Drug Diversion Exercise

for Ambulatory Surgical Centers



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Reviewed June 2026

What is Drug Diversion

- When prescription medicines are obtained and used illegally

- This exercise focuses on prescription narcotics (opioids)

Drug Diversion in Healthcare Settings

- When healthcare providers steal controlled substances for their own use, it can result in:
  - Substandard care delivered by an impaired healthcare provider
  - Denial of essential pain medication or therapy
  - Risk of infection if a provider tampers with injectable drugs

DIVE BRIEF

NJ hospital ex-employee may have exposed 213 patients to HIV, hepatitis

Published Feb. 26, 2016

By Ana Mulero
Associate Editor

Dive Brief:

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Former NJ hospital pharmacist accused of morphine theft

Published January 24, 2016

Associated Press

Prosecutors say a former registered pharmacist is accused of stealing morphine and replacing it with saline at a southern New Jersey hospital where he once worked.

Frederick McLeish was arrested at his home after an Atlantic County grand
charges of drug tampering, theft and drug possession. The 53-year-old Egg
faces up to 10 years in prison if convicted.

County prosecutors say McLeish replaced morphine with saline solution in
administered to patients at Shore Medical Center in Somers Point between
of 2014.

A telephone number for McLeish could not be located Sunday. It was not kr
retained an attorney.

URL
https://www.foxnews.com/us/former-nj-hospital-pharmacist-accused-of-morphine-theft

Former South Jersey hospital pharmacist accused of switching morphine with saline

Posted: Friday, January 22, 2016 10:37 am

MAYS LANDING – A former pharmacist at Shore Medical Center was indicted and arrested this week on charges that he stole morphine intended for intravenous use and replaced it with saline, Atlantic County Prosecutor Jim McClain said Thursday, Jan. 21.

derick P. McLeish, 53, of Egg Harbor Township
s arrested and taken into custody without incident
0 a.m. Jan. 21 at his Windsor Drive home on a
rant issued by Atlantic County Superior Court
ge Pamela M. Wild after being indicted by an
antic County grand jury on charges of drug
pering, theft by unlawful taking, and possession of
ontrolled dangerous substance.



REG pharmacist

cording to the indictment, McLeish removed morphine from vials intended for the preparation of

FEDS: NURSE AT NJ HOSPITAL STEALS FENTANYL 143 TIMES IN A MONTH

Erin Vogt | Published: November 21, 2024

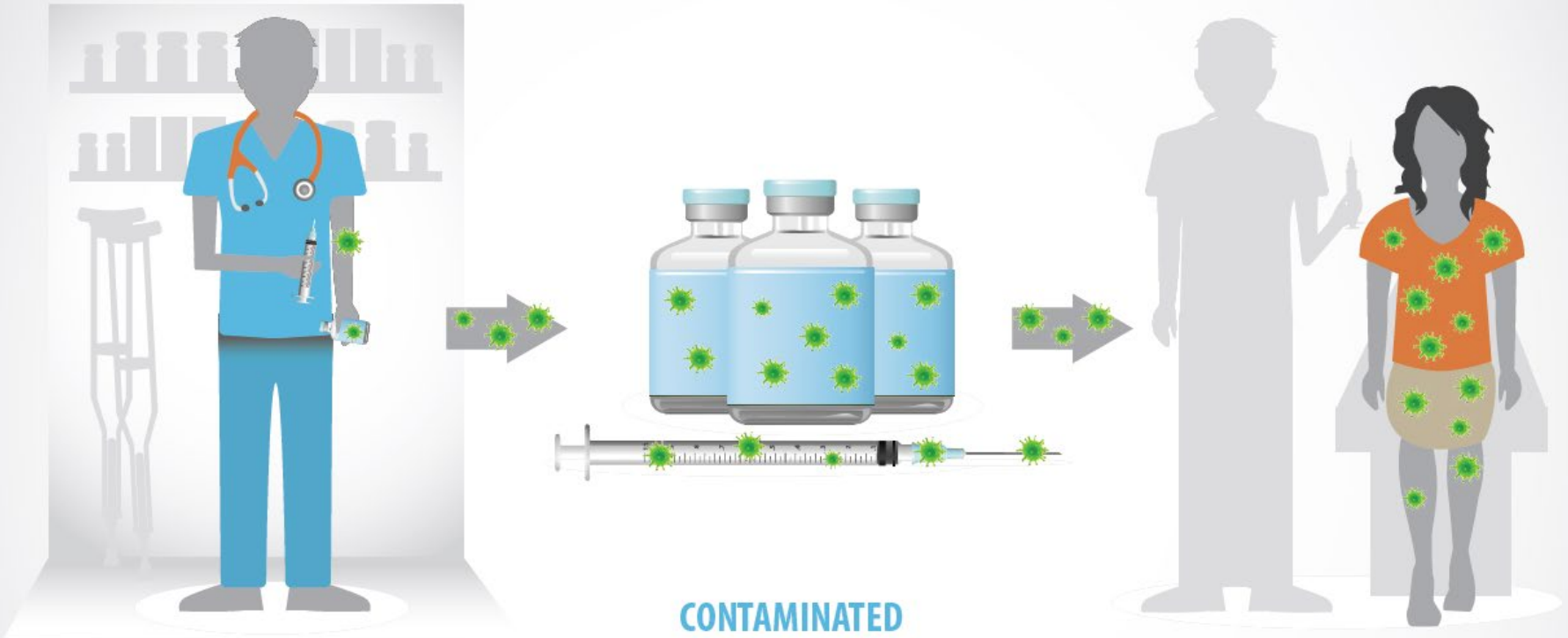
(USDOJ, Canva, Townsquare Media Illustration)

SHARE ON FACEBOOK SHARE ON TWITTER

- **Traveling nurse allegedly stole drugs**
- **Feds say NJ hospital hit 143 times within a month**
- **Fentanyl also stolen in PA, FL**

A 35-year-old traveling nurse has been accused of stealing a massive amount of fentanyl from a New Jersey hospital in just a few weeks' time.

DRUG DIVERSION* SPREADS INFECTION FROM HEALTHCARE PROVIDERS TO PATIENTS



HEALTHCARE PROVIDER

with Hepatitis C or other bloodborne infection tampers with injectable drug

CONTAMINATED INJECTION EQUIPMENT AND SUPPLIES

present in the patient care environment

EXPOSURE OF PATIENT

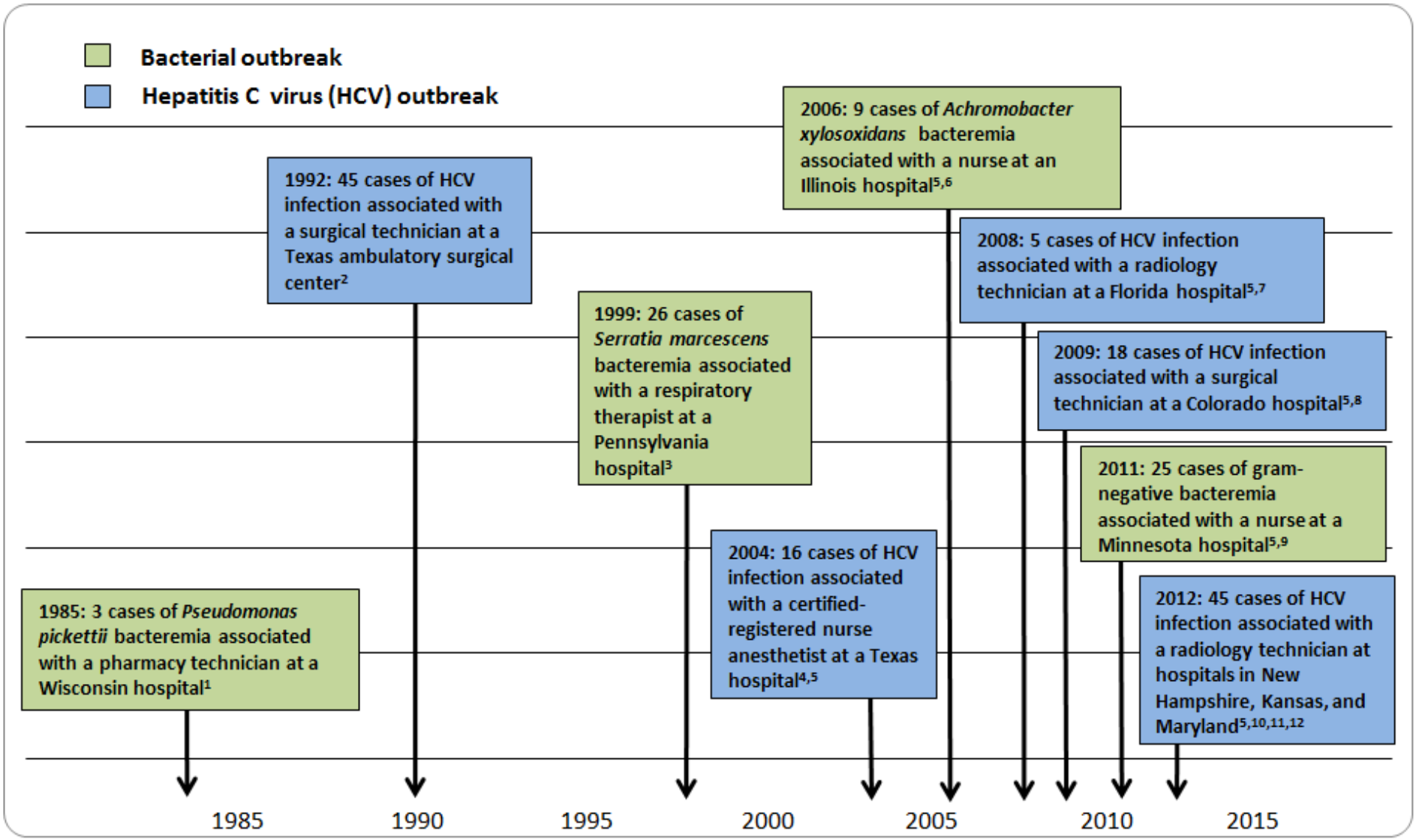
results from use of contaminated drug or equipment for patient injection or infusion

306089-D

*Drug diversion occurs when prescription medicines are obtained or used illegally by healthcare providers.

FOR MORE INFORMATION, VISIT CDC.GOV/INJECTIONSAFETY/DRUGDIVERSION/INDEX.HTML.

ONE NEEDLE, ONE SYRINGE, ONLY ONE TIME.



Source: Centers for Disease Control & Prevention, cdc.gov and oneandonlycampaign.org

Exercise Objectives

- Discuss the topic of drug diversion and existing policies
- Highlight the strengths and identify gaps in existing drug diversion policies at the facility
- Identify ways to train/communicate with staff about the facility's drug diversion policies
- Explore the process of responding to a drug diversion incident (internally/externally)

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Today's Exercise

This exercise is a low-stress activity to engage staff. Some situations may be dramatized.

- Blue background = scenario

- Yellow background = discussion questions

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Scenario #1

Scenario #1

- This ambulatory surgical center (ASC) is affiliated with a large health system.

- However, the ASC uses a contracted pharmacy provider and not the hospital pharmacy.

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Scenario #1

- In preparation for Monday morning's procedures at the facility, the nurse begins drawing up medications for all cases that day.

- As she is drawing up medications from a new single-dose vial of Fentanyl, she notices that the dust cap seems loose. She thinks this is odd but uses aseptic technique to clean the top of the septum and fill syringes for the procedures.

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Scenario #1 - Questions

- What is the facility's policy regarding medication preparation?
- What are procedures when tampering is noticed in medication packaging/vials?
- Who is responsible for following up with the pharmacy if there is an issue with the medication?

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Scenario #1 - Questions

- What is the facility's policy for receiving/verifying/ placing into inventory medications received from the pharmacy?

  - Is there a chain of custody?

  - Who has access during the process?

  - Is this written in the policy?

- Why are medications for the entire day being drawn up in the morning?

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Scenario #1

- The following week, the nurse notices that there are again loose dust caps on the Fentanyl.

- It also looks like one of the vials is not completely filled.

- She thinks this is odd but continues to draw up medications and does not tell anyone about the suspicious vials of Fentanyl.

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Scenario #1

- In the break room, the recovery nurse mentions that the patients have been complaining about pain.
- She said that there have been quite a few complaints in the last few weeks.
- In passing, the recovery nurse tells a co-worker that she has had more patients complaining of pain, despite being treated, especially those who are receiving Fentanyl.

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Scenario #1 - Questions

- What is the facility's policy regarding pain management?
- Is inadequate pain relief captured/considered? How is this done?
- Which staff have access to controlled substances?

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Scenario #1 - Questions

- Are anesthesia services contracted?
- What is your facility's policy concerning contracted employees and drug diversion?

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Scenario #1

- After the conversations about patients and pain management concerns, the nurse checks the newest order of Fentanyl and sees that the caps are loose.

- She relays her concerns to the nurse manager, who contacts the contract pharmacy. She tells them that over the last few weeks, their ASC has received at least one vial that was not completely filled.

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Scenario #1

- The pharmacy director calls the manufacturer to see if there was an overlooked recall. The manufacturer says there was no recall.

- The contract pharmacy directs the ASC to package the remaining vials of Fentanyl and return them to the contract pharmacy.

- Upon receipt, the pharmacy director examines the vials and notices very fine holes in the septum of some vials.

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Scenario #1

- The pharmacy director sends the vials out to be tested. Test results show that the vials are 40% Fentanyl and 60% saline.

- The pharmacy director reviews the pharmacy's videos and is surprised to see a new pharmacy technician tampering with vials of medication that were shipped to the ASC.

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Scenario #1 - Questions

- What is the facility's internal notification policy in the event that there is a breach with medications?
- What external organizations are contacted once diversion is determined?
- Who makes the calls to which organizations?
- Is a patient notification necessary? How is this determined?

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Scenario #1 - Questions

- How is this issue corrected/addressed?
- Does the facility have existing policies to address these issues?
- Is it the ASCs responsibility to report drug diversion identified and performed at the consult pharmacy?

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Scenario #2

Scenario #2

- The nurse enters the pre-op area to measure vital signs before the patient is taken to the operating room suite.

- After recording information, the nurse tells the patient to wait while he draws up the medication for the procedure. He enters the medication prep room and draws up the medications that he needs for his case.

- Among other pre-op meds, he draws up two syringes of Fentanyl, one for his patient and the other for himself, which he puts in his shirt pocket. He returns to the pre-op area to administer the medications to the patient.

Scenario #2

- The nurse wheels the patient into the operating room and assists the OR tech with set-up.
- After the case is over, he is near the door when the syringe falls out of his pocket.
- Both the OR tech and the doc see the syringe on the floor.
- The anesthesiologist picks up the syringe and places it on the table and asks the nurse where the syringe came from.

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Scenario #2

- The nurse shrugs and says that he was in a hurry and it must be a leftover from yesterday's cases.

- The nurse grabs the syringe from the table and walks out of the OR suite.

- The OR tech begins to say something to the anesthesiologist about the nurse's weird behavior but decides not to.

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Scenario #2

- Last week the tech noticed the nurse came in when he wasn't scheduled and was hanging out near the medication preparation room.

- The tech decides it is none of his business, he needs this job and is not getting involved.

- He wheels the patient to the recovery room after the procedure.

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Scenario #2 - Questions

- Does the facility have an internal mechanism to report unusual behavior/potential diversion?

- What is the facility's policy for drawing medication for each procedure?

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Scenario #2

- The next day, the nurse is not scheduled to work but arrives at the facility.

- He says he left something in his locker. As he makes his way back towards the locker room, he makes a quick move to the medication prep room.

- He enters the Pyxis using a co-worker's code, takes a vial of Fentanyl, slips it into his pocket, and leaves the building.

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Scenario #2

- On his next scheduled workday, he goes to the med prep room and fills a syringe with Fentanyl syringe.
- He goes into the bathroom, injects himself with the Fentanyl, and fills the syringe with tap water before returning to the patient area.
- He puts the water-filled syringe on the cart where other medications for the procedure are kept.

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Scenario #2 - Questions

- How is monitoring of the automated dispensing cabinet (e.g., Pyxis) conducted? By whom?
- Where are medication records/automated dispensing reports kept?
- Who monitors these records/reports?
- When unusual behavior is suspected, how is it handled?

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Scenario #2

- During the case, the anesthesiologist notices an unmarked syringe on the cart and asks the OR tech and nurse where it came from, since it is unlabeled.

- The nurse says he does not know, but that he will dispose of it once the case is over.

- The unlabeled/water-filled syringe is kept off to the side of the cart.

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Scenario #2

- The OR tech takes the patient to recovery, and the nurse tells the anesthesiologist he is going to the med room to get meds for the next case.

- The nurse empties the water-filled syringe, goes to the med prep room, fills a syringe with Fentanyl, walks to his locker, and puts the syringe in his locker.

- The tech approaches the nurse and tells him that he saw what he did and is going to tell the Director of Nursing.

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Scenario #2

- The nurse is upset and goes into the bathroom, injects the medication and passes out.

- The nurse is found by another staff member with the needle still in his arm.

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Scenario #2 - Questions

- Does the facility have a policy that addresses drug use in employees?
- Is local law enforcement contacted?
- What other agencies are contacted? And by whom?

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Scenario #2 - Questions

- After an incident, is there an internal group that meets to discuss policies/procedures?
- Is education/in-service provided to staff about the facility's diversion policies?
- Is there a phone number for employees to call to alert the facility about drug diversion/employee drug use?

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Scenario #3

Scenario #3

- An endoscopy center has many procedures scheduled for the day.
- They have veteran staff who are used to getting through procedures quickly.
- Most staff have been at the center for three years or more.

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Scenario #3

- A nurse anesthetist is talking with the first patient (Case #1) of the day before the start of the procedure.
- She has a new 50mL single-dose vial of Propofol for the case.
- She draws up the entire vial into a single syringe and administers half to the patient along with other medications.

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Scenario #3

- Before the case starts, while nobody else is in the room, she administers a small amount of the Propofol to herself.
- When the surgeon arrives, she administers the remaining Propofol to the patient.
- At the end of the case, she discards the needle and syringe.

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Scenario #3

- The nurse anesthetist starts Case #2 with a new 50mL single-use vial of Propofol. For this case, she draws up 20mL and administers it to the patient.

- During the case, an additional 10mL of Propofol is drawn up and administered using the same syringe as the first dose but with a new needle.

- At the end of the case, the needle and syringe are discarded in the sharps container; however, 20mL of Propofol remain in the vial. The nurse puts the vial in her pocket to use on the third case of the morning.

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Scenario #3

- Case #3 is a very large man.
- During the case, the nurse anesthetist finishes the first bottle of Propofol that she used on Case #2.
- She then opens a new vial of Propofol and administers an additional dose to Case #3 using the same syringe and new needle.

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Scenario #3 - Questions

- What, if any, are issues that you see with the nurse anesthetist's practice?
- What is the facility's policy about using single-dose vials for more than one patient?
- What is the procedure for preparing medication?
- Where is the medication prep usually done: in a separate room, in the surgery suite, or elsewhere?

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Scenario #3 - Questions

- Is anesthesia a contracted service for the center?
- What are the facility's policies about anesthesia providers and medication handling?
- How is medication use and waste recorded?

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Scenario #3

- The nurse anesthetist continues to open new vials of Propofol as needed for her cases throughout the day.
- At the end of the day, she has used five bottles of Propofol on 15 patients.
- She leaves the center with a half-filled bottle of Propofol in her coat pocket.

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Scenario #3 - Questions

- How are staff (center/contracted) trained on infection prevention and control/injection safety practices? How often?

- Who monitors infection prevention and control at the facility?

- How are medications within the facility accounted for?

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Scenario #3 - Questions

- Does the facility keep logs to ensure that medication vials accessed in the patient treatment area are used for a single patient? This applies to both single and multiple-dose vials.

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Scenario #3

- Five and a half months later, the local health department receives a call from a local gastrointestinal physician.
- He tells the center that he has two patients who both had procedures a few months ago at the ASC and are now positive for hepatitis C.
- They have no traditional risk factors for the disease and were negative for the virus a year ago.

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Scenario #3

- The surgery at the ASC is the only health procedure they underwent in the last 12 months.

- The local health department, along with the state health department, begin a public health investigation to determine if the individuals were infected with the virus during their procedures at the ASC.

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Scenario #3

- After reviewing patient records and infection prevention and control practices at the ASC, it is determined that patients who received injectable medication from one nurse anesthetist within the last three years, should be tested for bloodborne pathogens.

- She has been employed at the center for three years.

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Scenario #3 - Questions

- Does the facility have a policy about the process of patient notification when disease transmission has been identified?
- Does the policy include testing for bloodborne pathogens (employee/patient)?
- Does the facility maintain a log of healthcare personnel's vaccination/immunization status?

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Scenario #3 - Questions

- What is the relationship with the local health department and the facility?
- Are you aware of which local health department holds jurisdiction over the facility?
- Is there an established relationship with a representative from the local health department?

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Final Thoughts…

- Did you feel that the scenarios highlight strengths and identify gaps? How so?

- What are your takeaways from today's tabletop exercise?

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Evaluation