Bedside Safes

Site Applicability:

SPH – Urban Health Inpatient Unit (8A)

Practice Level:

Basic Skill: RN, RPN, LPN

Need to Know

- Providing a safe storage option for non-prescribed substances promotes patient engagement in care and responsibility. Patients may also use the bedside safe, to store other small, personal items.
- Storing unknown substances in a bedside safe also provides a safer environment for other patients, who may feel triggered or unsafe around unknown substances left out in the open.
- Patients will have access to a locked safe (with personal access code) at the bedside to store small amounts of non-prescribed substances for personal consumption at the nearest Overdose Prevention Site (OPS). Nurses/staff are not expected to handle or access items stored in the safe, unless disposing of substances/items, or transferring substances/items in exceptional situations (see *Transferring Unknown Substances*).

Procedure

- On 8A, personal safes will be installed at the bedside. Portable safes are available for other units. Portable safes are stored on 8A and must be returned to 8A after use.

1. **Initiating bedside safe**
    a. **Nursing is responsible for:**
        i. Informing patients that all non-prescribed substances and unpackaged/used paraphernalia must be kept in the safe
        ii. Instructing patients to keep their personal access code private.
        iii. Reviewing the *Patient Information* (Appendix A) sheet at the bedside and providing information listed in *Patient Education* section of this document
        iv. Advising patients that any substances left behind after discharge, will be disposed of immediately
    b. **Patients are responsible for:**
        i. Creating and remembering a personal access code. This code must be kept private.

ii. Not storing uncapped sharps in the safe; these must be disposed of in a sharps bin. An individual, bedside sharps bin may be provided to the patient if deemed necessary.

2. **Safe Contents**
   a. It is expected that all non-prescribed substances and unpackaged/used paraphernalia are stored in the safe, and are never left out in the open.
   b. Packaged/unused harm reduction equipment, such as, packaged syringes, tourniquets, packaged cookers, are NOT required to be stored in the safe.
   c. Opened/used paraphernalia (with exception of uncapped sharps, which must be disposed of) are also to be stored within the safe.

3. **Unlocking the Safe**
   - If a patient forgets their code or staff needs to unlock the safe after discharge, inform your Clinical Nurse Leader (CNL)/charge nurse.
   - In the event that the patient forgot their individual passcode, the CNL/charge nurse can enter the safe in the patients' presence and with a second staff witness to reset the code.
   - If the patient has been discharged, the CNL/charge nurse will open the safe to dispose of any substances/items left behind. A second staff must be present as a witness. See disposal instructions in *Disposing Unknown Substances*.
   - If there is reasonable grounds to open the safe without patient consent (e.g. suspicion of a weapon), Paladin Security must be present as witness.
   - If entering the safe, use appropriate PPE/safety equipment. This includes gloves, gown, and sharps gloves/tongs if evidence of unsafe sharps in the safe.

4. **Cleaning the Safe**
   - If the safe is empty and open, Environmental Service Experts (EVS) will clean the safe as part of the routine discharge clean.
   - If the safe is unopened, or still has items within it, EVS will not be responsible to clean the safe.
   - If a unit borrows a portable safe, it is the responsibility of that unit to empty and clean the safe prior to returning it to 8A.
   - If EVS is unable to clean the safe for any reason, nurses can clean the safe using paper towel to remove any debris and Caviwipe (or equivalent) throughout the interior and exterior of the safe.
   - Use caution when emptying the safe for potential sharps. Use sharps gloves and tongs if evidence of unsafe sharps in or around the safe or you cannot visualize all contents within the safe.

5. **Transferring Unknown Substances**
   - If a patient is transferred to another unit within St. Paul's Hospital, they may be provided with a portable safe to transfer and keep substances on that unit.
   - Under no circumstances, will substances be stored on 8A after a patient is transferred to another unit.

- If a patient is unable to transfer their own substances (e.g. incapacitated), nurses can transfer the substances as per below:
  - ***i.*** two nurses to witness and sign *Transfer Form for Suspected Illicit Substances* Refer to Pharmacy Policy for form
  - **ii.** transfer substances from 8A safe to a portable safe
  - **iii.** nurse to escort portable safe with substances down to receiving unit
  - **iv.** receiving nurse and transferring nurse to sign transfer form
  - **v.** transfer form should remain in the chartlet on the receiving unit
  - **vi.** document the transfer in a *Nursing Note* in Cerner

6. Disposing Unknown Substances

- If a patient leaves out a non-prescribed substance, follow the steps below:
  - **i.** remind patient to secure substances in the safe and provide rational. Inform CNL/charge nurse of the incident and of your discussion with the patient
  - **ii.** if substances are left out again, CNL/charge nurse to provide final reminder
  - **iii.** if patient is still unable to follow direction, a *Behaviour Support Plan (BSP)* (Appendix B) will be initiated.
  - **iv.** If BSP is breached, and substances are still left out of the safe, substances left out will be disposed of
- CNL/charge nurse reserve the right to take immediate action, which can include a BSP, disposal of substances and/or calling Paladin Security, if it is deemed that staff or other patients are at risk of imminent harm due to personal items/substances left out of the safe.
- If substances are left behind after a patient is discharged, or if needing to follow through with disposal for other reasons, unit staff are to dispose of the substance following the hospital protocol:
  - **i.** seal the substance in a tamper proof bag (or biohazard bag) with a witness
  - **ii.** complete a *Transfer Form for Suspected Illicit Substances (*see Pharmacy Policy*)*
  - **iii.** bring the substance down to pharmacy department for safe disposal
  - **iv.** complete a *Narcotic and Controlled Drug Incident Report* (Appendix C) describing the circumstances of discovery and submit to NE/CNL

Patient Education

Patients will be made aware of the personal safe on admission and will be given the *Patient Information* sheet. Nurse will inform patient that:

- The unit/staff are not responsible for lost or stolen items from the safe. Use of the safe is at the patient's own risk.
- All non-prescribed substances and unpackaged/used paraphernalia must be kept in the safe, and never left out in the open.
- Items such as weapons, sharps, or large amounts of substances in excess of personal consumption use, cannot be stored in the safe or on the unit.
- Patients are asked to dispose of any used paraphernalia and will be offered new harm reduction supplies.

- Failure to act in accordance with safety and use guidelines will result in disposal of the substances if deemed unsafe for staff or other patients.
- Any substances left behind after discharge, will be disposed of immediately.

Related Documents

1. *Illicit (Suspected) Drugs (Pharmacy Policy)*
2. B-00-11-10121 - Release of Information and Belongings to Law Enforcement
3. B-00-11-10125 - Philosophy of Care for Patients and Residents Who Use Substances

Persons/Groups Consulted

Patient Care Manager, Urban Health Program

Program Director, Urban Health & VCH/PHC Substance Use Service Integration

Clinical Nurse Specialist, Substance Use, PHC

Practice Consultants, PHC

Clinical Nurse Leader, Urban Health 8A

Corporate Director, Quality, Patient Safety, Risk Management, Providence Health Care

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First Released Date:	06-MAY-2021
Posted Date:	06-MAY-2021
Last Revised:	06-MAY-2021
Approved By:	PHC
	Professional Practice Standards Committee
Owners:	PHC
	Urban Health

Appendix A: Patient Information Sheet

Instructions for the personal safe in your room

Near your bedside is a Personal Safe.
You are welcome and encouraged to use this to store your personal valuables.

Since you set a personal access code each time you open and use the safe, your belongings are secure as long as you do not share your code.

TO LOCK THE SAFE:

- Place your belongings inside the safe and close the door. Do not try to force the door if your belongings do not fit
- With the door closed, enter a 4 digit code of your choice, then press #
- The display will read "Closed"
- The safe is locked
- Remember your code. Do NOT write it down
- Do NOT share your code with others

TO OPEN THE SAFE:

- Enter the 4 digit code that you used to lock the safe
- The display will read "Opened"
- The safe is unlocked and can be opened

If you forget your code, please contact your nurse.

Form No. PHC-TCNF415 (Mar 16-21)

Appendix B: Behaviour Support Plan (Available on Form Fast)

Providence HEALTH CARE

BEHAVIOUR SUPPORT PLAN

I have been admitted for:
BEST TREATMENT PLAN - My current treatment plan is: I understand that this is the best treatment plan for my medical condition.
Hospital staff have noticed that I: (See reverse for examples) I understand that this behaviour is NOT acceptable in the hospital.
EXPECTED BEHAVIOUR INSTRUCTIONS - I understand I must do the following if I want to continue my treatment in the hospital: (See reverse for examples)
ALTERNATIVE CARE PLAN - I understand that if I cannot follow these expected behaviour instructions I may be putting other patients and staff at risk. This will lead to the following **alternative care plan:**
I understand that my unsafe behaviour limits what health care providers and the hospital can do for me. I understand that the **alternative care plan** may create risks to my health. These risks have been explained to me by Dr. _____ I agree to follow the **expected behaviour instructions** in order to continue my **best treatment plan in hospital**. **Patient signature:** _____ Date: _____ **Attending physician:** _____ Signature: _____ Date: _____ **CNL/Charge RN:** _____ Signature: _____ Date: _____

By signing below, I acknowledge that I have reviewed and agree with this Behavioural Support Plan.		
Attending physician:	Signature:	Date:
Attending physician:	Signature:	Date:
Attending physician:	Signature:	Date:
Attending physician:	Signature:	Date:
Attending physician:	Signature:	Date:
Attending physician:	Signature:	Date:

Form No. PHC-NF435 (R. Jan 2-18) Page 1 of 3

Examples of unsafe behaviours that would trigger use of a Behaviour Support Plan

- Physical violence toward staff (e.g. throwing items, attempts to hit)
- Physical violence toward other patients or toward hospital property (e.g. throwing dynamap machine)
- Continued targeted, verbal aggression with threats
  ✱***NOTE:*** *Patients exhibiting these behaviours should also have a Violence Risk Alert Care plan in place that is relevant and up to date.*
- Continued exhibition of unsafe sharps (e.g. uncapped) in care areas that pose a risk to staff (e.g. garbage can, in bed linens, on food tray, etc.)
  ✱***NOTE:*** *Patients who have continued exhibition of unsafe sharps should also have an Unsafe Sharps care plan associated to ensure proper supports are in place.*
- Theft of hospital property or other patients property
- Inappropriate solicitation of other patients

Examples of modified behaviours to keep staff and patients safe:

- Dispose of my sharps in container provided
- Ask for PRN medications when I feel like I need them
- Ask for space when I need it
- Self-check for sharps upon return to ward
- Agree to have my visitors limited
- Agree to have security present

Examples of alternative care plans

- Discharge with oral treatment
- Discharge with outpatient IV treatment, OPAT
- Security at bedside and/or security present for all nursing care
- Restricted visitors or restricted off-ward privileges

BEHAVIOUR SUPPORT PLAN

PROCESS FOR BEHAVIOURAL SUPPORT PLAN (BSP)

- Alert the CNL as soon as possible when an unsafe incident happens or a pattern of unsafe behaviour has developed so that a plan can be created.
- Consider that if a patient required a BSP on a previous admission they may require one on current admission.
- Consider an expedited discharge – does this patient still require inpatient admission?
- If there is a concern that the patient's mental health is impacting their ability to engage in treatment, consult psychiatry.

CNL AND ATTENDING PHYSICIAN ROLES

☐ Review the current unsafe behaviour(s) together.
☐ Discuss the treatment plan and possible alternatives (e.g. outpatient antibiotics).
☐ Fill in the first three boxes of the Behaviour Support Plan (BSP), and present information to the patient together. Be very clear about the alternative plan. (e.g. "if you throw objects at nursing staff again, you will be considered unable to safely stay in hospital and you will receive a prescription for methadone and oral antibiotics then be discharged.")
  - For plans involving prescriptions, consider having written prescriptions available for nursing staff to deliver to patients if behaviour occurs during off-hours.
☐ Give opportunity for the patient to come up with strategies for themselves.
☐ Ask "What can we do to help you stop this behaviour?"
☐ Offer supports (see "other considerations" below).
☐ Ask the patient to sign the form and provide a copy to them.
∗**NOTE:** If patient does not sign the form, the BSP **should still be implemented and the alternative care plan will continue**
☐ BSPs should not be implemented without first reviewing with the patient. If absolutely necessary, attending physician to write and sign form and liaise with General Practitioner to deliver plan.

OTHER CONSIDERATIONS

☐ Involve Addictions Medicine Consult Team early and frequently.
  - Are there any prescriptions that would be necessary upon an imminent discharge?
  - Can PRN medications be increased?
☐ Consider a psychiatry consult for guidance on sedation medications for behaviours.
☐ Consider an ethics consult for unclear situations.
☐ Utilize pre-existing care plan techniques from previous admissions (e.g. Violence Risk Alert or sharps care plan).

WHEN TO REVIEW THE PLAN

☐ The BSP should be reviewed when there is a change in clinical status (e.g. patient developed new pleural effusion and now has a chest tube).
☐ With every new attending physician.
☐ During discharge planning rounds with CNL and Attending present.

HOW TO FOLLOW THROUGH WITH THE PLAN

☐ If the behaviour occurs, follow the plan 24/7.
☐ Use security presence as necessary and alert attending physician.
☐ Administer any prescriptions or complete follow-up steps needed (e.g. we will call the STOP team with your OPAT appointment time).

UPON DISCHARGE

☐ Ensure copy of BSP is given or left for Nurse Educator /CNL so information can be easily found on future admissions.

Form No. PHC-NF435 (R. Jan 2-18) Page 3 of 3

Appendix C: Narcotic and Controlled Drug Incident Report

NARCOTIC AND CONTROLLED DRUG INCIDENT REPORT

☐ Holy Family Hospital ☐ Youville Residence
☐ Mount Saint Joseph Hospital ☐ Brock Fahrni
☐ St Paul's Hospital ☐ Langara

Instructions:
1. Complete Section A. Complete Section B **OR** C. Complete Section D **AND** E.
2. Sign and send white copy to pharmacy within 24 hours of discovery of the incident (Canary copy is retained by Operations Leader)
3. The Distribution Coordinator or delegate reviews, signs and informs the Office of Controlled Substances, Health Canada, if appropriate.
4. Pharmacy retains copy for three years.

SECTION A: GENERAL INFORMATION

Check One:
☐ Count Discrepancy (Complete sections B, D & E below)
☐ Loss or Theft of Keys (Complete sections C, D & E below)
☐ Discovery of Unattended Drug Supply (Complete sections D & E below)
☐ Suspected Tampering of Drug Supply (Complete sections D & E below)
☐ Attempted or Actual Forced Entry to Drug Supply (Complete sections D & E below)

Patient Care Area: _____
Incident Date: _____
Discovery Date: _____
Time: _____
Discovered by: (Name) _____
(Designation) _____

SECTION B: COUNT DISCREPANCY

DRUG	STRENGTH	DOSAGE FORM	CALCULATED QUANTITY	ACTUAL QUANTITY	DISCREPANCY +/-

Narcotic & Control Record Book # _____ and Page # _____

SECTION C: LOSS OR THEFT OF KEYS

☐ Loss **OR** ☐ Theft from the Nursing Unit ☐ Pharmacy contacted
Do you require a loaner key? (check one): ☐ No ☐ Yes (If yes, fax this completed form to the Pharmacy and call for follow-up)
Record name(s) of ALL involved – RN/RPN/LPN staff responsible for or working at time of the incident.

SECTION D: STATEMENT OF INCIDENT

Printed Name of Reporter & Designation — Printed Name of Witness & Designation
AND
Signature of Reporter — Signature of Witness

SECTION E: FOLLOW-UP INVESTIGATION AND ACTION

Printed Name of Clinical Nurse Leader — Printed Name of Operations Leader
AND
Signature of Clinical Nurse Leader — Signature of Operations Leader

PHARMACY USE ONLY

Action Taken: _____
Signature, Distribution Coordinator or Delegate, Pharmacy Services: _____ Date: _____

Form No. PHC-AM005 (R. Nov 1-14) Distribution: **White Copy**: Distribution Coordinator or Delegate, Pharmacy Services **Canary Copy**: Operations Leader

INSTRUCTIONS for completing the
NARCOTIC & CONTROLLED DRUG INCIDENT REPORT

General

1. The report must be completed when **ONE** of the listed items in Section A is discovered.
2. Immediately upon discovery, complete Sections A to D and fax to pharmacy at 604-806-8154.

Use ballpoint ink and press firmly.

Procedure

1. Section A
   - Check One: Use a check (✓) to indicate one of the following:
     Count Discrepancy, Loss or Theft of Keys, Discovery of Unattended Drug Supply, Suspected Tampering of Drug Supply, OR Attempted or Actual Forced Entry to Drug Supply
   - Patient Care Area:
     Document the location in which the incident occurred; e.g. ED-Main 1, ED-RAZ, 10A, PASU
   - Discovery Date and Time:
     Document the date and time the incident was discovered. Indicate date as dd/mmm/yyyy (e.g. 04 Feb 2014) and use the 24 hour clock.
   - Discovered by:
     Document the name and designation of the person who discovered the incident;
     e.g. Mary James RN.
2. Section B or C
   - Complete as indicated.
3. Section D
   - Statement of Incident:
     To be completed by the person discovering the incident and a witness. Document the facts of the incident using point form.
4. Section E
   - State the details of the investigation and the actions taken to resolve the incident.
5. Printed names, signatures, and designations of those completing the form are required.
6. Distribution of the incident report:
   Copies of the report are forwarded as indicated at the bottom of page 1 of this form. If a 'loaner' narcotic key is required (for single-key units ONLY), phone SPH pharmacy at 62173.

Form No. PHC-AM005 (R. Nov 1-14) BACK