

AW0650 – PROHIBITED ITEMS

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and T̓sílhqot'in Nations, where we live, learn, collaborate and work together.

Interior Health recognizes that diversity in the workplace shapes values, attitudes, expectations, perception of self and others and in turn impacts behaviors in the workplace. The dimensions of a diverse workplace includes the protected characteristics under the human rights code of: race, color, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, criminal or summary conviction unrelated to employment.

1.0 PURPOSE

To create a safe environment for everyone in IH Facilities where IH provides services.

2.0 DEFINITIONS

TERM	DEFINITION
<i>Client</i>	<i>A person who is receiving or has requested health care. The term Client includes residents and patients.</i>
<i>Home and Community Setting</i>	<i>Any setting where a Worker provides services to a Client outside a Facility.</i>
<i>Contractors</i>	<i>Any employee performing work at a Facility, but who is directly employed by a 3rd party. This includes but is not limited to security, volunteers, and employees of other health organizations.</i>
<i>Facility</i>	<i>Any IH owned or leased: acute care facility, clinic, health centre, office, and Long-Term Care facility.</i>
<i>Firearm</i>	<i>A barreled Weapon from which any shot, bullet or other projectile can be discharged and that is capable of causing serious bodily injury or death to a person. Also includes any ammunition, frame or receiver of such a barreled Weapon and anything that can be adapted for use as a Firearm. Includes replica or anything made to appear to be a real Firearm.</i>
<i>Illegal Item</i>	<i>An item of which possession is a crime.</i>
<i>Illicit Substance</i>	<i>Any substance listed under Schedule I, II, III, IV or V of the Controlled Drugs and Substances Act that is acquired in a manner not authorized under this Act.</i>
<i>Law Enforcement</i>	<i>Any agency with authority to conduct a lawful investigation that could lead to criminal charges in Canada.</i>

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<i>Most Responsible Practitioner (MRP)</i>	<i>The Most Responsible Practitioner is the Physician, Nurse Practitioner, Oral Surgeon, or Midwife whose name appears in the Client's chart designated as the MRP and who has overall responsibility for directing and coordinating the care and management of an individual Client.</i>
<i>Non-Client</i>	<i>Any person at a Facility who is not a Client. For the purpose of this policy, workers are also considered non-clients.</i>
<i>Prohibited Item(s)</i>	<i>Any item or object that is intended to cause harm or could reasonably be considered to create undue risk to people or IH facilities.</i>
<i>Reasonable Grounds</i>	<i>Being able to articulate a set of clear and logical facts or circumstances to support a decision, that goes beyond mere suspicion, beliefs, or feelings.</i>
<i>Search</i>	<i>The physical and/or visual examination of a Client's personal possessions, room, or person.</i>
<i>Supervisor</i>	<i>Any person with responsibility for other Workers, a department, program or Facility. For example, this includes but is not limited to a Charge Nurse, Patient/Client Care Coordinator, Practice Lead, Manager, Director, Administrator, etc.</i>
<i>Weapon</i>	<i>Anything used, designed to be used or intended for use:</i> <ul style="list-style-type: none"> • <i>in causing injury or death; or</i> • <i>for the purpose of threatening or intimidating.</i> <i>Includes all Firearms & ammunition (including antique, replica, airsoft, and pellet guns), knives or sharp edged objects, etc.</i>
<i>Workers</i>	<i>All IH employees (contract and non-contract), Medical staff, volunteers, students, and Contractors.</i>

3.0 POLICY

3.1 Scope

- 3.1.1 This policy applies to all Facilities, services, and programs, including Home and Community Settings where Workers provide service.
- 3.1.2 This policy applies to all Clients, Non-Clients and Workers.
- 3.1.3 This policy applies during routine situations. In the event someone in possession of Prohibited Items is acting in an aggressive or threatening manner, Workers follow their sites emergency response procedures for Code White or Code Silver.

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3.2 Policy Statements

- 3.2.1 Prohibited Items are not permitted in an IH Facility. Prohibited Items include but are not limited to any type of:
- Firearm;
 - Weapon;
 - Illegal Item(s);
 - Illicit Substances, except in locations where personal possession of Illicit Substances is permitted (see exceptions section);
 - Bear spray;
 - Lighter fluid; or
 - Other items may be prohibited if they are reasonably considered to pose an undue risk to individuals or Interior Health (IH) facilities. This determination may be made by workers, facility security, or the Most Responsible Practitioner, with final decisions made by Protection Services leadership and/or site leadership, as appropriate.

Exceptions

- Law Enforcement personnel, BC Sherriff's, Corrections Officers, as well as on-duty armored car personnel, who are lawfully authorized and required to carry Firearms for the course of their duties are exempt from this policy.
 - Supervisors and/or Most Responsible Practitioners may determine additional Prohibited Items from specific Clients and/or departments based on risk and nature of services provided and implement additional measures for screening for the presence of Prohibited Items.
 - Clients in Long-Term Care must request exceptions to this policy through a Supervisor for personal items such as a small pocket-knife so long as it adheres to the [Weapons in Long-Term Care Protocol](#).
 - Ceremonial or religious Weapons (e.g., sheathed Kirpan) are permitted unless a safety/security risk arises.
 - Illicit Substances for personal possession are permitted within designated overdose prevention sites and services, and drug checking services.
 - All other exceptions must be requested through the Policy Sponsor, Policy Steward, or their designate(s).
- 3.2.2 All individuals entering IH facilities must be made aware of what constitutes Prohibited Items through clear signage and/or when necessary and safe, by Workers.

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3.2.3 Anyone in possession of Prohibited Items must remove the Prohibited Item(s) from the Facility, or relinquish the Prohibited Item(s) to a Worker in accordance with [AK0700 Safekeeping of Client Personal Belongings Policy](#).

3.2.3.1 **At no time will Workers store Illicit Substances.** Relinquished Illicit Substances are handled in accordance with either [PHK0300](#) or [PHK0600](#). The Client must be offered care planning and clinical supports, including withdrawal support, in alignment with a harm reduction approach as per [AH5000](#).

3.2.3.2 **At no time will Workers store Firearms and/or Illegal items,** which must be immediately turned over to Law Enforcement. In accordance with [AF0500 – Law Enforcement Access to Clients & Client Information](#), Client information will generally not be provided to the Law Enforcement when turning over Illegal Items. Should there be unusual circumstances such as concerns for public safety (e.g. discovery of Firearms, explosives or evidence indicating someone else may be at risk of harm), a Supervisor shall determine if it is appropriate information to release to Law Enforcement.

3.2.3.3 **Clients'** Prohibited Items that are not Illegal, an Illicit Substance, or a Firearm can be stored by IH. If the Client is unable to make arrangements to store the Prohibited Items off site, they must be temporarily relinquished and stored by IH in a manner that ensures the Client does not have direct access to Prohibited Items.

- Security, where available, are responsible for securing knives and other potential Weapons.
- Where Security is not available, Workers store Prohibited Items in a manner to ensure the client does not have direct access to Prohibited Items.

3.2.3.4 **Non-Clients'** are asked to remove Prohibited Items from the facility, if practical. If a Non-Client has Prohibited Items that are not Illegal nor a Firearm and the Non-Client is unable to make arrangements to store the Prohibited Items off site, Workers may temporarily store Prohibited Items through a Facility's lost and found procedure, or through an alternative method approved by site administration, ensuring appropriate documentation is in place.

3.2.4 **Return Prohibited Items** that were temporarily relinquished for safekeeping. The method of returning Prohibited Items is determined based on an assessment of risk factors, and consideration of options to safely return the Prohibited Items.

3.2.4.1 Illicit Substances are never returned and are handled in accordance with either [PHK0300](#) or [PHK0600](#).

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3.3 Non-compliance

- 3.3.1 Workers address non-compliance using trauma-informed, person-centred, and culturally safe principles, prioritizing the underlying care needs and safety of those involved. Provide opportunities for Client to remove or relinquish Prohibited Item as stated in 3.2.3. and address non-compliance in a progressive process.
- 3.3.2 *The Canadian Charter of Rights and Freedoms (s.8)* guarantees protection against unreasonable search and seizure. If a Client search is deemed necessary to protect people, it must be done in the least intrusive yet effective manner with the Clients consent prior to the search. If consent is not provided, Workers must have Reasonable Grounds to conduct the search and must complete a [Patient Search Checklist](#).
- 3.3.3 If a Worker suspects a Client or Non-Client is non-compliant with this policy, take the following actions:
 - 3.3.3.1 **Clients in Acute or Residential settings:** Workers, Supervisors, and/or the Most Responsible Practitioner (MRP) consider options that include modification to a care plan, conducting a Search of their person, their room, and/or their belongings., and/or discharge. If a search occurs and Prohibited Items are found, manage as per section 3.2.3.
 - 3.3.3.2 **Clients in outpatient settings:** Are not subject to search under this policy and instead have their services suspended, and are asked to leave the facility immediately.
 - 3.3.3.3 **Clients receiving care in Home and Community Settings:** Are informed of this policy and screened for the presence of accessible Weapons in accordance with the the [Hazard Assessment and Reduction Plan](#) (HARP) and [Weapons in the Home Protocol](#) prior to services being provided. Clients in Home and Community Settings are not subject to search under this policy and instead Workers immediately withdraw services and remove themselves from the premises if there are Reasonable Grounds that a Client has immediate access to Weapons or other prohibited items that could pose a hazard.
 - 3.3.3.4 **Non-Clients:** Are not subject to search under this policy and instead are asked to leave the facility immediately.

3.4 For further guidance and information, please refer to the [Standard Process for Prohibited Items](#) document.

4.0 PROCEDURES

For further guidance and information, please refer to the [Standard Process for Prohibited Items](#) document.

4.1 Roles and Responsibilities
 4.1.1 **Workers:**

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- 4.1.1.1 Support awareness and compliance with Prohibited Items policy.
- 4.1.1.2 Report concerns to their Supervisor, and on-site Security, where available.
- 4.1.1.3 If in consultation with Supervisor, and Security where available, it is deemed safe, inform the person of IH Prohibited Items policy and request they comply with the policy.
- 4.1.1.4 Support appropriate course of action as determined by the Supervisor and/or MRP.

- 4.1.2 **Security**, where available, will:
 - 4.1.2.1 Safely secure knives and other potential Weapons, other than Firearms, that were not able to be removed from the Facility.
 - 4.1.2.2 Determine appropriate method of returning Prohibited Item(s).
 - 4.1.2.3 Conduct a search under the supervision of the Client’s care provider(s), if a search is deemed necessary by a Client’s care team, and either informed consent has been given, or Reasonable Grounds have been formed.
 - 4.1.2.4 Where security is not available, Workers and their Supervisor determine actions based on an assessment of risk factors, and consideration of options.

- 4.1.3 **Supervisors**
 - 4.1.3.1 Determine how to respond.
 - 4.1.3.2 If a search is deemed necessary:
 - 4.1.3.2.1 Confirm Informed Consent has been given or there are Reasonable Grounds to proceed with a search.
 - 4.1.3.2.2 Determine appropriate method of Search, in the least intrusive manner possible.

- 4.1.4 **Most Responsible Practitioner**
 - 4.1.4.1 If person believed to be in possession of a Prohibited Item is a Client, the Most Responsible Practitioner must determine if treatment is imminently necessary. If not, in support of this policy, the MRP may discharge or suspend services to the Client.

5.0 REFERENCES

- [PHK0600 Controlled Substances](#) policy
- [Weapons in the Home Protocol](#)
- [Weapons in Long-Term Care Protocol](#).
- [Standard Process – Prohibited Items](#)
- AK0700 – [Safekeeping of Client Personal Belongings](#)

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- AF0500 – [Law Enforcement Access to Clients and Client Information](#)
- AH5000 – [Harm Reduction – People Who Use Substances Policy](#)
- AH5500 – [Non-Medical Cannabis policy](#)
- PHK1000 – [Medical Cannabis policy](#)
- Client Prohibited Property, Management of. Working Paper 1.0 (Draft) Interior Health Authority (IH) 14/09/2007
- Risk Note: Patient Searches Health Care Protection Program (HCCP) August 2007, Updated January 2012
- [LTCH0110](#) Residents' Own Alcohol or Non-Medical Cannabis Storage, Service and Consumption of
- [LTCH0100](#) Purchase, Service and Consumption of Liquor and Cannabis in Long-Term Care Home
- Searching Patients and Patient Areas for Contraband International Association for Healthcare Security and Safety (IAHSS)
- April 2009, Revised Oct 2010 Fraser Health policy: "Patient Searches" (draft-2016)
- Vancouver Island Health Authority policy 9.2.6 "Weapons and Prohibited Items in the Workplace Policy"
- Vancouver Coastal Health Authority policy HR_2100 "Weapons in the Workplace"
- Vancouver Coastal Health Authority protocol "Weapons in the Workplace – Protocol for VCH Community"
- Canadian Charter of Rights & Freedoms

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