

Crosstown Clinic: Medication Diversion (Staff)

Site Applicability

Crosstown Clinic

Practice Level

Basic: RN/RPN, Clinic Assistant Support Worker, Clinic Coordinator, Patient Care Manager

Policy

- The Controlled Drugs and Substances Act stipulates that health care professionals, including RNs and RPN's, must control inventory of narcotics in the workplace.

Need to Know

- This guideline is used when the nursing team is unable to locate a syringe and/or when they are not able to complete the narcotic count/inventory at the end of a shift.
- All controlled drugs are counted and recorded at the start of day shift, at shift change and end of evening shift. Shift change count is conducted by a nurse from the outgoing and a nurse from the incoming shift. The diacetylmorphine and HYDROMORPHONE are recorded in the Opiate Assisted Treatment (OAT) database. Any errors are recorded in the notes section of the inventory record.
- All other controlled drugs are recorded in the inventory binder.
- All controlled drugs are counted and recorded when received by the nursing team from pharmacy staff. Any errors are communicated to pharmacy immediately.
- All syringes are identified and counted at the end of each group by the provision nurse. Syringes are checked to make sure it is the correct label and there are no signs of tampering (i.e. same BD syringe brand, special marking on syringe placed randomly by staff).
- Cameras are located in the clinic to monitor the flow of medication through the clinic and footage can be utilized as needed.

Equipment and Supplies

OAT database

Safety tongs (kept beside the large sharps container)

Sharps Gloves (kept beside the large sharps container)

Protocol

- A. If diversion is witnessed**, approach the staff and discuss privately what you witnessed.
 - Notify Clinic Coordinator (CC) and Patient Care Manager (PCM) about the incident immediately

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- Complete a Patient Safety Learning System (PSLS) report
- B. **If diversion is suspected** or if staff shows signs and symptoms of possible substance use disorder:
 - If appropriate approach your colleague privately and voice your concerns and seek mutual resolution, then voice your concerns to CC and PCM
 - If not appropriate, please bring your concerns to your CC and PCM so they can follow up with that staff member

Documentation

- **Staff Diversion** – if diversion is known or suspected, it must be documented in an official email to PCM.
- Narcotic and Controlled Drug Incident Report form (two copies of the triplicate form are to be sent to Pharmacy and the other kept by the clinic for record keeping).

Related Documents

1. [CA-6000](#) VCH-PHC High-Alert Medication Policy
2. [BCCNP Practice Standards: Duty to report](#)
3. [BCCNP Signs and symptoms of possible substance use disorder](#)

References

1. British Columbia College of Nursing Professionals (2018), Practice Standard Medication Administration. CRNBC: Author.
2. British Columbia College of Nursing Professionals (2018), Practice Standard Medication Inventory Management. CRNBC: Author.
3. Controlled Drugs and Substances Act. Retrieved from <http://laws-lois.justice.gc.ca/eng/acts/C-38.8/>

Persons/Groups Consulted:

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