

Section 23 - Handling Of Unknown/Unidentified Substances

1. Introduction

A patient may be found to be in possession of suspicious powders, tablets, capsules or other substances for which he/she does not have an adequate explanation. Although the exact nature of the substance may be unclear, it could be a drug such as heroin, cocaine, LSD or amphetamines, the possession of which may be an offence under the Misuse of Drugs Act 1971.

The NHS does not permit the use, possession or supply of illegal substances on its premises.

When a member of staff takes possession of the substance, he/she may be placed in a vulnerable position unless it can be demonstrated that the substance was taken for the purpose of delivering it into the safe custody of a person lawfully entitled to possess it or destroy it. It is therefore important that all actions relating to the taking into safe custody or destruction of suspect substances are fully and correctly documented and witnessed, and the procedures below followed.

2. Procedure

- 2.1 The member of staff finding the substance should immediately inform the nurse in charge of the ward/department.
- 2.2 The nurse in charge of the ward/department should place the substance in a suitable secure container with a label identifying the source (patient's initials and CHI number) and a brief description of the contents. The label should be over the seal and signed and dated by the nurse in charge and a medical or nursing witness.
- 2.3 The container should then be placed in a locked controlled drugs cupboard and a record made in the back of the controlled drug register describing the product as an 'unidentified substance'.
- 2.4 The nurse in charge of the ward/department should contact the Senior Nurse on the hospital site and the relevant medical officer in charge of the patient.
- 2.5 On arrival of the Senior Nurse, the nurse in charge of the ward/department should complete Part A of the "Form for removal and destruction of unauthorised drugs or other suspicious substances" which should be witnessed and signed by the Senior Nurse, who will also inform the patient of action taken. The entry at the back of the controlled drug register must be updated with this information.

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- 2.6 Where it is agreed by the Senior Nurse and the patient's medical officer that the quantity of the substance found is consistent with the patient's own personal use, then the hospital pharmacy should be contacted to arrange for the substance to be sent to pharmacy for subsequent destruction *by the Controlled Drug Governance Team Authorised Witness*.
- 2.7 In this case, Points B and C should be completed as indicated, by the Senior Nurse, the relevant medical officer in charge and the pharmacist. One copy of the form should be filed in the patient's medical record and one copy retained by the pharmacy department. , **who will receive a signature from Police Scotland on handover of the substances for destruction.** Part D should be amended to detail the destruction of the substance and be completed by the Controlled Drug Governance Team Authorised Witness and Hospital Pharmacist.

If the patient objects to this course of action, *Police Scotland* must be contacted.

- 2.8 Where either the Senior Nurse or the medical officer in charge, or both consider that the quantity of the substance found is greater than is consistent with the patient's own personal use, then Part B should be completed as indicated and *Police Scotland* contacted by the Senior Nurse.

Where *Police Scotland* cannot attend within 24 hours, or if circumstances require, the suspicious substance and Form should be transferred to the hospital pharmacy as above (27.2.6). Part C should be signed by the receiving pharmacist.

If a police officer attends, the ward staff should endeavour to co-operate fully with the officer. In some cases, the officer may not need to know the identity of the source patient. However, if the officer does need this information, it should be provided by the Senior Nurse or the medical officer.

(In the investigation of an alleged criminal offence, confidentiality is unlikely to be a sufficient defence in law against disclosure.)

The patient will never be questioned or removed from the ward/department if it is considered by the medical officer in charge to be inappropriate on clinical grounds.

Following enquiries, *Police Scotland* will remove the suspicious substance either from the ward/department or from the pharmacy if it has been transferred there. In either case, Part D should be signed by the *Police Officer* and the nurse or pharmacist witnessing the transfer. One copy should be given to the police, one copy retained by the pharmacy department, one copy filed in the patient's medical record and one copy sent to the Chief Nurse.