

Administrative Policy Number: 1.02

TITLE: SUBSTANCE USE AND POSSESSION POLICY

PURPOSE

The purpose of this policy is to ensure the Hospital's capability to deliver effective health care to its patients by:

1. maximizing the safety of the patients, staff, volunteers, and visitors;
2. reducing harms of substance use at Zuckerberg San Francisco General Hospital & Trauma Center (ZSFG);
3. offering patients with unhealthy substance use patient-centered care, evidence-based care, harm reduction, and linkage to treatment; and
2. complying with federal, state and local laws and regulations.

STATEMENT OF POLICY

1. ZSFG, including the Hospital grounds, is a substance-use free zone. Unprescribed substances cannot be used on ZSFG premises. ZSFG does not endorse campus use, possession, solicitation, and/or distribution of illicit, illegal, or prohibited substances. San Francisco Municipal Police Code Section 132 specifically prohibits alcohol possession or use at ZSFG. Illicit, illegal, and prohibited substances are prohibited by California Health and Safety Code Sections 11350, 11351, 11364, and 11550 and California Business and Professions Code Sections 4140 through 4145.5.
2. It is the responsibility of ZSFG staff to take reasonable, context-appropriate steps to reduce the harms of unprescribed substance use at ZSFG through clinically focused interventions of Nursing and the patient's Primary Treatment Team. In cases where unprescribed substances are found, patients will be asked to lock substances away or may turn over substances for destruction via pharmaceutical waste.
3. ZSFG shall promote and support patient efforts to reduce the harms of unprescribed substance use.

Background

Unhealthy substance use affects more than one-third of hospitalized patients at ZSFG. Substance Use Disorders (SUD) are chronic and relapsing disorders with psychiatric and medical consequences. The ZSFG approach to patients with unhealthy substance use is patient centered treatment of SUD to reduce the harms of use. For patients who are not interested in reducing unhealthy substance use, harm reduction techniques are the appropriate approach.

Substance use within the hospital can disrupt the treatment of the patient's primary medical problems, independently threaten the patient's life and health and adversely affect the ability of the patient's physicians, nurses, and other health care personnel to provide safe and effective care. Behaviors occurring when a person is intoxicated may also threaten the physical safety of staff, visitors, and other patients so it is important to deescalate situations related to unhealthy substance use when they arise.

PROCEDURE

- I. Procedures for reducing the harms of unhealthy substance use at ZSFG when it occurs are outlined below.
 - A. Patients and visitors will be informed of the ZSFG Substance Use Policy through appropriate posted signs and printed materials.
 - B. When a patient signs the "Terms and Conditions of Admission" form, they agree to abide by all rules and regulations of the Hospital, one of these rules being not to use illicit or illegal substances on campus.
 - C. The "ZSFG Patient Information Booklet" which is provided to the patient on admission to ZSFG also informs the patient that substance use is not allowed in the Hospital.
 - D. Staff are responsible to report substance use by patients to the Primary Treatment Team or unit leadership (Nurse manager or designee). The AOD may be contacted for immediate support including for assistance with de-escalation of volatile or conflictual situations if needed.
- II. Procedures for addressing substance use in hospitalized patients.
 - A. When hospital staff have reasonable grounds to conclude that an inpatient is using substances on campus and is in violation of hospital policy, staff will inform the patient's Primary Treatment Team (or assigned coverage) and Nurse Manager (or designee).
 - B. Substance use by ZSFG patients is a complex problem and requires the skills and competencies of a multi-disciplinary team approach. Each patient will be assessed and a treatment plan developed to best address the individual's clinical condition and substance use. The Primary Treatment Team bears the responsibility for developing the treatment plan for substance use in hospitalized patients and can receive assistance from the Addiction Care Team (ACT).
 1. When substance use is suspected the Primary Treatment Team will ask the patient if they are using substances in the hospital. In cases where a patient says yes, the team can remind patients about this policy and ask about additional substances in the room. Individuals will be instructed to keep substances locked up in the room or be given the option of substance disposal. In cases when patients opt for substance disposal, substances will be disposed in a pharmaceutical waste bin.
 2. In cases when a patient states they are not using substances, but there is concern for patient safety, patients can be offered a property search and if substances are found be reminded about the policy and be given the option of keeping substances

locked up or substance disposal as outlined in B1 above.

3. In cases where the patient may be altered because of substance use, it is up to the Primary Treatment Team's discretion if a toxicology test is clinically indicated, but the patient has the right to refuse testing.
4. The Primary Treatment Team will discuss substance use issues with the appropriate multidisciplinary individuals at the next working rounds, unless the risk of harm to the patient or others is significant and imminent.
 - a. If the **risk of harm** to the patient or others is imminent, then the Primary Treatment Team or nurse manager or their designee may initiate San Francisco Sheriff's Department action (ext. 6-4911). Calling the Sheriff's Department is not mandated and should only be used in limited circumstances with clear risk of harm and where other options are not feasible.
5. When substance use is confirmed, the patient will be asked not to use substances in the hospital. The Primary Treatment Team will discuss with the patient options for harm reduction and treatment of substance use disorders in the hospital for patients who are interested in discussing their substance use.
6. Hospital staff will address substance use, once identified, in any given patient reflecting a need to assess and treat the substance use disorder while providing for the safety of hospital staff and other patients. Staff options include (but are not limited to) medical treatment and psychosocial interventions, including the following:
 - A. The Primary Treatment Team will offer medical treatment for substance use disorders, including but not limited to: methadone, buprenorphine, naltrexone, or alcohol withdrawal treatments, when appropriate.
 - B. Psychosocial treatment and interventions can include any or all these elements:
 - a. Behavioral agreement;
 - b. Restriction to room or unit;

- c. Transfer of bed closer to nursing station for better observation;
 - d. Removal of bed stand, or limitation of access only by staff;
 - e. Removal of personal containers where syringes or drugs or alcohol could be stored;
 - f. Close observation by staff;
 - g. Attendance of psychosocial treatment groups
 - h. Restriction or termination of pass privileges (4A-Skilled Nursing Facility);
 - i. Harm reduction education; and/or
 3. A multi-disciplinary patient conference may be called to develop a plan.
- E. Persistent substance use after the initial evaluation and treatment intervention that endanger the patient's health and/or well-being or other members of the ZSFG community may result in further evaluation and other treatment options, including the following:
 1. A determination of the patient's decision-making capacity may be a part of the evaluation.
 2. A multidisciplinary patient conference may be called to develop a comprehensive plan and agreement. Any or all the treatment options in Section C can be used in the comprehensive plan. The Addiction Care Team, Ethics Committee, and Risk Management Staff (ext. 6-6600) may be involved in providing input into the comprehensive plan and treatment contract.
 3. Further medical treatment at ZSFG may require that the patient follow the comprehensive plan and agreement.
 4. Refusal to enter into an agreement or violation of the predetermined terms of the agreement will be considered a decision by the patient to end the treatment and may result in discharge (subject to other restrictions on safe discharges).
 5. In the event of discharge, the patient will be offered a referral to community outpatient services.
 6. In the event discharge from the hospital would constitute a medical emergency risk to life, limb, or function within 48 hours, hospital staff will call a

multidisciplinary meeting such as outlined in step 2 above.

III. Procedures for addressing substance use in non-admitted patients

- A. When hospital or clinical staff has reasonable grounds to conclude that a non-admitted patient is using unprescribed substances while on campus in violation of hospital policy, staff will inform the patient's Primary Treatment Team, assigned coverage, Nurse Manager, clinical manager, or designee.

- B. The appropriate personnel, including the Primary Treatment Team or Nurse manager or designee, should consider the context and determine the appropriate next steps, which can include any of the following or any other appropriate option listed above, generally following a progressive approach that provides options for the patient to address the situation and potentially get treatment for any substance use disorder:
 1. Determine if anything about the situation places staff, the patient, other patients, or visitors at immediate risk. If so, steps should promptly be taken to eliminate such risk.
 2. Engage with the patient, reminding them about the ZSFG policies prohibiting substance use on campus and permitting the patient an opportunity, if appropriate, to dispose of the substance(s).
 3. Advise the patient they must leave and seek care at another time when they are not in violation of ZSFG policies, unless leaving would endanger the patient further.
 4. Address care-related options, including referral for substance use-related treatment as outlined in Section II.D.1, above, and/or proposal of psychosocial treatment options, including but not limited to those outlined in Sections II.D.2.a, g, and/or j, above.

Only if the **risk of harm to the patient or others** is significant and imminent, the care team or clinic manager or their designee may initiate San Francisco Sheriff's Department action (ext. 6-4911).

5. Staff and providers must provide emergency care that is mandated by state or federal law regardless of substance use.

IV. Procedures for addressing substance use in visitors

A visitor found to be using prohibited substances:

- Will be asked to dispose of substances or leave.

- If the visitor refuses to dispose of substances or leave, they are subject to detention, removal from hospital grounds by the San Francisco Sheriff's Department, and may be referred to the District Attorney's Office or the City Attorney's Office in order to obtain a stay away order to restrict or eliminate visitation privileges at ZSFG.

CROSS REFERENCE

ZSFG Administrative Policies and Procedures

1.05 [Terms and Conditions of Admission](#)

8.02 [Harm Reduction Policy](#)

21.01 [Unusual Occurrences: Management, Reporting and Investigation](#)

22.01 [Visiting Guidelines, Inpatient](#)

22.04 [Violence in the Workplace: Zero tolerance](#)

ZSFG Skilled Nursing Facility (4A and MHRF) Policy and Procedure Manual

ZSFG Educational Guidelines: Inpatient Alcohol Detoxification

San Francisco Municipal Police Code Section 132

California Health and Safety Code [11350 and 11351](#), [11550](#), [11364](#)

California Business and Professions Code [4140-4145](#).

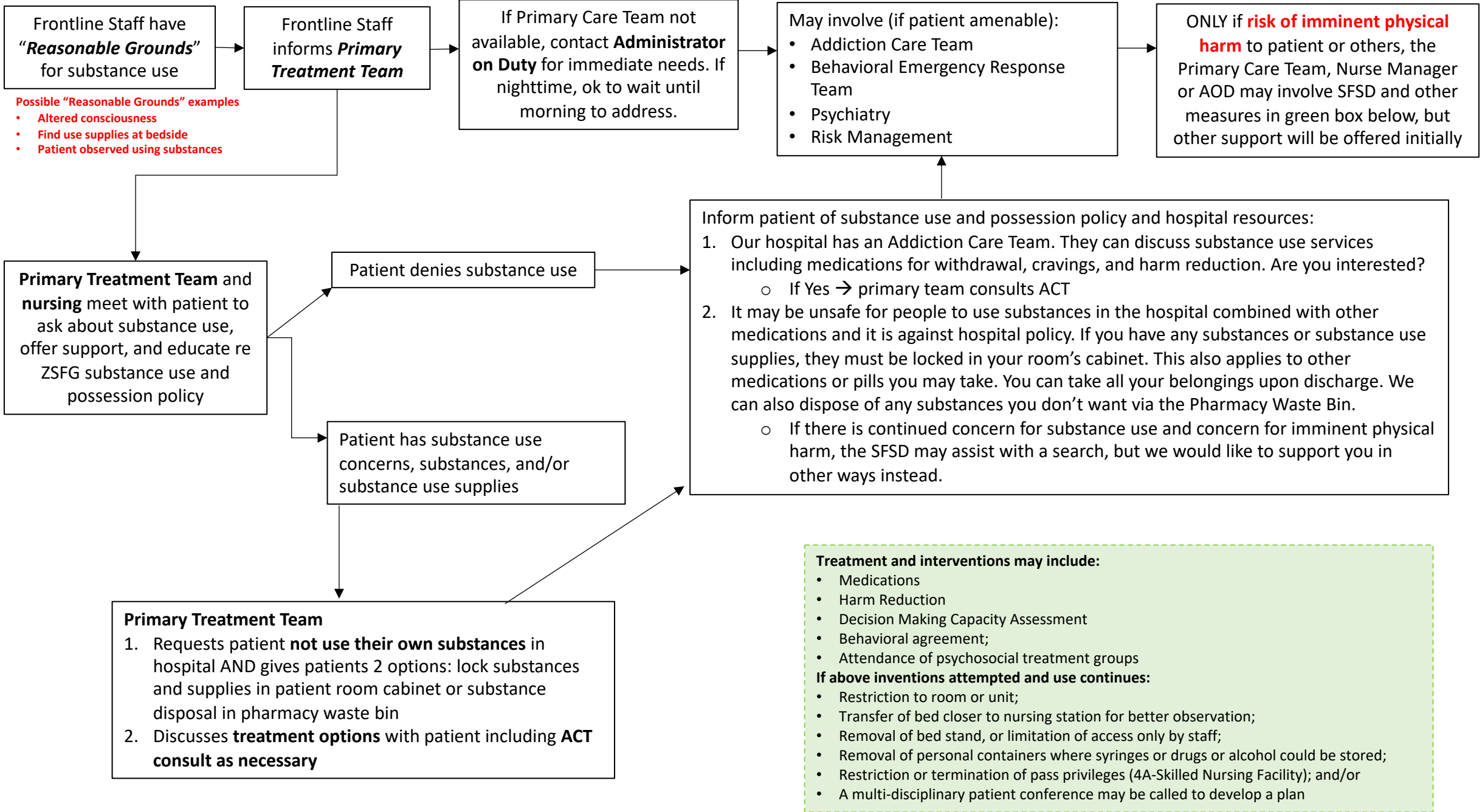
APPROVAL

Nursing Administrative Forum	4/21/21
Medical Executive Committee	4/15/21
Performance Improvement and Patient Safety Committee	4/28/21

Date Adopted: 10/2003

Reviewed: 11/2006, 09/10, 1/15, 2/19

Revised: 08/07, 2/19, 4/21



Frontline Staff have **"Reasonable Grounds"** for substance use

- Possible "Reasonable Grounds" examples
- Altered consciousness
 - Find use supplies at bedside
 - Patient observed using substances

Frontline Staff informs **Primary Treatment Team**

If Primary Care Team not available, contact **Administrator on Duty** for immediate needs. If nighttime, ok to wait until morning to address.

- May involve (if patient amenable):
- Addiction Care Team
 - Behavioral Emergency Response Team
 - Psychiatry
 - Risk Management

ONLY if **risk of imminent physical harm** to patient or others, the Primary Care Team, Nurse Manager or AOD may involve SFSD and other measures in green box below, but other support will be offered initially

Primary Treatment Team and nursing meet with patient to ask about substance use, offer support, and educate re ZSFG substance use and possession policy

Patient denies substance use

Patient has substance use concerns, substances, and/or substance use supplies

Inform patient of substance use and possession policy and hospital resources:

1. Our hospital has an Addiction Care Team. They can discuss substance use services including medications for withdrawal, cravings, and harm reduction. Are you interested?
 - o If Yes → primary team consults ACT
2. It may be unsafe for people to use substances in the hospital combined with other medications and it is against hospital policy. If you have any substances or substance use supplies, they must be locked in your room's cabinet. This also applies to other medications or pills you may take. You can take all your belongings upon discharge. We can also dispose of any substances you don't want via the Pharmacy Waste Bin.
 - o If there is continued concern for substance use and concern for imminent physical harm, the SFSD may assist with a search, but we would like to support you in other ways instead.

Primary Treatment Team

1. Requests patient **not use their own substances** in hospital AND gives patients 2 options: lock substances and supplies in patient room cabinet or substance disposal in pharmacy waste bin
2. Discusses **treatment options** with patient including **ACT consult as necessary**

- Treatment and interventions may include:**
- Medications
 - Harm Reduction
 - Decision Making Capacity Assessment
 - Behavioral agreement;
 - Attendance of psychosocial treatment groups
- If above interventions attempted and use continues:**
- Restriction to room or unit;
 - Transfer of bed closer to nursing station for better observation;
 - Removal of bed stand, or limitation of access only by staff;
 - Removal of personal containers where syringes or drugs or alcohol could be stored;
 - Restriction or termination of pass privileges (4A-Skilled Nursing Facility); and/or
 - A multi-disciplinary patient conference may be called to develop a plan