NHSGGC Safe and Secure Handling of Medicines	
Guidance Section 14	
Safe disposal of medicines (inpatient areas / pharmacy departments)	
Approved by: ADTC Safer Use of Medicines Committee	November 23
Review date:	November 26
Reviewed and extension approved by ADTC SUM September 26	Next planned review – November 27

14.1 General principles

14.1.1 All clinical areas must have robust processes to order and manage their medicines stock so that patients receive the right medicine at the right time and missed doses are avoided. This should include

- Regular review of stock lists and stock levels (in liaison with pharmacy representatives).
- Rotating stock and checking expiry dates.
- Ensuring the transfer and / or return of clinically indicated Patients Own Drugs (PODs) and / or 'non stock' items when a patient moves ward location or is discharged.
- Management of excess stock, expired medicines and medicines no longer clinically required.

14.1.2 All medicines brought into hospital by patients remain their own property. They must be disposed of only with the consent of the patient, or the patient's representative. This consent may be obtained verbally, and should be documented, e.g. in the patient's nursing notes or locally approved documentation.

14.1.3 The Appointed Registered Nurse / Midwife or Manager in Charge must ensure that a robust system is in place to regularly check expiry dates and rotate stock within their department. Particular attention should be paid to high cost or rarely used non-stock items. Pharmacy should be advised of these items well in advance of their expiry date so steps can be taken to minimise waste.

14.1.4 Any medicine being returned to pharmacy must be accompanied by a Medicines Returned to Pharmacy form and sent in a safe and secure manner. (Medicines Returned to Pharmacy forms are available from Pharmacy Departments).

14.1.5 All PODs, excluding CDs that are no longer required, must be returned to pharmacy for destruction. The PODs should be accompanied by a Medicines Returned to Pharmacy form, stating the patient's name and unit / CHI number and list all PODs sent for destruction. Detailed quantities of each medicine are

not required unless the medicine is of a locally known desirable nature (e.g. benzodiazepine)

14.1.6 Until they can be returned / destroyed all obsolete, expired or unwanted medicines must be kept segregated from other medicines and stored securely. They must be clearly identified as being for return / destruction to minimise the risk or errors and inadvertent use.

14.1.7 Containers or packages of returned medicines must be kept securely or under surveillance whilst in transit between the ward, theatre or department and pharmacy.

14.1.8 Within the hospital sector, Sector Chief Technicians and / or Lead Clinical Pharmacists and the Regional Quality Assurance Pharmacist must ensure that SOPs dealing with waste management, including pharmaceutical waste, are in place. A contract must be made with an authorised carrier for the collection and disposal of pharmaceutical waste at regular intervals or on demand. All pharmaceutical waste must be segregated from pharmacy stock and promptly transferred to disposal containers. Pharmacists must ensure that consignment notes and any other requisite documentation are completed and copies kept complying with legal requirements.

14.1.9 Wards / Departments should utilise Pharmaceutical waste bins (as described below) – these should be replaced when they are three quarters full and no later than every 3 months.

14.1.10 All queries about return / disposal of medication should be routed through the local pharmacy team.

14.2 Return / Disposal of Medicines (excluding controlled drugs)

14.2.1 Patients own drugs that are no longer clinically indicated and non-issued prescriptions which are no longer required should be returned to pharmacy (via locally agreed safe and secure processes), with a completed Medicines Returned to Pharmacy form.

14.2.2 Expired medication should be returned to pharmacy (via locally agreed safe and secure processes), with a completed Medicines Returned to Pharmacy form.

14.2.3 Excess stock / non stock medication no longer clinically required - Contact local pharmacy team for advice.

14.2.4 Part used ampoules or vials; syringes containing part used doses of medicines; bottles containing residual liquid medicine; oral medication that has been halved to administer the correct dose; and dropped or refused doses of medicine should be disposed of in the blue lidded Pharmaceutical Waste bin (all areas should routinely order 7 litre pharmaceutical waste bins

for this purpose). No other medicines or other items should be disposed of in these waste bins.

14.2.5 Disposal of chemotherapy – follow specific policies / SOPs for safe handling/disposal.

14.3 Disposal of Medicines Containers/Administration Sets

14.3.1 Empty vials/ampoules should be disposed of in the orange top sharp safe bins. (No medicines should go in these bins).

14.3.2 Empty glass bottles (not broken), including inhalation anaesthetic bottles should be disposed of in the orange top sharp safe bin or glass waste disposal bin. There is no requirement to “rinse out” bottles. Where possible, bottles should be re-sealed before disposal.

14.3.3 All sharps must be disposed of in a sharps bin. Used administration sets / syringes (no sharps risk) should be disposed of in an orange bag (clinical waste).

14.4 Return / Disposal of Controlled Drugs: Additional Requirements

14.4.1 All CD transactions must be recorded in the appropriate controlled drug register, including the witnessed destruction of part used / refused doses.

14.4.2 Contact your local pharmacy department if you have expired / excess CDs (destruction / removal will require pharmacy representatives to attend ward / department).

14.4.3 Halved / dropped / refused doses of tablets/capsules should be rendered unidentifiable (e.g. by using a tablet crusher) before disposing of in the Pharmaceutical Waste bin.

14.4.4 Part used vials / ampoules / syringes / liquids should be adsorbed onto paper towels and the paper towels disposed of in the pharmaceutical waste bin. (The now empty vials/ ampoules/ syringes should be disposed of as described above).

14.4.5 A separate section of the Ward Controlled Drugs Register should be used to record disposal of part-used infusions, syringes and epidurals prescribed, e.g. for Patient Controlled Analgesia (PCA). The volume of any unused portion of the syringe / epidural / infusion bag which is destroyed must be recorded in the CD register and witnessed by another member of staff.

14.4.6 Patients own CDs that are no longer required must not be returned to pharmacy for destruction. They must always be destroyed at ward/department level using approved methods (e.g. CD denaturing kit). A registered nurse / midwife from the ward / department and a member of the pharmacy team

must witness the destruction of patients own CDs at ward level. The destruction must be recorded in the appropriate Controlled Drugs Register.

14.4.7 All CDs should be rendered irretrievable before disposal. Where possible a commercial denaturing kit should be used to facilitate CD destruction. Local SOPs will apply.

14.4.8 CDs must not be returned to the pharmacy in the ward pharmacy box under any circumstances.

14.4.9 For any CD being returned to pharmacy via a pharmacy team member a Medicines Returned to Pharmacy form must be completed. The top two copies will accompany the CDs being returned to pharmacy and the bottom (blue) copy will remain in the book on the ward, theatre or department. (An appropriate entry must also be made in the respective ward / department and pharmacy CD registers. A registered nurse / midwife in the area concerned must sign to witness this entry).

.

14.4.10 All CDs returned from wards / theatres / departments must be held securely prior to processing in pharmacy. Details of the returned CDs must be entered into the pharmacy Controlled Drug Register within 24 hours of receipt.

14.4.11 Once the CD return has been processed in the Pharmacy Department, the pink copy of the Medicines Returned to Pharmacy form will be sent back to the ward / department, along with a delivery note which will document the medicines returned to the pharmacy.

14.4.12 It is the responsibility of the Assigned Nurse / Midwife in Charge to ensure the Medicines Returned to Pharmacy form, delivery note and the entry in the ward CD register correlate. If any discrepancies are found they must be reported to the Lead Nurse / Midwife and Sector Chief Technicians and / or Lead Clinical Pharmacists.

14.4.13 All CDs returned to the pharmacy must be checked to ensure that their quality and integrity have been maintained before they may be issued for re-use.

14.5 Destruction of Controlled Drugs belonging to hospital pharmacy

14.5.1 All CD destruction at hospital pharmacy sites must follow processes approved by the NHSGGC CD Governance team.

14.5.2 Until they can be destroyed all obsolete, expired or unwanted CDs must be kept segregated from other stock CDs. They must be clearly identified as being for destruction to minimise the risk or errors and inadvertent supply.