Drug Diversion Exercise

for Hospitals



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Reviewed July 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

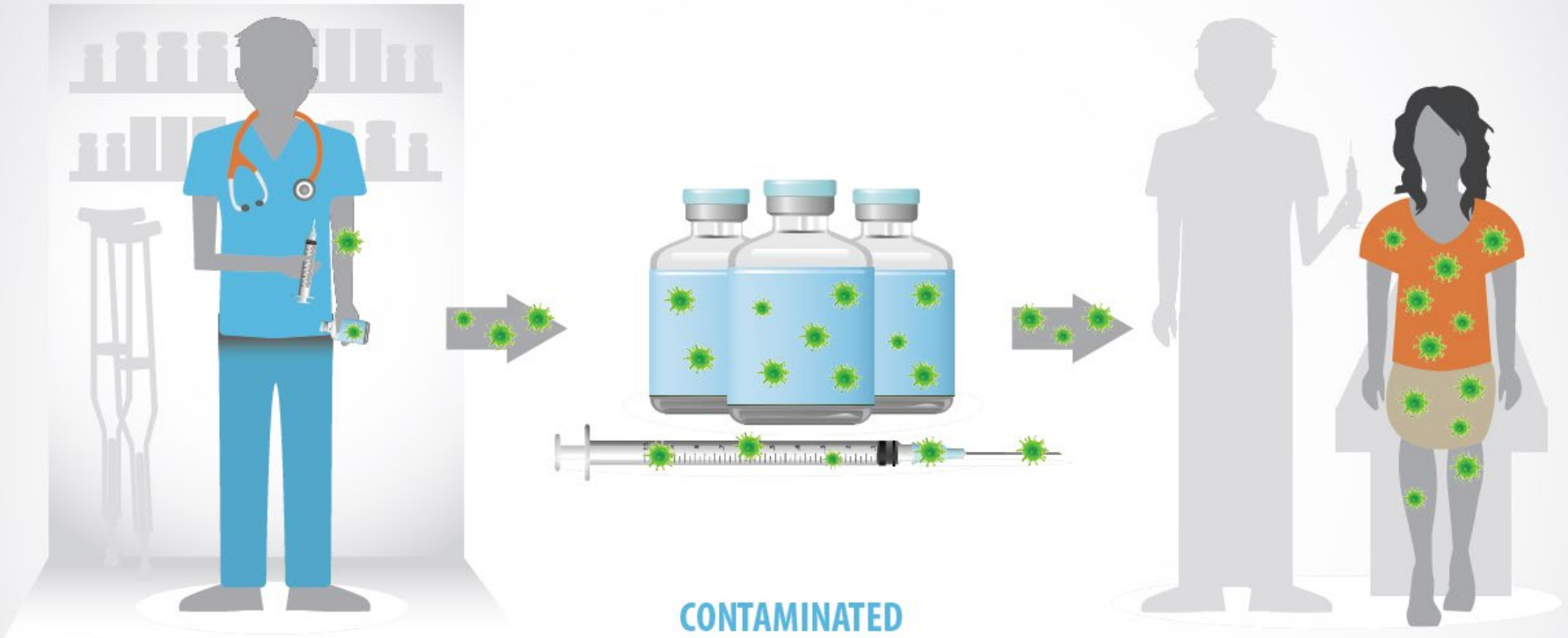
(USDOJ, Canva, Townsquare Media Illustration)

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

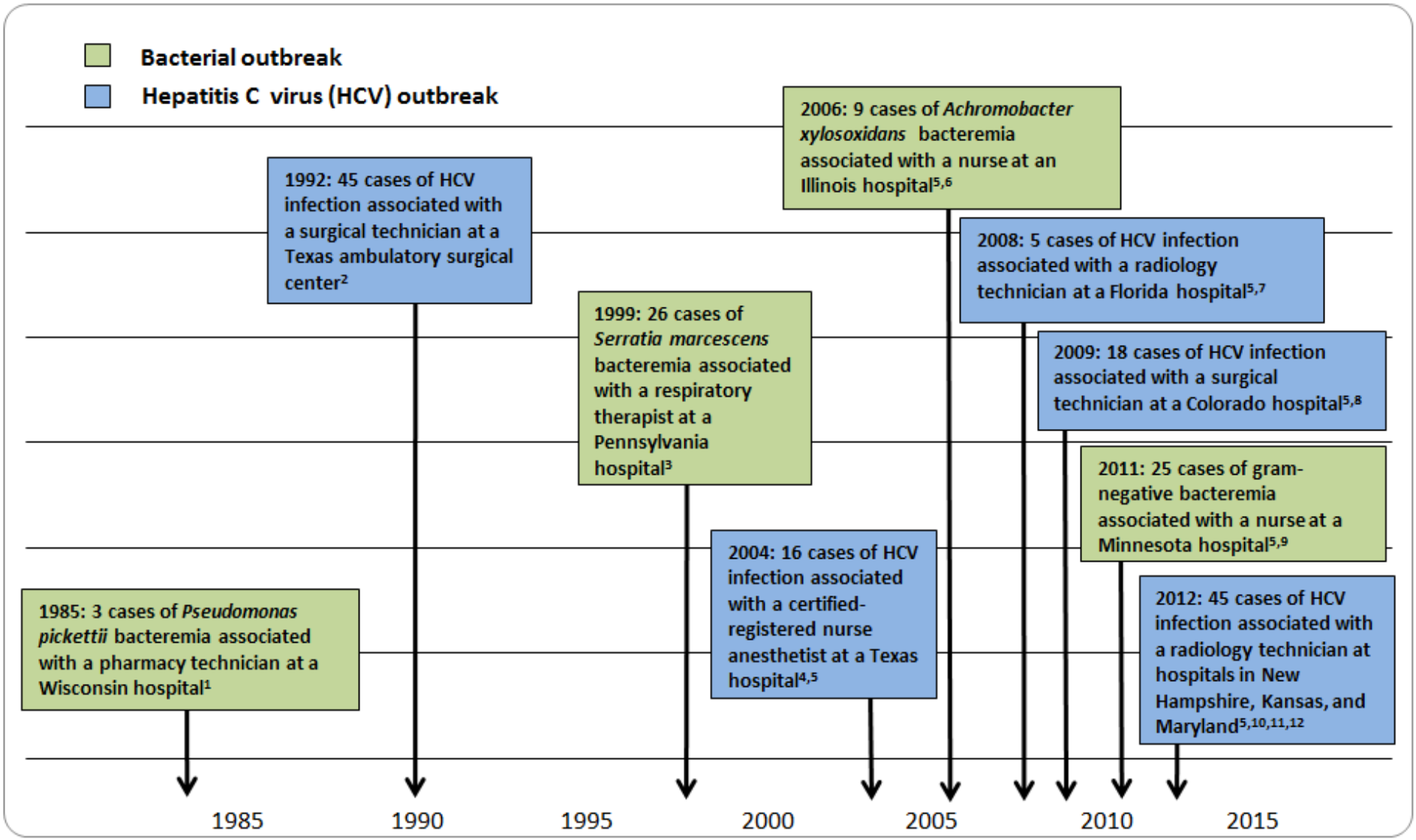
results from use of contaminated drug or equipment for patient injection or infusion

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

- A nurse working in the Post-Anesthesia Care Unit (PACU) expresses concern to her supervisor that the morphine she has been administering for pain does not seem to be as effective as usual.

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Scenario #1 - Question

- Does the facility have policies addressing what should be done when a nurse expresses a concern about controlled drugs they are administering?

- Would an adverse drug event report be made?

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Scenario #1

- The PACU Nurse Manager notifies the Pharmacy Director regarding the nurse's concern.

- The Pharmacy Director has run an activity report for the removal of morphine from the PACU automated dispensing cabinet for the past few months. They notice that one PACU nurse often removes larger quantities of morphine for patients, including individuals that they are not assigned to provide care to.

- The Pharmacy Director shares the identified pattern with the PACU Nurse Manager.

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Scenario #1 - Questions

- Is there someone else besides the Pharmacy Director that the Nursing Manager should have notified?

- Should the Pharmacy Director have shared their findings with the Nurse Manager? To whom should they have shared the findings regarding the PACU nurse?

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Scenario #1 - Questions

- Is drug diversion suspected at this point?
- Are there policies that specify whom the Pharmacy Director should notify when abnormalities are associated with controlled drugs?
- What are the next steps?

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Scenario #1

- The Nurse Manager observes the PACU and notices the implicated nurse retrieving medication from the automated dispensing cabinet and then leaving the PACU.

Scenario #1 - Questions

- What does the nurse manager do? Is there a written policy to address suspected diversion and an employee not at the workstation?

- Who should be notified/contacted at this moment? Is back-up necessary/required? What is the facility policy?

- At what point is the PACU nurse brought in to discuss the findings from the pharmacy audit?

Scenario #1 - Questions

- Who is responsible for interviewing the implicated nurse?
- What actions might be taken at this point as part of the investigation?

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Scenario #1

- The nurse who took the medication from the automated dispensing cabinet is intercepted before she can re-enter the PACU and is asked to empty her pockets. She begins to protest, but hands over two syringes. Both are filled, but one has a broken seal.

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Scenario #1 - Questions

- What are the next steps?
- Who is involved in intercepting the implicated nurse?
- Is testing performed on the contents of the syringe?
- What is the policy for mandatory drug testing of employees/staff (randomly or upon suspicion)?

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Scenario #1

- The nurse is interviewed. She states that she has been helping colleagues get meds when they are busy and that this is a big misunderstanding.

- When asked why she left the PACU during her shift, she stated that she had left her personal cell phone in her locker, was expecting an important call, and needed to get it.

- Upon further questioning and when presented with the tampered syringe, she admits to self-administering morphine from the syringe and replacing it with saline.

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Scenario #1 - Questions

- What actions are taken as part of the investigation?
- Which internal departments/partners are involved in the investigation?
- Does the diversion event prompt any policy changes or education efforts in your facility?

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Scenario #1

- An investigation of various staff reveals that co-workers have seen the implicated PACU nurse at the facility on her days off, at times when she wasn't scheduled to work, and in areas of the facility where she does not normally work.

- In addition, the local health department has called the Infection Preventionist (IP) about a cluster of acute hepatitis C virus (HCV) infections in individuals who were patients at the hospital. Two of the patients share a healthcare provider and have no traditional risk factors for HCV. The treating provider ordered testing after they complained of symptoms. Both patients tested positive for HCV. They were both previously in your hospital within three weeks of each other. Both patients were in the PACU.

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Scenario #1

- The nurse admits to self-administering morphine and other controlled drugs in the PACU (e.g., replacing the syringes that were intended for patients, replacing them with saline and returning the filled syringes to the automated dispensing cabinet). The nurse claims she started diverting morphine about two months ago. However, nursing attendance records dating back 12 months indicate that the implicated nurse was working in the PACU on days when each HCV-infected patient received morphine injections.

- The hospital has documentation of the nurse's completed hepatitis B vaccination series and post-vaccination serology. The nurse denied a history of hepatitis C or other bloodborne pathogens (BBP). She voluntarily agrees to BBP testing.

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Scenario #1 - Questions

- According to your facility's policy, how is the admission of addiction handled? Is this a written procedure? Who is responsible for enforcing this policy? Who is responsible for educating employees about this policy?

- Would your hospital require this nurse to get BBP testing?

- Is there a written policy about BBP testing when there is a suspected injectable drug diversion?

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Scenario #1 - Questions

- In addition to the local health department, does the facility contact the NJDOH? Which NJDOH division(s) is/are contacted? What information is provided?
- Which department in the hospital is designated to work with public health during an active investigation?
- What law enforcement agency(s) are contacted?
- Are there any other calls made to professional boards/organizations? If so, which ones?

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Scenario #1

- The results return, and the implicated nurse tests positive for hepatitis C. The hospital promptly notifies the local health department of this development as part of the ongoing investigation. Following a review of the epidemiologic information, the health department determines that the findings warrant patient notification and a recommendation for BBP testing.

- The nurse has worked at the hospital for 18 months. Based on the available information, the identified infections occurred approximately six months ago, predating the nurse's reported onset of drug diversion (approximately two months ago). This discrepancy suggests that potential exposure in the PACU may have occurred over a longer period than disclosed and supports expanding the patient notification timeframe.

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Scenario #1

- It is determined that all patients who received care in the PACU during the nurse's 18-month period of employment should be notified of their potential exposure and advised to undergo testing for hepatitis C and HIV. Since the nurse was observed in multiple areas beyond her assigned PACU role, the local health department is unsure of the full extent of potential exposure and whether additional patient populations may need to be included in the notification scope.

- At this point, the hospital estimates that more than 1200 patients were in the PACU during the last 12 months.

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Scenario #1 - Questions

- Does the facility have policies/procedures in place to alert patients and other staff about an event with possible disease transmission?
- Is the hospital going to pay for testing the potentially exposed patients? Who writes the testing orders?
- Where will the testing be done? At the hospital or refer to private providers or an independent phlebotomy/testing company (e.g., LabCorp, Quest)?

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Scenario #1 - Questions

- Who writes/signs the patient notification letter?
- How is patient information retrieved for notification?
- Who is responsible for tracking positive cases?

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Scenario #1 - Questions

- How does the hospital explain what happened:
  - To employees?
  - To the public?

- How does the hospital handle taking a large volume of calls from the public and former/current patients?

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Scenario #2

Scenario #2

- During her rounds, the Infection Preventionist (IP) notices that the anesthesia cart was left unlocked in one of the operating suites. She notices that there is a partially used vial of fentanyl and two syringes on top of the cart, one empty and the other filled.

- An anesthesiologist arrives a few minutes after the IP sees the cart. He tells the IP that he had to run to the bathroom and the rest of the team left for the day. He returns the cart to the lock-up area and leaves for the day.

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Scenario #2 - Questions

- Is there a policy for filing a report at this point?
- Would the IP be required to report/say anything to anyone about an unsupervised anesthesia cart with controlled drugs?

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Scenario #2

- The following week, an anesthesia tech sees a stocked anesthesia cart prepped for morning surgeries just inside the locked door of an operating suite. On the cart, he notices pre-filled syringes for the entire day's surgeries.

- There is also an empty syringe among the filled syringes.

- The tech begins wheeling the cart into the locked-up area when one of the anesthesiologists enters the operating suite. The doctor explains that he was in the bathroom and that the cart should be wheeled over to operating suite #3.

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Scenario #2 - Questions

- What is the facility's policy about leaving anesthesia materials unsupervised?
- What is the facility's policy about pre-filling syringes for the day's surgeries?

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Scenario #2

- While cleaning the room between cases, the tech notices the anesthesiologist take one of the syringes, put it in his scrubs pocket, and walk into the bathroom. The tech waits a while and follows him into the bathroom. As the tech opens the restroom door, he sees the anesthesiologist at the sink filling a syringe with tap water.

- The anesthesiologist tells him that it is not what it looks like and brushes past the tech to the operating suite. The tech tells his co-worker buddy what he saw and asks for advice. The tech is unsure whether to tell his supervisor because he doesn't want to get the doctor in trouble.

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Scenario #2 - Questions

- What is the hospital's policy for employees who suspect drug diversion? How is this policy communicated to all staff?
- What is the internal process for reporting suspected drug diversion?
- What type of training is provided to employees about drug diversion and reporting suspected incidents?
- Is your reporting process for suspected drug diversion anonymous?

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Scenario #2 - Questions

- How would you evaluate the risk to patients from the tap water?
- How would you identify cases of disease linked to the injection of tap water?
- How would your facility respond when/if the information is less certain (e.g., how does your facility assess for patient harm in the absence of definitive evidence of tampering/substitution)?

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Scenario #3

Scenario #3

- During an audit of BD Pyxis™ CII Safe™ system activity at your pharmacy, the Pharmacy Director notices that a staff pharmacist has accessed the CII safe numerous times in the past 2 months without documenting a valid reason. The pharmacist entered "***" as the reason. No medications are recorded as removed from the safe at the time of these entries. Upon counting, no medication vials are missing from any of the medication drawers.

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Scenario #3 - Questions

- What is your next step?
- Is drug diversion a consideration, or is it incomplete drug activity documentation?
- Does the facility have a written policy on what to do when drug diversion is suspected?
- Does the facility have a written policy addressing actions to take when the Pharmacy Director identifies this type of variance, or is it “just something that is done”?

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Scenario #3

- The Pharmacy Director decides to carefully examine all the medications in the BD Pyxis™ CII Safe™. Evidence of drug tampering is identified in certain opioids. They notice tiny holes at the centers of some dust cover caps.

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Scenario #3 - Questions

- Who is notified immediately after this discovery is made?
- At what point would law enforcement be notified? Now or later?
- What employees would be interviewed? By whom?
- Are there policies and procedures in place to guide the internal investigative process?

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Scenario #3

- The Pharmacy Director schedules a meeting with the staff pharmacist, who admits to tampering with the medication vials for “personal use”. The staff pharmacist claims that vials were refilled with sterile saline to replace the medication removed.

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Scenario #3 - Questions

- At what point is law enforcement contacted? Which agencies are contacted?
- Are there any other calls made to professional boards or organizations? Which ones?
- What sort of internal records might you examine as part of the investigation?
- At this point, would your pharmacy send the tampered vials for testing of medication concentration and contents?

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Scenario #3 - Questions

- At what point would you review the employee's personnel file for the status of bloodborne pathogens (hepatitis B/C and HIV), or require testing for these viruses?
- Is the local health department notified? By whom?
- Would you look for any infections in patients receiving this medication since the substance used to refill the vials might not be sterile?

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Scenario #3 - Questions

- Is conducting a patient notification a consideration?
- Who would decide whether patients should be notified?
- What sort of employee or patient messaging might you send out (if any)?

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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