

TITLE

PATIENTS' USE OF CANNABIS FOR MEDICAL PURPOSES**SCOPE**

Provincial

DOCUMENT #

HCS-241

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Clinical Operations Executive Committee

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To outline the criteria for safe and consistent processes for accommodating the use of **cannabis** for medical purposes by **patients** accessing services from Alberta Health Services (AHS).

PRINCIPLES

The scientific evidence supporting the safety and efficacy of cannabis for medical purposes has not reached the level required by the Federal *Food and Drugs Act* and Regulations to approve it as a therapeutic product in Canada. Therefore, cannabis does not have a Drug Identification Number and is not otherwise endorsed by Health Canada. However, Canadian courts have ruled that individuals who require cannabis for medical purposes have the right to reasonable access to a legal source of cannabis.

AHS has a duty, within certain limits, to accommodate patients' medical conditions. AHS also recognizes that patients may use cannabis for medical reasons. **Eligible patients** shall be allowed appropriate use of their own supply of cannabis for medical purposes while accessing services from AHS. AHS has no duty to accommodate or permit patients' use of cannabis for non-medical purposes.

Health and safety are paramount considerations for patients, families, visitors, and **health care providers**. These considerations sometimes necessitate limitations on eligible patient's individual use of cannabis for medical purposes on while receiving care from AHS or an AHS contracted service provider. AHS shall follow a transparent, consistent, and predictable process in terms of addressing and managing such limitations.

AHS uses an evidence-informed approach to provide quality patient centered care. The complexity and novelty of cannabis use for medical purposes requires enhanced inter-professional collaborative approaches and involvement of the eligible patient in determining the most appropriate accommodation. The *Patients' Use of Cannabis for Medical Purposes* Policy addresses AHS Health Care Facilities and Home Settings separately to be consistent with federal cannabis legislation.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Eligibility (Applicable to All Care Settings)

- 1.1 Subject to the exceptions and restrictions set out in this policy, patients who provide proof that they meet the eligibility criteria (as detailed in Appendix A: *Proof of Eligibility*) should be accommodated, within the limits set out in this Policy, to use cannabis for medical purposes while receiving care from AHS or a health care provider.
- 1.2 Patient eligibility of cannabis use for medical purposes in Provincial Correctional Facilities is also subject to the governing policies and rules of the Correctional Facility.
- 1.3 Eligibility exceptions:
 - a) a patient's use of cannabis for medical purposes shall not be accommodated if a patient does not meet the eligibility criteria as set out in Appendix A; and/or
 - b) a patient's use of cannabis for medical purposes shall not be accommodated if the most responsible health practitioner (MRHP) has determined that due to the patient's current medical condition and treatment plan, the use of cannabis is clinically contraindicated. See Section 2.4 (a)(iii) for documentation details.

2. Accommodation of Eligible Patients Using Cannabis for Medical Purposes in Health Care Facilities

- 2.1 Section 2 of this document applies when services are provided in Health Care Facilities, including but not limited to, approved hospitals, Ambulatory Care settings, **Continuing Care Designated Living Options (CCDLO)**, **Mental Health Facilities**, and Provincial Correctional Facilities.
- 2.2 The MRHP, manager, or designate shall confirm the eligibility of the patient as outlined in Appendix A of this document.

- a) The MRHP, manager, or designate shall include a copy of the proof of eligibility in the patient's health record.
- 2.3 The MRHP, manager, or designate shall collaborate with the patient to complete the *Use of Cannabis for Medical Purposes: Patient Agreement and Waiver Form*.
- a) The intent of this form is to promote the patient's understanding of their rights and responsibilities in the use of cannabis for medical purposes and to communicate to health care providers that the patient's cannabis use shall be accommodated within policy limits.
- b) The signed form is required prior to the patient consuming cannabis in the location where care is provided.
- c) The MRHP, manager, or designate shall include the signed form in the patient's health record.
- 2.4 To accommodate an eligible patient's use of cannabis for medical purposes, the MRHP shall:
- a) include a note in the patient's health record indicating whether or not the MRHP (or if the MRHP is not a Physician or Nurse Practitioner, then a Physician or Nurse Practitioner with whom their program would usually consult with respect to the patient's care within the Health Care Facility) has any clinical objections to the patient's continued use of cannabis;
- (i) The note does not require the MRHP to be registered as an authorizer of cannabis for medical purposes as per the College of Physicians and Surgeons of Alberta (CPSA) and College & Association of Registered Nurses of Alberta (CARNA).
- (ii) The purpose of the note is to demonstrate that clinical contraindications have been considered and are documented.
- (iii) If the patient's MRHP determines that the cannabis is clinically contraindicated due to the patient's current medical condition and treatment plan, then the MRHP shall document in the patient's health record that the patient's use of cannabis for medical purposes is clinically contraindicated and provide the rationale behind the lack of accommodation.
- Any patient who does not agree with the MRHP's decision regarding the continued use of cannabis for medical purposes should be advised about the AHS patient concern resolution process as per the *AHS Patient Concerns Resolution Process Policy and Procedure*.
- b) document cannabis information collected on the Best Possible Medication History (BPMH) as per processes outlined in the AHS

Medication Reconciliation Policy (see also the *AHS Medication Reconciliation Process: BPMH and Reconciled Orders Form*);

- c) write an order (or if the MRHP is not a Physician or Nurse Practitioner, then a Physician or Nurse Practitioner with whom their program would usually consult with respect to the patient's care within the Health Care Facility), including:
 - (i) the order requirements outlined the *AHS Medication Orders Procedure*; and
 - (ii) an indication to use the patient's own cannabis.

Note: The order does not require the MRHP to be registered as an authorizer of cannabis for medical purposes as per the College of Physicians and Surgeons of Alberta (CPSA) and College & Association of Registered Nurses of Alberta (CARNA). The CPSA and CARNA consider the MRHP to be maintaining the cannabis authorization initiated by a registered prescriber.

- d) inform the patient about the risks of cannabis use (noting that some risks are unknown since it is not an approved medication by Health Canada), and document the discussion in the patient's health record;
 - e) inform the patient that since AHS is not supplying the cannabis, AHS is not responsible for the quality of cannabis and such use is at the patient's own risk, and document the discussion in the patient's health record;
 - f) inform the patient that they may only use cannabis for their own medical purposes and cannot share their cannabis with others, whether they be patients, staff, or visitors; and
 - g) as appropriate, use a collaborative approach with the patient to discuss switching to an alternative pharmaceutical cannabinoid such as nabilone (Cesamet).
- 2.5 In order to have their use of cannabis for medical purposes while receiving services from AHS or a health care provider accommodated, the patient shall:
- a) provide proof of eligibility as outlined in Appendix A of this document;
 - b) supply the cannabis unless switching to an alternative pharmaceutical cannabinoid;
 - (i) The patient is still responsible to supply the alternative pharmaceutical cannabinoid in DSL3 and DSL4 settings.

- (ii) The cannabis must come from a holder of licence for sale of medical purposes, or from a patient's self-grown supply (in accordance with applicable legislation), or from another legal source (such as a provincial retailer licensed to sell cannabis for non-medical purposes).
 - c) collaborate with health care providers to ensure that the cannabis remains securely locked unless temporarily possessed by the patient during consumption or by another individual when assisting or administering the cannabis to the patient.
 - (i) The government of Canada recommends cannabis products be kept out of the reach of children and locked in a safe place to prevent theft, misuse, and accidental ingestion by children.
 - (ii) Securely locked locations include a locked narcotic cupboard/drawer or other lockable cupboards/drawers (separated from ward stock supplies) as per Zone/program/site processes.
 - (iii) If in the health care provider's opinion it is not practical to have the cannabis securely locked due to the facility's resources or the practice setting (e.g., short visit in Ambulatory Care settings), the cannabis must be kept as securely as possible and practical at all times to prevent other patients and visitors in the setting from accessing the cannabis.
- 2.6 Patients may self-administer the cannabis for medical purposes or they may arrange to have a third party (e.g., family, friend) available to administer or assist with administration.
- a) If the patient designates a third party to administer or assist with the administration of cannabis, then management shall be consulted to ensure Zone/program/site processes are followed.
 - b) If a patient is unable to self-administer or arrange for a third party to administer or assist with administration, then **health care professionals** may administer or assist with the administration of cannabis for medical purposes when:
 - (i) it is within the health care professional's scope of practice and supported by their regulatory body;
 - Health Care Aides may provide assistance with administration only if directed by a supervising health care professional.
 - (ii) the patient's MRHP writes an order, see Section 2.4 (c) for details; and

- (iii) the cannabis comes from a holder of a licence for sale for medical purposes, in accordance with the *Cannabis Regulations* (Canada).
- 2.7 Where a patient's cannabis is stolen or lost from these settings and the treatment plan reflects that the cannabis is for administration or assistance with administration to the patient by a health care professional, the theft or loss shall be reported by the MRHP or manager to Health Canada within 10 days after becoming aware of the theft or loss.
 - a) AHS or the health care provider is not responsible to replace or reimburse the patient's cannabis for medical purposes.
- 2.8 When a patient dies, their cannabis prescription is considered null and void. The health care provider shall:
 - a) mark the cannabis as "Patient's Own Cannabis for Disposal";
 - b) dispose of the cannabis as per Zone/program/site processes; and
 - c) document in the patient's health record (in a place designated by Zone/program/site processes) that the cannabis was disposed of and the date/time of disposal.
- 3. **Accommodation of Eligible Patients Using Cannabis for Medical Purposes in Patient Home Settings**
 - 3.1 **Home Settings** applicable to section 3 of this document include, but are not limited to, patients' Private Homes, and Supportive Living Level 1 (SL1) and Supportive Living Level 2 (SL2) sites.
 - 3.2 The MRHP, manager, or designate shall confirm the eligibility of the patient as outlined in Appendix A of this document.
 - a) The manager or designate shall include a copy of the proof of eligibility in the patient's health record.
 - 3.3 To accommodate an eligible patient's use of cannabis for medical purposes, the MRHP shall:
 - a) include a note in the patient's health record, indicating whether or not the MRHP (or if the MRHP is not a Physician or Nurse Practitioner, then a Physician or Nurse Practitioner with whom their program would usually consult with respect to the patient's care within the Home Setting's program) has any clinical objections to the patient's continued use of cannabis;
 - (i) The note does not require the MRHP to be registered as an authorizer of cannabis for medical purposes as per the College of

Physicians and Surgeons of Alberta (CPSA) and College & Association of Registered Nurses of Alberta (CARNA).

- (ii) The purpose of the note is to demonstrate that clinical contraindications have been considered and are documented.
 - (iii) If the patient's MRHP determines that the cannabis is clinically contraindicated due to the patient's current medical condition and treatment plan, then the MRHP shall document in the patient's health record that the patient's use of cannabis for medical purposes is clinically contraindicated and provide the rationale behind the lack of accommodation.
 - Any patient who does not agree with the MRHP's decision regarding the continued use of cannabis for medical purposes should be advised about the AHS patient concern resolution process as per the AHS *Patient Concerns Resolution Process Policy and Procedure*.
- b) document cannabis information collected on the Best Possible Medication History (BPMH) as per processes outlined in the AHS *Medication Reconciliation Policy* (see also the AHS *Medication Reconciliation Process: BPMH and Reconciled Orders Form*);
- c) write an order (or if the MRHP is not a Physician or Nurse Practitioner, then a Physician or Nurse Practitioner with whom their program would usually follow in the Home Setting program), including:
- (i) the order requirements outlined in the AHS *Medication Orders Procedure*; and
 - (ii) an indication to use the patient's own cannabis.
- Note:** The order does not require the patient's Physician to be registered as an authorizer of cannabis for medical purposes as per the College of Physicians and Surgeons of Alberta (CPSA) and College & Association of Registered Nurses of Alberta (CARNA). The CPSA and CARNA consider the patient's MRHP to be maintaining the cannabis authorization initiated by a registered prescriber.
- d) collaborate with the patient to complete the *Use of Cannabis for Medical Purposes in Home Settings: Patient Agreement and Waiver Form* (the manager or designate may also collaborate with the patient to complete the form).
- (i) The MRHP, manager, or designate shall include the signed form in the patient's health record.

- e) provide information to the patient about the risks of cannabis use (noting that some risks are unknown since it is not an approved medication by Health Canada);
 - f) inform the patient that since AHS is not supplying the cannabis, AHS is not responsible for the quality of cannabis and such use is at the patient's own risk;
 - g) inform the patient that they may only use cannabis for their own medical purposes and cannot share their cannabis with others, whether they be patients, staff, or visitors; and
 - h) as appropriate, use a collaborative approach with the patient to discuss switching to an alternative pharmaceutical cannabinoid such as nabilone (Cesamet).
- 3.4 Patients may self-administer the cannabis for medical purposes or they may arrange to have a third party (e.g., family, friend) external to AHS available to administer or assist with administration. If a patient is unable to self-administer or arrange for a care provider external to AHS to administer or assist with administration, then a health care professional may administer or assist with the administration of cannabis for medical purposes when:
- a) it is within the health care professional's scope of practice and supported by their regulatory body;
 - (i) Health Care Aides may provide assistance with administration only if directed by a supervising health care professional.
 - b) the patient's MRHP writes an order, see Section 3.3 (c) for details.
- 3.5 When a patient dies in these settings, it is the responsibility of friends or family to dispose of the patient's own cannabis.
- 3.6 It is recommended that theft or loss of a patient's own cannabis be reported to Health Canada by the MRHP or health care provider within 10 days after becoming aware of the theft or loss.
- a) AHS or the health care provider is not responsible to replace or reimburse the patient's cannabis for medical purposes.
- 3.7 Additional considerations for non-emergent care for patients in Home Settings
- a) A patient may use cannabis via the **oral route** or other modalities that do not pose second-hand exposure to others while receiving care in a Home Setting.

- b) Health care providers shall ask the patient to refrain from smoking or vaporizing cannabis in the Home Setting within two (2) hours prior to and during a scheduled home visit.
- c) If a patient has not complied with Section 3.7 (b) of this document, then the health care provider shall:
 - (i) inform their supervisor;
 - (ii) re-schedule the appointment; and
 - (iii) collaborate with the patient to determine potential solutions for future scheduled home visits (e.g., alternate scheduling).
- d) AHS and health care providers may be unable to provide scheduled care in the patient's home if the health care provider feels their personal health and safety are at risk.
 - (i) The health care provider shall inform their supervisor immediately if they are unable to provide scheduled care for the patient due to concerns of personal health and safety risks.
 - (ii) The health care provider shall collaborate with the patient to coordinate alternate health services for the patient.

4. **If Accommodation of Cannabis for Medical Purposes is Not Possible and the Patient is Receiving Care at a Health Care Facility**

- 4.1 Section 4 of this document applies to Health Care Facilities, which includes but is not limited to, approved hospitals, Mental Health Facilities, CCDLOs, and Provincial Correctional Facilities. Section 4 is not applicable to Ambulatory Care settings.
- 4.2 If accommodating a patient's use of cannabis for medical purposes is not possible (such as in the case of clinical contraindications), then health care providers shall ask the patient to identify a person (e.g., family, friend) who can safely and securely remove the cannabis from the Health Care Facility (where possible and appropriate, and in accordance with applicable legislation).
 - a) Health care providers shall document in the patient's health record (in a place designated by Zone/program/site process) the following:
 - (i) that the patient's cannabis was removed from the site;
 - (ii) when the patient's cannabis was removed; and
 - (iii) to whom the patient's cannabis was given.

- 4.3 If the patient's supply of cannabis cannot be removed from the site, then the health care provider shall place the cannabis in a safekeeping bag, in a properly secured location (as per Zone/program/site processes).
- a) The health care provider shall place the patient's cannabis in a designated safekeeping bag, which shall be properly labelled and sealed in the presence of the patient, or a second health care provider if the patient is unable/unavailable.
 - b) For each safekeeping bag containing the patient's cannabis, the health care provider shall include the following information on the bag receipt:
 - (i) patient name (first and last);
 - (ii) patient identification number (e.g., unique lifetime identifier (ULI), personal health number, medical record number);
 - (iii) date that the cannabis was put into the bag;
 - (iv) where possible and practical, the cannabis weight or amount; and
 - (v) printed name and signature of the health care provider securing the cannabis in the bag.
 - c) The patient (or a second health care provider if the patient is not available) shall co-sign the safekeeping bag to acknowledge that the above information (see Section 4.3 [b]) is correct.
 - d) Following the proper preparation of the safekeeping bag and bag receipt, the health care provider shall:
 - (i) inform the patient that any unclaimed cannabis shall be disposed of after seven (7) days following the patient's discharge;
Note: Day one (1) of seven (7) begins the day after the patient is discharged; the cannabis is therefore disposed after the end of day seven (7).
 - (ii) seal the safekeeping bag with the tamper-evident seal in front of the patient (or second health care provider if the patient is not available);
 - (iii) provide the patient with a copy of the safekeeping bag receipt;
 - (iv) place the sealed safekeeping bag containing the patient's cannabis in a secure location (e.g., a locked narcotic cupboard/drawer, other lockable cupboards/drawers [separated from ward stock supplies]) as per Zone/program/site processes; and

- (v) document in a clearly visible and consistent place on the patient's chart that the patient's own cannabis is onsite and specify where the cannabis is securely stored as per Zone/program/site processes.
- e) Upon discharge or transfer, the health care provider shall ask the patient to produce the safekeeping bag receipt. The health care provider shall check two (2) patient identifiers on the patient's receipt against the receipt attached to the safekeeping bag. After checking the two (2) patient identifiers, the health care provider shall give the safekeeping bag with the patient's cannabis to the patient.
 - (i) The health care provider shall ask the patient to sign for the returned cannabis in the patient's health record, in a place designated by Zone/program/site processes.
 - (ii) The health care provider shall document in the patient's chart (in a place designated by Zone/program/site processes) that the patient has retrieved the cannabis.
- f) If the patient did not retrieve their cannabis (kept in the safekeeping bag) at discharge or transfer, and the patient comes to retrieve their cannabis within the seven (7) day timeline, then the health care provider shall ask the patient to produce the safekeeping bag receipt. The health care provider shall check two (2) patient identifiers on the patient's receipt against the receipt attached to the safekeeping bag.
 - (i) The health care provider shall ask the patient to sign for the returned cannabis in the patient's health record, in a place designated by Zone/program/site processes.
 - (ii) The health care provider shall document in the patient's chart (in a place designated by Zone/program/site processes) that the patient has retrieved the cannabis.
- g) If the patient did not retrieve their cannabis (kept in the safekeeping bag) at discharge or transfer, and the patient comes to retrieve the cannabis within the seven (7) day timeline but does not have the safekeeping bag receipt, then the health care provider shall check two (2) patient identifiers with the patient and the information provided on the receipt attached to the safekeeping bag.
 - (i) The health care provider shall ask the patient to sign for the returned cannabis in the patient's health record, in a place designated by Zone/program/site processes.
 - (ii) The health care provider shall document in the patient's chart (in a place designated by Zone/program/site processes) that the patient has retrieved the cannabis.

- h) If the patient did not retrieve their cannabis (kept in the safekeeping bag) following the timeline of seven (7) days after the patient's discharge or transfer, then the health care provider shall:
 - (i) mark the cannabis as "Patient's Own Cannabis for Disposal";
 - (ii) dispose of the cannabis as per Zone/program/site processes; and
 - (iii) document in the patient's health record (in a place designated by Zone/program/site processes) that the cannabis was disposed of and the date/time of disposal.

5. Smoking and Vaporizing on AHS Property

5.1 AHS is committed to providing a safe and healthy environment for all patients, employees, and visitors. Smoking and **vaporizing** of cannabis is prohibited in and on **AHS property**.

- a) An eligible patient who wishes to smoke or vaporize cannabis for medical purposes outside of AHS property may store their smoking/vaporizing tools with their securely stored cannabis supply (as per Section 2.5 [c][ii] of this document).

6. Education

6.1 As new scientific evidence emerges regarding the safety and efficacy of cannabis for medical purposes, it is the responsibility of health care providers to enhance their knowledge about cannabis through awareness of federal and provincial legislation, regulatory body guidelines, and AHS cannabis resources.

7. Compliance

7.1 Enforcement of this policy is a joint responsibility of AHS Leadership, Protective Services, and all other **AHS representatives**.

7.2 A patient found using cannabis contrary to this policy shall be offered education on this policy, informed of their non-compliance and a collaborative approach shall be taken to create an acceptable solution to comply.

7.3 A health care provider shall escalate the issue for appropriate action if the patient continues to use cannabis contrary to this policy. The patient concern resolution process should be followed.

DEFINITIONS

Alberta Health Services (AHS) representative means any AHS employee, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services, including contracted services providers as appropriate.

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include a Specific Decision-Maker, a minor's Legal Representative, a Guardian, a 'nearest relative' in accordance with the *Mental Health Act* or an Agent in accordance with a Personal Directive or a person designated in accordance with the *Human Tissue and Organ Donation Act*.

Alberta Health Services (AHS) Property means the grounds, facilities and parking lots of Health Care Facilities operated by AHS, including any vehicle when parked in such parking lot.

Cannabis means the preparations and derivatives made out of the various part of the entire cannabis plant (*Cannabis sativa* and *Cannabis indica* being the most popular varieties). Various products can be made from the parts of the entire cannabis plant including all extracts, edibles, oils and dried flower or bud.

Co-decision-maker means a person selected by the patient and appointed by the court to make decisions in partnership with the patient, when the patient has significantly impaired capacity but can still participate in decision-making.

Continuing Care Designated Living Option (CCDLO) means residential accommodation that provides publicly funded health and support services appropriate to meet the patient's Assessed Unmet Needs. The level of care is assessed through a standardized assessment and single point of entry process and consists of Designated Supportive Living Level 3 (DSL3), Designated Supportive Living Level 4 (DSL4) and Designated Supportive Living Level 4 Dementia (DSL4D) and Long Term Care (LTC).

Eligible patient means a patient who meets the eligibility criteria set out in Appendix A and does not fit within the exceptions of this policy.

Guardian means, where applicable:

For a minor:

- a) as defined in the Family Law Act [Alberta];
- b) as per agreement or appointment authorized by legislation (obtain copy of the agreement and verify it qualifies under legislation; e.g., agreement between the Director of Child and Family Services Authority and foster parent(s) under the Child, Youth and Family Enhancement Act [Alberta]; or agreement between parents under the Family Law Act; or as set out in the Child, Youth and Family Enhancement Act regarding Guardians of the child to be adopted once the designated form is signed);
- c) as appointed under a will (obtain a copy of the will; also obtain grant of probate, if possible);
- d) as appointed in accordance with a Personal Directive (obtain copy of Personal Directive);
- e) as appointed by court order (obtain copy of court order; e.g., order according to the Child, Youth and Family Enhancement Act); and,
- f) a divorced parent who has custody of the minor.

For an adult: An individual appointed by the Court to make to make decisions on behalf of the adult patient, when the adult patient lacks capacity.

Health Care Facilities means a facility:

- (a) that is licensed, approved or designated by a province under the laws of the province to provide care or treatment to individuals suffering from any form of disease or illness; or
- (b) that is owned or operated by the Government of Canada or the government of a province and that provides health services.

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* (Alberta) or the *Health Professions Act* (Alberta), and who practises within scope and role.

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

Home Settings means places where patients live and receive care but are not Health Care Facilities (and includes but is not limited to patients' Private Homes, Supportive Living Level 1 [SL1], and Supportive Living Level 2 [SL2] sites).

Legal Representative means the following in relation to a Minor, as applicable:

- a) Guardian;
- b) Nearest Relative as defined in the Mental Health Act who has the authority to consent to Treatment for a Minor Formal Patient or Minor who is subject to a Community Treatment Order.

Mental Health Facilities means those facilities designated as facilities under section 1 of the Mental Health Regulation.

Most responsible health practitioner means the health practitioner at the Health Care Facility or within the Home Setting's health program who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of his/her practice.

Oral route means ingesting derivatives such as suspension oils (liquid or capsule), food containing cannabis (e.g. butters, cooking oils, brownies, or cookies) and teas prepared from flowering tops.

Patient means all persons who receive or have requested health care or services from Alberta Health Services and its health care providers and also means, where applicable:

- a) a co-decision-maker with the person; or
- b) an alternate decision-maker on behalf of the person.

Vaporizing (also commonly referred to as vaping) means to inhale vapor through the mouth from either a hand held or desktop device that uses warm air or a heating element to bring cannabis to its melting point without combusting the plant material.

REFERENCES

- Appendix A: *Proof of Eligibility*
- Alberta Health Services Governance Documents:
 - *Management of Patient's Own Medications* Policy (#PS-98)
 - *Management of Patient's Own Medications* Procedure (#PS-98-01)
 - *Medication Orders* Procedure (#PS-93-01)
 - *Medication Reconciliation* Policy (#PS-05)
 - *Patient Concerns Resolution Process* Policy (#PRR-02)
 - *Patient Concerns Resolution Process* Procedure (#PRR-02-01)
 - *Tobacco and Smoke Free Environments* Policy (#1134)
- Alberta Health Services Forms:
 - *Medication Reconciliation Process: BPMH and Reconciled Orders* Form (#20383)
 - *Use of Cannabis for Medical Purposes: Patient Agreement and Waiver* Form (#21241)
 - *Use of Cannabis for Medical Purposes in Home Settings: Patient Agreement and Waiver* Form (#21242)
- Non-Alberta Health Services Documents:
 - *Access to Cannabis for Medical Purposes Regulations* (Canada, SOR 2016-230, noting repeal October 17, 2018)
 - *Authorizing Marijuana for Chronic Pain or Anxiety: Preliminary Guidance* (2014, College of Family Physicians of Canada)
 - *Cannabis Act* (Canada, S.C. 2018, c. 16)
 - *Cannabis Regulations* (Canada, SOR/2018-144)
 - *Food and Drugs Act* (Canada, R.S.C. 1985, c. F-27)
 - *Food and Drug Regulations* (Canada, C.R.C., c. 870)
 - *Hospitals Act* (Alberta, 2000 H-12)
 - *Information for Health Care Professionals: Cannabis (marihuana, marijuana) and the Cannabinoids* (February 2013, Health Canada)
 - *Marihuana for Medical Purposes Patient Medical Document* (2014, College of Physicians & Surgeons of Alberta)
 - *Marihuana for Medical Purposes Standard of Practice* (2014, College of Physicians & Surgeons of Alberta)
 - *Marihuana for Medical Purposes Advice to the Profession* (College of Physicians & Surgeons of Alberta)
 - *Medication Guidelines* (College and Association of Registered Nurses of Alberta, March 2015)
 - *Nursing Homes Act* (Alberta, 2000 N-7)
 - *Narcotic Control Regulations* (Canada C.R.C., c. 1041, February 22, 2017, noting repeal October 17, 2018)
 - *Practice/Policy Memo: Cannabis for Medical Purposes Update* (College of Licensed Practical Nurses of Alberta, October 24, 2017)
 - *Tobacco and Smoking Reduction Act* (Alberta, 2005 T-3.8)

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VERSION HISTORY

Date	Action Taken
Click here to enter a date	Optional: Choose an item
Click here to enter a date	Optional: Choose an item

APPENDIX A

Proof of Eligibility

The following documentation is required in order for an individual to demonstrate that they are legally eligible to possess cannabis for medical purposes:

1. A medical document from an authorized prescriber, that includes:
 - a) the authorized prescriber's:
 - (i) name and surname;
 - (ii) profession;
 - (iii) business address and telephone number;
 - (iv) province in which they are authorized to practise their profession;
and
 - (v) authorization number assigned by the province.
 - b) the patient's:
 - (i) name and surname;
 - (ii) date of birth;
 - (iii) address of the location at which the person consulted with the authorized prescriber;
 - (iv) a daily quantity of cannabis in grams; and
 - (v) a period of use, specified as number of days, weeks or months (up to one [1] year).

or

2. Proof that the patient's cannabis is from a holder of a licence for sale for medical purposes. Proof from a holder of a licence for sale in the form of a registration document that includes:
 - a) the name of the holder of the licence for sale for medical purposes;
 - b) the given name and surname of the patient;
 - c) the given name and surname of the health care practitioner who provided the patient's medical document;

- d) the given name, surname and date of birth of any adults who are responsible for the applicant;
- e) and indication of whether the registration is based on a medical document or a registration certificate;
- f) the daily quantity of dried cannabis indicated on the patient's medical document or registration certificate, expressed in grams;
- g) the shipping address; and
- h) the expiry date of the patient's registration (this is the end of the period of validity of the medical document or when the registration with Health Canada expires).

or

3. The patient is registered with Health Canada (to produce their own cannabis). Proof from Health Canada consists of a registration certificate issued by Health Canada authorizing the registered person or their designate to produce cannabis for their own use or to obtain cannabis from another legal source (such as a provincial retailer licensed to sell cannabis for non-medical purposes).

Note: If a patient presents AHS with an Authorization to Possess issued under the *Marihuana Medical Access Regulations* (now repealed) and claims it is still valid, or an associated License, contact the AHS Health Law Team for guidance with regards to its acceptability.