

HEALTH AND SAFETY

Diversion Control Plan: Prevention of Opioid Diversion

Policy 2.6.19

Policy

It is the policy of Community Medical Services to develop and implement a written plan to prevent diversion of opioid agonist treatment medication.

Definition

Opioid Diversion refers to preventing diversion of opioid treatment medication from its intended purpose.

Procedures

1. Refer to Policies and Procedures **4.5.10 Administering of Methadone**.
2. Refer to Policies and Procedures **4.5.15 Take Home Medication**. Clients who receive multiple take outs must follow guidelines established in this policy at all times in order to continue to receive multiple take outs.
3. Clients with take home medication will be called in on a random basis to verify medication on hand. This is to be documented on the **Diversion Call Log** and in the Client Record. Review policy **4.5.6 Prescription Medication**.
 - a. Diversion call log and documentation will be completed at the time of diversion
 - b. Nursing staff will facilitate diversion process by notifying clients at random, and asking them to bring in the take home medication that they have remaining.
 - c. Clients will be asked to bring in all other prescription medication from external medical providers
 - d. Clients will be supplied with 24 hours' notice in order to be prepared to bring medication into clinic for the diversion process and will be required to take their prescribed OTP medication for that day in front of the nurse. Observing the dose is part of the diversion requirement. *Expectations outside of this requirement are to be staffed and approved by the Medical Director.*
 - e. Nursing or medical staff will review number of bottles or pills brought in by client and document in client record whether or not proper amount of bottles or pills were brought in.
 - f. Clients will be given a random drug screen when attending the clinic for a diversion
 - g. Chief Medical Officer, Medical Director or onsite medical provider is to be contacted for any client who does not bring in the required amount of medication.
 - h. Failure of a diversion will result in immediate reduction of privileges, see Policies and Procedures **4.5.15 Take-Home Medication**

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4. For prevention of staff diversion of medication, refer to Policies and Procedures **2.3.20 Diversion Control-Staff**.
5. Loitering is not permitted loiter on or near the premises. Clients who are observed loitering around the clinic facility will be asked to re locate off the clinic property.
 - a. Clients who continue to loiter on or near the premises will be placed on a treatment contract to address concerns of behavior.
6. If any staff member is aware of any diversion of medication, from clients or staff, the staff member is required to report the information surrounding diversion to the Chief Medical Officer, Medical Director or onsite medical provider. Failure to report diversion information will be a critical factor in determining an employees continued employment with Community Medical Services.
 - a. Clients observed or suspected of diverting medication are to be staffed with the medical provider. Client is to be staffed to address treatment options, including discharge from program for noncompliance with treatment requirements.
7. Monitoring of medication is to occur at all times. Staff members are always present in waiting area during dosing hours. Clients are to consume medication in front of nurse until completely finished with dosing. Clients are to talk to nurse after dosing in order to verify complete swallowing of medication.
8. Program enrollment verification: in states where Community Medical Services is not the sole opioid treatment program provider, clients will be required to sign a release of information upon intake to allow for Community Medical Services to contact all local maintenance programs to verify that client is not dual enrolled (or receiving opioid treatment medications from more than one program).

Attachments:

Program Enrollment Form
Program Enrollment Release of Information
Diversion Call log
Policy 4.5.6 Prescription Medication
Policy 4.5.10 Administering of Methadone
Policy 4.5.15 Take-Home Medication