**CM08 - Safe Disposal of Medication Policy and Procedure**

Category: Medications Management  
Sub-category: Medications Management

Review Date: 24/03/17  
Policy Last Amended: 24/03/17

Next planned review in 12 months, or sooner as required.

Note: The full policy change history is available in your online management system.

<table>
<thead>
<tr>
<th>Business Impact:</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>Critical</th>
</tr>
</thead>
<tbody>
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<td>X</td>
</tr>
</tbody>
</table>

Changes are important, but urgent implementation is not required, incorporate into your existing workflow.

- **Reason for this review:** New Policy
- **Were changes made?** Yes
- **Summary:** Annual review and updated content. This new document is specific to Safe Disposal of Medication and was previously part of the CM02 Medications Policy and Procedure.

**Relevant Legislation:**
- Care Quality Commission (Registration) Regulations 2009
- Medical Act 1983
- Medicines Act 1968
- Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007

**Underpinning Knowledge - What have we used to ensure that the policy is current:**
[Accessed: 14/02/2017]

**Suggested action:**
- Notify relevant staff of changes to policy
- Share key facts with professionals involved in the service
- Share key facts with people involved in the service
- Discuss in team meetings
- Discuss in supervision sessions
- Impact assessment/action plan
- Confirm relevant staff understand the content of the policy
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1. Purpose

1.1 To safely dispose of unused or expired medication.

1.2 To support in meeting the following Key Lines of Enquiry:

<table>
<thead>
<tr>
<th>Key Question</th>
<th>Key Line of Enquiry (KLOE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFE</td>
<td>S4: How are peoples medicines managed so that they receive them safely?</td>
</tr>
<tr>
<td>WELL-LED</td>
<td>W4: How does the service work in partnership with other agencies?</td>
</tr>
</tbody>
</table>

1.3 To meet the legal requirements of the regulated activities that is registered to provide:

- Care Quality Commission (Registration) Regulations 2009
- Medical Act 1983
- Medicines Act 1968
- Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007

2. Scope

2.1 The following roles may be affected by this policy:

- Registered Manager
- Other management
- Nurse
- Care staff

2.2 The following Service Users may be affected by this policy:

- All service users

2.3 The following stakeholders may be affected by this policy:

- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

3.1 To minimise and avoid unnecessary medicines waste.

3.2 To maintain confidentiality.

3.3 To promote safe practice and the efficient and effective management of medications.
4. Policy

4.1 This policy should be read with the Overarching Medication Policy and Procedure (CM02). It should support any locally required policies and procedures. The policy, associated policies and procedures apply to all care and any nursing staff working within and should be read and followed.

4.2 understands that medicines that have been prescribed for, and dispensed to, individual Service Users remain their property. Consent should be sought before medicines are disposed and will ensure staff are aware and follow the procedures for the safe disposal of medication.

5. Procedure

5.1 Care Homes without Nursing

- Are able to return medication to the dispensing service which must have an appropriate arrangement for medication disposal to meet current regulatory requirements for waste management
- All unused medications will be returned to the pharmacy, covered by a written record of the returns on the form provided in this policy, with care home staff signatures against each item

5.2 Care Homes with Nursing

- Must dispose of medication using collection by a licensed waste management company

5.3 General Disposal Procedures

- Medicines no longer required by the Service User should be disposed of with their consent
- All unused medications will be disposed of in the disposal container supplied by the contractor, covered by a written record of the returns on the form provided in this policy, with signatures against each item
- Controlled drugs (CDs) that need to be destroyed should be then disposed of in a controlled drug destruction kit and an entry made in the controlled drug register if applicable
- At no time may one Service User prescribed medication be used for any other person
- Refused medication should not be returned to the packaging but must be disposed of in the correct manner. Medication that is refused after it has been in the Service User's mouth can be safely put into a yellow clinical waste bag

5.4 Medication no longer required must be returned to the community pharmacy with the following exceptions:

- Used medicated dressings patches to be folded in half and placed in yellow infectious waste bag
- emptied cream tubs/tubes to be disposed of in yellow clinical waste bag
- Empty inhalers or medicated aerosols to be placed in yellow clinical waste bag
- Other empty containers/bottles to be thoroughly rinsed out and placed in domestic waste
- Equipment used to administer medication, e.g. droppers, plastic spoons and measuring pots to be placed in yellow clinical waste bag

5.5 Disposal applies to:

- Medication remaining after a Service User has died
- Medication that has been discontinued
- Dispensed refused doses
- Medication that is past the expiry date.

A record of the medication for disposal (disposal record book/file) must be kept by, and must include:

- The date
- The name of the Service User
- The name, form (e.g. tablets), strength and quantity of the medication to be disposed of
- The medication should then be placed in waste container which is kept securely locked away until it is
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collected by a licensed waste disposal contractor. Empty cardboard boxes and empty containers do not need to be placed in the disposals bin and can be thrown away in general rubbish.

5.6 When returning medication to the pharmacy, the Registered Manager (this may be delegated) and the driver collecting the returns must sign and print their names. A duplicate copy is to be retained by the home.

Special arrangements apply to the disposal of CDs in care homes registered to provide nursing care in England & Wales - the policy on Controlled Drugs should be followed.

5.7 Medication given to a Service User when leaving the home must be counted, the amount recorded on the MAR sheet, initialled and dated.

5.8 When required, “PRN” medications in bottles or packs should be checked for expiry dates and sent back to the pharmacist when out of date. Any out of date items should be re-ordered from the individual Service User’s GP if still required.

5.9 It should be noted that unused medicines dispensed in a monitored dosage system must be discarded no later than 8 weeks after the dispensing date.

5.10 Medication belonging to recently deceased Service Users must be kept for seven days before being returned to the pharmacist for disposal. This is in case the coroner’s office, police or courts require them as evidence as part of any investigation into the death of the Service User.

5.11 Syringe Driver

If a Service User has a syringe driver running at the time of death, this can be taken down by either the GP at the time of death or by the community or district nurse, providing that:

- The Registered Manager or assistant manager on duty acts as witness
- The syringe driver is stopped by removing the battery
- The syringe is removed from the device
- The syringe is placed into a yellow rigid sharps bin complete with remaining contents and do not fill over the marked line. Do not discharge contents of the syringes
- A record is made on the monitoring chart, nursing notes, care record of the Service User and in the home's controlled drugs book if the medication was a controlled drug
- The date, time, and amount of solution remaining in the syringe to be disposed of must be recorded, and signed by the GP nurse witnessed by the Registered Manager or the assistant manager on duty
- Any unopened ampoules must be returned to the community pharmacy for disposal after seven days

5.12 Confidentiality

All pharmacy labels should be removed before containers/tubes are disposed of and labels shredded or the confidential text overwritten with a black marker.

Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Medication belongs to the Service User and consent should be obtained before it is destroyed or returned to the pharmacy
- Medication belonging to another Service User should never be used for someone else
- Providers should keep records of medicines (including controlled drugs) that have been disposed of, or are waiting for disposal
- All staff with responsibility for medication administration should be aware and knowledgeable of the method of destruction of unused/date expired drugs
- Medicines for disposal should be stored securely in a tamper-proof container within a cupboard until they are collected or taken to the pharmacy
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Key Facts - People affected by the service

People affected by this service should be aware of the following:

- Any unused medicines in monitored dosage systems should be returned to the pharmacy after 8 weeks

Further Reading

As well as the information in the ‘underpinning knowledge’ section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

- Controlled Drugs Policy and Procedure

Outstanding Practice

To be outstanding in this policy area you could provide evidence that:

- There is evidence that Service Users are supported to self-manage their medication where they have been assessed as having the capacity to do so. Staff understand the mental capacity act and can apply it in practice
- The home is able to demonstrate that excess medicine is not wasted through careful ordering of medicines. This can be evidenced through medicine waste records
- Records and evidence of medicine waste collection by an approved contractor - Registered Nursing homes only
- Records surrounding medication disposal, return or refusal are extremely clear, well ordered and provide a robust audit trail

Forms

The following forms are included as part of this policy:

<table>
<thead>
<tr>
<th>Title of form</th>
<th>When would the form be used?</th>
<th>Created by</th>
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<tbody>
<tr>
<td>Record of Medications Returned to Pharmacy or Contractor - CM08</td>
<td>To keep a written record of medications returned</td>
<td>QCS</td>
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</table>
Record of Medications Returned to Pharmacy or Contractor - CM08

Use a separate sheet for returns to pharmacy and disposal to a registered waste contractor

The medications on this sheet have been (circle one) Returned to Pharmacy / Disposal to Waste Contractor

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<tr>
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<td>2nd Signature: Witnessing withdrawal</td>
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<tr>
<td></td>
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