

How to properly dispose of unused prescription drugs at home:



1 Mix unused medication with garbage, coffee grounds, cat litter or sawdust.



2 Place mixture in a disposable container such as a sealable plastic bag.



3 Discard sealed container in trash bin.



4 Remove and dispose of label from the empty medicine container.

Source: Substance Abuse and Mental Health Services Administration
THE COLUMBUS DISPATCH

Medication Education Module 2

Disposal





Objectives

1. What does med disposal mean?

2. When would I dispose of meds?

3. How are meds disposed of?

4. How many staff are needed?



Medication Disposal

- **Purpose**
 - **To make the medication useless**



Medication Disposal

- **When**
 - **Dropped**
 - **Refused**
 - **Expired**
 - **Discontinued**
 - **Person leaves**



Disposal Methods

- **Unless prohibited by local ordinance**
 - **Read the med information sheet first to see if there are specific disposal instructions. If not**
 - **Take the med out of original container**
 - **Crush and/or dissolve in water in a sealable bag**
 - **Mix with liquid soap, used coffee grounds or kitty litter**
 - **Place sealable bag in non descript container**
 - **Place in trash**
 - **Following disposal remove all identifying personal information from label**
 - **Only flush if the med information sheet provides that as a disposal option**



Disposal Process

- **If the meds are expired or discontinued**
 - **Disposal must be completed with 2 Certified staff present, 1 must be a Supervisor**



Disposal Process

- **If a med is refused or accidentally dropped**
 - **And a Supervisor is unavailable**
 - **Two Certified staff may dispose of the med following acceptable DPH disposal practices**



Documentation Required

- **DPH Controlled Substance Disposal Record Form for all prescription medication**
 - **Schedule II-VI disposals**
 - **May use for over the counter meds**



DPH Disposal Form

Agency:		Controlled Substance Disposal Record Form		DPH Registration #:	
Program Site:					
Item #:	Date:	Item #:	Date:	Item #:	Date:
Individual's Name:	Date Last Filled:	Individual's Name:	Date Last Filled:	Individual's Name:	Date Last Filled:
Medication:	Strength:	Medication:	Strength:	Medication:	Strength:
Amount Disposed:	Reason:	Amount Disposed:	Reason:	Amount Disposed:	Reason:
Countable Controlled Substance	Page Number: Rx Number:	Countable Controlled Substance	Page Number: Rx Number:	Countable Controlled Substance	Page Number: Rx Number:
Book Number:	Pharmacy:	Book Number:	Pharmacy:	Book Number:	Pharmacy:
Signatures:	Supervisor:	Signatures:	Supervisor:	Signatures:	Supervisor:
Staff:		Staff:		Staff:	
Item #:	Date:	Item #:	Date:	Item #:	Date:
Individual's Name:	Date Last Filled:	Individual's Name:	Date Last Filled:	Individual's Name:	Date Last Filled:
Medication:	Strength:	Medication:	Strength:	Medication:	Strength:
Amount Disposed:	Reason:	Amount Disposed:	Reason:	Amount Disposed:	Reason:
Countable Controlled Substance	Page Number: Rx Number:	Countable Controlled Substance	Page Number: Rx Number:	Countable Controlled Substance	Page Number: Rx Number:
Book Number:	Pharmacy:	Book Number:	Pharmacy:	Book Number:	Pharmacy:
Signatures:	Supervisor:	Signatures:	Supervisor:	Signatures:	Supervisor:
Staff:		Staff:		Staff:	
Item #:	Date:	Item #:	Date:	Item #:	Date:
Individual's Name:	Date Last Filled:	Individual's Name:	Date Last Filled:	Individual's Name:	Date Last Filled:
Medication:	Strength:	Medication:	Strength:	Medication:	Strength:
Amount Disposed:	Reason:	Amount Disposed:	Reason:	Amount Disposed:	Reason:
Countable Controlled Substance	Page Number: Rx Number:	Countable Controlled Substance	Page Number: Rx Number:	Countable Controlled Substance	Page Number: Rx Number:
Book Number:	Pharmacy:	Book Number:	Pharmacy:	Book Number:	Pharmacy:
Signatures:	Supervisor:	Signatures:	Supervisor:	Signatures:	Supervisor:
Staff:		Staff:		Staff:	

Destruction of all prescription medications in Schedules II -VI that are either out-dated, spoiled or have not been administered due to a change in the prescription or a stop order shall be documented on the DPH approved disposal record. According to regulations at 105CMR 700.003(f)(3)(c): "Disposal occurs in the presence of at least two witnesses and in accordance with any policies at the Department of Public Health". DPH policy requires disposal to occur in the presence of two Certified or licensed staff of which one of the two is supervisory staff. If a supervisor is unavailable when an individual refuses a prepared medication, or a pill is inadvertently dropped then two Certified staff may render these medications unusable in accordance with acceptable DPH disposal practices. Failure to maintain complete and accurate records of drug destruction could result in revocation of your Controlled Substance Registration. Disposal must render the medication unusable and must be in accordance with acceptable DPH disposal practices. Unless prohibited by local ordinance, acceptable practices include, but are not limited to, flushing (flushing should be restricted to those medications so labeled), crushing the medication and/or dissolving in water put into a sealable bag and mixing with an unpalatable substance (such as liquid soap, used coffee grounds, kitty litter). Mixture should then be put into an impermeable, non-descript container, (e.g., detergent bottle) and placed in trash. Medications are not permitted to be returned to the pharmacy for destruction. Medications returned to the program site (e.g., LOAs) must be destroyed as per DPH regulation. They cannot be reused by the program.

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Disposal Form Scenario 1

Controlled Substance Disposal Record Form			
Agency: Connections		Program Site: 100 North St.	DPH Registration #: MAP05555
Item #:	1-yr	Date:	12/20/yr
Individual's Name:	Joseph Smith	Date Last Filled:	11/22/yr
Medication:	Ativan	Strength:	0.5mg
Amount Disposed:	one tab	Reason:	Dropped on floor
Countable Controlled Substance	Page Number: 1	Rx Number:	D388857
Book Number:	11	Pharmacy:	Cornerstone
Signatures: Staff	Reggie Newton	Supervisor:	Lisa Long
Item #:		Date:	
Individual's Name:		Date Last Filled:	
Medication:		Strength:	
Amount Disposed:		Reason:	
Countable Controlled Substance	Page Number:	Rx Number:	
Book Number:		Pharmacy:	
Signatures: Staff		Supervisor:	
Item #:		Date:	
Individual's Name:		Date Last Filled:	
Medication:		Strength:	
Amount Disposed:		Reason:	
Countable Controlled Substance	Page Number:	Rx Number:	
Book Number:		Pharmacy:	
Signatures: Staff		Supervisor:	

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Count Sheet Scenario 1

Name: Joseph Smith

Doctor: Paula Whiten

Pharmacy: Cornerstone

Medication

& Strength: Ativan 0.5mg

Directions: Take 1 tab by mouth every morning
Take 2 tabs by mouth at bedtime

Original Entry

Transfer from page 10

Prescription Number: D388857

Prescription Date: 11/22/yr

Prescription Number:

Prescription Date:

Date	Time	Amount on Hand	Amount Used	Amount Left	Signature
12/19/yr	8:00 AM	9	Transfer	9	Karen Mason/Lisa Long
12/19/yr	8:00 AM	9	One	8	Karen Mason
12/19/yr	8:00 PM	8	Two	6	Lisa Long
<i>12/20/yr 8am dropped on floor and disposed of. Karen Mason, Supervisor notified.</i>					
<u> </u>	<u> </u>	<i>6</i>	<i>one dropped</i>	<i>5</i>	<i>Reggie Newton/Lisa Long</i>
12/20/yr	8:15 AM	5	One	4	Reggie Newton



Count Sheet Scenario 1a

Name: Joseph Smith

Doctor: Paula Whiten

Pharmacy: Cornerstone

Medication

& Strength: Ativan 0.5mg

Directions: Take 1 tab by mouth every morning

Take 2 tabs by mouth at bedtime

Original Entry

Transfer from page 10

Prescription Number: D388857

Prescription Date: 11/22/yr

Prescription Number:

Prescription Date:

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Date	Time	Amount on Hand	Amount Used	Amount Left	Signature
12/19/yr	8:00 AM	9	Transfer	9	Karen Mason/Lisa Long
12/19/yr	8:00 AM	9	One	8	Karen Mason
12/19/yr	8:00 PM	8	Two	6	Lisa Long
<i>12/20/yr 8am one tab dropped on floor. In cup in locked box waiting for disposal. Karen</i>					
<i>Mason, Supervisor notified.</i>					
12/20/yr	8:15 AM	6	One	5	Reggie Newton
<i>12/20/yr 4p tab dropped at 8a 12/20/yr disposed of- leaves 4</i>					
<i>Lisa Long/ Reggie Newton</i>					



Count Sheet Scenario 2

Name: Joseph Smith

Doctor: Paula Whiten

Pharmacy: Cornerstone

Medication

& Strength: Ativan 0.5mg

Directions: Take 1 tab by mouth every morning

Take 2 tabs by mouth at bedtime

Original Entry

Transfer from page 10

Prescription Number: D388857

Prescription Date: 11/22/yr

Prescription Number:

Prescription Date:

Date	Time	Amount on Hand	Amount Used	Amount Left	Signature
12/19/yr	8:00 AM	7	Transfer	7	Karen Mason/ <i>Lisa Long</i>
12/19/yr	8:00 AM	7	One	6	Karen Mason
<i>12/19/yr 1:30pm Ativan discontinued at this morning's PCP appointment.</i>					
<i>Karen Mason, Supervisor notified that med needs to be disposed of. Reggie Newton</i>					
<i>12/20/yr 10am Six Ativan tabs discontinued 12/19/yr were disposed of.</i>					
<hr/>				zero	Karen Mason/ <i>Reggie Newton</i>



Disposal Form Scenario 2

Controlled Substance Disposal Record Form			
Agency: Connections		Program Site: 100 North St.	DPH Registration #: MAP05555
Item #: 1-yr	Date: 12/20/yr	Item #:	Date:
Individual's Name: Joseph Smith	Date Last Filled: 11/22/yr	Individual's Name:	Date Last Filled:
Medication: Ativan	Strength: 0.5mg	Medication:	Strength:
Amount Disposed: six tabs	Reason: Discontinued	Amount Disposed:	Reason:
Countable Controlled Substance	Page Number: _____ Rx Number: D388857	Countable Controlled Substance	Page Number: _____ Rx Number: _____
Book Number: 1 11	Pharmacy: Cornerstone	Book Number:	Pharmacy:
Signatures: Staff Reggie Newton	Supervisor: Karen Mason	Signatures: Staff _____	Supervisor: _____
Item #:	Date:	Item #:	Date:
Individual's Name:	Date Last Filled:	Individual's Name:	Date Last Filled:
Medication:	Strength:	Medication:	Strength:
Amount Disposed:	Reason:	Amount Disposed:	Reason:
Countable Controlled Substance	Page Number: _____ Rx Number: _____	Countable Controlled Substance	Page Number: _____ Rx Number: _____
Book Number:	Pharmacy:	Book Number:	Pharmacy:
Signatures: Staff _____	Supervisor: _____	Signatures: Staff _____	Supervisor: _____
Item #:	Date:	Item #:	Date:
Individual's Name:	Date Last Filled:	Individual's Name:	Date Last Filled:
Medication:	Strength:	Medication:	Strength:
Amount Disposed:	Reason:	Amount Disposed:	Reason:
Countable Controlled Substance	Page Number: _____ Rx Number: _____	Countable Controlled Substance	Page Number: _____ Rx Number: _____
Book Number:	Pharmacy:	Book Number:	Pharmacy:
Signatures: Staff _____	Supervisor: _____	Signatures: Staff _____	Supervisor: _____

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Disposal Form Scenario 3

Controlled Substance Disposal Record Form			
Agency: Connections		Program Site: 100 North St.	DPH Registration #: MAP05555
Item #:	1-yr	Date:	12/20/yr
Individual's Name:	Joseph Smith	Date Last Filled:	11/22/yr
Medication:	Ativan	Strength:	0.5mg
Amount Disposed:	six tabs	Reason:	Discontinued
Countable Controlled Substance	Page Number:	Rx Number:	D388857
Book Number:	1	Pharmacy:	Cornerstone
Signatures:	Staff: Reggie Newton	Supervisor:	Karen Mason
Item #:	2-yr	Date:	Dec. 21, yr
Individual's Name:	Mike Jones	Date Last Filled:	Nov. 30, yr
Medication:	Acetaminophen	Strength:	325mg
Amount Disposed:	eighty five tabs	Reason:	expired
Countable Controlled Substance	Page Number:	Rx Number:	123654
Book Number:		Pharmacy:	Cornerstone
Signatures:	Staff: Reggie Newton	Supervisor:	Karen Mason
Item #:	3-yr	Date:	Dec. 30, yr
Individual's Name:	Mike Jones	Date Last Filled:	July 1, yr
Medication:	Tegretol	Strength:	100mg
Amount Disposed:	one tab	Reason:	fell on floor
Countable Controlled Substance	Page Number:	Rx Number:	654321
Book Number:		Pharmacy:	Cornerstone
Signatures:	Staff: Lisa Long	Supervisor:	Reggie Newton

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Questions

