

AK0700 CLIENT VALUABLES & PERSONAL EFFECTS

1.0 PURPOSE

To ensure that Client valuables are treated with appropriate respect and due diligence when taken into Interior Health (IH) custody and when otherwise handled by IH staff.

To reduce the occurrence of and potential for complaints, financial loss and liability claims resulting from loss and damage to Clients valuables.

2.0 DEFINITIONS

TERM	DEFINITION
Admitted	When a Client has been accepted into IH's care for any form of healthcare including but not limited to acute care, emergency care, laboratory tests, diagnostics, rehabilitation, out-patients, ambulatory care, day care, social work services and long-term care.
Belongings	Includes valuables and personal effects.
Client	Includes patients and persons-in-care admitted to IH and a Client's personal representative if the Client is incapable, incapacitated or deceased.
Illicit Substance	Any substance listed under Schedule I, II, III, IV or V of the <i>Controlled Drugs and Substances Act</i> that is acquired in a manner not authorized under this Act. Note: Under section 56(1) of the <i>Controlled Drugs and Substances Act</i> , some exemptions for personal possession apply in B.C. ¹
Personal Effects	Includes but not limited to the following: <ul style="list-style-type: none"> • clothing, shoes and outerwear, • prosthetic devices and mobility aids (dentures, glasses, contact lenses, hearing aids, crutches, walkers, wheelchairs, canes etc.) • miscellaneous effects (keys, personal papers, books, laptop computers, portable entertainment products etc.), • sacred items, such as Medicine Pouches, Sweet Grass, Bear Claws, Eagle Feathers, Tobacco Pouch (not cigarettes, cigars, chew) • household items such as furniture, pictures, curtains and small appliances etc., • medications and/or their delivery systems. (over the counter vitamins and medications, glucometer etc.),



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	<ul style="list-style-type: none"> • medical equipment, and • for patients 18 years of age or older: a cumulative total of 2.5 grams or less of opioids, cocaine, methamphetamines, and/or MDMA for personal use.¹
Personal Representative	<p>For the purposes of this policy, the following persons in order of priority:</p> <ol style="list-style-type: none"> a. an Executor or Administrator of the Client's estate (deceased Clients only) b. a Committee of the Client's estate c. a person appointed under the Power of Attorney Act d. the Client's spouse e. a Client's adult child f. a Client's adult grandchild g. a Client's parent h. a Client's adult sibling i. a Client's adult nephew or niece j. any other person related to the Client by blood or adoption k. an adult person having a personal or kinship relationship (including a First Nations Elder) with the Client, other than those referred to above
Prohibited Items	<p>Any type of Weapon, flammable items, or sharp edged objects. Other items may be prohibited based on a Client's needs as determined by Workers, or based on safety/security risks as determined by facility security, protection services, or site leadership.</p> <p>For the purposes of this policy "items" may be read in singular or plural.</p>
Safekeeping	<p>The storage and protection of Client belongings, typically held in a secure and/or locked location or container.</p>
Valuables	<p>Includes, but not limited to the following:</p> <ul style="list-style-type: none"> • money (Clients should not have more than \$20.00 with them during their hospital stay or on hand in long-term care); • credit cards, debit cards, cheque books;

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	<ul style="list-style-type: none"> jewelry (rings, watches, necklaces, earrings, bracelets, anklets, cuff links, tie tacks etc.); and any personal effects which IH receives/removes from a Client for safekeeping. Note: Employees are not responsible for storing or handling opioids, cocaine, methamphetamines, MDMA or other unknown substances that the Client possesses for personal use.
Valuables Envelope	<p>The standard IH wide envelope as set out in Appendix E.</p> <p>http://teamsites.interiorhealth.ca/sites/Technical/DocServ/FormRepo/856110.pdf</p>
Weapons	<p>Anything used, designed to be used or intended for use:</p> <ul style="list-style-type: none"> In causing injury or death, or For the purpose of threatening or intimidating, <p>Includes all firearms, guns (including antique and replica guns), knives, swords etc.</p> <p>Note: Workers may exercise discretion for religious and/or ceremonial items</p>

3.0 POLICY

3.1 IH Obligation

- IH is not responsible for the loss, damage or destruction of Client belongings that Clients have not turned over to IH staff for safekeeping.
- IH has an obligation to ensure Client belongings taken into safekeeping are safe from damage and/or loss while the Client is in IH's care.
- IH has a greater obligation to incapable/incapacitated Clients than the standard obligation to Clients as set out above.

3.2 Client Belongings at Time of Admission

- Clients or their Personal Representatives will be advised at the time the Client is admitted to send home all belongings, except those which the Client requires to manage his/her daily living activities. Clients who are unable to send belongings home should be advised of the availability of safekeeping options. If Clients opt to retain their belongings they should be advised that IH is not responsible for any loss or damage.

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- (b) Clients may, upon request, choose to surrender to IH any belongings which the Client is unable to send home and are not required by the Client to manage his/her daily living activities. Illicit substances permitted under the exemption¹ must be retained by the Client during their stay as personal effects.
- (c) Any belongings surrendered to IH for safekeeping will be considered to be valuables.
- (d) Any belongings not surrendered to IH will be considered as personal effects.
- (e) Patient's own medications should be handled per PHK0700 [Patient's Own Medications and Natural Health Products Policy](#)
- (f) Weapons and other prohibited items should be handled per the Prohibited Item Policy - AW0650.
- (g) Illicit substances not permitted under the exemption¹ should be handled as per Pharmacy Policy - [PHK0600 Controlled Substances](#).
- (h) For Clients 18 years of age or older, a cumulative total of 2.5 grams or less of opioids, cocaine, methamphetamines, and/or MDMA is permitted for personal possession under the *Controlled Drugs and Substances Act*.¹ Employees are not responsible for weighing or determining whether illicit substances in a Client's possession meet this criteria. Employees are not responsible for handling illicit substances in a Client's possession. If personal effects need to be handled and the Client is unable to assist (eg. incapable or incapacitated), employees should avoid touching the substances directly or use appropriate personal protection (eg. mask, gloves) when handling.

3.3 Disposition of Client Valuables

- (a) Client valuables in the safekeeping of IH will be released to the Client or their Personal Representative at the time of discharge from IH's care.
- (b) Deceased Client's personal effects will be removed from the Client or the Client's care area (patient room), inventoried, documented, witnessed and placed into safekeeping with any Client valuables/personal effects that may have already been placed in safekeeping and only released to the Client's personal representative

Note: Release of Client's belongings is allowed for Coroner's cases where the body has not yet been released by the Coroner.

3.4 Unclaimed Client Valuables and Personal Effects

- (a) Reasonable attempts (minimum three attempts to contact) will be made to contact the Client (document on [Valuables Envelope](#)) if valuables are left behind after discharge.
- (b) Valuables unclaimed after 30 days will be stored, disposed of or donated to an appropriate recipient at the discretion of the local Administrator.

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- (c) For the management of illicit substances left behind by clients, please refer to Pharmacy Policy - PHK0600 Controlled Substances.

Note: For the purpose of this section, determining an appropriate recipient will take into consideration such factors as the value of the item(s), the type of item(s), conflicts of interest, ethical considerations and costs associated with storage or disposal etc.

3.5 Liability for Losses

No claims pertaining to loss/damage of Client valuables will be compensated unless it is determined that IH staff was remiss in the handling/safekeeping of Client belongings. (see IH Policy – [AK0300 Claims Management](#)) Where complaints regarding Client valuables are accepted at the Patient Care Quality Office the Patient Care Quality Officer shall determine if compensation for lost/damaged valuables will be provided. Compensation for lost/damaged valuables will come from the Cost Centre where the loss occurred.

4.0 PROCEDURE

Acute Care Inpatients – see Appendix A
Emergency & Outpatients – see Appendix B
Long-Term Care – see Appendix C

Site/Facility Specific Guidelines/Protocols

Each site/facility will be responsible for developing site/facility specific guidelines/protocols for implementing the policy taking into account available resources.

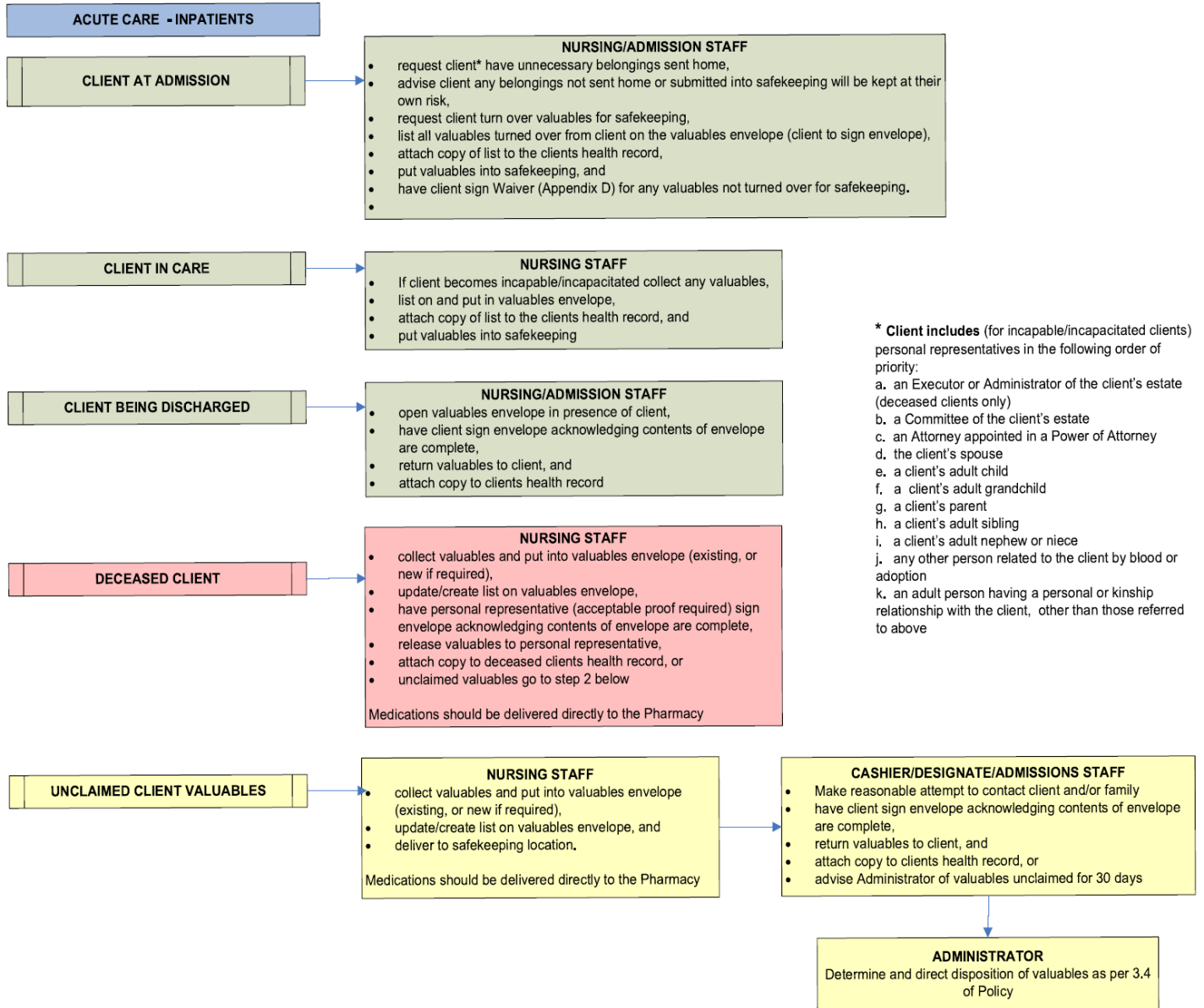
5.0 REFERENCES

1. Health Canada. 2022. *Subsection 56(1) class exemption for adults in the province of British Columbia to possess small amounts of opioids, cocaine, methamphetamine and MDMA*. Health Canada. <https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/exemption-personal-possession-small-amounts-certain-illegal-drugs-british-columbia/subsection-56-1-class-exemption-adults-18-years-age-older.html>
2. Health Care Protection Program Risk Note “Handling Patient/Residents’ Property” (rev. March 2009)
3. IH Policy - AK0300 Claims Management
4. Pharmacy Policy – PHK0600 Controlled Substances
5. IH Policy – AK0400 Incident Management

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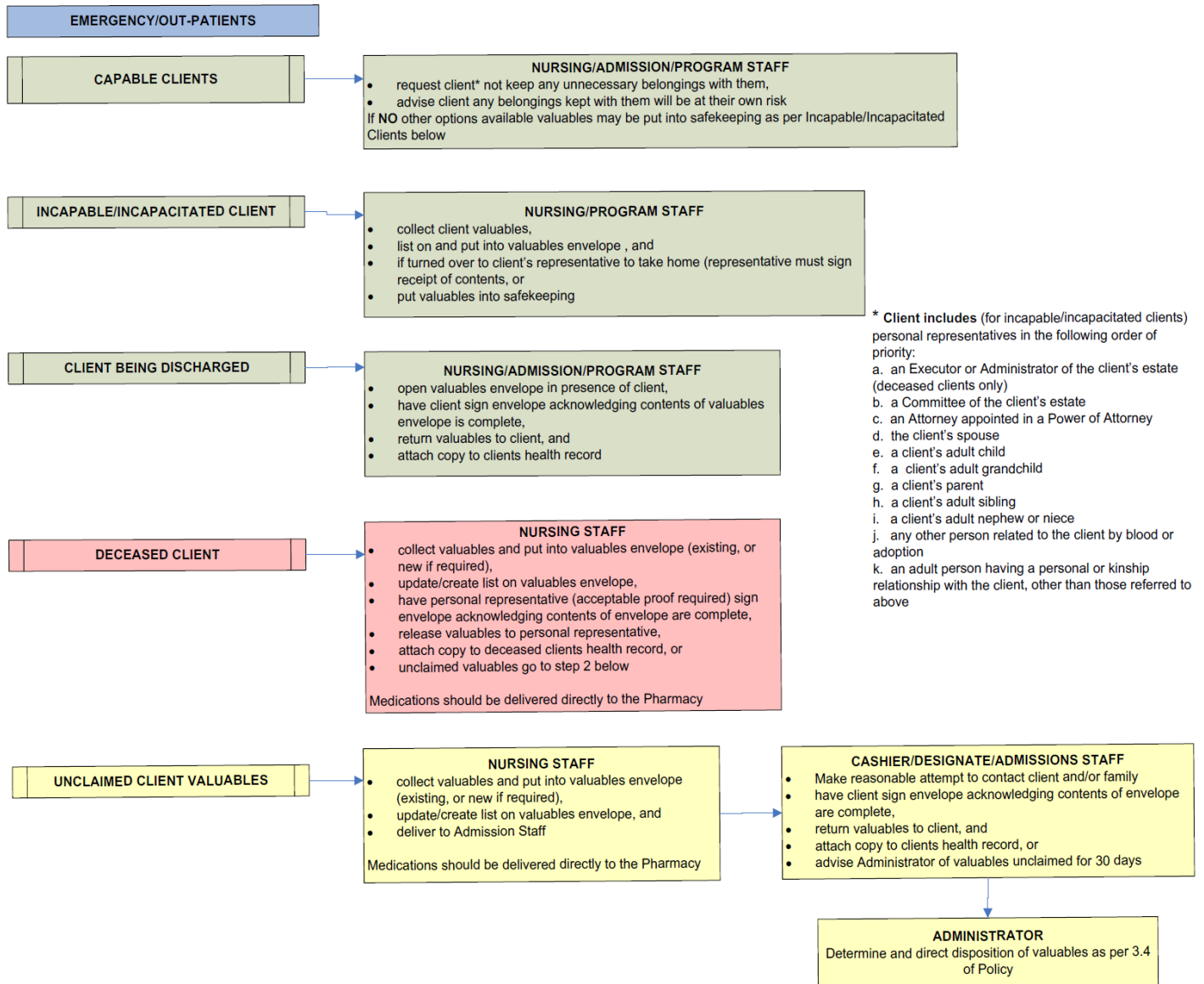
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APPENDIX A



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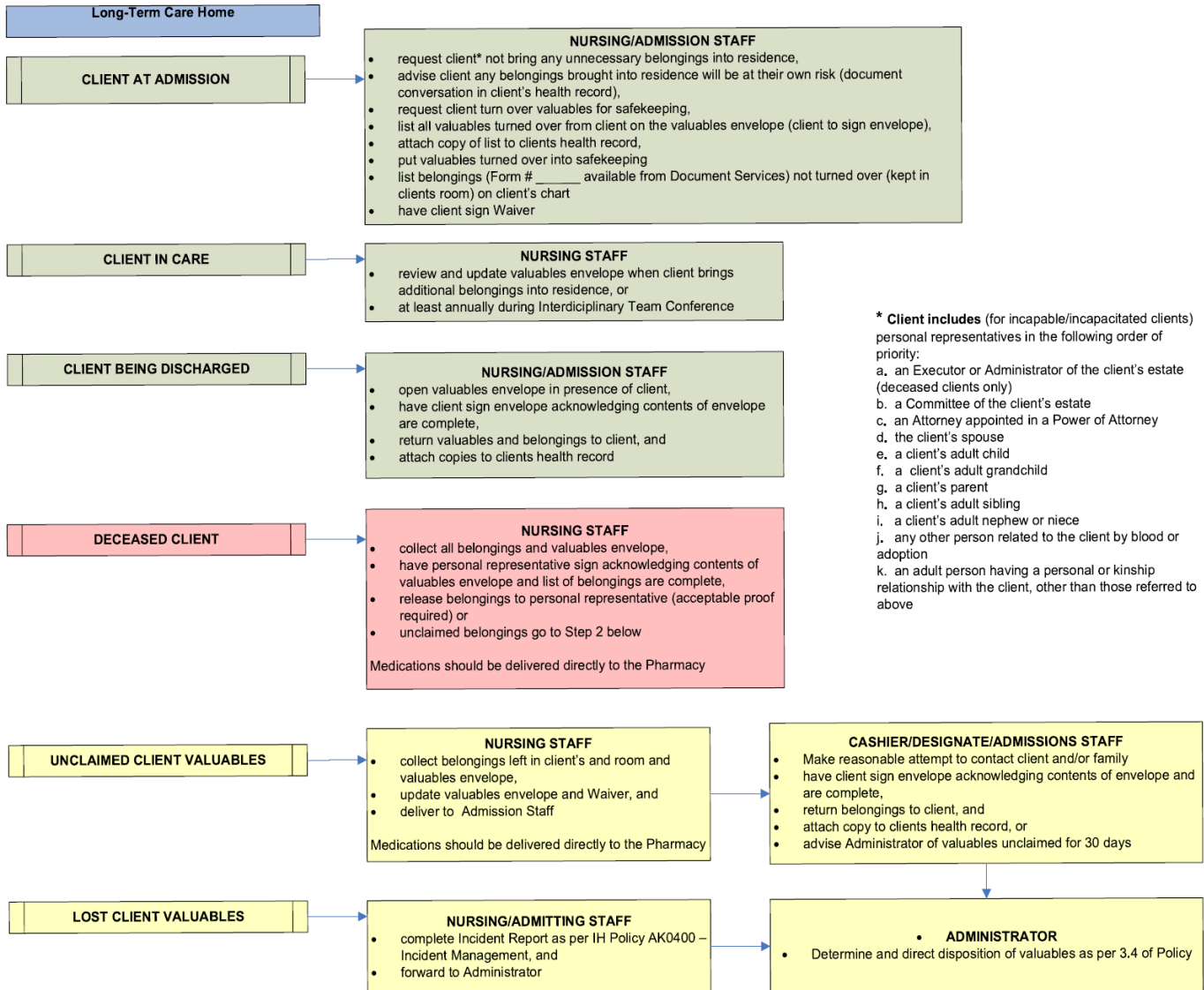
APPENDIX B



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APPENDIX C





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APPENDIX D

addressograph

WAIVER OF RESPONSIBILITY FOR VALUABLES AND PERSONAL ITEMS

Warning: This document affects your legal rights. Please read carefully.

FACILITY (legal name of site): _____

I, _____ understand that, as a Client of the above named Interior Health facility, that Clients are not to bring non-essential items into the facility. Interior Health is not responsible for the loss, destruction of or damage to any personal items or valuables belonging to me that I have brought with me to the facility unless they are placed in safekeeping by IH staff.

I take full responsibility for those personal items and valuables that I keep with me.

Signature of Patient

Signature of Legal Guardian or Responsible Party

Relationship to Client

Witness (Name & Title)

Date

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APPENDIX E

CLIENT VALUABLES ENVELOPE

(available from Document Services)

(TO BE COMPLETED WHEN CLIENT VALUABLES ARE RECEIVED/REMOVED FOR SAFEKEEPING)

THIS FACILITY WILL NOT ASSUME RESPONSIBILITY FOR ARTICLES NOT PUT INTO SAFEKEEPING

VALUABLES DEPOSITED - Valuables deposited: List medications below. Do not put medications in envelope - store on patient care unit per PHK0700					
NAME OF FACILITY:					
CLIENT NAME (please print):				PHN:	
ITEMS (provide sufficient detail to identify item e.g. make, serial #, colour etc.)	CREDIT CARDS (only general cards need to be listed e.g. MasterCard, Visa, Amex etc. – no Sears, Brick etc.)			CASH	
				X 5. =	
				X 10. =	
				X 20. =	
				X 50. =	
				X 100. =	
				Coins	
				Total Cash \$	
Signature of Client or Representative:				Date:	
If no Signature indicate reason: <input type="checkbox"/> Incapable <input type="checkbox"/> Deceased <input type="checkbox"/> Refused – why?					
Person Receiving Valuables:			Signature:		Date:
Witness:			Signature:		Date:
TRANSACTIONS (to record additions or deletions to initial list above. to be completed by person conducting transaction)					
DATE	WITHDRAWAL	BALANCE	ITEM ADDED/REMOVED	PATIENT SIGNATURE	WITNESS SIGNATURE
ANNUAL REVIEW (to record date and name of person conducting annual review of envelope contents)					



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NAME AND POSITION (please print)	DATE	INITIAL
PATIENT TRANSFER (to be completed by person transferring Client)		
Patient being transferred to (name of facility):		
Transferred by (e.g. BCAS):		
Name and signature of person receiving and transferring valuables envelope:		
Name: (please print)	Signature:	Date:
PATIENT DISCHARGE (to be completed by person returning valuables to Client)		
Signature of Client (acknowledging return of all valuables):	Date:	
Person Returning Valuables:	Signature:	Date:
Witness:	Signature:	Date:
UNCLAIMED VALUABLES (indicate attempts to contact Client/representative to claim valuables)		
Method (e.g. letter, phone call, fax, email etc.)	Name (please print)	Date
Valuables Claimed: <input type="checkbox"/> Yes – complete Patient Discharge section <input type="checkbox"/> No – turned over to Administrator		

WHITE COPY (put on Client chart after transfer/discharge) YELLOW COPY (give to Client at admission or if Client incapable put on chart as receipt)



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APPENDIX F

FINAL RELEASE

THIS RELEASE is in respect of damages for PROPERTY LOSS or DAMAGE.

IN CONSIDERATION of the total sum of

_____ Dollars (\$_____)

and which is directed by the undersigned to be paid as follows:

- _____ (Item) (\$_____)
- _____ (Item) (\$_____)
- _____ (Item) (\$_____)
- _____ (Item) (\$_____)
- _____ (Item) (\$_____)

THE UNDERSIGNED hereby for themselves, their heirs, executors, administrators, successors and assigns

- i). release and forever discharge the Interior Health Authority (herein referred to as the "Releasee") from any action, cause of action, or claim for damages specified above where the loss or damage, has been sustained as at the date hereof or may be sustained thereafter, as a result of:

Description of damages:

on or about the _____ day of _____, 20 ____:

- ii) Agree not to make any claim or take proceedings against any person or corporation who might claim contribution or indemnity under provisions of any statute or otherwise;
- iii) Agree that the said payment does not constitute an admission of liability on the part of the Releasee; and
- iv) Declare that the terms of this settlement are fully understood, that the amount stated herein is the sole consideration of this release and that such amount is accepted voluntarily as a full and final settlement of the claim for damages specified above.

Signed at _____ this _____ day of 20__

READ BEFORE SIGNING

In the presence of:

_____ Recipient Printed Name
 _____ Recipient Signature
 _____ Witness Printed Name
 _____ Witness Signature

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