

Medicines Optimisation

Best Practice Guidance for Care Homes – *Bulletin 35*

Disposal of Controlled Drugs

Background

Certain medications require denaturing before disposal, this is to render the contents irretrievable to those who may wish to obtain supplies of these medications illegally. Many controlled drugs need to be destroyed in this manner using denaturing kits. When correctly used denaturing kits solidify, thus the controlled medication placed in the kit cannot be retrieved. It is a legal requirement to dispose of controlled drugs in this manner with respect to the Misuse of Drugs Act.

Schedule 2, 3 and 4(i) controlled drugs require **denaturing** before destruction, examples include:

Schedule 2 – Alfentanil, Dexamfetamine, Diamorphine, Fentanyl, Ketamine, Lisdexamfetamine, Methylphenidate, Morphine*, Oxycodone & Pethidine.

Schedule 3 – Buprenorphine, Gabapentin, Midazolam, Pentazocine, Phenobarbital, Pregabalin, Temazepam & Tramadol.

Schedule 4(i) – Diazepam, Lorazepam, Lormetazepam, Nitrazepam, Oxazepam, Zolpidem & Zopiclone.

**This does NOT include Morphine 10mg/5mL oral solution (Oramorph®)*

A T28 waste exemption certificate is needed for nursing homes to store waste and destroy controlled drugs to comply with the legislation that is overseen by the Environment Agency. Applications can be made at:

<https://www.gov.uk/guidance/waste-exemption-t28-sort-and-denature-controlled-drugs-for-disposal>

Destruction of Named Patient's Controlled Drugs in Care Homes

<p>Residential care homes (no nursing service users)</p>	<ul style="list-style-type: none"> ▪ CANNOT destroy resident's expired or unwanted controlled drugs, these should be stored securely in the CD cupboard until collected by the supplying pharmacy. ▪ Collection of controlled drugs which are to be returned should be double signed in the controlled drugs register annotated 'returned to pharmacy for destruction' with the amount returned and a new balance. This entry should only be written at the time of transfer of controlled medication to the individual collecting the medication requiring destruction. ▪ The record of return should also be recorded in the 'returns books' and the member of staff (often pharmacy delivery driver) collecting the medication should sign to confirm receipt of the controlled drugs. The returns book should be annotated with wording to the effect of 'these returns contain controlled drugs requiring destruction'. The controlled drugs should be separated from other returned medication. ▪
<p>Care homes with nursing (with or without residential service users)</p>	<ul style="list-style-type: none"> ▪ CAN destroy all resident's expired or unwanted controlled drugs. ▪ Destruction should always be completed by two competent individuals, of which ONE should be a registered nurse. Destruction should be recorded in the controlled drugs register (if the medication has a balance recorded in the CD register) or the care home record of returned/disposed medication. ▪ Further guidance on methods to denature controlled drugs can also be found in this guide. Controlled drugs kept as 'stock' which are occasionally kept in nursing homes must NOT be destroyed by care home staff, see further guidance below.

Before destroying controlled drugs, always refer to your local medicines policy to ensure the above is applicable in your locality.

Denaturing Kits

Denaturing kits should be obtained from pharmacies or waste contractors by care homes. Denaturing kits have different instructions dependent on the brand supplied, thus before destruction an appropriately trained individual should review the guidance on the label. Different brands take varying times to solidify once water is added, from minutes until days, thus until the kit is completely solidified it should be stored in a Misuse of Drugs Act compliant controlled drugs cabinet. Once solidified the kit can be placed in pharmaceutical waste and returned to waste contractor following their procedures for declaration of the collection of controlled drug waste. Controlled drugs awaiting destruction should be stored securely and marked as awaiting destruction. Weekly or monthly the destruction should take place and the kit reconstituted immediately. Under **NO** circumstances should further medications be added to the filled denaturing kit once it has been reconstituted and solidified

Methods for Destruction of Controlled Drugs

It is a legal requirement for those authorised to destroy controlled drugs to follow the directions described below. Destruction should take place in a secure area away from residents with access to all the necessary equipment.

Dosage Form	Method of Destruction
Solid dosage forms, e.g. capsules and tablets	Place the solid dose formulation into the controlled drug denaturing kit and add the volume of water directed by the manufacturer. If the denaturing kit states that tablets should be crushed, the use of a small amount of water whilst grinding or crushing may assist in minimising particles of dust being released into the air. A pestle and mortar or tablet crusher should be used to crush tablets. Some kits require capsules to be emptied.
Liquid dosage forms	Pour into an appropriately sized CD denaturing kit after solid formulations have been added first. Do not overfill the container past the medication line as kits will require water to solidify.
Ampoules and vials	For liquid containing ampoules, open the ampoule and empty the contents into a CD denaturing kit, or dispose of in the same manner as liquid dose formulations above. For powder containing ampoules, open the ampoule and add water to dissolve the powder inside. The resulting mixture can be poured into the CD denaturing kit. The ampoules can be disposed of as sharps pharmaceutical waste or as per kit instructions.
Patches	Remove the backing and fold the patch over on itself. Place into a CD denaturing kit.
Aerosol formulations	Expel into water and dispose of the resulting liquid in accordance with the guidance above on destroying liquid formulations. If this is not possible because of the nature of the formulation, expel into an absorbent material and dispose of this as pharmaceutical waste. Alternatively consider if it would be safe to open or to otherwise compromise the container to release the controlled drug safely. The resulting liquid mixture should then be disposed of in a CD denaturing kit or adsorbed onto cat litter and disposed of as pharmaceutical waste.
Lozenges	Actiq® (fentanyl) lozenges are best destroyed by dissolving in a small amount of hot water. The resulting liquid should then be disposed of as for liquid dose formulations. The 'lollypop' sticks should then be placed in the pharmaceutical waste container.

Nursing Homes with 'Stock' Controlled Drugs

These medications are kept within the care home for use by any resident who has a current prescription for the medication, thus are classed as care home 'stock'. This is very uncommon but occasionally some nursing homes keep their own stocks of medication. These will not have pharmacy dispensing labels as they will have been purchased via a wholesale method for use by more than one resident.

Stock medications are under stricter regulations, thus cannot be destroyed in any care home setting. An external authorised witness (authorised by NHS England) needs to visit the care home to witness the destruction of expired controlled drugs kept as stock. Contact your local Clinical Commissioning Group (CCG) for information on this service if you require witnessed destruction of controlled drugs kept as stock.

Used Controlled Drug Patches

Where a resident has a transdermal patch containing controlled drugs e.g. buprenorphine or fentanyl, once it is removed it should **immediately be folded over on itself** and placed back into an empty packet. The patch can then be placed into normal pharmaceutical waste or as per care home policy.

See MHRA alert: '*Transdermal fentanyl patches: life-threatening and fatal opioid toxicity from accidental exposure, particularly in children.*'

Controlled Drug Register Entry

It is expected that a record of controlled drug destruction or return is made in the CD register (where a balance of that medication is usually recorded in the CD register) **or** the care home record of returned/destroyed medication. The entry will vary depending on whether controlled drugs are destroyed on-site or returned to the pharmacy, but the record should contain:

- Date of destruction or date medication return to pharmacy
- Name and strength of medicine, e.g. Fentanyl 12mcg patch
- Quantity returned or destroyed, e.g. 2 patches
- Person for whom medicines were prescribed e.g. John Smith
- Signature of the member of staff who arranges the return of the medicines or the nurse destroying the medication
- Signature of the person collecting the medicines or individual witnessing destruction/ return
- Annotation that the medication was 'returned to pharmacy for disposal' or 'destroyed'.
- New balance for the medication

Nursing homes should also keep records of transactions with registered waste disposal companies.

'I've popped a controlled drug, but it has been refused/dropped, what do I do?'

It is important to remember to gain consent to administer medication before 'popping' them out of the container. However, refusal may still occur after this point or the medication may be dropped by accident.

- **Residential Care** – Place the dose form (e.g. tablet, capsule) into a clear bag/pot which is labelled with the resident's name, the medication details, the current date and time and the reason for return e.g. refused by resident. This should be double signed by the original individual initiating the procedure and another appropriately trained member of staff. This should be stored securely in the CD cabinet but **must** be separated from available stock. The returns register should be completed to note the controlled medication is awaiting collection for destruction in the pharmacy. The medication should be collected for destruction as described in the sections above.

Nursing or Mixed Care Home – The waste medication can be disposed of by a **Nurse** in the presence of an appropriate witness by the methods described in the sections above. Ensure this is recorded appropriately in the disposal record.

References

1. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
2. Royal Pharmaceutical Society, Medicines, Ethics and Practice. The professional guide for Pharmacists. Edition 45, July 2019.
3. Managing medicines in care homes. NICE good practice guidance. March 2014.
4. Act of Parliament/Government Legislation. Misuse of Drugs Act 1971.
5. The Nursing and Midwifery Council standards for medicines management.
6. PrescQIPP NHS Programme. Bulletin 75 (December 2014): Guidelines on the management of controlled. Accessed on September 2017 at <http://www.prescqipp.info/resources/viewcategory/303-care-homes-controlled-drugs-good-practice-guide>

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