

# Crosstown Clinic: Medication Diversion (Clients)

## Site Applicability

Crosstown Clinic

## Practice Level

Basic: RN/RPN, Clinic Assistant Support Worker, Most Responsible Prescriber (MRP), Clinic Coordinator, Patient Care Manager

## Policy

- The Controlled Drugs and Substances Act stipulates that health care professionals, including RNs and RPNs, 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 narcotics and controlled drugs are counted and recorded at the start of day shift, at shift change and at the end of the evening shift. Shift change count is conducted by a nurse from the outgoing and a nurse from the incoming shift. The Diacetylmorphine and HYDROmorphine are recorded in the Opiate Assisted Treatment (OAT) database. Any errors are recorded in the notes section of the inventory record.
- All narcotics and 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).
- Clients must be monitored for diversion of medication while they are in the injection room.
- Cameras are located in the clinic to monitor the flow of medication through the clinic and footage can be utilized as needed.
- Clients cannot be left unattended anywhere in the clinic.

## Equipment and Supplies

OAT database

Safety tongs (kept beside the large sharps container)

Sharps Gloves (kept beside the large sharps container)

## PROTOCOL

### Injection Room Flow to Prevent Diversion:

1. All doors to the injection room (IR) must be closed at all times.
2. Clients will be asked to leave belongings such as big jackets, backpacks etc. on the hooks on the wall provided in the injection room, clinic or waiting room area.
3. There must be a maximum of 8 clients in the injection room at any given time.
4. Keep noise to a minimum.
5. Two client identifiers (full name and date of birth) must be used by the provision nurse when providing the client with medication for self-injection.
6. Client sits or stands at a designated station (injecting in the middle of the room is not allowed).
7. At a minimum, 2 staff (nurses and/or clinic assistants) are present in the injection room and are responsible for watching the clients inject to prevent attempts at diversion of medication.
  - a. One staff will be monitoring booths 1 through 4
  - b. One staff will be monitoring booths 5 through 8
  - c. Additional staff will be handing out supplies
  - d. When one staff member is cleaning the stations between clients, the other staff are watching the clients.
8. All staff watch the clients to be sure they see the needle enter the skin and that all medication is injected.
9. All staff need to watch for hidden receptacles that could be injected into or switched out.
10. Clients return all syringe pieces (barrel, needle tip/cap, and label) through the disposal chute.
11. Provision nurse checks that all syringe pieces (barrel, needle tip/cap and label) are accounted for prior to the end of the group time and before any group members are allowed to leave the clinic.

### Scenario 1: Client Diversion: Diversion is witnessed

- Two staff must speak to the client in a private space about the witnessed diversion or missing syringe or label. In a respectful and non-confrontational manner, the staff must tell the client exactly the behavior that was witnessed.
- If the syringe or label is found, the client is given a verbal warning and a reminder about the importance of returning the syringe and label or not taking medication out of the clinic.
- If the syringe or label is not found, the staff give the client an opportunity to relinquish the medication or missing syringe or label.
- If client refuses, ask for consent to search their belongings in front of 2 staff
  - If syringe is found, it is returned and the most responsible physician, clinic coordinator, and patient care manager (if needed) are notified about the incident.
  - If syringe is not found, the client will meet with the clinic coordinator (or charge nurse if this happens on evenings or weekends) and most responsible physician regarding the incident. An appropriate plan of action will be decided by the team.
  - If the client refuses to consent to a search of their belongings, then the video footage will be reviewed at the earliest opportunity to confirm or deny diversion. If, after viewing the video footage, it is still unclear the clinic coordinator and most responsible physician will determine the most suitable plan.
  - Initiate or update a behaviour support plan (PHC-NF502).

- Document the incident in Electronic Medical Record (EMR).
- Every attempt should be made to engage client and get diverted medication back.
- If appropriate, complete a Patient Safety Learning System (PSLS).

### Scenario 2: Syringe not found at inventory count

- Provision nurse and the float nurse check all bins and surrounding area in the cage and the nursing vault in the basement.
- All staff on shift are asked to check their belongings
  - If the syringe is found, the inventory continues
  - If the syringe is not found, a note is made in inventory notes section and count is restarted.
  - PCM and CC are notified of the incident immediately
- If syringe is not found, a Narcotic Incident Report is filled out and left for the Clinic Coordinator and Patient Care Manager to review
- Complete a Patient Safety Learning System (PSLS) report

### Documentation

- **Client Diversion** – if diversion is known or suspected, the incident must be documented in the EMR (using typing template **ITCG\**) and in the charge report.
- A PSLS report is also required for suspected or witnessed diversion by a client.
- 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. [High-Alert Medication Policy](#)
2. Form No. PHC-NF502 Behaviour Support Plan
3. [B-00-12-10121](#)-Narcotics: Counting and Auditing
4. [B-00-12-10123](#)-Narcotics: Wastage

### 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:**

Nursing group, Crosstown Clinic

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