COVERYS

Drug Diversion Risk Rounds Checklist – SAMPLE

This document is a work product of Coverys' Risk Management Department. This information is intended to provide general guidelines for risk management. It is not intended and should not be construed as legal or medical advice. Your organization should add to and modify this tool to address the compliance standards and regulations applicable in your state or organization.

The drug diversion rounding team operates in a small and inconspicuous manner through observation activities and periodic staff interviews. The rounds process includes reviewing controlled substance storage, transport, and administration, as well as security and handling practices.

Observations:

- ☐ How do controlled substances arrive in this location?
- ☐ Is the transport method secure, both into the unit and after removal from the cabinet?
- ☐ Where are controlled substances stored?
- ☐ Is storage secure?
- ☐ What is the process for removing controlled substances?
- ☐ Are institutional policies and procedures for medication handling being followed (e.g., controlled substances must be removed for one patient at a time and must be administered or returned shortly after removal)?
- ☐ What is the process for returning unused controlled substances?
- ☐ What is the process for wasting controlled substances (e.g., should not be done in sharps container, should be done at the time of removal or as soon thereafter as possible, should be witnessed)?
- ☐ Are sharps containers visualized for container integrity and the presence of unspent syringes or vials and pills? **(Do NOT reach into sharps containers!)**
- ☐ Are cabinets stocked with appropriately sized dosage units (i.e., the smallest dosage unit practical for the needs of the patient population)?

Questions for staff:

- ☐ How are personal patient medications inventoried/stored?
- ☐ Does staff know what drug diversion is and how to report it?
- ☐ Does staff know the signs of drug diversion/impairment?
- ☐ What are the biggest controlled substance security risks that staff feels are present in their area?

In procedural areas:

- ☐ Are controlled substances "staged" or removed from the cabinet early and placed in a location where they will be available during a case?
- ☐ If staging occurs, are the controlled substance doses labeled by patient and kept secure?
- ☐ Are there handoffs of controlled substances?
- ☐ How does wastage occur?
- ☐ Is waste tested by refractometry, and if so, is this being done according to policy?

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