



Disposal of Illegal Substances

South Georgian Bay Community Health Centre Policies & Procedures			
Section:	Health & Safety	Approved by:	Executive Director
Title:	Disposal of Illegal Substances	Date:	08/07/2020
Effective Date:	01/12/2022	Applies to:	All Employees
Next Review Date:	01/12/2023	Revised Date:	01/12/2022

Policy

The South Georgian Bay Community Health Centre, its staff and volunteers, will under no circumstance accept illegal substances from a client for the purpose of disposal. Staff/volunteers will inform the client that they are to contact the police for disposal.

In the event substances are left at the Centre or at an outreach site, staff is required to make arrangements for disposal. The identity of a client who may have left these substances will not be revealed to the police.

This policy is to be posted on the website.

Procedures

Requests by clients to dispose of illegal substance:

1. Clients requesting information about the disposal of illegal substances will be told the following information:

a. Contact the police directly from their residence and ask that they come and pick up the substances. Clients are to be told that according to police, it is not a crime to seek to dispose of drugs and there will be no penalty for calling for the disposal. No charges will be laid if a parent/guardian finds their child's illegal substances and turn them in.

b. Clients are also to be told that pharmacists will not accept illegal substances for disposal.

2. Should a client seeking to dispose of illegal substances bring it to SGBCHC, they will be told to return home with the substances and follow the procedure above.

3. Discovery of illegal substances at SGBCHC Site

a. In the event that an illegal substance is left by a client without the knowledge of the staff and then found at the Centre, it must be reported to the staff person's clinical manager or the executive director. If the manager or director is not available, staff should seek assistance from another staff member to ensure the substance is handled properly. A phone call to the clinical manager's cell phone with



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information about the discovery and the actions that have been taken to secure the substance until the police arrive.

b. Should a volunteer find an illegal substance, they should immediately report this to their supervisor or other available staff.

c. Staff will use Personal Protective Equipment (PPE) precautions (gloves, and a mask if substance is in powder form) should they need to handle and/or move the substance prior to the arrival of police. The substance may need to be moved if it is found in a location that is accessible to the public.

d. The staff member will call and arrange to have police pick up the substance. If the police cannot make the pickup in a reasonable time, it will be stored in a sealed plastic bag and locked in a file cabinet to await pick up. This bag will be labeled "to be picked up by police-do not remove or handle". The clinical manager will be notified as to location of where item is locked away.

e. The staff person/ will fill out an incident report in accordance with policy and forward it to their clinical manager. The incident report should include: the location where the substance was found, the approximate amount and type of substance, actions taken (including who the discovery was reported to, the amount of time taken for police to arrive and the information provided to the police.

3. Discovery of illegal substances at an Outreach Site

a. Should a staff member discover what is believed to be an illegal substance at an outreach site, they will immediately report it to the Outreach site staff/supervisor. Staff will support the Outreach Site staff to handle the substance in accordance with Outreach Site policy and/or Outreach staff instructions. In no circumstances will SGBCHC staff or volunteer take possession or remove the substance from the Outreach Site for later disposal.

b. An incident report for SGBCHC is to be completed and submitted to their supervisor in accordance with SGBCHC Incident Reporting policy.

Link: [Incident Report](#)

This policy will be reviewed in collaboration with the local OPP or Fire Chief every 2 years through the clinical manager or ED.