


## PHARMACY PROCEDURE

**CATEGORY:** System-Level Clinical  
**ISSUE DATE:** December 2017  
**SUBJECT:** **DIVERSION OF CONTROLLED DRUGS  
AND SUBSTANCES**

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### PURPOSE

To maintain patient and staff safety by identifying, reporting and investigating any diversion of Controlled Drugs and Substances (CDS).

### PROCEDURE

#### Method

#### Prevention of Diversion

1. Pyxis Machines:
  - A. CDS are stored in a locked Pyxis machine in patient care areas.
  - B. Access is limited to authorized individuals using personalized identification.
  - C. Pyxis machines have several warning systems in place to alert users. Menu timeouts ensure that the Pyxis user's profile is logged out.
  - D. The addition of permanent users may only be done by Pharmacy Automation and Information Systems staff.
  - E. Unresolved discrepancies will result in loss of staff access if not resolved within 72 hours.
2. Individual controlled Pyxis pockets are used for all narcotics and CDS.
3. Tamper-proof devices are placed on narcotic infusions.
4. Locked boxes in fridges are available for patient-specific narcotic products requiring refrigeration. The key to the locked box is controlled in Pyxis.
5. CDS are ordered and reconciled by pharmacists, and received in Pharmacy by authorized personnel.

#### Identification of Diversion

Area/Individual	Method
<b>Pharmacy</b>	<ul style="list-style-type: none"> <li>CII Safe variance reports identify diversion within Pharmacy.</li> <li>CII Safe manual counts are completed each time there is a removal to reconcile with the console.</li> </ul>
<b>Clinical Manager</b>	<ul style="list-style-type: none"> <li>Monthly CDS reports are generated and distributed to clinical managers/CQI managers for review.</li> <li>Override reports are reviewed daily by the pharmacist/pharmacy technician</li> </ul>

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Area/Individual	Method
	teams. Any issues identified are brought to the attention of the clinical manager for investigation on his/her unit. <ul style="list-style-type: none"> <li>Pyxis activity reports based on medication and or user(s), as required.</li> </ul>
Staff	<ul style="list-style-type: none"> <li>Staff may identify signs of diversion among their colleagues (<b>Appendix B</b>). Suspicion by any staff member should be immediately reported to his/her manager.</li> </ul>

Investigation of Suspected Diversion

Individual	Method
Pharmacy Management	<p>If diversion is suspected within Pharmacy:</p> <ol style="list-style-type: none"> <li>1. Generate required reports from Pyxis or CII Safe.</li> <li>2. Review reports.</li> <li>3. Conduct staff/witness interviews.</li> <li>4. Involve Occupational Health and Safety as needed.</li> </ol>
Clinical Manager	<p>If diversion is suspected on a nursing unit:</p> <ol style="list-style-type: none"> <li>1. Determine if any risk or harm has occurred to staff or patient/visitor. Take appropriate action if harm has occurred.</li> <li>2. Secure any evidence, such as medication vials or syringes.</li> <li>3. Collaborate with Pharmacy for generation of appropriate reports.</li> <li>4. Conduct staff/witness interviews.</li> <li>5. Review reports generated by Pharmacy.</li> <li>6. Review patient charts, if necessary.</li> <li>7. Involve Occupational Health and Safety as needed.</li> </ol>

Reporting of Suspected Diversion**Internal Reporting**

- Any staff member suspicious of diversion, whether they are aware of the diverter or not, must report the suspicion to their clinical manager.
- The clinical manager will investigate and contact the Pharmacy Director for assistance with the investigation (i.e. generation of reports if required).

**External Reporting**

- Where trafficking of a CDS is suspected, the clinical manager in collaboration with the CEO/delegate will report the suspicion to the Greater Sudbury Police Service as required by federal law.
- The Health Canada *Loss or Theft Report Form for Controlled Substances and Precursors* will be completed, if required.

**EDUCATION AND TRAINING****Definitions**

- Controlled Drugs and Substances: Narcotics and controlled substances as defined in the *Controlled Drugs and Substances Act* Schedule I, II, III or IV.
- Diversion: Intentionally and without proper authorization, using or taking possession of a Controlled Drug or Substance from HSN supplies, patients, or through the use of prescription, ordering or dispensing systems. Diversion means any criminal act involving a prescription drug.

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**References and Related Documents**

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Carlson, S and Corsara, A. (2012). A Systemized Approach to Combat Drug Diversion.

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Controlled Substance Diversion, Detection and Prevention Program. Elements of Best Practice. eAppendix. Mayo Clinic.

Diversion of Drugs within Health Care Facilities, a Multiple-Victim Crime: Patterns of Diversion, Scope, Consequences, Detection and Prevention. Berge KH et al. Mayo Clin Proc. 2012.

Diversion Prevention and Detection – A Cardinal Health Professional Services Publication. Capital Health. 2006.

HSN Automated Medication Dispensing Unit Safe Use standard

HSN Controlled Substances - Discrepancy or Loss policy

HSN Employee Substance Misuse procedure

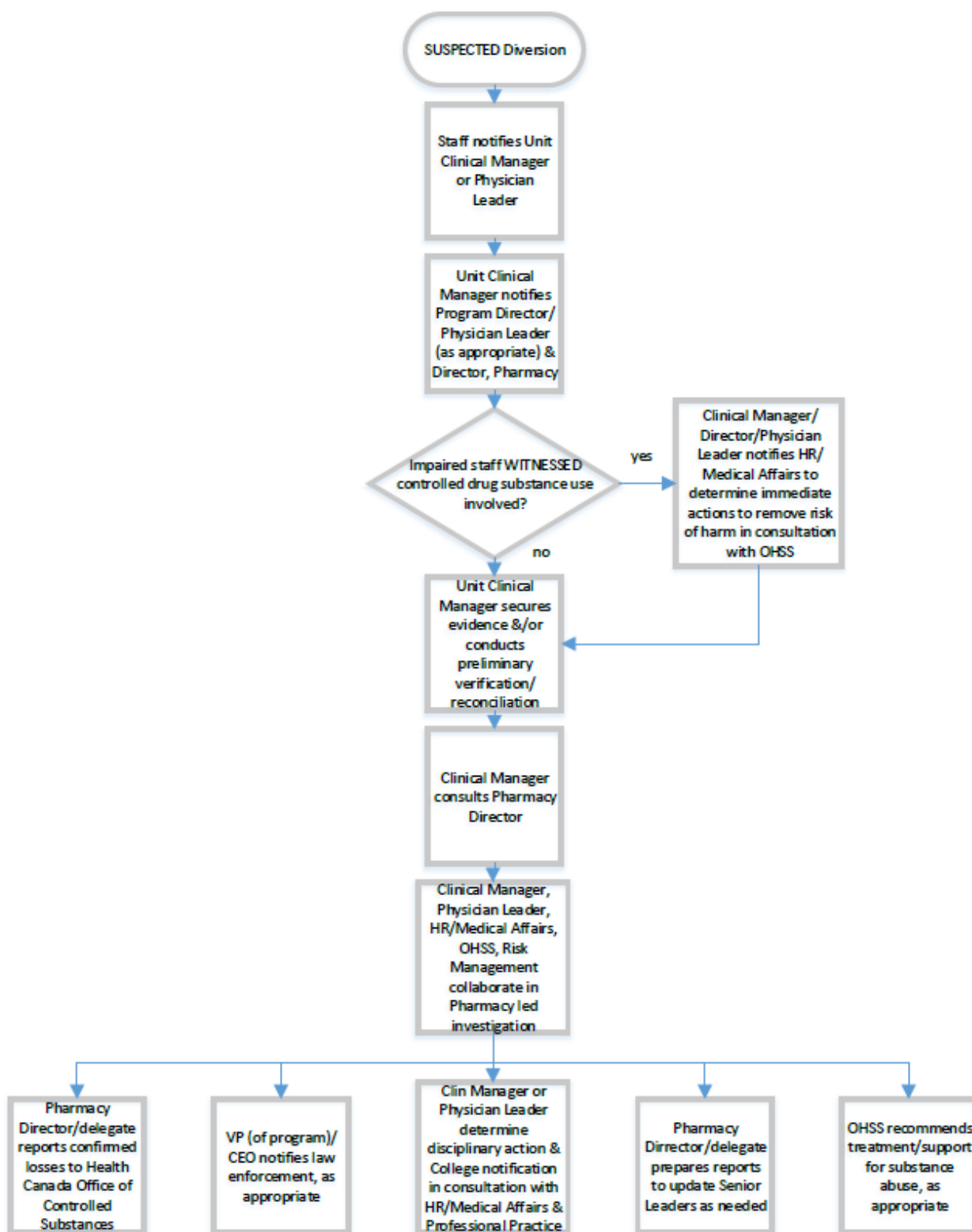
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## APPENDIX A

Reporting/Identifying Diversion of Narcotic and Controlled Drugs

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## **APPENDIX B**

### Potential Signs and Symptoms of Drug Diversion

- Work absenteeism – absences without notification, excessive number of sick days
- Arriving early, staying late and coming to work on scheduled days off
- Volunteering to give medications to other nurses' patients
- Frequent disappearances from the work site, long unexplained absences, frequent or long trips to the bathroom
- Excessive amounts of time spent near a drug supply
- Unreliability in keeping appointments and meeting deadlines
- Work performance which alternates between periods of high and low productivity and may suffer from mistakes made due to inattention, poor judgment and bad decisions
- Confusion, memory loss, difficulty concentrating or recalling details or instructions; ordinary tasks require greater effort and consume more time
- Interpersonal relations with colleagues, staff and patients suffer
- Rarely admits errors or accepts blame for oversights or errors
- Heavy or excessive "wastage" of drugs
- Regularly signing out large quantities of narcotic and controlled drugs
- Sloppy record keeping or discrepancies in record keeping
- Progressive deterioration in personal appearance and hygiene
- Signing out medications for patients who have been discharged, transferred or at a time when the patient is off the unit for a test/procedure or signing out medications under "fake" patient names
- Uncharacteristic deterioration of handwriting and charting
- Wearing long sleeves when inappropriate
- Personality change – mood swings, anxiety, depression, lack of impulse control, suicidal thoughts or gestures
- Patient and staff complaints about health care provider's changing attitude/behavior
- Patients reporting unrelieved pain despite adequate pain medication
- Increasing personal and professional isolation