



Standard Operating Procedure

Responding to Use of Non-Prescription Alcohol and/or Other Drugs (AOD)

1. Purpose

This standard operating procedure (SOP) describes processes for management of a person in an ACT Health facility who staff believe may be using alcohol and/or other drugs (AOD) which have not been prescribed as clinical treatment.

2. Scope

This SOP applies to all ACT Health staff.

3. Procedure for In-patients

3.1 Identification of use of AOD

Consumers suspected of using AOD on site need to be informed of ACT Health policy. It must be explained that use of AOD that is not prescribed as clinical treatment is not permitted.

It needs to be made absolutely clear to the consumer that the use of AOD whilst under clinical treatment brings with it a risk of significant injury or complication (e.g. interaction with prescribed medications) and possibly death as a result. And for this reason, it is in the consumer's best interests to cease AOD use which is not prescribed. The provision of such advice must be documented in the clinical record. Depending on individual needs the following options may be considered:

- Provision of educational information on the use of AOD with a health promotion focus
- Provision of information on how to access support services
- Referral to appropriate support services with consumer's consent e.g. Alcohol and Drug Program
- Consideration of pain management strategies and referral to the Pain Management Unit
- Assessment of potential withdrawal from AOD, and
- Development of clinical treatment plan to deal with withdrawal where appropriate.

Care is provided according to the consumer's needs and to ensure their safety.

3.2 Assessment of level of AOD intoxication

Behaviour that suggests the consumer is under the influence of AOD, for example drowsiness, disorientation, incoherence, may also be symptomatic of other conditions including head injury, cerebral vascular accident, hypoglycaemia etc. Consumers who exhibit such behaviour must be assessed to determine a correct diagnosis. Assessment may include but is not limited to:

- Discussion with the consumer, if possible

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- Airway, respiration and circulation
- Behavioural changes
- Blood pressure, pulse, respirations, temperature
- Mental status/level of consciousness
- Physical examination

It may not be possible to ascertain or identify the type of intoxicant due to the consumer's level of consciousness, mental state or refusal to communicate this information.

3.3 Immediate management of intoxication

- Continue to monitor and record vital signs and level of consciousness
- Ensure consumer's safety. The consumer may require continued observation or calling an emergency response depending on level of intoxication
- Maintain safe environment. For example, remove furniture and objects that may cause harm from immediate vicinity if on floor
- MO to develop clinical treatment plan for period of intoxication
- Provide ongoing treatment and care as ordered by Medical Officer
- Report incident to line Managers and RiskMan

3.4 Managing threat of violence, aggression or potential harm to other consumers, visitors or staff

If a consumer becomes aggressive, the principals of de-escalation and conflict resolution should be applied where appropriate. Staff should refer to Preventing and Managing Aggression and Violence in ACT Health policy and standard operating procedures.

3.5 Consumer information and treatment plan

When the consumer is able to have a discussion about their AOD use they need to be informed of ACT Health policy. It must be explained that use of AOD that is not prescribed as clinical treatment is not permitted. Depending on individual needs the following options may be considered:

- Provision of educational information on the use of AOD with a health promotion focus
- Provision of information on how to access support services
- Referral to appropriate support services e.g. Alcohol and Drug Program with consumer's consent
- Assessment of potential withdrawal from AOD and a clinical treatment plan developed for this if appropriate, and
- Development of clinical treatment plan to deal with withdrawal where appropriate.

3.6 Removal and disposal of AOD

Alcohol and non-illicit substances should be taken home/removed from ACT Health facilities by the consumer's family or friends. Staff may offer to remove the item, label with consumer identification and store if there is a secure place (that is locked and only able to be accessed by approved staff). The item may then be returned to the consumer on discharge. If there is not storage available staff are able to dispose of items.

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Two members of staff should witness, document and co-sign storage of the removed item in the clinical record and relevant registers, e.g. consumer's valuables book, if this is available.

The consumer should be asked to provide any prohibited substances to staff for disposal.

Prohibited substances brought into the hospital by consumers are forfeited to the Pharmacy Department and collected from the ward by a Pharmacist. Prohibited substances include illegal drugs and S4 or S8 medications not prescribed for the consumer.

Once taken from consumers these substances may not be returned to the consumers as the return of illicit/prohibited substances constitutes supply and is contrary to criminal law.

3.7 Reporting to AFP

ACT Health staff are not obliged to inform the Australian Federal Police (AFP) that a person is using, or in possession of, illicit substances.

3.8 Discharge planning

Discharge planning should consider appropriate referral and effort directed towards engagement with drug and alcohol treatment services where use issues have been identified. The risks associated with discharge should be considered and discussed with consumers prior to discharge.

3.9 All interventions, treatment and care must be documented in the clinical record.

4. Procedure for Consumers of Non-Inpatient Services

4.1 Refer to Procedure for In-patients and follow the same approach noting the following exceptions:

4.2 If AOD is being used on the premises the consumer needs to be informed of ACT Health policy and asked to cease use, or leave.

4.3 If a consumer is intoxicated and staff assess a risk of overdose, call 000 for emergency treatment or activate a Medical Emergency Team (MET) call if on TCH campus.

4.4 If level of intoxication is a preventative to treatment, the treatment should be ceased and rescheduled. The need to do this should be explained to the consumer.

4.5 If there are ongoing AOD issues identified refer the consumer to the appropriate services, with their consent.

5. Procedure for Visitors

5.1 Immediate Management

Staff should always consider the safety of themselves and others when determining a response to visitors who may be intoxicated. Visitors should be advised of ACT Health policy regarding consumption of AOD.

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Visitors whose behaviour suggests they may be under the influence of AOD and require clinical treatment or resuscitation as a result should be managed as an emergency i.e. taken to the emergency department, activate a Medical Emergency Team (MET) call if on TCH campus, or dial '000' for ambulance/paramedic services.

If a visitor becomes aggressive the principals of de-escalation and conflict resolution should be applied where appropriate. Staff should refer to Preventing and Managing Aggression and Violence in Act Health policy and standard operating procedures.

5.2 Ongoing Issues

See Preventing and Managing Aggression and Violence in ACT Health policy and standard operating procedures.

6. Procedure for ACT Health Staff

6.1 Management

ACT Health staff are required to comply with the ACT Health Code of Conduct which states that staff must not continue to perform duties if under the influence of alcohol or any other drug that inhibits performance.

ACT Health staff suspected of being under the influence of AOD during working hours pose potential risks to themselves and others. This situation must be managed in a way that prevents risk of harm to others whilst being respectful of the privacy of the staff member.

The staff member's manager must be notified. The manager is responsible for:

- Private discussion with the staff member regarding this issue
- Relieving the staff member of duty
- Contacting Human Resource Services to obtain support for appropriate ongoing management of this issue, and
- Follow up discussions with the staff member on return to work.

If clinical treatment or resuscitation is required the staff member should be managed as an emergency i.e. taken to the emergency department, activate a Medical Emergency Team (MET) call if on TCH campus, or dial '000' for ambulance/paramedic services.

Evaluation

Outcome Measures

This SOP will be evaluated annually as part of the policy.

Method

As per policy.

Related Legislation and Policies

Refer to ACT Health Management of Alcohol and/or Other Drug Use (AOD) in ACT Health Facilities policy.

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Definitions

AOD: Alcohol and/or other drugs

Consumer: In this document the term ‘consumer’ refers to any person using ACT Health Services and is interchangeable with the terms ‘patients’ and ‘clients’.

Illicit: Refers to “... a substance obtained and used illegally for its psychoactive or physical effect”. (New South Wales Drug and Alcohol Withdrawal Clinical Practice Guidelines 2007)

Prohibited substance: means a substance to which the medicines and poisons standard, schedule 9 applies. Schedule 9 substances are generally illegal substances that are subject to abuse.

Supply/Trafficking: includes the preparation, manufacture, sale, exchange, agreement to sell, or possession for sale of AOD

Use: ‘using’ refers to introducing the AOD into the body

Possession: knowingly having AOD under one’s custody or control or establishing ownership

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