

# Drug Diversion of Controlled Substances Protocol

## Focus

The purpose of this protocol is to describe the processes by which Vancouver Coastal Health (VCH) and Providence Health Care (PHC) will report, investigate and follow up on signs of [Drug Diversion of Controlled Substances](#).

## Site Applicability

This protocol applies to [Staff](#) across VCH and PHC, including its programs and services.

## Requirements

- All VCH and PHC Staff must report any signs of Drug Diversion (see [Appendix B](#)) to a manager or designate, or to the [VCH Whistleblower Hotline](#) or to the [PHC Safe Reporting Line](#).
- When notified of signs of Drug Diversion, unit managers, directors, and Department Heads (or their designates) will perform activities to identify, assess and to manage immediate safety concerns and risks including [Patient, Client or Resident](#) or Staff harm.
- The Pharmacy Compliance Lead will coordinate each investigation, ensuring stakeholders have the information and context they require to complete components they lead, and supporting the implementation of actions, processes, and/or workflow modifications to mitigate future instances of Drug Diversion.

## Algorithms

[Appendix A: Process Maps](#)

## Need to Know

- According to Statistics Canada, 18 to 21% of the general population will meet the criteria for a substance use disorder, which includes alcohol, cannabis and other drugs, at least once during their lifetime. This statistic includes healthcare workers.
- Healthcare workers are at risk for using and diverting drugs because of the stressful work environment, injuries and/or pain, compassion fatigue and the availability of drugs.

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## Protocol

Role	Phase	Action
All VCH-PHC Staff	1: Identification	<ol style="list-style-type: none"> <li>Must report any signs of drug diversion to a manager or designate, or to <ul style="list-style-type: none"> <li><a href="#">the VCH Whistleblower Hotline, or</a></li> <li><a href="#">the PHC Safe Reporting Line</a></li> </ul> </li> </ol>
Unit manager and/or director/ Department Head, or designate	1: Identification	<ol style="list-style-type: none"> <li>Manage immediate safety concerns and risks including <ol style="list-style-type: none"> <li>Assess for probability of client, patient, and resident harm, and take actions to ensure their safety; <ol style="list-style-type: none"> <li>Notify the physician (<i>if required</i>) if patient, client, or resident requires adjustment of missed or diluted prescribed medication.</li> </ol> </li> <li>Assess for probability of Staff harm, and take actions to ensure their safety per established processes (e.g. after-hours situations); <ol style="list-style-type: none"> <li>Notify Human Resources Advisor and Integrated Protection Services Coordinator if actions are required to ensure Staff receive psychological health and safety supports if necessary (for more information, see the <a href="#">VCH Safety, Health &amp; Wellness page</a>, and the <a href="#">PHC Psychological Health + Safety page</a>).</li> <li>If the Staff is a physician, contact the <a href="#">BC Physician Health Program</a>.</li> <li>If the Staff is impaired, removing them from the immediate work area.</li> </ol> </li> </ol> </li> <li>Secure evidence (such as medication vials, syringes, documentation, as well as photos) in accordance with local processes. In the absence of local processes, contact Risk Management and/ or Integrated Protection Services</li> <li>Secure unit controlled drug stock (in collaboration with Integrated Protection Services), by replacing locks on any narcotics cupboards and issuing new key(s) (for units without automated dispensing cabinets), and facilitating any necessary processes to change access to specified medications (i.e. notify nurses responsible for narcotic cupboard keys of access changes, change combinations on locks, notify Pharmacy Informatics/ site-based automated dispensing cabinet administrators to make required changes).</li> </ol>

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		4. Notify the Site Pharmacy Coordinator (or designate), and completes narcotic incident report per established processes (e.g. PSLS report).
	2: Notification	1. Notify Human Resources Advisor, Site Pharmacy Coordinator (or designate), Professional Practice Director (or designate, if the Staff is a regulated professional within the scope of Professional Practice), and Senior Medical Director (if the Staff is a physician).
	3: Investigation	1. Attend Investigative Team meetings and support the investigation as needed (e.g. gather information, prepare for and conduct interviews with Staff).
	4: Actioning	1. If the practice of the Staff is believed to constitute a danger to the public or if Drug Diversion is confirmed to have occurred, report the Staff to the appropriate regulatory college (in consultation with the Professional Practice Director or Investigative Team member responsible to liaising with the relevant college), and provide the college with requested information.
	5: Organizational Reporting	1. Review the draft final report for the investigation and offer feedback.
	6: Follow-up actions	1. Complete any follow-up actions assigned to them in the final report (e.g. staff education, workflow modifications, policy development).
<b>Human Resources Advisor</b>	1: Identification	1. In collaboration with the Integrated Protection Services Coordinator, support the unit manager/ director with actions to support Staff safety as required. 2. If the reported signs of Drug Diversion involve a Staff exhibiting signs of impairment, manage the situation to ensure safe transport of the Staff from the site, and to minimize risk of harm to the Staff and others.
	2: Notification	1. When informed that reported signs of Drug Diversion have been identified, ensures Pharmacy Compliance Lead (or designate) has been notified.
	3: Investigation	1. If Staff is identified: <ul style="list-style-type: none"> <li>a. support the unit manager/ director in development of interview questions and other preparation for an interview with the Staff (in accordance with established labour relations processes and collective bargaining agreements);</li> </ul>

		<ul style="list-style-type: none"> <li>b. document all findings; and</li> <li>c. lead processes to address employment status and conditions.</li> </ul>
	4: Actioning	<ul style="list-style-type: none"> <li>1. Collaborate with unit manager/ director and other relevant Investigative Team members and other teams (e.g. Workplace Health) to make decisions regarding the employment status of the Staff.</li> <li>2. Participate in decision-making regarding reporting to police, and make the police report if necessary (e.g. if evidence suggests Controlled Substances were provided to a third party);               <ul style="list-style-type: none"> <li>a. When a decision to report to police is made, document all relevant facts, rationale for the decision, and persons involved in the decision-making process.</li> </ul> </li> <li>3. If police intend to make an arrest, work with the manager, the Integrated Protection Services Coordinator, and VCH-PHC Communications to manage the situation until the investigation is complete.</li> </ul>
	5: Organizational Reporting	<ul style="list-style-type: none"> <li>1. Review the draft final report for the investigation and offer feedback.</li> </ul>
	6: Follow-up actions	<ul style="list-style-type: none"> <li>1. Complete any follow-up actions assigned to them in the final report (e.g. staff education, workflow modifications, policy development).</li> </ul>
<b>Pharmacy Compliance Lead, or designate</b>	2: Notification	<ul style="list-style-type: none"> <li>1. Upon being informed of signs of Drug Diversion, notify the following leaders that an investigation will be commencing:               <ul style="list-style-type: none"> <li>a. The Executive Director of the site, and Director of the unit/ program;</li> <li>b. Lower Mainland Pharmacy Services Executive Director, and Pharmacy Directors responsible for the site and drug diversion investigations;</li> <li>c. Human Resources Director;</li> <li>d. Integrated Protection Services Director;</li> <li>e. Risk Management Regional or Corporate Director;</li> <li>f. Relevant Professional Practice Directors (if a regulated professional within the scope of Professional Practice is involved);</li> <li>g. Relevant Department Head and Senior Medical Director (if a physician is involved);</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>h. Relevant Human Resources Director from Staff's Health Authority (if a Lower Mainland Consolidated employee is involved)</li> <li>i. Other stakeholders as required.</li> </ul>
		<ul style="list-style-type: none"> <li>2. Verify with Unit Manager/ Director/ Department Head and Site Pharmacy Coordinator (or designates) that evidence has been secured.</li> <li>3. Verify initial reporting is completed (e.g. Health Canada Controlled Substance Loss or Theft Report).</li> </ul>
3: Investigation		<ul style="list-style-type: none"> <li>1. Convene representatives from stakeholder teams (specified in the Process Map) to join the Investigative Team.</li> <li>2. Facilitate Investigative Team and its meetings to summarize information collected to date, identify additional information to collect, and determine appropriate actions based on collection of evidence.</li> </ul>
4: Actioning		<ul style="list-style-type: none"> <li>1. Ensure appropriate Investigative Team members have information needed to take actions for which they are responsible (e.g. determine if police involvement is needed, report Staff to regulatory college).</li> </ul>
5: Organizational Reporting		<ul style="list-style-type: none"> <li>1. Ensure the investigation is completed, and gather results from the Investigative Team members.</li> <li>2. Prepare a draft report for VCH-PHC Senior Executive and Investigative Team members, containing facts, findings, determination of whether Drug Diversion occurred, and proposed actions – do not include the Staff's name nor information regarding disciplinary actions taken and medical supports provided to Staff in the report.</li> <li>3. Collect feedback on the draft report from Investigative Team members, and revise accordingly.</li> </ul>
6: Follow-up actions		<ul style="list-style-type: none"> <li>1. Assign follow-up actions to Investigative Team members and/or other teams in VCH-PHC, based on the actions identified by the Investigative Team.</li> </ul>
<b>Site Pharmacy Coordinator, or designate</b>	1: Identification	<ul style="list-style-type: none"> <li>1. Review all inventories and usage patterns of Controlled Substances in units where signs of Drug Diversion occurred.</li> <li>2. Review the physical area to identify gaps in drug storage, access and distribution.</li> <li>3. Make changes to access to specified medication storage devices (e.g. automated dispensing cabinets, narcotic cupboard keys) when necessary.</li> <li>4. Complete and submit a <a href="#">Health Canada Loss or Theft Report</a> form based on available information.</li> </ul>

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	2: Notification	1. When informed that signs of Drug Diversion have been identified, ensure Pharmacy Compliance Lead (or designate) has been notified.
	3: Investigation	1. Attend Investigative Team meetings and support the investigation as needed.
	5: Organizational Reporting	1. Review the draft final report for the investigation and offer feedback.
	6: Follow-up actions	1. Complete any follow-up actions assigned to them in the final report (e.g. staff education, workflow modifications, policy development).
<b>Pharmacy Director, or designate</b>	4: Actioning	1. For regulated pharmacy staff, prepare a report (as per the <i>Health Professions Act s32.2</i> ) and submit to the College of Pharmacists of British Columbia.
		2. For pharmacy students, prepare a "Letter of Allegation" and submit to the educational institution and, where applicable, the College of Pharmacists of British Columbia.
		3. Obtain the recommendations and outcomes of the College of Pharmacists of British Columbia's investigation and provide the information to Human Resources.
		4. Implement required actions if conditions on practice are applied or if license to practice is revoked.
<b>Executive Director, Lower Mainland Pharmacy Services, or designate</b>	2: Notification	1. Notify the relevant VCH-PHC Vice President(s) that a Drug Diversion investigation has commenced. 2. Notify VCH-PHC Communications as recommended in consultation with the Vice President(s).
	5: Organizational Reporting	1. Submit the final report to the relevant VCH-PHC Vice President(s) and Chief Executive Officer as applicable.
<b>Professional Practice Director, or designate</b>	2: Notification	1. When informed that signs of Drug Diversion have been identified, ensure Pharmacy Compliance Lead (or designate) has been notified.
	3: Investigation	1. Attend Investigative Team meetings. 2. Support the investigation as needed (e.g. advises Investigative Team on practice standards).
	4: Actioning	1. For regulated professionals within the scope of Professional Practice, collaborate with the manager of the unit in which signs of Drug Diversion occurred to prepare and submit a report to the regulatory/licensing body (as per the <i>Health Professions Act s32.2</i> and <i>Social Workers Act s39</i> ) when required.

		<ol style="list-style-type: none"> <li>For regulated students within the scope of Professional Practice, collaborate with the unit manager and the student's educational institution to prepare and submit a report (as per the <i>Health Professions Act s32.2</i> and <i>Social Workers Act s39</i>) to the regulatory/licensing body.</li> <li>Collaborate with the unit manager/ director and Human Resources Advisor to implement required actions if conditions on practice are applied or if license to practice is revoked.</li> </ol>
	5: Organizational Reporting	<ol style="list-style-type: none"> <li>Review the draft final report for the investigation and offer feedback.</li> </ol>
	6: Follow-up actions	<ol style="list-style-type: none"> <li>Complete any follow-up actions assigned to them in the final report (e.g. staff education, workflow modifications, policy development).</li> </ol>
<b>Senior Medical Director, or designate</b>	3: Investigation	<ol style="list-style-type: none"> <li>Support the investigation as needed (e.g. advises Investigative Team on physician practice standards).</li> <li>If a physician is identified as a person of interest,               <ol style="list-style-type: none"> <li>collaborate with the Department Head and <a href="#">BC Physician Health Program</a> to support the interview process (e.g. by developing questions),</li> <li>document all findings,</li> <li>lead processes to address employment status and conditions.</li> </ol> </li> </ol>
	4: Actioning	<ol style="list-style-type: none"> <li>For physicians/ residents/ medical students, collaborate with the Department Head of the unit in which the signs of diversion occurred to prepare and submit a report to the College of Physicians and Surgeons of BC (as per the <i>Health Professions Act s32.2</i>).</li> <li>Obtain the recommendations and outcomes of the College of Physicians and Surgeons of BC's investigation.</li> <li>Implement required actions if conditions on practice are applied or if license to practice is revoked.</li> <li>Collaborate with the Department Head to make decisions regarding the employment status of physicians.</li> <li>Collaborate with other teams within or external to VCH-PHC as needed to make and implement these decisions.</li> <li>Along with the Department Head, participate in decision-making regarding reporting to police if the Staff is a physician, and participate in making the police report if necessary (e.g. if evidence suggests diverted medication was provided to a third party)</li> </ol>



		<ol style="list-style-type: none"> <li>a. When a decision to report to police is made, document all relevant facts, rationale for the decision, and persons involved in the decision-making process.</li> </ol>
		<ol style="list-style-type: none"> <li>7. If police intend to make an arrest, work with the Department Head and the Integrated Protection Services Coordinator to manage the situation (e.g. determine a strategy to manage perceived risk and minimize the impact on the workplace, consult with police on the strategy) until the investigation is complete, and notifies VCH-PHC Communications.</li> </ol>
	5: Organizational Reporting	<ol style="list-style-type: none"> <li>1. Review the draft final report for the investigation and offer feedback.</li> </ol>
	6: Follow-up actions	<ol style="list-style-type: none"> <li>1. Complete any follow-up actions assigned to them in the final report (e.g. staff education, workflow modifications, policy development).</li> </ol>
<b>Risk Management Director, or designate</b>	3: Investigation	<ol style="list-style-type: none"> <li>1. Attend Investigative Team meetings and support the investigation as needed (e.g. advises on when patient disclosure is required).</li> </ol>
	4: Actioning	<ol style="list-style-type: none"> <li>1. Participate in decision-making regarding reporting to police, and make the police report if necessary (e.g. if evidence suggests diverted medication was provided to a third party).               <ul style="list-style-type: none"> <li>○ When a decision to report to police is made, document all relevant facts, rationale for the decision, and persons involved in the decision-making process.</li> </ul> </li> <li>2. Facilitate patient disclosure processes if necessary.</li> </ol>
	5: Organizational Reporting	<ol style="list-style-type: none"> <li>1. Review the draft final report for the investigation and offer feedback.</li> </ol>
	6: Follow-up actions	<ol style="list-style-type: none"> <li>1. Complete any follow-up actions assigned to them in the final report (e.g. staff education, workflow modifications, policy development).</li> </ol>
<b>Integrated Protection Services Coordinator, or designate</b>	1: Identification	<ol style="list-style-type: none"> <li>1. In collaboration with the Human Resources Advisor, support the unit manager/ director to support Staff safety as required.</li> <li>2. If the signs of Drug Diversion involve a Staff exhibiting signs of impairment, manage the situation to ensure safe transport of the person of interest from the site, and to minimize risk of harm to Staff and others.</li> </ol>
	3: Investigation	<ol style="list-style-type: none"> <li>1. Advise on and support evidence containment activities by Investigative Team, and advises of further requirements.</li> <li>2. Review video surveillance and access control system information as indicated.</li> </ol>

		3. Conduct a security review of the area in question, identify opportunities for improvement, and provide recommendations for risk mitigation.
	4: Actioning	<ol style="list-style-type: none"> <li>1. Participate in decision-making regarding reporting to police, and make the police report if necessary (e.g. if evidence suggests diverted medication was provided to a third party). <ol style="list-style-type: none"> <li>a. When a decision to report to police is made, document all relevant facts, rationale for the decision, and persons involved in the decision-making process.</li> </ol> </li> <li>2. If police intends to make an arrest, work with the unit manager/ director and the Human Resources Advisor to manage the situation (e.g. determine a strategy to manage perceived risk and minimize the impact on the workplace, consult with police on the strategy) until the investigation is complete, and notifies VCH-PHC Communications.</li> </ol>
	5: Organizational Reporting	1. Review the draft final report for the investigation and offer feedback.
	6: Follow-up actions	1. Complete any follow-up actions assigned to them in the final report (e.g. staff education, workflow modifications, policy development).
<b>Director of Workplace Health and Safety or designate</b>	4: Actioning	<ol style="list-style-type: none"> <li>1. <a href="#">Provide supports</a> required by Staff (e.g. facilitates referrals) during and after the investigation process.</li> <li>2. Collaborate with the unit manager, Human Resources Advisor, Professional Practice Director and others where applicable, for return to work agreements or changes to work assignments or scope of practice.</li> </ol>
<b>Relevant VCH-PHC Vice President(s)</b>	2: Notification	1. Notify the Chief Executive Officer that a Drug Diversion investigation has commenced, when necessary.
	5: Organizational Reporting	1. Shares final report with the Chief Executive Officer, when necessary.

## Related Documents

### Related Policies

- [Controlled Substances – Procurement and Inventory Control – LMPS - Policy](#)
- [PHC Information Privacy and Confidentiality Policy](#)
- [PHC Theft, Fraud, and Corruption Awareness Policy](#)
- [PHC Staff Mental Health and Mental Wellness Policy](#)
- [PHC Waste: Pharmaceutical Waste Disposal](#)
- [VCH Fraud and Theft Policy](#)
- [VCH Whistleblower Policy](#)
- [VCH Disposal: Acute Care – Pharmaceutical Wastage policy](#)
- [VCH-PHC Drug Diversion of Controlled Substances policy](#)

### Related Guidelines/Procedures/Forms

- [Automated Dispensing Cabinets: Omnicell \(PHC\)](#)
- [Automated Dispensing Cabinets: Omnicell \(VA\)](#)
- [Automated Dispensing Cabinets: Omnicell \(Coastal\)](#)
- [Community Medication Standard \(VCH\)](#)
- [Omnicell Dispensing Cabinets \(RH\)](#)

## References

- British Columbia College of Nurses & Midwives. (n.d). Duty to report: narcotic diversion and substance abuse impairing practice. Retrieved from [https://www.bccnm.ca/RN/learning/dutyreport/drug\\_diversion/Pages/reporting\\_responsibilities.aspx](https://www.bccnm.ca/RN/learning/dutyreport/drug_diversion/Pages/reporting_responsibilities.aspx)
- British Columbia College of Nurses & Midwives. (n.d). Reporting suspected impaired practice or narcotic diversion in the workplace. Retrieved from [https://www.bccnm.ca/RN/learning/dutyreport/drug\\_diversion/Pages/Default.aspx](https://www.bccnm.ca/RN/learning/dutyreport/drug_diversion/Pages/Default.aspx)
- Burn, J. (2007). Addiction. A Nurses Story. American Journal of Nursing. Retrieved from [https://journals.lww.com/ajnonline/Fulltext/2007/08000/Addiction\\_A\\_Nurse\\_s\\_Story.35.aspx](https://journals.lww.com/ajnonline/Fulltext/2007/08000/Addiction_A_Nurse_s_Story.35.aspx)
- Carlson, S., & Corsara, A. (2012). A Systemized Approach to Combat Drug Diversion. Retrieved from [http://www.pppmag.com/article/1041/January\\_2012/A\\_Systematized\\_Approach\\_to\\_Combat\\_Drug\\_Diversion/](http://www.pppmag.com/article/1041/January_2012/A_Systematized_Approach_to_Combat_Drug_Diversion/)
- Eastern Health (2015). Drug Diversion Reporting and Response. St. John's, Newfoundland.
- Fraser Health (2020). Drug Diversion - Reporting and Response – Clinical Policy. Surrey, British Columbia
- Statistics Canada. (2015). Rates of selected mental or substance use disorders, lifetime and 12 month, Canada, household population 15 and older, 2012. Ottawa, Canada. Author. Retrieved from: <https://www150.statcan.gc.ca/n1/pub/82-624-x/2013001/article/tbl/tbl1-eng.htm>

## Legislation

*Benzodiazepines and Other Targeted Substances*, B.C. Reg. 217/2000.

*Controlled Drugs and Substances Act*, RSC 1996, c. 19.

*Criminal Code*, RSC 1985, c. C-46.

*Food and Drug Act*, RSC, 1985, c. F-27.

*Food and Drug Regulations*, C.R.C. Reg. c.870.

*Health Professions Act*, RSBC 1996, c. 183.

*Narcotic Control Regulations*, C.R.C. Reg. c. 1041.

*Social Workers Act*, RSBC 2008, c. 31.

## Definitions

**“Controlled Substance”** means a substance included in Schedule I, II, III, IV or V of the *Controlled Drugs and Substances Act*.

**“Drug Diversion”** means intentionally and without proper authorization, using or taking possession of a drug, drug substitution, and other drug theft from organization supplies, patients, residents, clients, or through the use of prescription, ordering or dispensing systems. Examples of drug diversion include but are not limited to the following:

- Controlled substance theft;
- Theft of patient’s own controlled substances medications
- Forging or inappropriately modifying a prescription;
- Using or taking possession of drug waste (i.e., left over or unused controlled substances, contents of “sharps” containers);
- Substitution/dilution of a drug or administering different amounts of drug than what was ordered and documenting amount administered falsely.

**“Patient, Client, and Resident”** means a patient, client, resident or person in receipt of healthcare services within VCH and/or PHC.

**“Staff”** means all unionized and non-contract employees (including management and leadership), medical staff members (including physicians, midwives and dentists), nurse practitioners, residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by VCH and/ or PHC.

**“Targeted Substance”** means a controlled substance included in Schedule 1 of the *Controlled Drugs and Substances Act*, *Benzodiazepines and Other Targeted Substances Regulations* (SOR/2000-217) or a product or compound that contains the controlled substance.

## Appendices

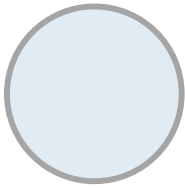
- [Appendix A: Process Maps](#)
- [Appendix B: Signs of Drug Diversion](#)

## Appendix A: Process Maps

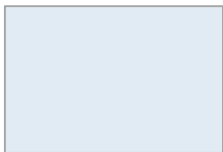
### Legend: Process Map Symbols



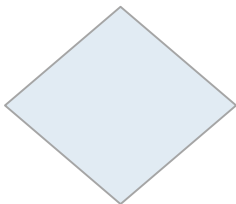
**Terminator** – represents the start of a Phase or the end of a multi-Phase Process



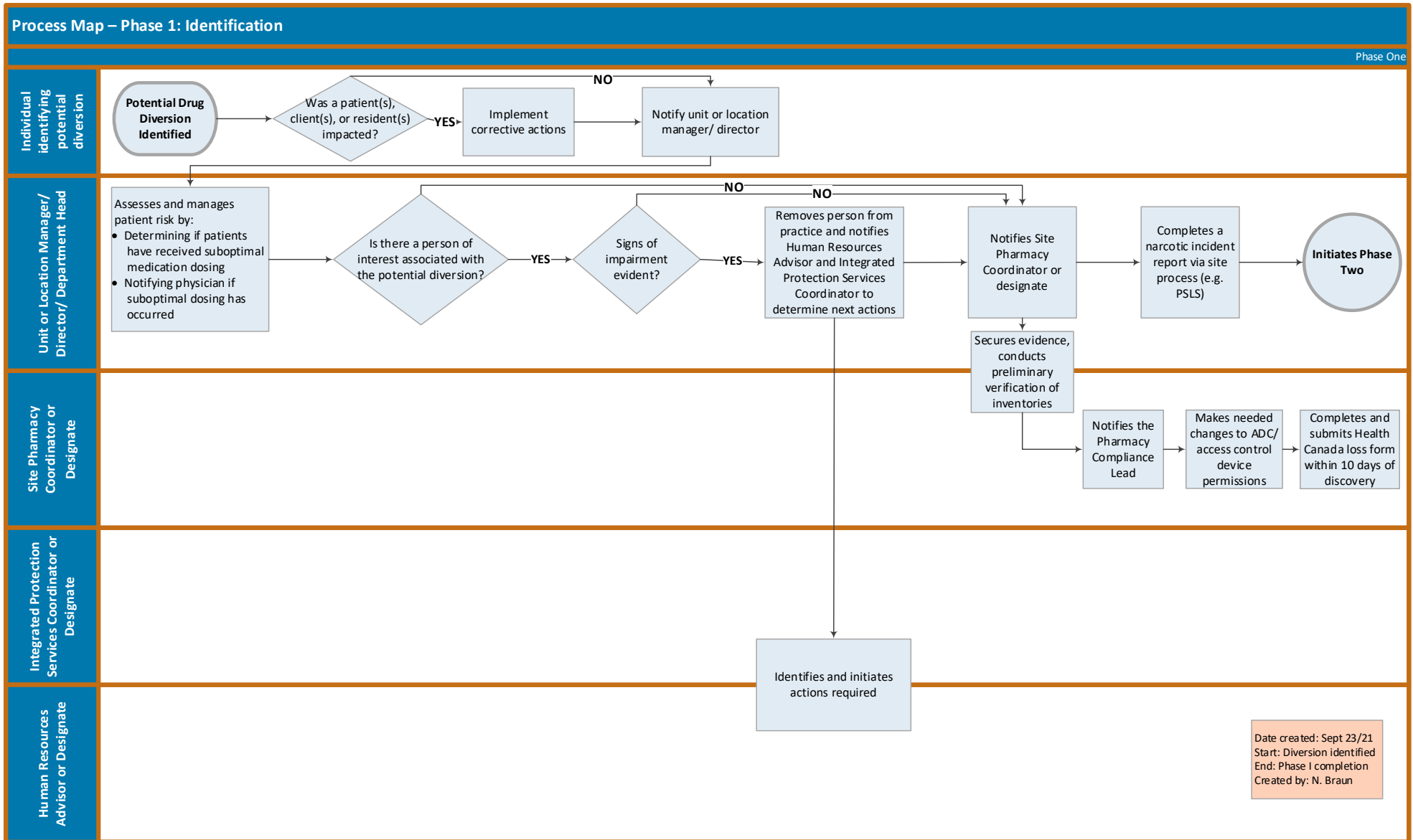
**Connector** – represents the end of a Phase within a multi-Phase Process



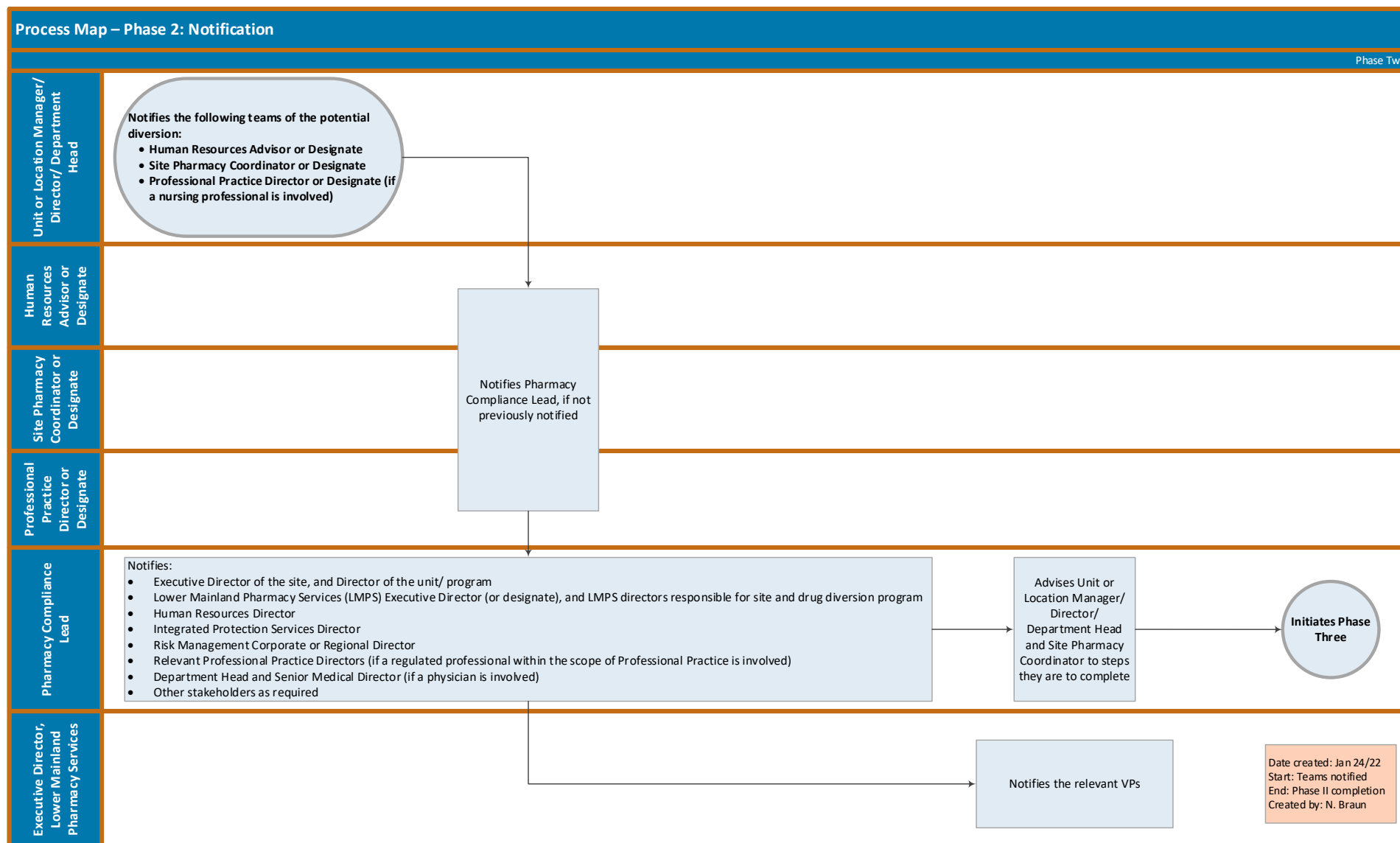
**Step** - represents steps in the Process



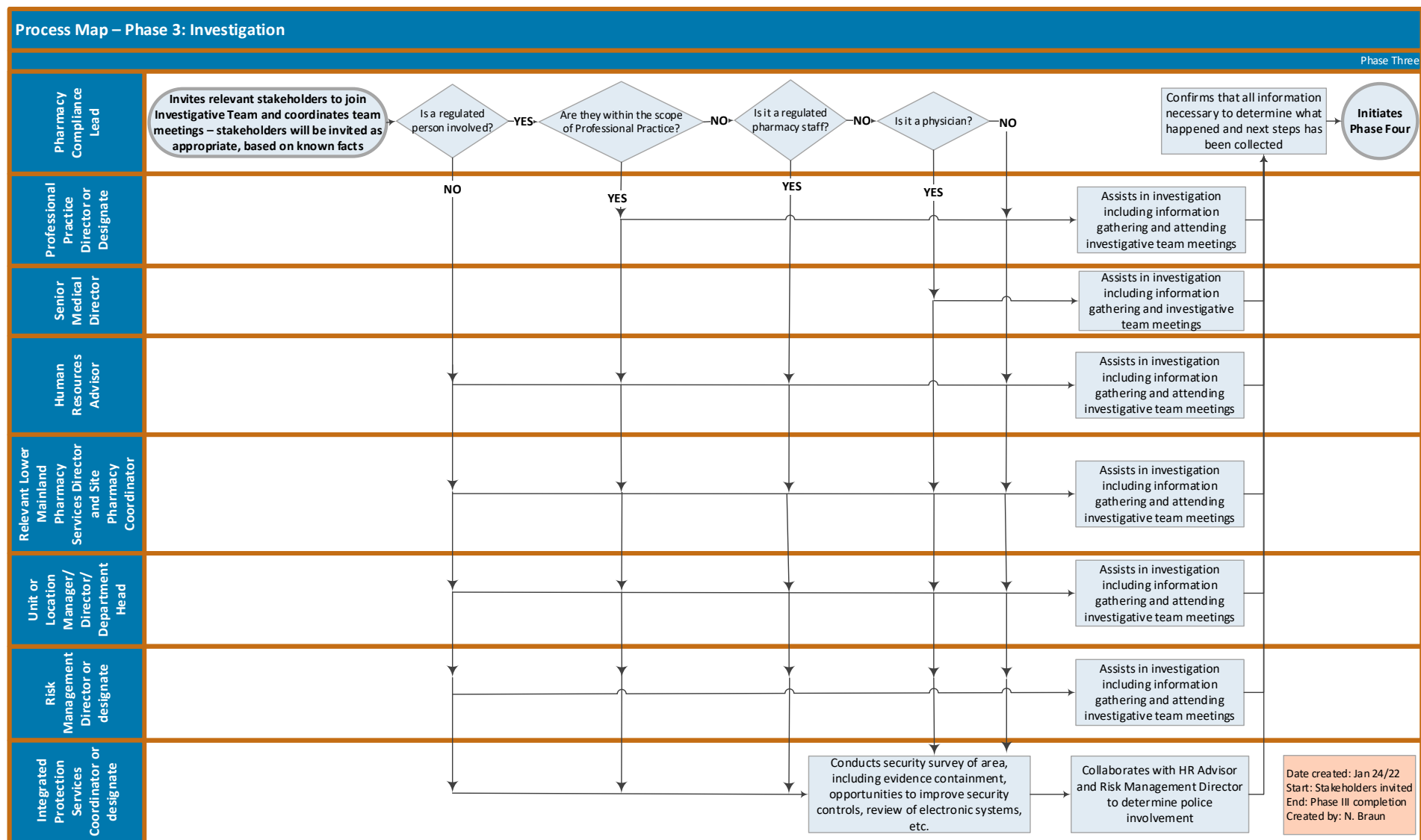
**Decision** – represents a decision that is required to move forward with the Process



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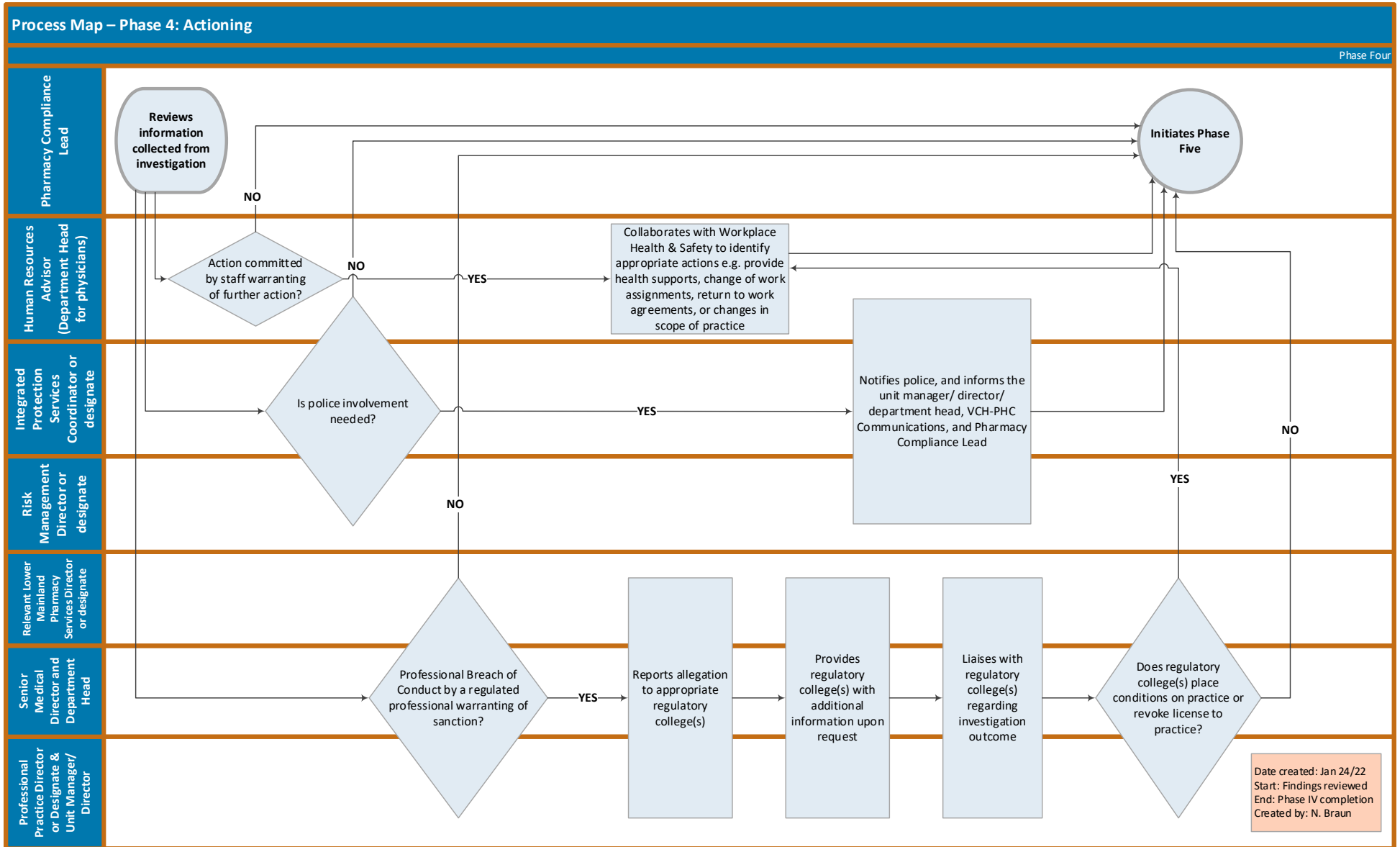


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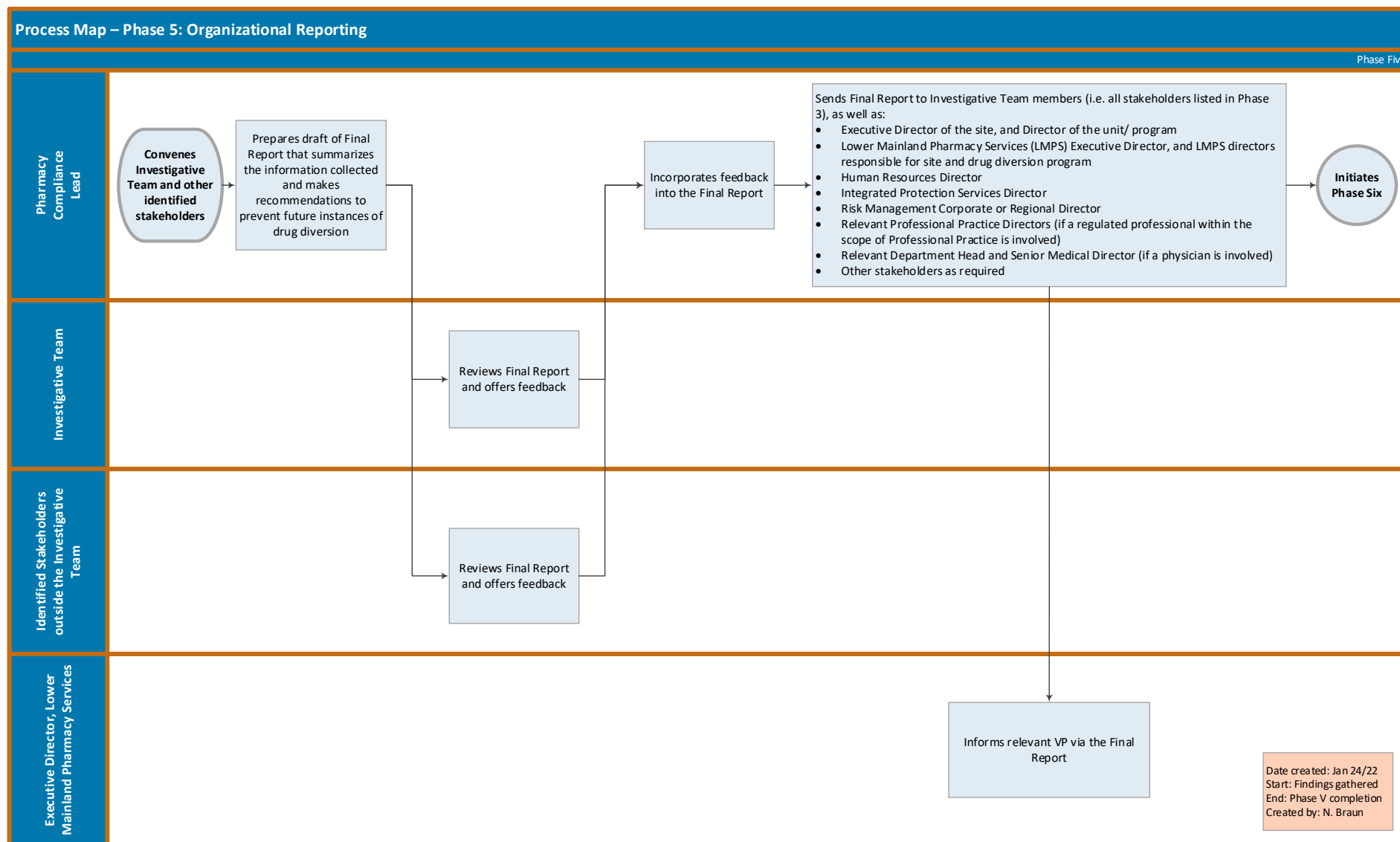


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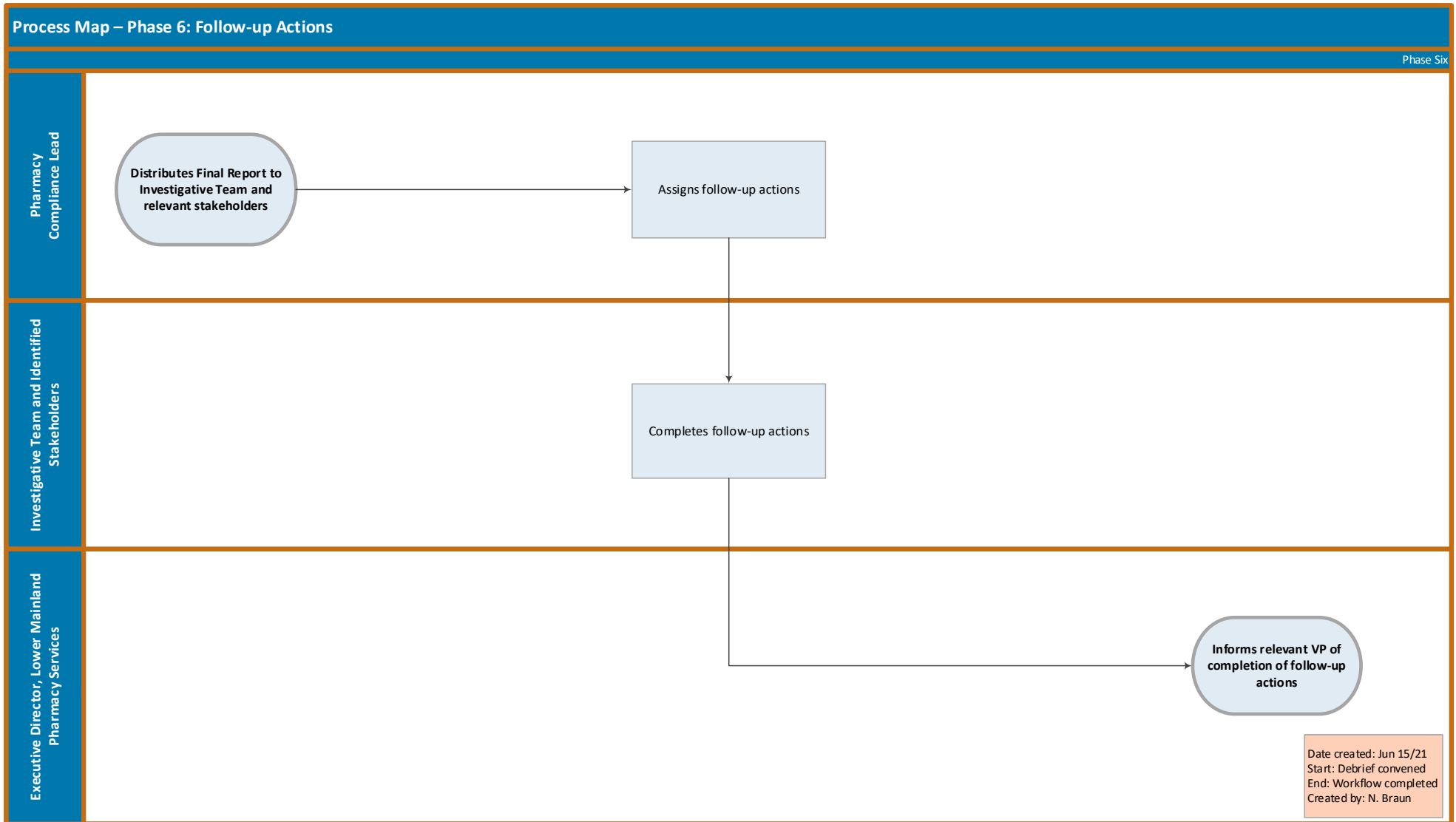




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## **Appendix B: Signs of Drug Diversion**

When reporting Signs of Drug Diversion, please be aware that these signs can also be indicative of other issues, including mental health, substance use disorder or domestic abuse. As such, it is important not to assume a specific cause of a given sign and remain as objective as possible when reporting.

### *Medication Administration Practices*

- Wastes narcotics more frequently/ in higher quantities than peers
- Regularly signs out large quantities of narcotic and controlled drugs
- Signing out narcotics 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 patient names not admitted to the unit
- Reports from patients of unrelieved pain despite documentation of administration of adequate pain medication

### *Increasing Access to Controlled Substances*

- Frequently volunteers to give narcotics to other nurses' patients
- Spends excessive amounts of time near a narcotic supply

### *Performance Issues*

- Performs minimal or inconsistent recordkeeping or recordkeeping with discrepancies
- Uncharacteristic deterioration of handwriting and charting
- Rarely admits errors or accepts blame for oversights or errors
- Displays confusion, memory loss, difficulty concentrating or recalling details or instructions - ordinary tasks require greater effort and consume more time
- Is inconsistent in work performance (alternates between periods of high and low productivity), makes mistakes more frequently due to inattention, poor judgment and decisions
- Wearing long sleeves when inappropriate

### *Absenteeism/ At work when not scheduled*

- Is absent from work without notification, excessive number of sick days
- Arrives early, stays late and comes into work on scheduled days off
- Consistently absent for appointments and unable to meet deadlines
- Disappears frequently from the work site, is absent for long unexplained periods, makes frequent or long trips to the bathroom

### *Changes in appearance/ personality*

- Changes in personality – mood swings, anxiety, depression, lack of impulse control, suicidal thoughts or gestures
- Progressive deterioration in personal appearance and hygiene
- Changes in attitude/ behaviour leading to patient and staff complaints about staff member
- Deterioration of interpersonal relations with colleagues, staff and patients
- Becomes increasingly isolated personally and professionally

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<b>Owners:</b>	PHC	VCH
	Drug Diversion Working Group	Drug Diversion Working Group