

TRUST CORPORATE POLICY
Medication Returns Policy

APPROVING COMMITTEE(S)	Medicines Governance Board	Date approved:	13.12.18
EFFECTIVE FROM	Date of Approval		
DISTRIBUTION	Pharmacy Estates & Facilities Managers PFI Providers All wards and departments with medication		
RELATED DOCUMENTS	Trust Waste Management Policy Medicines Management Policy		
STANDARDS	Misuse of Drugs Act 1971 and amendments The Waste (England and Wales) Regulations 2011 and amendments Health Technical Memorandum (HTM) 07-01, Safe Management of Healthcare Waste (DOH 2013)		
OWNER	Chief Pharmacist		
AUTHOR/FURTHER INFORMATION	Lead Nurse, Medicines Management and Safety		
SUPERCEDED DOCUMENTS	Initial Policy		
REVIEW DUE	Usually 3 years after approval		
KEYWORDS	Medication, returns, waste, green bins, pharmacy		
INTRANET LOCATION(S)	https://weshare.bartshealth.nhs.uk/trust-wide-policies		

CONSULTATION	<i>Barts Health</i>	Pharmacy Governance Team Pharmacy Governance Board Medicine Governance Board Directors of Nursing Assistant Directors of Nursing Medical Directors
	<i>External Partner(s)</i>	<i>Capital Hospitals Ltd (CHL) - SERCO</i>

ICATION AND EXEMPTIONS	Included in policy: <i>For the groups listed below, failure to follow the policy may result in investigation and management action which may include formal action in line with the Trust's disciplinary or capability procedures for Trust employees, and other action in relation to organisations contracted to the Trust, which may result in the termination of a contract, assignment, placement, secondment or honorary arrangement.</i>		
	All Trust staff, working in whatever capacity		
	Other staff, students and contractors working within the Trust		
	No exemptions		

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MEDICATION RETURNS POLICY

1 INTRODUCTION

- 1.1 The purpose of this policy is to ensure that all health care professionals correctly handle and dispose of pharmaceutical waste, complying with the health and safety and current legal requirements.
- 1.2 This policy provides guidance to ensure that each individual complies with their duty of care to ensure that anyone who, stores, returns, or disposes of pharmaceutical waste, takes all reasonable steps to keep waste safe and dispose of it legally without causing harm or potential harm to the environment.
- 1.3 This policy has been developed to ensure the safe custody of pharmacy products is maintained at all times at Barts Health with specific reference to the return of such products for re-use at Barts Health or disposal.
- 1.4 The policy aims to improve cost efficiency and reduce unnecessary waste through reusing suitable medication that has been returned and reducing costs associated with unnecessary disposal of medication.
- 1.5 This policy aims to establish a consistent approach to returning medication and ensure the maintenance of high standards

2 MEDICATION NO LONGER REQUIRED IN WARDS AND DEPARTMENTS

- 2.1 Clinical areas will have medication that is no longer required in the area. The Trust can reuse some medication (following appropriate checks) and some medication will have to be destroyed. There are separate bins on the wards for medicines that can be reused and medication that must be destroyed. These are different colours. Each ward / department must identify an appropriate secure location to store medicines that are no longer required on the ward.
- 2.2 The Green Pharmacy Returns bins are for medication that can be reused. A Green Pharmacy Returns Bin will be secured to the wall in this secure location at an appropriate height to see into the bin and allow items to be removed.(Appendix 1) and ward poster. (appendix 4)
- 2.3 The Blue Pharmaceutical Waste bins are for medication to be destroyed. This will comply with national waste legislation in the segregation of hospital waste. (Appendix 2) and ward poster. (appendix 4)

3 ITEMS FOR DESTRUCTION

3.1 These items should be placed in the Pharmaceutical waste BLUE bin. This includes items such as:

- Loose tablets and strips of tablets
- Loose vials and ampoules in their original containers
- Patients Own Drugs (PODs) not required on discharge
- Out of date medication

3.2 Opened, medication containers:

- Ear and Eye Drops
- Inhalers
- Creams
- Ointments
- Liquid medication bottles
- Contents of part used ampules or vials.

Note: No sharps must go in this bin they must go into the yellow sharps bin.

3.3 Contents of part-used Controlled Drug ampoules, vials, patches and PCAs and dropped tablets/capsules. The emptied out liquid, folded patches and crushed tablets can be placed in the blue bin witnessed by another appropriate member of staff. (For further information see Trust Waste Management Policy. Note that glass and sharps to go in the yellow sharps bin.

4 MEDICATION THAT CAN BE REUSED

4.1 These should be placed in the GREEN Pharmacy Returns Bins.

This includes:

- Excess ward stock
- Inpatient items individually dispensed
- Uncollected TTAs (staff must confirm patient is not collecting medication at a later time)
- Unopened Inhalers, eye drops and creams

5 ITEMS THAT MUST NOT BE PLACED IN EITHER THE BLUE OR GREEN BIN

- Controlled Drugs (with the exception of 3.3) will be returned via your Pharmacy team. (See Trust Controlled Drug Policy for wards and department)
- Cytotoxic or Cytostatic Waste (Place in the labelled yellow bin with the PURPLE lid)
- Sharps

6 PROCEDURE FOR USING THE GREEN RETURN BINS

- 6.1 These must be locked at all times and secured to the wall in a suitably secure location. These will be secured where possible in the clean utility area by means of a wall bracket. There are two keys. One key will open the returns bin and the other will open the bracket to release the bin from the wall. The Pharmacy Team and the ward will have a set of keys. The ward keys should be kept on the general key bunch always on the person of a Registered Nurse/Midwife.
- 6.2 Medicines to be returned and suitable for reuse must be placed in these locked bins. Nursing staff will post suitable items for return into pharmacy returns bins. Only medicines intended for reuse are to go in the bin. Refer to point 4 for items to include in the bin also see Appendix 1. The poster Appendix 2 should also be displayed in the ward area to ensure that proper waste segregation is carried out.

7 EMPTYING THE BINS ON THE WARD

- 7.1 The Pharmacy staff will empty the bins once a week on a rota. The process of deciding which Pharmacy staff have the responsibility of carrying out this activity may vary locally. It is the responsibility of the Site Lead Pharmacist to decide how this is implemented.
- 7.2 The Pharmacy Staff must wear gloves and will check the contents of the Returns bin. Items placed in the Green bin in error must be removed and destroyed in line with Trust Waste Management Policy. The senior nurse on the ward must immediately be informed and the error reported via the Trust Datix error reporting system.
- 7.3 The medication to be returned will be transferred into appropriate bags or if necessary the wards empty stock boxes to ensure the Pharmacy Returns Bin is empty. Staff will not leave these bags unattended and would normally return immediately to the Pharmacy to be processed.
- 7.4 Once the Pharmacy Returns Bin is empty the Pharmacy staff will close the lid and relock the bin.

7.5 Pharmacy staff will ensure medication bags or boxes are labelled with the clinical area returning the medication. If a stock box has been used then this should be security tagged and pharmacy staff will arrange for this to be returned by the porters to the designated location on the site:

- Royal London Hospital – Medicines Distribution Unit
- St Bartholomew's – pharmacy department
- Newham University Hospital – pharmacy department
- Whipps Cross University Hospital – pharmacy department

7.6 Pharmacy staff will check the medication returned to the department and will process the returns on the computer and put items back into stock following appropriate Pharmacy procedures. Each Lead Pharmacist for a clinical Pharmacy specialty is responsible for ensuring the clinical areas they oversee have the returns managed effectively unless an alternative arrangement is in place on the site.

8 AD HOC RETURN REQUESTS

8.1 Occasionally, the green return bins will fill up before the returns bin is due to be emptied. Ward staff will alert the ward based pharmacy team to request the team to empty the bin. It is the responsibility of the team leader for the ward based team to ensure the bin is emptied in a timely manner.

8.2 The Pharmacy team will:

- 8.2.1 Dispose of all medication that is appropriate as per the Trust Waste Management Policy
- 8.2.2 Return all medications that are suitable for return to pharmacy and lock the bin

9 CLEANING THE BINS

9.1 Keeping the bin tidy and cleaning the bins is the responsibility of the ward staff supported by Pharmacy when appropriate.

9.2 The bins should be cleaned weekly as part of the normal ward equipment cleaning routine.

Duties and Responsibilities

All staff working in the Trust	Staff working directly with medications have a duty to follow of policy.
Managers	Ensure that staff members adhere to the policy.
Site Lead Pharmacists	Oversight of process on site to ensure policy followed.
Pharmacy Staff	To follow the policy and provide professional support input/ advising where appropriate. To ensure that the bins are emptied promptly.
Senior Nurses	<p>To ensure staff are suitability trained in the handling and the use of medicines and are familiar with this policy and adhere to it.</p> <p>Investigating and rectifying non-compliance to the policy.</p> <p>Informing the Pharmacy Governance team pharmacygovernanceteam@bartshealth.nhs.uk of any breeches of security or other incidents and complete an incident form via the Datix system.</p>

10 MONITORING THE EFFECTIVENESS OF THIS POLICY


Issue being monitored	Monitoring method	Responsibility	Frequency	Reviewed by and actions arising followed up by
Compliance to policy	Review of contents of Green Returns Bin and Audit	Pharmacy Distribution Units	When contents is being sorted	Pharmacy Governance Team

END

APPENDIX 1: PHARMACY RETURNS BINS


Appendix 1.

Pharmacy Returns for Medication Suitable for Reuse.

Approved container	Type of Waste
<p>Green Returns Bin labelled Pharmacy Returns Only.</p> 	<p>Medication that is suitable for Reuse. This includes:</p> <ul style="list-style-type: none"> • Inpatient items no longer needed • Excess Stock medication that is in date • Uncollected Discharge Prescriptions • Part packs of in date medication if not used on the ward • Inhalers- not opened or used • Eye/Ear/Nose Drops- not opened or used • Creams/Ointments- not opened or used. <p>Disposal of full/used Returns Bins – via Pharmacy staff</p>
<p><i>These Return bins are NOT to be used for medication that needs to be disposed of and incinerated.</i></p>	<p>Do NOT Return:</p> <ul style="list-style-type: none"> • Patients Own Drugs • Expired Medication • Fridge Items • Loose strips of tablets or capsules • Controlled Drugs • Used inhalers, drops or medications for external use.




Appendix 2: Medicines Blue Bins

Pharmaceutical Waste to be disposed of and incinerated.

<p><i>Blue container with blue lid</i></p> 	<p>PHARMACEUTICAL WASTE</p> <p>BLUE container/BLUE Lid /BLUE Label to be used for: Expired medication stock Part used vials Loose strips of tablets and capsules Loose vials and ampoules Opened medication containers including Drops, Inhalers, Creams, Ointments and Liquid Medication bottles.</p> <p>.</p> <p>Disposal: pharmaceutical waste incineration</p>
<p><i>Blue Bins are NOT to be used for medication that can be checked and used again</i></p>	<p><i>Do Not Return:</i> <i>Cytotoxic waste and Sharps</i></p>

Appendix 3: Containers for Disposal

Note: Containers must be in use for a maximum of 3 months.

Approved container	Type of Waste
<p>Yellow Sharps container Yellow Lid / Yellow Label</p> 	<p>SHARPS WASTE excluding cytotoxic/cytostatic medicines</p> <p>Yellow Sharps container Yellow Lid/Yellow Label to be used for disposal of:</p> <ul style="list-style-type: none"> Part used ampoules, sharps, vials OR broken/ damaged individual doses <p>DISPOSAL OF CDs on wards:</p> <p>Yellow Sharps container Yellow Lid/Yellow Label to be used for disposal of:</p> <ul style="list-style-type: none"> Part used ampoules, sharps, or vials (Drug must be emptied into blue Pharmaceutical Waste Bin) <p>Disposal of full/used sharps containers</p> <p>Used, sealed sharps container will be collected by waste management in a dedicated wheelie bin. Local arrangements may be in place where a dedicated yellow wheelie bin with a yellow tag is available for use by the clinical area.</p> <p>Disposal: Medicinal Sharps waste incineration.</p>
<p>Yellow Sharps container / Purple Lid / Purple Label</p> 	<p>CYTOTOXIC/CYTOSTATIC MEDICINES</p> <p>Yellow Sharps container/Purple Lid /Purple Label to be used for: All items contaminated with cytotoxic/cytostatic products including vials, ampoules, sharps, syringes, tablets/capsules and oral liquids,</p> <p>Place used, sealed sharps container in dedicated wheelie bin (purple tag). Any area not having dedicated wheelie bin (purple tag) should contact waste management for collection.</p> <p>Disposal: pharmaceutical hazardous waste incineration.</p> <p>Spillage Kits must be available, at all times, in all areas where cytotoxic drugs are administered and in all pharmacy areas where cytotoxic drugs are handled or stored.</p>
<p>Blue container with blue lid</p> 	<p>PHARMACEUTICAL WASTE</p> <p>BLUE container/BLUE Lid /BLUE Label to be used for: All solid dosage medicinal waste (not cytotoxic or cytostatic) e.g. tablets, capsules, suppositories, pessaries. Also for used inhalers, creams, drops and liquids. The contents of Part-used Controlled Drug ampoules and vials can be emptied into this bin. Folded CD, patches and crushed CD tablets/capsules which have been dropped. See Waste Management policy for further information particularly for PCAs.</p> <p>Place used, sealed container in dedicated wheelie bin (blue tag). Any area not having dedicated wheelie bin (blue tag) should contact waste management for collection.</p> <p>Disposal: pharmaceutical waste incineration</p>

Appendix 4: Pharmacy Returns & Waste

PHARMACY RETURNS & WASTE



GREEN RETURNS BIN
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IN THE GREEN BIN

- Excess stock
- Uncollected TTA medication
- Unused inpatient medicines dispensed by Pharmacy
- Unopened inhalers, creams, eye drops.

Green bins are for medicines that can be reused. Do not put expired medicines, loose vials or tablets, patient's medicines from home, sharps, or used inhalers/creams/eye drops in the return bin. For controlled drugs and fridge items please contact your pharmacy team for return.

IN THE BLUE BIN

- All expired stock
- Unneeded medicines brought from home
- Part used vials and ampoules
- Loose vials, amps, tablets, capsules or strips
- Opened liquid meds
- Elements from IV drug preparation



BLUE WASTE BIN
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Any medicines that cannot be reused should be discarded in blue waste bins. Discard empty boxes in household waste. Try to reduce medicines waste by only taking minimal stock to the bedside. Put cytotoxic waste in a yellow bin with purple lid.