

GUIDANCE

Safe Disposal of Waste Medicines from Care Homes (Nursing)

Outcome

- 1.1 Inspectors are aware of recent changes to the arrangements that affect the disposal of medicines in care homes (nursing) which they must take into account when assessing if service users are protected by appropriate procedures for disposing of unwanted medication.

Background

- 2.1 From 01 April 2005 a new NHS contract for community pharmacists was introduced. This highlighted that community pharmacists cannot accept medication waste from care homes (nursing) unless their pharmacy holds a Waste Management Licence. **This change does not apply to care homes offering personal care only.**
- 2.2 This paper provides professional advice, about the disposal of unwanted medication, for the information of CSCI regulation inspectors and regulatory managers.
- 2.3 Disposal of waste is subject to legislation and regulated by the Environment Agency. Until 31 March 2005, care homes have returned unwanted medication for safe disposal, to the supplying community pharmacy or dispensing GP.
- 2.4 The restriction applies whether medication has previously been returned to a community pharmacist or dispensing GP practice.

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Implications for the care home (nursing):

- 3.1. National Minimum Standards require registered providers to have a suitable and safe system to dispose of unwanted medication within a reasonable time, including:
 - Medication remaining after a service user has died
 - Medication that has been stopped by the prescriber
 - Refused doses of medication
 - Medication that has gone beyond the 'use by' date.
- 3.2. A care home (nursing) is required to safely dispose of clinical waste from the premises. It will now be necessary for the care home to make arrangements for the collection of waste medication as well as other clinical waste products with a licensed waste disposal company. This will incur a direct cost to the care home (nursing). Disposal of medicines on site through the sewage system is not appropriate.

Implications for CSCI Inspectors:

- 4.1. A care home may have built up excessive quantities of medicines through the repeat prescription process. Although this situation may indicate an inappropriate system of procurement, it may also be due to the GP surgery providing prescriptions when they have not been requested.
- 4.2. Care homes (nursing) may be faced with problems as a result of the new contractual framework for community pharmacy having highlighted the prohibition in the waste legislation of pharmacists accepting waste, and particularly if they are faced with financing a process that was previously provided free through the local PCT. CSCI inspectors are encouraged to be supportive through the period of adjustment to the new procedure.
- 4.3. However, inspectors will also need to be vigilant because if care homes fail to dispose of unwanted medicines appropriately, service users may be placed at risk. For example:
 - If a service user for whom medicine was supplied is no longer resident, their medicine may be administered in error to

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another service user, who has not been prescribed the medication

- The continued administration of medication that has been stopped by the prescriber may lead to a clinical emergency
- The administration of medication that is beyond the 'use by' date may prove either to be clinically ineffective or may cause actual harm because the product has chemically changed.

4.4. It is important that inspectors who are assessing the outcome of the medication standard in a care home (nursing) establish the following:

- That the care provider has not retained medication inappropriately.
- That the provider does not rely upon returning waste medication to a community pharmacy.
- That the provider has made arrangements to safely dispose of medication through a licensed waste disposal company and retains records of the transactions.
- That the provider has clarified that the contracted waste disposal company has authorisation to transfer and dispose of controlled drugs.

Attachments:

- Technical Appendix 1

Technical Appendix

This section contains further technical information about the changes and should be discussed with the local pharmacist inspector.

Legislation

- The Controlled Waste Regulations 1992 determine that clinical waste is classed as '**industrial**' unless the premises that produce the waste are domestic properties. Clinical waste from a care home (nursing) is classed as industrial and is therefore subject to the Special Waste Regulations 1996. Residential homes were included in an exemption and their waste, classed as '**household**', is not subject to the Special Waste Regulations 1996 even though the terminology has changed to 'care home'.
- The Special Waste Regulations 1996 classifies all prescription medicines as special waste, which must be consigned to a suitably authorised waste management facility and a retail pharmacy is very unlikely to be authorised. A care home registered to provide nursing care (including care homes that are registered for both nursing and personal care) must dispose of medication through a licensed waste disposal company.
- A community pharmacy can register an exemption, under the Waste Management Licensing Regulations 1994 to permit storage of waste medicines returned from '**households**' but this exemption does not extend to '**industrial**' waste. So even though the community pharmacy acts as an intermediary in the process of medication disposal, this is only legal for care homes offering personal care only.
- Disposal of medicines through a non-authorised person would contravene the Controlled Waste Regulations, and both care home (nursing) owners/managers and community pharmacist could face fines of up to £20,000 or six months imprisonment. Additionally, the pharmacist could face removal from the Register of Pharmaceutical Chemists.
- The new contract for community pharmacy states that the pharmacy must not collect or accept returned medication for the purpose of disposal from care homes (nursing), and some Primary Care Trusts have already informed care homes (nursing) about this change in service.

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- The Department for the Environment, Food and Rural Affairs (Defra) consulted in 2004 on changes to the Special Waste Regulations and it is anticipated that new Hazardous Waste Regulations will replace them later this year. The new regulations will not alter the legal route of disposal of medicines from care homes (nursing).

Monitored dosage systems (MDS)

- For those care homes (nursing) that use MDS, any tablets/capsules that have not been administered to service users should not be returned to the pharmacy with the equipment. The care home (nursing) procedures must ensure that the remaining doses are removed to a CinBin or similar. The waste disposal company will advise accordingly.

Controlled Drugs (CD)

- The legislation does not currently make any differentiation for the types of medication being disposed of. Controlled drugs are considered no different from any other prescribed medication. However, the ongoing discussions following the Shipman Inquiry have led to the strong recommendation that CD are de-natured before being handed to the waste disposal company. This can be achieved using a commercially available 'Dooop kit'¹. The waste disposal company will advise accordingly.

¹ *'Dooop kits' are commercially available equipment containing a substance, which will de-nature the medication so that the active ingredient cannot subsequently be recovered and reused.*

- Some licensed waste disposal companies are granted an authority to transfer controlled drugs for the purpose of disposal, but this should be checked by the care home (nursing) before controlled drugs are consigned.
- Some care providers have expected the pharmacist to sign the CD register when CD are returned. This is not a legal requirement. It is however strongly recommended that a registered nurse and an appropriate witness sign the record of disposal in the CD register.