



Section	Psychiatric Health Facility (PHF)	Effective:	8/24/16
Sub-section	Medications		
Policy	Medication Disposal and Destruction	Last Revised:	8/16/2017
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
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Supersedes:	Medication Disposal rev. 1/23/2017	Audit Date:	8/16/2018

1. PURPOSE/SCOPE

- 1.1. To comply with all state and federal laws and regulations regarding the proper disposal and destruction of controlled and non-controlled medications.

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. **Licensed Nursing Staff (LNS)** – an individual employed or contracted by the PHF who holds a valid California license as a: registered nurse (RN); licensed vocational nurse (LVN); or psychiatric technician (PT).

- 2.2. **Medication disposal** – to remove a medication from inventory for any reason and discarding it into a designated collection receptacle until it can be processed and shipped for destruction. Also referred to as “medication wasting”.

- 2.3. **Medication destruction** – process utilized to render a medication “non-retrievable” by permanently altering the medication’s physical or chemical condition or state through irreversible means and thereby rendering the medication unavailable and unusable for all practical purposes.

- 2.4. **Schedule II, III-V medications** – a classification of drugs as defined by the United States Controlled Substances Act that have a high potential for abuse and may lead to physical and psychological dependence. Disposal of Schedule II, III-V medications requires two (2) witness signatures by one (1) LNS and one (1) RN. Preparation of Schedule II, III-V medications for destruction requires signatures by a pharmacist and a PHF RN.

3. **POLICY**

- 3.1. Medications that are found to be expired, abandoned, refused, unverifiable, not administered, partial-doses (i.e. half tablets, unused portions of single dose vials or leftover ampules) or contaminated will be disposed and destroyed in accordance with Drug Enforcement Administration (DEA) regulations.
- 3.2. Drugs listed in Schedules II, III-V (hereafter “controlled medications”) will be processed and packaged for shipment to the certified return distribution vendor for destruction. All processing and packaging will be carried out in the presence of the contracted a pharmacist and a PHF RN and signed by both witnesses. Medication disposal and preparation for destruction will be recorded in the *Controlled Medication Disposal Log* (see Attachment A). Logs will be retained for at least three (3) years.
- 3.3. Drugs not listed under Schedules II, III-V (hereafter “non-controlled medications”) will be processed for disposal by the assigned Medication Nurse. Medication disposal and preparation for destruction will be recorded in the *Non-Controlled Medication Disposal Log* (see Attachment B). Logs will be retained for at least three (3) years.

4. **CONTROLLED MEDICATION DISPOSAL AND DESTRUCTION PROCEDURE**

- 4.1. When disposing of controlled medication, one (1) LNS and one (1) RN will place the controlled medication in a labeled, small envelope and deposit the envelope in the designated locked drop box stored in the PHF Medication Room. The small envelope will be labeled with the patient’s name, medication name, dosage, prescription number, number of pills and initials of one (1) LNS and one (1) RN.
- 4.2. The disposal will be documented on the patient’s individual *Controlled Drug Record* (see Attachment C) and the *Controlled Medication Disposal Log* (see Attachment A) and will include:
 - a. Patient’s name
 - b. Medication name and strength
 - c. Prescription number
 - d. Amount disposed
 - e. Reason for disposal
 - f. Date of disposal
 - g. Signatures of one (1) LNS and one (1) RN.
- 4.3. Only the contracted a pharmacist may possess the key to the locked drop box and directly access the contents.
- 4.4. Processing, packaging and shipment of controlled medication for destruction will be carried out by the contracted a pharmacist and PHF RN on a monthly basis.

- 4.5. Destruction of controlled medication requires two (2) signatures under the column labeled "Destruction" by:
- A pharmacist; and
 - One (1) RN.
- 4.6. The **contracted** pharmacist will retrieve the controlled substances from the locked drop box and verify the identity of each medication.
- 4.7. During processing, the **contracted** pharmacist will input medication information electronically via the certified return distribution vendor's website. The pharmacist will provide the PHF Nursing Supervisor a printed inventory of all medications shipped for destruction.
- 4.8. All controlled medication will be packaged for shipment in the presence of the pharmacist and a PHF RN. The packaged controlled medication must be sealed and shipped to the certified return distribution vendor for destruction immediately.

5. **NON-CONTROLLED MEDICATION DISPOSAL AND DESTRUCTION PROCEDURE**

- 5.1. Non-controlled medication will be placed in the designated disposal container in the PHF medication room. Disposal will be documented on the *Non-Controlled Medication Disposal Log* (see Attachment B) and will include:
- Patient's name
 - Medication name and strength
 - Prescription number (if applicable)
 - Amount disposed
 - Reason for disposal
 - Date of disposal
 - Signature of two (2) staff.
- 5.2. Disposal of non-controlled medication requires two (2) signatures under the column labeled "Waste" by either:
- Two (2) LNS; or
 - A pharmacist and one (1) LNS.
- 5.3. ~~The LNS will document the disposal on the *Medication Disposal Log (Non-Controlled)* (see Attachment A).~~
- 5.4. The designated disposal container for non-controlled medication will be removed from the PHF and the contents destroyed by **the contracted** a pharmacist on a monthly basis.

5.5. Destruction of non-controlled medication requires two (2) signatures under the column labeled "Destruction" by:

- a. A pharmacist; and
- b. One (1) LNS.

5.6. Non-controlled medications that require disposal and are still bubble-packed do not have to be placed in the designated disposal container. These non-controlled medications can remain in the packaging until the scheduled monthly destruction. LNS will log the disposal on the *Non-Controlled Medication Disposal Log* (see Attachment B) as set forth in Sections 5.1 and 5.2 of this policy. The bubble-packs will be placed in the designated disposal storage area in the PHF Medication Room until they can be removed and destroyed by the pharmacist.

6. MEDICATION REVIEW AND MONITORING

6.1. All medications are reviewed upon delivery and on a nightly basis. Staff will monitor expiration dates, potential contaminations and other circumstances to ensure such medications are disposed promptly.

7. DOCUMENTATION

7.1. The completed medication disposal logs will be stored in the medication room in a binder labeled "Medication Disposal Log Book" with the date range indicated. Filled binders will be stored off unit in a secured storage space for a period of at least three (3) years. At the end of that time the documents will be securely shredded to prevent exposure of confidential medical information.

ASSISTANCE

Marianne Barrinuevo, RN, MSN, PHF Director of Nursing

Alesha Silva, RN, Interim PHF Nursing Supervisor

REFERENCE

California Code of Regulations – Social Security
Title 22, Section 77079.10(c)(1)-(2)

Code of Federal Regulations - Drug Enforcement Administration, U.S. Department of Justice
Title 21, Part 1317, Section 1317.95

ATTACHMENTS

Attachment A – *Controlled Medication Disposal Log*

Attachment B – *Non-Controlled Medication Disposal Log*

Attachment C – *Controlled Drug Record*

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
9/13/16	1.1	<ul style="list-style-type: none"> Added <i>partial-doses</i> as a type of medication subject to disposal procedures. Added the <i>Controlled Drug Record</i> as required documentation for controlled medication disposal. Explained contracted pharmacist's responsibility to input controlled medications to be destroyed into the certified return distribution vendor's website.
9/25/16	1.2	<ul style="list-style-type: none"> Added definitions for "medication disposal" and medication destruction". Removed definition of "manifest".
1/23/17	1.3	<ul style="list-style-type: none"> In Section 2.4, clarified that Disposal of Schedule II, III-V medications require two (2) witness signatures by one (1) LNS and one (1) RN. In Section 3.2, clarified that controlled medications are processed and packaged for shipment to the certified return distribution vendor for destruction by the contracted pharmacist and a PHF RN. In Section 4.1.1, clarified that controlled medication disposal envelopes must be labeled with the initials of one (1) LNS and one (1) RN. Added Section 6, Medication Review and Monitoring.
8/16/17	1.4	<ul style="list-style-type: none"> In Section 5.2, clarified the disposal of non-controlled medications requires two (2) witness signatures by licensed staff; this is, either two (2) LNS, or one (1) LNS and a pharmacist. In Section 5.5, clarified the preparation for the destruction of non-controlled medications requires two (2) witness signatures by a pharmacist and one (1) LNS.

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).