

<b>STANDARD OPERATING PROCEDURE</b>	<b>RETURN AND DISPOSAL OF CONTROLLED DRUG STOCK</b>
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<b>AUTHOR(S)</b> (JOB TITLE)	<b>Pharmacy Senior Management Group (SMG)</b>
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<b>ASSOCIATED TO WHICH POLICY?</b>	<b>TW10-037 Medicines Management Policy &amp; Associated SOPs</b>
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<b>MANAGER RESPONSIBLE FOR REVIEW (Job Title)</b>	<b>Director of Pharmacy</b>

## Version Control

Version	Date	Amendment
4	October 2021	<ul style="list-style-type: none"> <li>Trust title changed to incorporate teaching hospital status</li> <li>No other changes made – review date reached hence this review</li> </ul>

## Contents

CONTENTS	TITLE	PAGE NUMBER
1	Expired or Unwanted Controlled Drugs Stock	2
2	Pharmacy Procedures on Receipt of Expired/Unwanted CDs	2
3	Management of Controlled Drug Spillages	2
4	Non-administered or partly used Controlled Drugs	3
5	Closure of a Ward or Department	3
6	Human Rights Act	4
7	Accessibility Statement	4

## **1. EXPIRED OR UNWANTED CONTROLLED DRUGS**

- 1.1 This stock must be returned to the hospital pharmacy for supervised destruction in the presence of an Authorised witness who for this Trust is a member of the Greater Manchester Police Controlled Drug Liaison Team.
- 1.2 The unwanted or expired stock must be returned to pharmacy in the controlled drugs tin.
- 1.3 An entry must be made in the controlled drugs register stating, "Stock returned to pharmacy".
- 1.4 The stock must be removed from the cupboard and an entry made in the Controlled Drugs (CD) requisition book stating:
  - 1.4.1 The name strength and form of the stock to be returned.
  - 1.4.2 The quantity being returned.
- 1.5 The removal and return of stock must be witnessed by another registered practitioner or pharmacist.
- 1.6 Both practitioners must check the remaining balance of stock and sign the controlled drugs register to confirm the detail is correct.

## **2. PHARMACY PROCEDURES ON RECEIPT OF EXPIRED OR UNWANTED CONTROLLED DRUGS**

- 2.1 The contents of the controlled drugs tin must be checked against the details provided on the requisition book then re-assessed for re-use.
- 2.2 If assessed as suitable for re-use the stock can be accepted into pharmacy stock, entered in the appropriate register, and received onto the pharmacy computer system EMIS.
- 2.3 Expired controlled drugs must be entered into the "CDs for destruction register" and placed in the quarantine "expired stock for destruction" area of the controlled drugs cupboard/Omniceil® cabinet.
- 2.4 At regular visits from the Police Controlled Drugs Liaison Officer all expired/unsuitable for re-use Controlled Drugs will be destroyed and the registers marked accordingly.

## **3. MANAGEMENT OF CONTROLLED DRUGS SPILLAGES**

- 3.1 Details of the spillage should be documented in the Controlled Drugs register and signed by the responsible person and countersigned by another registered nurse, pharmacist, ODP, midwife or medical practitioner.
- 3.2 Tablets/capsules dropped on the floor should be put in a clearly labelled and sealed envelope stating the reason and then treated as expired stock.
- 3.3 A Datix Web incident report should be completed for all spillages of controlled drugs using the following categories:
  - 3.3.1 Incident type - clinical incident.
  - 3.3.2 Stage of care - medicines.
  - 3.3.3 Detail – monitoring or follow up of medicine use.
  - 3.3.4 Adverse Event – other medicine incident.
- 3.4 Details of the controlled drug involved should be entered in the medication field and "controlled drug" selected from the "High Risk medication" field.

- 3.5 The pharmacist carrying out the monthly Controlled drugs check should note any spillages on the comments section of the audit form.

#### 4 NON-ADMINISTERED OR PARTLY USED CONTROLLED DRUGS

- 4.1 If the CD is a small volume (original volume of 10ml or less) then it can be discarded directly into a yellow sharps bin. The ampoule should not be emptied out prior to doing so.
- 4.2 If the CD is a larger volume (original volume of more than 10ml) then it must be denatured using an appropriately sized denaturing kit. Instructions are on the kits. Once the contents have set to a solid form, the entire container can be disposed of directly into a **blue** medicines waste container.
- 4.3 Blue medicines waste containers can continue to be used until they are  $\frac{3}{4}$  full. Leave the lid loosely on but not secured until final sealing. (If you secure the lid you won't be able to put further CD destruction kits in them). Ensure that they are positioned on the floor where they cannot be knocked over or present a trip hazard.
- 4.4 Blue medicines waste containers must be kept in a clinical room until final sealing and removal for disposal – do not leave in sluices or on corridors.
- 4.5 Wards and departments can order their own kits as needed from NHS Logistics:

250ml - KYA017  
500ml - KYA016



- 4.6 The name of the patient, the details of the CD being destroyed (name, strength, formulation) and an explanation for the wastage must be recorded in the CD register – this must be countersigned by a witness.

E.g., “5mg ampoule supplied – 2.5mg given as prescribed, 2.5mg wasted”.

#### 5 CLOSURE OF A WARD OR DEPARTMENT

- 5.1 This section applies when the ward is closed for a period longer than 48 hours (and such doesn't include weekends).
- 5.2 Make pharmacy aware of the closure of a ward/department as soon as it is known that this is going to happen.
- 5.3 Pharmacist and Ward Manager (or deputy) checks that the balances of all controlled drugs on the ward/department match those in the CD Register. If any balances are incorrect then escalate to Matron and Senior Pharmacy Manager.
- 5.4 For each drug a requisition must be completed to authorise the transfer back to pharmacy for safe storage as per Section 1 of this SOP – this is signed by the Ward Manager (or deputy) and the pharmacist.
- 5.5 For each drug the return is entered in the CD Register to state “returned to pharmacy”, the balance is made to zero and the register is signed by both members of staff.

- 5.6 The pharmacist transports the tin directly to pharmacy for receipt. Out of hours or if there is anticipated security risk then another member of staff must accompany them.
- 5.7 A second member of pharmacy staff checks and signs the requisitions against the contents of the tin. If any discrepancies are noted then this must be escalated to a Senior Pharmacy Manager.
- 5.8 If the closure is temporary then the locked tin can be stored in the Pharmacy Omnicell®/CD Cupboard with the Register and the Requisition book until the ward/department opens again.
- 5.9 If the closure is permanent (or unknown) then all items in the tin will be received formally by pharmacy as per their local procedures and added to pharmacy stock. Items unable to be re-used will be handled as expired stock.
- 5.10 When the ward/department re-opens after a temporary closure then the reverse happens; the tin, register and requisition book are removed from the Omnicell®/CD Cupboard, and all items are booked out to the ward on a separate requisition per item and booked into the ward CD Register as normal procedure.
- 5.11 If the ward/department re-opens after what was expected to be a permanent closure then all items must be ordered anew.

## **6 HUMAN RIGHTS ACT**

Implications of the Human Rights Act have been considered in the formulation of this document and they have where appropriate been fully reflected in its wording.

## **7 ACCESSIBILITY STATEMENT**

This document can be made available in a range of alternative formats e.g., large print, Braille, and audio CD.