

MEDICINES MANAGEMENT GUIDE TO PRESCRIBING

Section 6 – Medicinal Waste Management

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6 MEDICINAL WASTE MANAGEMENT

Medicinal waste includes expired, unused, spilt, and contaminated pharmaceutical products, drugs, vaccines, and sera that are no longer required and need to be disposed of appropriately. The category also includes discarded items used in the handling of pharmaceuticals, such as packaging contaminated with residues, gloves, masks, connecting tubing, syringe bodies and drug vials.

Medicinal waste is classified into two categories:

- Cytotoxic and cytostatic medicines
- Medicines other than those classified as cytotoxic and cytostatic.

Cytotoxic and cytostatic medicines are classified as hazardous waste and it is a legal requirement to segregate cytotoxic and cytostatic medicines from other medicines.

Community Pharmacies are obliged to accept back unwanted medicines from patients including drugs classified as cystostatic / cytotoxic (for example unused methotrexate pre-filled syringes) as part of their essential service. **Note:** *used or unused sharps are classified as clinical waste, refer to section 6.2.* The pharmacy will sort them into solids (including ampoules & vials), liquids and aerosols if required by the waste contractor. Further information on the disposal of unwanted medicines by pharmacies can be found on the Community Pharmacy England [website](#).

No medicines that have been dispensed for a patient and left the pharmacy can be re-used for another patient and must be appropriately disposed of.

Community pharmacies **should not** accept waste from Nursing Homes or a Care Home that has both residential and nursing patients (formerly termed as Dual Registered Homes) as this is classified as industrial waste. In order to take waste from a nursing home, the pharmacy would need to obtain a waste management license. Pharmacists contemplating dealing with waste from a nursing home should contact their local Environment Agency for authoritative guidance¹ www.environment-agency.gov.uk.NHS. In addition, NHS England may decide that it will not fund the removal from pharmacies of waste originating from nursing homes; if a pharmacy does decide that it will accept such waste, they should check with NHS England whether this can be included in the NHS England arranged waste disposal.

6.1 CONTROLLED DRUGS

Under the Regulations, all Schedule 1 and 2 stock controlled drugs can only be destroyed in the presence of a person authorised under those Regulations to witness destruction. The Accountable Officer role lies with the [NHS England & NHS Improvement South East Area Team](#). Enquiries relating to Controlled Drugs should be directed to england.southeastCDAO@nhs.net

When a stock controlled drug is destroyed, details of the drug must be entered into the controlled drugs register. This should include:

- the name of the drug;
- its form;
- its strength and quantity;

¹ Community Pharmacy England; FAQs at [Disposal of unwanted medicines - Community Pharmacy England \(cpe.org.uk\)](http://Disposal of unwanted medicines - Community Pharmacy England (cpe.org.uk))

- the date it was destroyed
- the signature of the authorised person who witnessed the destruction, and the person destroying it (that is, two signatures).

Once issued/dispensed to a patient, the requirements for an authorised witness do not apply, however best practice recommends the use of a separate patients returns log where destruction of patient returns CDs are witnessed.

Ideally, a controlled drug denaturing kit should be used but, in all cases, the guidance issued by the RPSGB should be followed when denaturing controlled drugs – this applies to both stock and returned medicines.

[Destruction of Controlled Drugs \(rpharms.com\)](http://rpharms.com) (RPharmS members login required)

If a GP practice wishes to dispose of Controlled Drugs (Schedules 2, 3 and 4 (Part 1)), the practice must first obtain and register a T28 Exemption form from the [Environment Agency](#) to avoid the need for a license.

More information on Controlled Drugs can be found in Section 10 of the Medicines Management Guide to Prescribing,

6.2 SHARPS WASTE DISPOSAL ARRANGEMENTS

Any clinical waste (dressings and incontinence products) or sharps waste produced as a result of a patient treating themselves at home is considered to belong to the patient. Local authorities are obliged to collect this waste separately but may make a charge to cover the cost of collection. Each Local Authority has different arrangements for organising this service. For arrangements that are in place with local borough councils please refer to [Surrey Prescribing Advisory Database](#) and search under the term “sharp”.

There is no obligation for a pharmacist to accept used or unused sharps for disposal but if they do so, pharmacy contractors should ensure that accepting sharps, storing and arranging for their disposal is undertaken with regard to the need to protect the environment and to protect workers and others who might be affected by these activities.

6.3 DRUG DONATIONS TO OTHER COUNTRIES²

The World Health Organisation revised their Guidelines for Medicine Donations in 2010. One of their core principals is that *“There should be no double standard in quality. If the quality of an item is unacceptable in the donor country, it is also unacceptable as a donation.”*

They go on to explain that *“Donating returned medicines (unused medicines returned to a pharmacy for safe disposal, or free samples given to health professionals) is an example of a double standard because in most countries their use would not be permitted owing to regulations on quality control. Such donations also frustrate management efforts to administer medicine stocks in a rational way. Prescribers are confronted with many different medicines and brands in ever changing dosages, while patients on long-term treatment suffer because the same medicine may not be available in future. For these reasons this type of donation is forbidden in an increasing number of countries and is discouraged elsewhere.”*

² World Health Organisation; [Guidelines for Drug Donations](#); Revised 2010