, or a 30 day supply, whichever is less.
- Cannabis for medical purposes must be stored in a secure location at all times.
- Cannabis that is brought into a facility that is not for an authorized user is considered to be for recreational use and is treated as an intoxicant. It is sent to Pharmacy for safekeeping; it may be sent home with family if the total quantity is 30 grams of dried cannabis (or equivalent) or less. If there is no on-site pharmacy, cannabis could be stored securely until patient discharge.
- Nursing communicates concerns to the prescriber if it appears that the client is using significantly more than their prescribed dose of medical cannabis.
- The use of cannabis and its derivatives is not recommended for children; however, there is no law preventing the use of cannabis for medical purposes in pediatrics.

DEFINITIONS:

Authorized User: A person who has proof of authorization to possess cannabis for medical purposes with a prescriber's order.

Cannabis: A psychoactive herb derived from the flowering tops of the plant *Cannabis sativa*, *Cannabis indica*, or hybrids derived from these plants. Cannabis refers to any part of the plant, except the roots or mature stalk without any leaf, flowers, or seeds, as defined by the [Cannabis Act](#).

Cannabis Accessories: A product, such as rolling papers or wraps, holders, pipes, water pipes, spray bottles or vaporizers, that is designed to be used in the consumption or application of cannabis.

Cannabis Extracts: Cannabis products that are produced using extraction processing methods or by synthesizing phytocannabinoids (i.e. cannabis oil, cannabis capsules). These may be available in oral, nasal, vaginal or rectal dosage forms.

Cannabis Concentrates: Cannabis products containing greater than 3% weight in weight THC.

Cannabis Topicals: Products containing any part of a cannabis plant or any phytocannabinoid found in the cannabis plant intended to be used on external body surfaces (i.e. skin, hair, nails).

Cannabis Edibles: A substance or mixture of substances containing any part of a cannabis plant or any phytocannabinoid found in the cannabis plant and is intended to be consumed in the same manner as food. It does not include dried or fresh cannabis, cannabis plants or cannabis plant seeds.

Client: An individual and/or their family/care provider who accesses and/or receives health care related services. Clients may be patients in an acute care setting, residents in a personal care home, or clients in a community program.

Facility: As defined by the [Cannabis Regulations](#), a hospital is a facility that is licensed, approved or designated by the province to provide care or treatment to persons suffering from any form of disease or illness, or is owned and operated by the government to provide health services. This definition includes long-term care and transitional care facilities, and for the sake of this policy all such sites will be referred to as facilities.

Healthcare Practitioner: An individual who provides preventative, curative, promotional or rehabilitative health care services in a systematic way to people, families or communities. They may operate within all branches of health care including, medicine, surgery, dentistry, midwifery, pharmacy, mental health, long-term care, nursing or allied health professions.

Holder of a License: Producers or dealers who are authorized by a Health Canada-issued license to sell cannabis for medical purposes to authorized users. A license holder may sell or provide dried cannabis, fresh cannabis, cannabis oil, or starting materials (such as seeds) to eligible persons. A complete [list](#) of license holders is maintained by Health Canada.

Medical Document authorizing the use of cannabis for medical purposes: Also referred to as the Medical Document. Health Canada uses this term to denote the prescription-like form that the prescriber completes and signs to authorize client's access to dried cannabis or cannabis oil from a holder of a license or from alternate sources such as licensed retailers of non-medical cannabis, or to apply to grow their own cannabis.

Medication administration: Preparing, giving and evaluating the effectiveness of prescription and non-prescription drugs.

Medical Cannabis: Refers to the use of the *Cannabis* plant as a prescriber-recommended therapy; also referred to as cannabis for medical purposes. This usage requires prescriber authorization, and distribution is done within a framework defined by federal laws.

Prescriber: Refers to healthcare practitioners who may prescribe cannabis, and includes all practitioners who are entitled to treat patients with a prescription drug in the province of Manitoba (e.g. physicians, nurse practitioners, physician assistants).

Production by a Designated Person: Adult chosen by an authorized user of cannabis for medical purposes who agrees to grow *Cannabis* on behalf of the authorized user, and is successfully registered with the government to perform this task.

Production for Own Medical Purposes: Authorized users of cannabis for medical purposes may

choose to grow their own *Cannabis* rather than purchase from a holder of a license. Successful registration with the government is required prior to initiating this task.

Registration Certificate: Certificate *issued by Health Canada* authorizing a client or designated person to grow their own *Cannabis* for medical purposes. The client may instead indicate a preference to obtain cannabis for medical purposes from another legal source, such as a provincial retailer licensed to sell cannabis for non-medical purposes. This certificate includes:

- Name, surname, date of birth, and home address of the registered person
- Address where *Cannabis* will be cultivated, if applicable
- If applicable, name, surname, date of birth, and home address of for the designated person
- Given name, surname, and date of birth of any responsible adults
- Unique registration number
- Name of the healthcare practitioner who provided the Medical Document
- Daily quantity of dried cannabis in grams
- Maximum quantity of dried cannabis, in grams, that the registered person is authorized to possess
- Effective date of registration
- Expiry date of registration (based on date of registration)
- Maximum number of plants permitted indoors and/or outdoors

Registration Document: Document *provided by the holder of a license* for sale of medical cannabis to a client. This document includes:

- Name of the holder of the license
- Client's name, surname, date of birth
- Given name and surname of the physician or nurse practitioner who provided the Medical Document
- Given name, surname, and date of birth of any responsible adults
- Indication of whether the registration is based on a Medical Document or a Registration Certificate
- Daily quantity of dried cannabis, in grams, indicated on the Medical Document or the Registration Certificate
- Shipping address
- Date of expiry of registration (based on date of registration)
- Unique identifier for ordering cannabis

Responsible Adult: One or more adults responsible for the care of the client. For example, a spouse, parent, guardian, or other family member or close friend. This person must be named on the Registration Document or Registration Certificate.

Secure Location: Storage that is protected against unauthorized access. Secure storage may include space within a client's room if client is self-administering so that access is in the client's control.

Self-Administration: Independent management of medications by a client, with supervision provided by a healthcare professional. With a prescriber's order, clients admitted to a facility may manage their own medication use.

PROCEDURE:

Continuation of Use:

(Simplified algorithm; algorithm for renewals and new starts)

The nurse, pharmacist, or healthcare practitioner will:

1. Document use of medical cannabis in the client record including the admission history and Best Possible Medication History.
2. Ensure the following documentation is available to indicate that possession of cannabis is authorized for medical purposes. A copy of this documentation must be kept in the client record:
 - Registration certificate from Health Canada
 - OR
 - Registration document from a holder of a license for sale of cannabis for medical purposes
3. If documentation is not available, a new Medical Document may be filled out and submitted by the prescriber, if appropriate.
4. Prescriber's order and proof of authorization are faxed to Pharmacy.
5. If use of cannabis for medical purposes is to be continued while in facility, discuss with the client their ability to:
 - Self-administer medical cannabis or arrange to have a responsible adult available to assist if smoking or vaporizing is the chosen route of administration.
 - Comply with Smoke Free Environment [ORG.1010.PL.003](#) to smoke or vaporize medical cannabis.
 - Obtain their own supply of cannabis.
 - Client is responsible for obtaining their own refills. If appropriate, client may have refills sent to the facility if it is reasonably expected that they will still be admitted when the shipment is scheduled to arrive. Shipments must be signed for by client or client's agent.
 - Healthcare workers should assist by letting client know when their supply is about to run out so that arrangements for refills can be made as applicable.
6. Discuss the options of an alternative cannabinoid or administration route if any of the above criteria are not viable.
7. Explain the applicable program procedures for the safe storage of medical cannabis. It should be stored in a personal safe, a locked drawer or in a locked area only accessible by nursing.
8. Obtain client signature on the Cannabis for Medical Purposes Agreement for Use and Release of Responsibility form.
9. Administer oral dosage or topical forms of cannabis for medical purposes to patients admitted to facilities. Client will self-administer smoked or vaporized medical cannabis if this is the chosen dosage form.
10. Tracking all medical cannabis use is signed into Medication Administration Record (MAR), however full narcotic counts are not required. Should theft or loss occur, a Safety Report [ORG.1810.PL.001.FORM.01](#) filled out and submitted within 10 days of discovering the theft or loss.

11. Assess for withdrawal symptoms with an abrupt discontinuation of medical cannabis. Withdrawal symptoms typically appear within the first week, and may continue for three to four weeks. Symptoms are typically mild, and are treated symptomatically.
12. Observe clients who receive therapy such as analgesics, sedatives, hypnotics, or other psychoactive drugs for side effects, because of the potential for additive central nervous system (CNS) symptoms related to the lingering effects of cannabis or for clients who prefer to switch to an alternative cannabinoid.
13. If the prescriber determines that medical cannabis is not appropriate for continuation while in facility, this information should be shared with the original prescriber (if different) for continuity of care. Medical cannabis is sent to Pharmacy for storage. Alternatively, it can be sent home with the responsible person (designated on registration document or certificate).

The prescriber will:

1. Determine that cannabis for medical purposes is appropriate given the client's current medical condition and concomitant therapy.
2. Consider the Standards of Practice of Medicine, Part 8 – Prescribing Requirements, section G – Marijuana (Cannabis) for Medical Purposes:
 - 61(7) For patients now in acute care facilities, personal care homes, and previously prescribed medical marijuana on an ongoing basis by a member in accordance with the above provisions, a member treating these patients may continue to prescribe medical marijuana to ensure continuity of care, notwithstanding any of the requirements in s. 61(2) to 61(6).
3. Provide a valid order for medical cannabis that specifies a maximum daily limit and a defined term of treatment. It is recognized that route of administration contributes to maximizing the benefits of therapy. The prescriber considers the client's ability to independently manage, or have a responsible adult who will assist with the administration of the form of the medication prescribed.
 - Information regarding equivalency between dried cannabis and other dosage forms are found in Cannabis Equivalency Chart and Active Ingredient Concentration CLI.6010.PL.023.SD.03.
4. Ensure that orders include:
 - Client identifiers as per Client Identification [ORG.1410.PL.301](#)
 - A period of use of up to one (1) year (not to extend beyond the original authorization expiry)
 - A daily quantity of dried cannabis expressed in grams of dried cannabis or equivalent for alternate dosage forms.
 - For as-needed orders (PRN), an interval is included, and indication; e.g. q4h PRN for pain.
 - Indicate that the client is using their own supply and whether they self-administer.
5. Endeavor to assess medical cannabis used by the client with respect to THC:CBD ratios, as this has a significant impact on therapy and adverse events.
6. Renew the Medical Document annually or as needed.
7. Initiate conflict mediation if it is determined that cannabis for medical purposes is not an appropriate therapy, considering the client's current medical condition and/or concomitant

therapy, but the client does not agree.

Initiation or New Authorization For Use

If medical cannabis is identified as an appropriate therapy by the prescriber, the prescriber will:

1. Consider new cannabis orders in the context of current medical standards of practice. As per the Standards of Practice of Medicine, Part 8 – Prescribing Requirements, section G – Marijuana (Cannabis) for Medical Purposes:
 - 61(6) The member must not:
 - Authorize marijuana if the member is not the primary treating physician for the condition for which the marijuana is authorized;
2. Complete the [Medical Document Authorizing the use of Cannabis for Medical Purposes](#), or equivalent.
3. The prescriber signs the Medical Document, and it is faxed to the license holder of the client's choice, or it is given to the client to arrange for production for own medical purposes by a Designated Person, or to apply for a registration certificate to obtain cannabis from an alternate licensed source.
4. If client chooses to obtain cannabis from a license holder for medical cannabis, a registration form provided by the license holder of their choice is completed (typically available on-line).
5. An order for cannabis for medical purposes is written in the health record by the prescriber.
6. Healthcare professional will give client a copy of Consumer Information – Cannabis CLI.6010.PL.023.SD.05 (F) obtained from Health Canada.

Transfer from one facility to another

1. The client or responsible adult is the authorized carrier of medical cannabis. The medical cannabis will be transferred and in the possession of the client or responsible adult at all times.
2. Information that the client is prescribed and using medical cannabis therapy must be clearly marked on all applicable transfer forms.
3. At no time will EMS or any Southern Health-Santé Sud staff transport medical cannabis unless it is in the presence of the client or responsible adult.
4. Medical cannabis cannot be consumed in vehicles on a highway, regardless of whether the vehicle is in motion. Cannabis must be stored in an exterior compartment or another space that is not readily accessible to any person in the motor vehicle.

Storage and Destruction

Cannabis and its derivatives must be securely stored at all times. It is recommended that clinical programs determine applicable processes related to secure location; established valuables policies and processes may be appropriate in the acute care setting. Note that some products require refrigeration – appropriate processes must be determined for these products. Medical cannabis products must be clearly identified and labeled by the license holder as per legal requirements. If the medical cannabis was produced by the client or a designated person, or is not labelled with the client's name plus an additional identifier, a label must be applied to

the product to clearly identify the authorized user.

The healthcare professional will:

1. Educate client on safe storage and destruction of their supply of medical cannabis. Product for destruction may be sent to the Pharmacy as per the Narcotics and Controlled Drugs policy CLI.6010.PL.015. Although medical cannabis is not considered a controlled drug or substance, destruction is carried out in the same manner.
2. Store the client's supply in a securely locked location as determined by the facility.
3. When a discharged client has left their medical cannabis at a facility, the nurse will:
 - Attempt to reach the client or responsible adult and request that they return to the site to pick up their medical cannabis.
 - Attempt to contact the identified support on consent and request they contact the client to return to the site to pick up their medical cannabis.
 - If not claimed, the product will be sent to pharmacy for destruction.

Administration

Nurses may administer oral (oils or capsules) or topical cannabis in all facilities (acute, rehabilitation, long-term (LTC), and transitional care (TC)). Nurses may not administer cannabis outside of these facilities. Clients must self-administer medical cannabis if they choose to smoke or vaporize it.

If the client is self-administering medical cannabis, the healthcare professional will:

- Transfer the medical cannabis from the secure location to the client for self-administration
- Document self-administration on MAR

For Community Programs Delivering Service in the Home:

1. Clients must be compliant with the applicable program's smoking policy. Medical cannabis will not be smoked in the presence of staff or during time that services are being delivered.
2. Staff is not responsible for assistance in maintaining medical cannabis plants.
3. Staff is not responsible for assistance in rolling joints and will not assist with baking of medical cannabis into any foods.

Clients who are non-compliant with any aspect of the policy:

1. Remind client of the policy and provide opportunity for discussion and clarification.
2. If non-compliance, prescriber should be engaged to remind them of the policy and request cooperation.
3. If non-compliance continues, contact the unit manager, charge person, healthcare professional or senior administrator on call (in the off hours) to speak with the client to remind them of the policy and request cooperation.
4. A decision regarding the need for continuing hospitalization and concomitant therapy will be discussed if necessary. Conclusions drawn will serve the best interests of the client and safety of staff.

SUPPORTING DOCUMENTS:

[CLI.6010.PL.023.FORM.01 / CLI.6010.PL.023.FORM.01.F](#)

Cannabis for Medical Purposes Agreement for Use and Release of Responsibility (double-sided form English and French)

[CLI.6010.PL.023.SD.01](#)

Algorithm for Continued Use of Medical Cannabis

[CLI.6010.PL.023.SD.02](#)

Algorithm for Medical Cannabis New Starts and Authorization
Renewals

[CLI.6010.PL.023.SD.03](#)

Cannabis Equivalency Chart and Active Ingredient Concentration

[CLI.6010.PL.023.SD.04](#)

Cannabis Product Monograph

[CLI.6010.PL.023.SD.05](#)

Consumer Information—Cannabis - bilingual

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