

ST GEMMA'S HOSPICE

POLICIES AND GUIDANCE

Category:	Medicines
Title:	Ordering and Receipt, Storage and Disposal Policy
Responsibility of:	Pharmacist
HLT Member Accountable:	Director of Medicine
Developed in consultation with:	HODs
Staff with operational responsibility for development, implementation and review:	
Target audience:	Clinical
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Associated policies:	Medicines – Re-use of all patients own medicines, including Controlled Drugs Medicines – Self-medication on the In-Patient Unit Medicines - Administration
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Medicines - Ordering and Receipt, Storage and Disposal Policy

Section 1 -Ordering and Receiving Medication

1 Preamble

- 1.1 This policy is set up in order for a medication to be ordered, stored and disposed of within a risk management framework.
- 1.2 All medicines are ordered, received and stored in accordance with the following: -
 - "The Registered Homes Act" Part 2 1984
 - "Misuse of Drugs (Safe Custody) Regulations" 1973
 - "The Care Standards Act" 2002
 - "Independent (private and voluntary) Healthcare inspection programme 2006/07"
- 1.3 A ward top-up system is used for the supply of stock medication to the hospice. Urgent stock items can be ordered direct from Lloyds.
- 1.4 Any medication not on the stock list (displayed on the wards) is dispensed as a non-stock i.e. patient specific item.
- 1.5 Only stock medicines, including stock Controlled Drugs (CDs), are dispensed from Chapel Allerton Hospital.
- 1.6 Members of the pharmacy group (Pharmacists, Specialist nurses, Consultants, a member of the community team and day hospice) review the stock medication list every six months and changes are negotiated with Lloyds Pharmacy and Chapel Allerton Hospital.
- 1.7 All non-stock drugs and discharge prescriptions are ordered by fax and dispensed from Lloyds pharmacy. Fax number 0113 2888674. Tel number 0113 2686580.
 - Pharmacy opening hours
 - Monday to Friday 9am – 6pm
 - Saturday 9am – 5pm
 - Sunday 9.30am – 12.30pm
- 1.8 All orders received by Lloyds pharmacy by 4pm Mon-Sat and before 11.30 am Sunday will be delivered on the same day. Orders received after this time are delivered the following day, unless urgent in which case the nurse will make contact with the pharmacist working at Lloyds. Drugs are supplied in quantities that last up to and including the next top-up day.
- 1.9 Stock drugs are ordered by the technician and repeat non-stock items by the pharmacist (Ph). These top ups are ordered on a Monday or Tuesday and delivered by the pharmacy service on a Thursday afternoon. If the Ph or technician is not in the hospice then the RN orders any drugs required as specified below.
 - Non-stock items** - firstly check if patients own are suitable for reuse following the reuse of patients own drugs policy, if not suitable or not available these are ordered on a "Patient Non-Stock / Urgent Stock Drug Order" form (blue).
 - Discharge medication** is ordered on a "Discharge Drug Order" form (yellow) or a "Discharge Drug order for Compliance Aid" form (green) and the date and time that the medicines are required on the ward must be specified. A seven-day supply is issued on discharge.

Urgent Stock medication is ordered on a "Patient Non-Stock / Urgent Stock Drug Order" form (blue), specifying that it is a "stock" order.

- 1.10 Urgent Out of Hours items can be obtained using the following contact numbers.

First line:

Hospice Technician

Caroline Baig

Home Tel: 0113 2625001

Mobile: 07816 450235 (leave a message)

Or

Lloyds Pharmacy Manager

Conal Farry

Mobile: 07801 534 730

Second line: Leeds General Infirmary Resident Pharmacist

Switchboard 0113 243 2799 (ask to bleep on call pharmacist)

- 1.11 Under no circumstance are stock drugs or named drugs for another patient to be given to patients to take away from the hospice (eg. for weekend leave or out-patient appointment). The weekend Lloyds pharmacy service or out of hours service must be utilised.
- 1.12 Patients own drugs (PODs) are assessed using the reuse of PODs procedure.
- 1.13 For the purpose of this policy authorised personnel are deemed to be Ph, RN or Dr.

2 Policy

- 2.1 Dr checks and signs the "Patient Non-Stock / Urgent Stock Drug Order" form (blue), "Discharge Drug Order" form (yellow) or "Discharge Drug order for Compliance Aid" form (green) before it is faxed. Lloyds cannot dispense these without a doctor's signature and qualification.
- 2.2 Medication supplied as ward stock is not given to patients to take home or to use as self medication. (See Self-medication policy).
- 2.3 RN's do not undertake dispensing of medication.
- 2.4 For CDs - Dr or Ph completes a pink Gemma's A5 "Controlled Drug Signed Order/Private Prescription" form (pink), ensuring it complies with the legal handwriting requirements for CD prescriptions for all schedule 2 and 3 CDs ordered on Discharge Drug Orders or Non-Stock/Urgent Stock Drug Order forms. This prescription is collected by Lloyds pharmacy before the CD is supplied to the hospice.
- 2.5 Prescriptions and signed orders are faxed to Lloyds and a copy made at the time of faxing, with the exception of the pink A5 order "Controlled Drug Signed Order/Private Prescription" which is not copied.
- 2.6 Original copies of medicines orders and prescriptions are collected by Lloyds or taken to Chapel Allerton Pharmacy as appropriate before the medicines are supplied.

- 2.7 For CDs delivered from Lloyds, an authorised person signs a duplicate CD docket carried by the Lloyds driver to indicate CDs have been delivered to the hospice.
- 2.8 For all deliveries of stock medicines from Chapel Allerton Hospital, authorised person signs the driver's delivery note listing each sealed box or bag to indicate that they have been received by the hospice.
- 2.9 RN checks all medicines delivered from Lloyds against the stamped copy of the original order returned with the drugs and signs and dates the copy to indicate that the drugs have been received into the hospice.
- 2.10 Lloyds technician checks the non-CD stock order delivered from Chapel Allerton Pharmacy against the stock delivery note when putting the drugs away. Lloyds technician enters the stock CDs into the register with a RN when putting them away.
- 2.11 For CDs received from Lloyds, two authorised persons record receipt in the CD register in indelible ink. Errors made when entering the record are not crossed through, but bracketed and asterisked, a note made at the head or foot of the page stating that the entry was "Entered in error". Both the error and correction are signed and dated by two authorised persons.
- 2.12 Medicines related paperwork and records is stored and archived in accordance with appendix 1 – "Storage and Archiving of Medicines Related Paperwork October 2006"

3 Procedure

3.1 ENDORISING OF PRESCRIPTIONS

Ph writes "NS" in the pharmacy box on the medication chart against non-stock drugs "S" against stock drugs and CD in a triangle against CDs. All drugs endorsed as "NS" indicate that these items are non-stock at the hospice and will require a patient specific supply or the use of their own medication. "S" indicates that the item is stocked by the hospice, however patients own medications may be used if the reuse of PODs policy is complied with. RN or Ph writes "OWN" in the special directions box indicating patients own medicines have been brought in to the hospice and comply with the PODs.

3.2 PATIENT NON- STOCK/ URGENT STOCK DRUG ORDER - Blue

ORDERING

- RN/Ph/Dr completes blue patient non-stock/urgent stock drug order sheet.
- For non-stock items, the 'official name' of the patient (i.e. the name that appears on the St Gemma's identification sticker) is used. Nicknames or abbreviations are not used.
- Names are written in block capitals.
- "Ditto" marks are not used when ordering more than one item for the same patient. The patient's name must be written in full for each item ordered.
- Date of birth for each individual patient is recorded on the order but it is only required once if ordering multiple items for the same patient.
- The word "STOCK" is written in the patient name section when using the form to order urgent stock drugs from Lloyds. No dose is required.
- A blank line is left in between different patient names/stock drug requests, drawing a line in ink through the blank spaces so that medicines cannot be added at a later time.
- All the above will help to minimise drug dispensing errors and allows for an accurate Patient Medication Record (PMR) at Lloyds.

- Dr signs form, writes name in full, qualifications and date signed.

FAXING

- Staff member marks the date and time of faxing on the top, right hand corner and puts on their initials.
- Fax the original blue sheet to Lloyds on: 0113 2888674
- A photocopy is made at the same time on the fax machine.

HANDLING AND STORAGE OF DOCUMENTATION AFTER FAXING

- The original (blue copy) is left in the clear Perspex tray in the nurses office for collection by the Lloyds' driver at tea-time.
- The photocopy is filed away in the "Sent Faxes" folder. (The photocopy is just for our records, to know what has been ordered before it arrives from Lloyds.)
- Photocopy is kept for a minimum of two weeks, after which it is shredded or put in a green confidential waste bag

HANDLING AND STORAGE OF DOCUMENTATION AFTER RECEIPT OF MEDICATION

- Medications are delivered with a second copy of the order, which will be signed as dispensed/checked by Lloyds and stamped with their shop stamp. (This stamped copy is classed as the "Delivery Note".)
- RN checks and signs stamped "Delivery Note" to say that all of the drugs have been received into the hospice
- Stamped "Delivery Note" is filed the in the black box in the drug room where it is kept for a minimum of 2 weeks and then archived for 2 years.
- Any discrepancies are discussed as soon as possible with the Lloyds Pharmacist, the nurse in charge and a drug error/incident form completed if appropriate.

3.3 DISCHARGE DRUG ORDER – Yellow

ORDERING

- Ph/Dr completes all sections of the yellow discharge drug order (TTO).
- 'Official name' of the patient (i.e. the name that appears on the St Gemma's identification sticker) is used. Nicknames or abbreviations are not used.
- Names are written in block capitals
- Date and time that the medicines are required on the ward prior to discharge is indicated e.g. this may be 6pm on the night before an a.m. discharge.
- Dr signs form, writes name in full, qualifications and date signed.
- CD items also require a pink A5 "Controlled Drug Signed Order/Private Prescription" order sheet.

FAXING

- Staff member marks the date and time of faxing on the top, right hand corner and puts on their initials.
- Fax the original yellow sheet to Lloyds on: 0113 2888674
- A photocopy is made at the same time on the fax machine.

HANDLING AND STORAGE OF DOCUMENTATION AFTER FAXING

- The original (yellow copy) is left in the clear Perspex tray in the nurses office for collection by the Lloyds' driver at tea-time.

- The photocopy must be put back with the current discharge information pack and filed, ultimately, in the patient's medical records when they leave the ward.

HANDLING AND STORAGE OF DOCUMENTATION AFTER RECEIPT OF MEDICATION

- Medications are delivered with a second copy of the order, which will be signed as dispensed/checked by Lloyds and stamped with their shop stamp. (This stamped copy is classed as the "Delivery Note".)
- RN checks and signs stamped "Delivery Note" to say that all of the drugs have been received into the hospice
- Stamped "Delivery Note" is filed in the black box in the drug room where it is kept for a minimum of 2 weeks and then archived for 2 years.
- Any discrepancies are discussed as soon as possible with the Lloyds Pharmacist, the nurse in charge and a drug error/incident form completed if appropriate.

3.4 DISCHARGE DRUG ORDER FOR COMPLIANCE AID- Green

- Procedure as for discharge drug order, but the dose and frequency columns should be completed with the required number of tablets for each section of the compliance aid.
- The type of compliance aid required ("dossette" box or "venalink" pack) must be specified.

3.5 CONTROLLED DRUG SIGNED ORDER/PRIVATE PRESCRIPTION - Pink

ORDERING

CDs for a specific patient

- Follow procedure for patient non-stock/urgent stock drug orders or discharge drug orders as above.
- In addition, a pink Gemma's A5 order "Controlled Drug Signed Order/Private Prescription" order must be completed.
- Ph/Dr completes prescription and Dr signs form, writes name in full, qualifications and dates prescription.
- Only one CD item can be written on each form.

CDs from Lloyds for stock use (Not patient specific)

- Follow procedure for patient non-stock/urgent stock drug as above.
- In addition, a pink A5 St Gemma's "Controlled Drug Signed Order/Private Prescription" order must be completed.
- Ph/Dr completes order - for stock items write "STOCK" in patient name and date of birth section and leave dose section blank.
- Dr signs form, writes name in full, qualifications and dates prescription.
- Only one CD item can be written on each form.

FAXING OF CD SIGNED ORDER/PRIVATE PRESCRIPTIONS

- Staff member marks the date, time of faxing and initials on the prescription.
- Completed A5 pink orders are to be faxed to Lloyds on: 0113 2888674 (feed into the fax machine long side first).
- Do NOT copy.

HANDLING AND STORAGE OF CD SPECIFIC DOCUMENTATION AFTER FAXING

- The original A5 pink order is left in the clear Perspex tray in the nurses office for collection by the Lloyds' driver.

HANDLING AND STORAGE OF DOCUMENTATION AFTER RECEIPT OF CDs

- CDs arrive from Lloyds in a locked box.
- A record of the CDs delivered will be written in a "docket" book by the Lloyds dispenser, which is locked in the box.
- The RN receiving the CDs will open the box and check the CDs against the list in the "docket" book. The RN signs the "docket" and tears off the top copy. The book is returned to the driver with the empty box, unless it has been delivered by taxi at the weekend in which case the book is left in the delivery box until collected by Lloyds on the next working day.
- The top copy of the docket will be kept in the black box in the drug room for 3 months; it will then be shredded or put in a green confidential waste bag.
- CDs are also delivered with a second copy of the order, which will be signed as dispensed/checked by Lloyds and stamped with their shop stamp. (This stamped copy is classed as the "Delivery note")
- RN checks and signs "Delivery note" to say that all of the drugs have been received into the hospice.
- Signed stamped "Delivery note" is filed the in the black box in the drug room where it is kept for a minimum of 2 weeks and then archived for 2 years.
- Any discrepancies are discussed as soon as possible with the Lloyds Pharmacist, nurse in charge and a drug error/incident form completed if appropriate.

3.6 **RESPONSIBILITY OF LLOYDS PHARMACY STAFF**

- Lloyds Pharmacy Staff collect the original prescriptions and orders from the wards as required.
- Lloyds Pharmacy Staff dispense the non-stock and urgent stock medicines ordered and endorse the paperwork with relevant signatures and the shop stamp.
- Lloyds Pharmacy Staff inform RN on the relevant ward if there will be a delay in obtaining the medicines. The RN will then inform the Dr who will assess the clinical implications of the delay in receiving the drug.
- Lloyds Pharmacy staff arrange for the dispensed drugs to be delivered to the hospice by the Lloyds Driver or Taxi Driver and instruct the driver to hand deliver medications to a RN. The CDs are delivered in a locked box along with all drugs delivered at the weekend. Other drugs are handed directly to a RN.
- The Lloyds Driver is given a delivery "docket" book for the RN to sign when receiving CDs into the hospice. The Driver gives the top copy to the RN for filing and returns the book to the shop.
- Lloyds send a stamped copy of the faxed order with the drugs as a delivery note. RN checks medication received in to the hospice against the delivery note and then signs the delivery note to acknowledge receipt of the drugs. This is filed with the delivery notes in the drug room.

3.7 **ACTION ON RECIEPT OF MEDICINE DELIVERIES**

Stock Medicines (excluding schedule 2 and 3 CDs and Oramorph 10mg/5ml)

- RN locks stock medication delivered from Lloyds in appropriate cupboard in drug room or in locked drugs fridge.
- Lloyds Technician puts weekly "top-up" stock medicines delivered from Chapel Allerton Hospital in appropriate cupboards in drug room or in locked drugs fridge.

Non-Stock Medicines (excluding schedule 2 and 3 CDs and Oramorph 10mg/5ml)

- RN locks patient specific non-stock medicines delivered from Lloyds in named patient's bedside medicines locker or in drugs fridge.

Stock Schedule 2 and 3 CDs (including temazepam) and Oramorph 10mg/5ml

- RN plus one of the following - Ph, Lloyds technician or Dr enters stock CDs into the current STOCK controlled drug register with the exception of temazepam and oramorph 10mg/5ml which are not entered in the register as it is not a legal requirement to do so but entered into the separate book kept for the purpose of auditing there storage and destruction.
- The RN, Ph, Dr or technician adds their name signature and initials to the list at the beginning of the CD register if not previously recorded for that particular CD register.
- In STOCK controlled drug register RN, Ph, Dr or technician ensure a dedicated entry page for each strength and form of each drug, that the index page is up to date and that there is a page for expired stock and other CDs awaiting destruction by the Home Office Authorised person.
- RN, Ph, Dr or technician enter the following information in to the CD record book:
 - Date of receipt
 - Order reference number (for CDs from Chapel Allerton Hospital - CAH)
 - Quantity received i.e. number of tablets, ampoules, patches
 - Place received from i.e. "Stock from Lloyds" or "Stock from CAH"
 - Enter new stock balance and check it is correct including existing stock
 - Signature of both person making entry and witness.

Non-Stock/patient specific and discharge Schedule 2 and 3 CDs (including temazepam) and Oramorph 10mg in 5ml

- RN plus one of the following - Ph, Lloyds technician or Dr enters non-stock/patient specific and discharge (TTO) CDs as outlined above into the current "PATIENT'S OWN" controlled drug register with the exception of temazepam and oramorph 10mg/5ml which are not entered in the register as it is not a legal requirement to do so but entered into the separate book kept for the purpose of auditing there storage and destruction.
- The RN, Ph, Dr or technician adds their name signature and initials to the list at the beginning of the CD register if not previously recorded for that particular CD register.
- RN, Ph, Dr or technician ensure "PATIENT'S OWN" controlled drug register has a dedicated entry page for both Discharge CDs (TTOs) and "Patients own CDs not to be used during current admission". Entries are marked "IN" in the margin. A line is left between these entries on both of these in order for the medication to be signed out when returned to the patient or removed for destruction. This line is marked "OUT" in the margin.
- RN plus Ph, Dr or technician enters any patients own CDs which are being used in the hospice (by that patient ONLY) into the Patients Own controlled drug register on a separate page for each strength and form for that patient. Refer to "Policy for the Reuse of Patient's Own Drugs".
- RN, Ph, Dr or technician enter the following information in to the "PATIENT'S OWN" CD record book:
 - Date of receipt
 - Quantity received i.e. number of tablets, ampoules etc
 - Person/place received from i.e. "TTO from Lloyds" or "Received from Patient"
 - Enter new stock balance and check it is correct (including existing patient specific CDs already in register)
 - Signature of both person making entry and witness.

- CDs register entries for CDs no longer required by the patient are left on the original page on which they were entered and not transferred to a "CD for destruction" or "CDs no longer in use" page.

Section 2 - Storage of Medication

4 Preamble

- 4.1 All medicines are stored as per 1.2
- 4.2 Medication in routine use by each patient including patients with infections is stored in a basket in the locked cupboards by their beds. This includes regularly prescribed stock medications and non-stock medications, drugs for discharge but not prn medication or Schedule 2 and 3 CDs (including temazepam) and Oramorph 10mg/5ml. Patients own drugs can be considered for reuse by the named patient in conjunction with the Reuse of Patients Own Drugs policy.
- 4.3 Stock and patients own medication for patients with infections will be kept in the locked cupboard in the patient's room/wardrobe just as with non-infected patients.
- 4.4 The team coloured folder which contains the drug chart will be taken into the room of patients with known infections when medicines are to be administered and will be wiped with a bacteriocidal wipe when carried from the room.
- 4.5 Patients own medication and stock medication no longer in use is kept in a sealed bag in patients locker and marked "patients own medicine not in use". This is so that we can comply with keeping the patients medicines for 7 days after their death.
- 4.6 Schedule 2 and 3 CDs (including temazepam) and Oramorph 10mg/5ml are stored in the "Patients own CDs for reuse" box in the CD cabinet if deemed suitable for reuse in conjunction with the Reuse of Patients Own Drugs policy. If not suitable for reuse they are stored in the "CDs for destruction" box in the CD cabinet.
- 4.7 Fridge temperature should remain between 2-8 °C. Temperatures outside of this range are reported to the nurse in charge and then the hospice pharmacist (during normal working hours) and the on-call Lloyds technician (out-of hours). They will assess the drugs stored in the fridge and support remedial action by the nurse in charge.
- 4.8 Room temperature is between 8 and 25 °C
- 4.9 Keys for all drug cupboards and CD cupboards remain with a RN, Ph or Dr at all times
- 4.10 Keys for bedside medicine lockers are either kept by RN or locked in CD cupboard unless patient is self-medicating (stage 3) – refer to "Self-medication policy"
- 4.11 Spare keys for the drug cupboards and the patients lockers are kept in the key safe on the Moors ward, this can be accessed via the Manager on call.
- 4.12 Schedule 2 and 3 CDs (including temazepam) and Oramorph 10mg/5ml not in routine use are placed in individual plastic bags with a numbered seal, which is indicated on the appropriate entry in the register. These CD's are only measured/counted when the bag seal is broken. During checks the integrity of the seal is checked.

- 4.13 When a sealed CD needs to be used the bag is opened and discarded and the CD is then counted/measured as per medicines administration policy 2.5.3

5 Policy

- 5.1 All medication is stored at temperature specified on the label.
- 5.2 All medication is stored out of direct sunlight.
- 5.3 RN checks the maximum and minimum temperature of the fridge every 24 hours and a record is kept of this check on a chart attached to the back cover of the ward controlled drug book.
- 5.4 If the fridge temperature is out of the designated range then action is taken as per instructions on the front of the fridge and in section 4.5.
- 5.5 All prescription only medicines (POMs), Pharmacy only medicines (P), General Sale List (GSL) medicines and CDs are stored in locked cupboards complying with the requirements of the standards and regulations stated in 1.2, under the supervision of a Registered Nurse (RN), Pharmacist (Ph) or Pharmacy Technician (Tech) carrying out their duties. The only exception to this are GTN spray and tablets, reliever inhalers and as required P and GSL creams and ointments that the patient is self administering which may be left under the direct supervision of the patient at the discretion of the RN.
- 5.7 Dispensed medicines are not left unattended.
- 5.8 Medicines are stored in their dispensed container and not transferred to other containers.
- 5.9 The Self-Medication Policy is followed if a patient wishes to take control of his/her own medication, with the exception of GTN spray and tablets, reliever inhalers and as required P and GSL creams and ointments that the patient is self administering.
- 5.10 Two RNs check the balance of all Schedule 2 CDs (excluding CD liquids) and Schedule 3 CDs (excluding temazepam) and also excluding Oramorph 10mg/5ml (ensuring sealed bags are present and secure) every 24 hours and a record kept of this check in the CD book. The RNs add their name, signature and initials to the list at the beginning of the CD register if not previously recorded for that particular CD register.
- 5.11 Two RNs check the balance of CD liquids (excluding temazepam liquid and Oramorph 10mg/5ml) every Sunday (ensuring sealed bags are present and secure) and a record kept of this check in the CD book. The RNs add their name, signature and initials to the list at the beginning of the CD register if not previously recorded for that particular CD register.
- 5.12 CD's in a sealed bag are checked for evidence of tampering
- 5.13 When measuring liquids the measuring cylinder is placed on a flat surface, the bottle allowed to completely drain into the cylinder and the measurement taken at the bottom of the meniscus.
- 5.14 A discrepancy of 5% or greater in the CD liquid balance is reported the following morning to the Specialist Practitioner Monday – Friday or the Nurse in Charge at a

weekend, who will organise an investigation and an incident form (not an error form) is filled in and inform the hospice pharmacists on their next working day. Incidents and errors relating to controlled drugs must be reported to the Healthcare Commission by the Director of Nursing.

- 5.15 Ph checks the balance of CD records every three months and a record is kept of this check in the CD book. A controlled drugs report form is also completed.
- 5.16 Pharmacy technical staff make quarterly checks for out of date drugs, highlighting short dated drugs (less than three months) with a sticker to alert staff.
- 5.17 Expired stock CDs are entered in the STOCK CD register on the "CDs awaiting destruction" page and are removed by the Home Office Authorised person.
- 5.18 A line is left between all entries on the drugs for destruction, removal or return to patients' pages.
- 5.19 If required, patients' own CDs are returned to a patient on discharge and signed out of the register or Oramorph 10mg/5ml and temazepam book by two RNs
- 5.20 If a RN leaves the building with the drug keys the ward co-ordinator contacts a member of HLT or the manager on call to obtain a spare set of keys from the key safe on the moors ward. The RN is contacted and asked to return the keys immediately not when next on duty. Co-ordinator requests HLT member to return spare keys to safe.

6 Procedure

- 6.1 RN checks label of medicine for any specified storage conditions.
- 6.2 When a patient dies or is discharged RN removes all medication from patients lockers see 8.1 and 8.2 below.
- 6.3 RN or Ph places these in the "drugs to return to pharmacy" box, these are kept for seven days.
- 6.4 Two RNs and/or Ph check balance and bag up CD's not in current use (one product in each bag) and seal with a tamper proof seal, recording balance and seal number, date and signature of both person making entry and witness in the CD book, on the page in use for that product in order for the CD not to be measured or counted each 24 hour period.

Section 3 - Disposal of Medication

7 Preamble

- 7.1 All medicines are disposed of as per:
"The Hazardous Waste (England and Wales) Regulations 2005"
"Environmental Protection (Duty of Care) Regulations 1991"
The 'Special Waste Regulations 1996' have been replaced by the 'The Hazardous Waste (England and Wales) Regulations 2005'.

7.2 Cytotoxic and Cytostatic medicines are defined as any medicinal product that has one or more of the following hazardous properties: Toxic (H6), Carcinogenic (H7), Mutagenic (H11) or Toxic for Reproduction (H10). Appendix 2 – “Cytotoxic and Cytostatic medicines”

7.3 The Home Office Authorised Person is contacted by the hospice pharmacist when needed to destroy stock CDs on site.

8 Policy

8.1 When a patient dies in the hospice all medication from their bedside locker is kept for seven days after death in case there is a need for a coroner's inquest. It is stored in the “drugs for destruction” box in cupboard 3 or if CDs – stored in the CDs for destruction box in the CD cupboard.

8.2 In the event of death or discharge of a patient with an infection, the drugs that are to be quarantined at the Hospice must be double bagged and a sticker applied identifying that the drugs were from an infected patient. This is stored with the other quarantined drugs on disposal, the sealed bag is put straight into blue lidded bin.

8.3 Labels are available in the drug room.

8.4 When a patient is discharged all medication which was brought in with the patient but is no longer in use will be disposed of. It is stored in the “drugs for destruction” box in cupboard 3 or if CDs – stored in the CDs for destruction box in the CD cupboard.

8.5 Patients' own CDs no longer required are denatured on the ward by the Ph and an RN every other week alternating between the wards as per the pharmacy timetable.

8.6 Stock medicines which are out of date should be placed in the “drugs for destruction” box in cupboard 3. Or if they are stock CDs they should be placed in “Stock CDs for destruction” box in the CD cupboard for destruction by the Home Office Authorised Person.

9 Procedure

9.1 All waste should be disposed as per Appendix 3 – “Disposal of Waste Medicines/Sundries in the Hospice”

9.2 The Technician places all unwanted patients own drugs in the Blue Lidded Pharmaceutical waste bins weekly. The Blue Lidded bins are removed from the ward area by maintenance and estates staff and then taken from the hospice by GW Butler, waste contractors.

Cytotoxic and cytostatic waste is placed into the purple/black lidded waste bin by the Ph or Technician and a note made of the quantity and name of each drug entered into the duplicate book kept with the bin for that purpose. Cytotoxic waste bins (purple/black lid) will be accompanied by a consignment note which lists all drugs contained in the bin.

9.3 Patient own CDs are destroyed via a CDDK kit which is then disposed of in the Blue Lidded Pharmaceutical waste bins. The drugs are signed out the CD register as “Destroyed on ward via CDDK” and signed by the Ph and RN.

St Gemma's Hospice

Appendix 1

Storage and Archiving of Medicines Related Paperwork October 2006

Document	Where Stored?	How Long For?	How Eventually Disposed Of?
Controlled Drug Register (Should be stored in limited access area e.g.- locked room/keypad access)	In Clinical Area (under care of ward manager) then Archived	2 years from the last date of entry on ward then 6 more years	Green Confidential waste bag
Green FP10 Prescription (Day hospice use only)	n/a - (Patient takes to own chemist or taken to Lloyds)	n/a	n/a
Controlled Drug Signed Order/Private prescription for Hospice Use only (Pink A5 sheet - Hospice Stationary)	n/a - (Collected by Lloyds for dispensing)	n/a	n/a
Controlled Drug Stock Order (Completed by Lloyd's technician during top-up.)	n/a – (Collected by Lloyds & taken to LTHT)	n/a	n/a
Discharge Drug Order (TTO) (Yellow A4) Discharge Drug Order for compliance aid (Green A4) (Hospice Stationary (Private Prescription)) Original copy (collected by Lloyds)	n/a – (kept by Lloyds)	n/a	n/a
Hospice Photocopy (Copy made when faxing)	This photocopy kept in patient notes with discharge documentation	Lifetime of medical records	See hospice policy re medical notes
Copy returned with drugs as “Delivery Note” stamped and signed by Lloyds then signed by RN on checking each drug received into hospice	File in black box in Drug Room then Archived	2 weeks 2 years	Green Confidential Waste Bag
Non-stock Order/Urgent Stock Drug order (Blue A4 Hospice Stationary) or Lloyds Stock top-up Sheet - completed by Lloyds technician(not photocopied) Original copy (collected by Lloyds)	n/a – (kept by Lloyds)	n/a	n/a
Hospice Photocopy (to check which drug order before they arrive on site)	In sent faxes folder	2 weeks	Shredded/ green confidential waste bag
Copy returned with drugs as “Delivery Note” stamped and signed by Lloyds then signed by RN on checking each drug received into hospice	File in black box in Drug Room then Archived	2 weeks 2 years	Green Confidential Waste Bag
Delivery Notes Copy of CD “Docket” from duplicate book in locked CD delivery box from Lloyds and copy of driver's delivery note for CDs and stock deliveries from Chapel Allerton	File in black box in drug room	3 months	Green confidential waste bag
Copy returned with drugs as “Delivery Note” stamped and signed by Lloyds then signed by RN on checking each drug received into hospice	File in black box in Drug Room then Archived	2 weeks 2 years	Green Confidential Waste Bag
Printed Sheet returned with Stock top-up from LTHT (For Lloyds technician to check as putting drugs away)	File in black Box in Drug Room then		

St Gemma’s Hospice

Archived

2 years

Green Confidential Waste Bag

Sue Ayers and Katie Richardson, Hospice Pharmacist s

Cytotoxic and Cytostatic medicines

List of 'hazardous' medicines (Caution – this is a list from an American paper, so the nomenclature used may not be familiar) Note: Any other medicine which has the properties H6,H7, H10 or H11 is also hazardous (Cytotoxic and Cytostatic medicines are defined as any medicinal product that has one or more of the following hazardous properties: Toxic (H6), Carcinogenic (H7), Mutagenic (H11) or Toxic for Reproduction (H10). (August 2005)

St Gemma's Hospice

Aldesleukin

Alemtuzumab
Alitretinoin
Altretamine
Amsacrine
Anastrozole
Arsenic trioxide
Asparaginase
Azacitidine
Azathioprine
Bacillus Calmette-Guerin Vaccine
Bexarotene
Bicalutamide
Bleomycin
Busulfan
Capecitabine
Carboplatin
Carmustine
Cetorelix acetate
Chlorambucil
Chloramphenicol
Choriogonadotropin alfa
Cidofovir
Cisplatin
Cladribine
Colchicine
Cyclophosphamide
Cytarabine
Ciclosporin
Dacarbazine
Dactinomycin
Daunorubicin HCl
Denileukin
Dienestrol
Diethylstilbestrol
Dinoprostone
Docetaxel
Doxorubicin
Dutasteride
Epirubicin
Ergometrine/methylergometrine
Estradiol
Estramustine phosphate sodium
Estrogen-progestin combinations
Estrogens, conjugated
Estrogens, esterified
Estrone
Estropipate
Etoposide
Exemestane
Finasteride
Floxuridine
Fludarabine
Fluorouracil
Fluoxymesterone
Flutamide
Fulvestrant
Ganciclovir
Ganirelix acetate
Gemcitabine
Gemtuzumab ozogamicin
Choriogonadotropin alfa
Goserelin
Hydroxycarbamide
Ibritumomab tiuxetan
Idarubicin
Ifosfamide
Imatinib mesilate
Interferon alfa-2a

Interferon alfa-2b

Interferon alfa-n1

Interferon alfa-n3

Irinotecan HCl

Leflunomide

Letrozole

Leuprorelin acetate

Lomustine

Chlormethine hydrochloride

Megestrol

Melphalan

Menotropins

Mercaptopurine

Methotrexate

Methyltestosterone

Mifepristone

Mitomycin

Mitotane

Mitoxantrone HCl

Mycophenolate mofetil

Nafarelin

Nilutamide

Oxaliplatin

Oxytocin

Paclitaxel

Pegaspargase

Pentamidine isethionate

Pentostatin

Perphosphamide

Pipobroman

Piritrexim isethionate

Plicamycin

Podofilox

Podophyllum resin

Prednimustine

Procarbazine

Progesterone

Progestins

Raloxifene

Raltitrexed

Ribavirin

Streptozocin

Tacrolimus

Tamoxifen

Temozolomide

Teniposide

Testolactone

Testosterone

Thalidomide

Tioguanine

Thiotepa

Topotecan

Toremifene citrate

Tositumomab

Tretinoin

Trifluridine

Trimetrexate glucuronate

Triptorelin

Uramustine

Valganciclovir

Valrubicin

Vidarabine

Vinblastine sulfate

Vincristine sulfate

Vindesine

Vinorelbine tartrate

Zidovudine

Blue Lidded Yellow Container
Pharmaceutical Waste

Part Used Syringes/bags with additives incl. CDs

Part Used Ampoules/vials including CDs

All non CD tablets/capsules/ointments that have been refused/dropped

Any other unused non CD medicines

Red Lidded Yellow Container
Contaminated Sharps Waste

Blood contaminated needles

Scalpels

Fully discharged syringes

Lines and Cannulas

NO waste medicines

Broken glass from non-drug sources

Empty Cartridges (eg insulin)

Waste which is known to be from an infected source

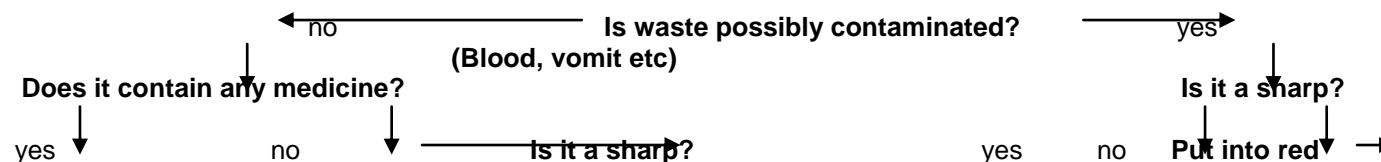
THE CLEAR LIDDED YELLOW CONTAINERS WILL NO LONGER BE AVAILABLE – REPLACED BY RED LIDDED CONTAINER

Cytotoxic and Cytostatic medicines (e.g. hormones) see list attached – whole packs unwanted put in cupboard 3 drugs for disposal to be dealt with by pharmacy technician. Single wasted or dropped tablets - contact hospice pharmacist/ Technician.

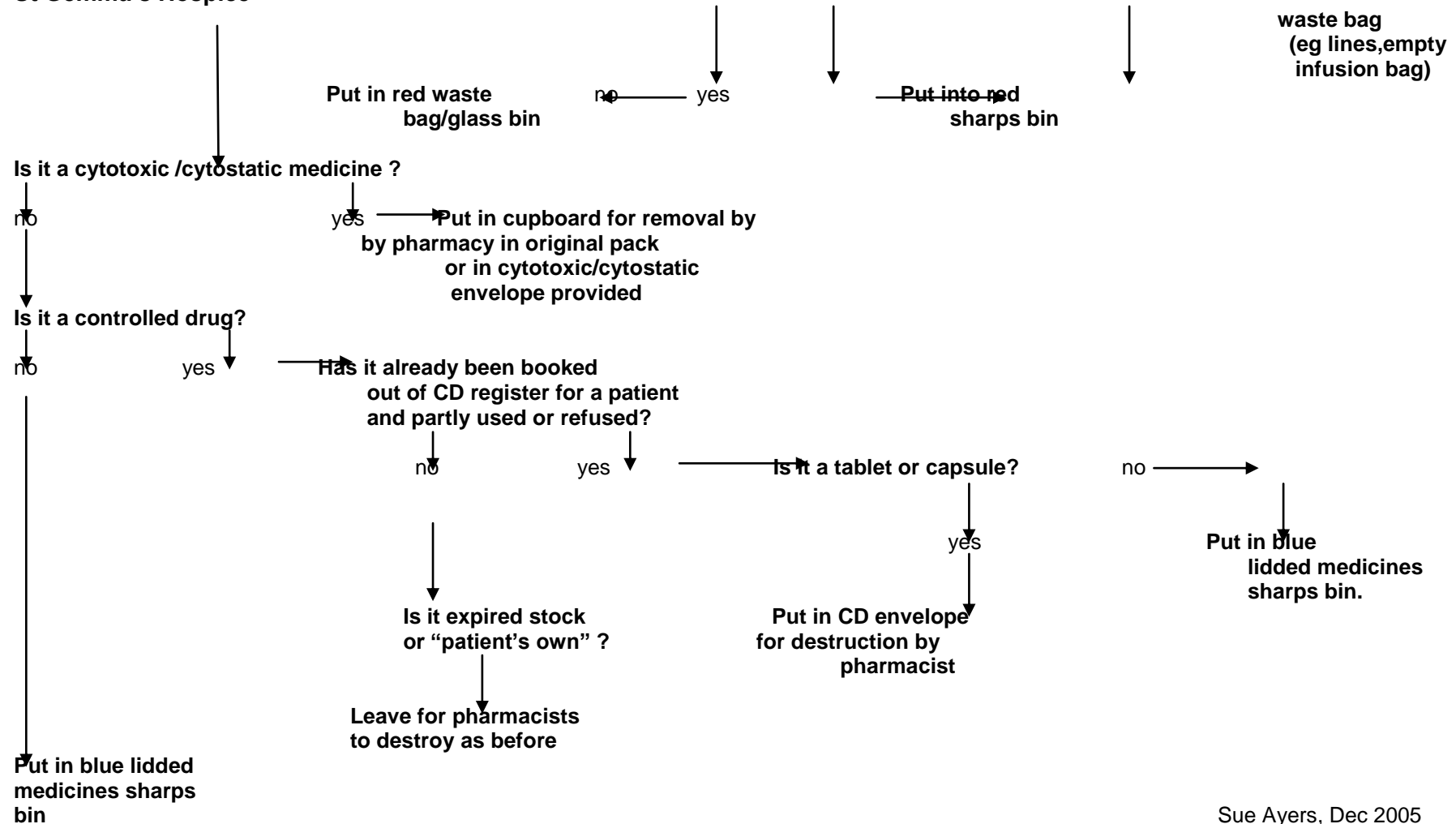
Medicines no longer required by patients – place in medicines not in use bag and put in cupboard 3 as before.

DO NOT PUT MEDICINES DOWN THE SINK Sue Ayers Moira Cookson + Trish Corcoran, August 2005

Disposal Of Waste Medicines/Sundries in the Hospice



St Gemma's Hospice



Sue Ayers, Dec 2005