The Newcastle upon Tyne Hospitals NHS Foundation Trust

Destruction of Patients’ Controlled Drugs in the Community

<table>
<thead>
<tr>
<th>Version No.:</th>
<th>1</th>
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</thead>
<tbody>
<tr>
<td>Effective From:</td>
<td>17 December 2018</td>
</tr>
<tr>
<td>Expiry Date:</td>
<td>17 December 2021</td>
</tr>
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<td>Date Ratified:</td>
<td>27 November 2018</td>
</tr>
<tr>
<td>Ratified By:</td>
<td>Clinical Policy Group</td>
</tr>
</tbody>
</table>

1 Introduction

Controlled drugs (CDs) are frequently prescribed to terminally ill patients for symptom control and management and are also clinically indicated for a range of health conditions. District nurses come into contact with CDs regularly in a domiciliary setting as they have involvement with administration, record keeping and destruction of such medicines.

Nurses working in the community should not themselves routinely remove unwanted or expired medication from a patient’s home, either during their care or after the death of the patient. Ideally the patient’s carer or patient should be encouraged to return medication, including CDs, to the pharmacy where they were originally dispensed. However this is not always possible. If the patient or a representative is unable to return the CDs then community nurses must first denature the medication in a CD denaturing kit (DOOP kit). This must be done in the patient’s home. The DOOP kit should then be returned to the nursing base and placed in a sharps bin which will be collected by the designated waste management service.

The prompt and lawful destruction of obsolete CD stock is a matter of patient safety and public protection. The home office has advised that all CDs in schedule 2, 3 and 4 (part 1) should be destroyed in such a way that the drug is denatured or destroyed to the extent it cannot be retrieved, reconstituted or used. The Nursing Midwifery Council standards for medicines management state that all healthcare organisations are accountable for ensuring the safe management of controlled drugs at a local level. It is therefore essential to have a policy in place detailing local arrangements for destruction and disposal of CDs within our primary care setting.

*Please note this policy does not cover disposal of controlled drugs from care homes or residential homes.*

2 Scope

This policy relates to all community nurses employed by the Newcastle Upon Tyne Hospitals Trust (NUTH) who are responsible for the care of patients in their own home. The policy content is applicable to terminally ill patients prescribed CDs for symptom control and management as well as patients who are prescribed CDs for other health conditions.
3 Aims

- To provide guidance on the safe management and disposal of CDs that have been dispensed for individual patients for use at home and are no longer required or have expired
- To ensure compliance with current legislation and best practice, when prescribed CDs require disposal from a patient’s home
- To support staff when making decisions regarding the disposal of CDs in a patient’s home
- To guard against the misuse of drugs, harm to the environment and people
- To prevent the supply of easily retrievable CDs to waste carriers

4 Duties (Roles and responsibilities)

- **Trust Board:** the Trust Board is responsible for implementing a robust system of corporate governance within the organisation. They must ensure that the appropriate health and safety and risk management arrangements are in place throughout the trust.

- **Chief Executive:** the Chief Executive is ultimately responsible for ensuring effective corporate governance within the organisation and therefore supports the implementation of this policy.

- **Directorate Managers and Heads of Department:** It is the responsibility of department heads to make relevant staff aware of new or amended policies which are related to their role. Managers must ensure that the necessary systems, processes and equipment are in place to facilitate adherence to the policy. Support should be given to staff to enable them to comply with this policy.

- **Community Nurse Team Leaders:** team leaders are responsible for ensuring compliance with the policy within their team. They must ensure that all staff have the appropriate knowledge and skills to deliver care in accordance with the policy. They should also ensure that any incidents involving CDs are reported on the trust’s incident reporting system and appropriately investigated thereafter.

- **Community Nursing Staff:** NUTH nurses based in the community must be aware of, and act within the confines of this policy when CDs are to be destroyed in a domiciliary setting. Community nurses, where possible, should advise patients, relatives and carers about the appropriate disposal of CDs.
• **Controlled Drugs Accountable Officer**: The CDAO is responsible for all aspects of controlled drugs management within the Trust.

• **Pharmacists & Pharmacy Technicians**: The senior community services pharmacists and pharmacy technician are responsible for supporting nurses working in the community. In addition they should liaise with the service lead to ensure compliance to the policy and assist with audits and monitoring.

5 Definitions

**Controlled drug**: a prescription medicine which is controlled under the Misuse of Drugs legislation (and any subsequent amendments). The drugs are listed in schedules 1-5 of the misuse of drugs regulation (see appendix 1) and are subject to differing levels of control.

**Patient’s own controlled drugs**: any controlled drug that has been prescribed and dispensed for a specific patient. They are therefore classed as patient property and remain the personal property of that patient.

**DOOP kit**: a denaturing kit designed especially for the disposal of CDs that have been returned by the patient, are expired, obsolete or no longer required.

**Terminally ill**: life expectancy is relatively short (weeks to months) and treatment has shifted from a curative regimen to supportive or palliative care.

**Palliative care**: the active total care of patients whose disease is not responsive to a curative regimen.

**Expected death**: a death that has occurred within 14 days of a GP, consultant or medical officer assessing the patient and determining that they have a terminal illness.

6 Destruction of controlled drugs in patients’ homes

6.1 Advice to be given to patient’s relatives or carers regarding the disposal of controlled drugs

Often a controlled drug(s) is no longer required due to the death of the patient, a change in clinical need or the medication has expired. Under these circumstances the patient or the patient’s representative must be advised in the first instance to return all controlled drugs to a community pharmacy for safe disposal.

6.2 Destroying patient’s own controlled drugs in the patient’s home

6.2.1 Reasons for destruction of controlled drugs in the patient’s home:

• The patient, relative or carer are unable to return the CDs to a community pharmacy
6.2.2 Factors to consider prior to destruction:

- Seek agreement from the patient, relative or carer to destroy the CDs
- Where a patient has died, a practitioner must have determined that the death was expected and therefore the CDs will not need to be inspected by the Coroner*
- All parts of the process must take place in the presence of the authorised witness if a schedule 2 CD is to be destroyed (see appendix 2 for drug classification and appendix 3 for a list of authorised witnesses)

* In the case of an unexpected sudden or suspicious death, all medicines, including controlled drugs, relating to the care of that patient must be regarded as evidence and must not be removed or destroyed without the instruction from the Coroner.

6.2.3 Step by step process for CD destruction

1) In the event of patient death confirm with a practitioner that the death was expected.

2) If possible seek agreement from the patient, relative or carer to destroy the controlled drugs**

3) Secure a witness if required. Theoretically, the authorised witness is only witnessing the destruction. In practice however, they may also participate in the destruction, particularly where there are a large quantity of CDs to be destroyed.

4) If a drug record sheet is being used check the stock of the drugs for disposal against the last entry on the record sheet to ensure that no discrepancy has occurred. If a discrepancy in the drug count is noted the line manager should be contacted before continuing with the destruction process. The risks of not allowing the destruction the CD’s during the visit should be discussed.

5) Obtain a controlled drug destruction kit (DOOP kit). It is recommended that all schedule 2, 3 and 4 (part 1) medications are discarded using the DOOP kit. It is the discretion of the nurse caring for the patient whether drugs in schedule 4 (part 2) and 5 should be placed in the DOOP kit. The nurse may also wish to destroy drugs which are open to abuse for example IV cyclizine and anticonvulsants and mood stabilising drugs, such as gabapentin and pregabalin.

6) Follow the instructions provided with the kit to safely denature the drugs (see appendix 2 for further information). This is the only method
of destruction that should be used. Drugs must not be disposed of via
the sink or toilet.

7) Once all products which require destruction have been added to the kit,
water should be added, as necessary, in accordance with the kit
manufacturer’s directions. In most cases there are 2 fill lines on the
denaturing kit; one for the CDs to be destroyed and one to where it
must be filled with liquid.

8) The details of medication which has been destroyed should be
recorded and signed in the patient’s notes; the record should contain
the drug name, strength and quantity destroyed and the signature of
any ‘second person’.

9) All used DOOP kits should be taken to a community nursing base for
appropriate destruction at the earliest opportunity.

**If permission to destroy is refused, the GP must be informed and the situation
should be discussed with the line manager. All actions taken to risk assess
the situation should be documented. The refusal must be recorded in the patient’s
records.

6.3 Information on witnesses

The destruction of Schedule 2 CDs must be witnessed by a second competent
professional authorised under regulation 27 of the Misuse of Drugs Act (1971). Both
persons must sign the controlled drugs stock balance sheet. For details of authorised
witnesses see appendix 3.

6.4 Record Keeping

A robust audit trail should be maintained for all drugs which have been destroyed.
Details of the drugs which are being destroyed must be recorded on the controlled
drugs stock balance sheet and in the patient’s notes. The entry must contain the
following information;

- Name, strength and form of the product
- Date and quantity destroyed
- Reason for destruction e.g. expired, end of treatment course, expected death
  of the patient
- Signature, name (printed) and professional registration no (if applicable) of
  both the person undertaking the destruction and the Authorised Witness

National guidance dictates that patient records including stock balance sheets
should be stored for 7 years.

6.5 Clinical incidents

Any related incidents arising from carrying out the steps laid out in this policy should
be reported following the Trust’s incident reporting policy.
7 Training

The service lead is responsible for ensuring that members of staff who are involved with the disposal of CDs receive appropriate training to enable them to carry out their duties. Staff should receive training when they first become involved with disposal of CDs and then regularly thereafter. Staff should be informed and, if necessary receive additional training if this policy is revised or amended and when new CD products or systems are introduced.

8 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9 Monitoring Compliance

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
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<tbody>
<tr>
<td></td>
<td>Method</td>
</tr>
<tr>
<td>Documentation of CDs which have destroyed in the community</td>
<td>Audit</td>
</tr>
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</table>

10 Consultation and review

Prior to the development of this policy a number of district nurses were consulted about their current practice. This policy has been circulated to member of the district nursing team for comment. This policy will be reviewed every 2 years by the author of the policy and finally approved by the Medicines Management Governance Committee. Comments, queries and suggested amendments should be communicated to the senior pharmacists for community services.

11 Implementation (including raising awareness)

This policy will be communicated to all Trust nursing teams who are based in the community. The policy will be made available on the intranet and nurses will be informed on the policy at their weekly team meeting.
12 References & Associated documentation

Environment agency: denaturing of controlled drugs at a place other than the premises of production
Safer management of Controlled Drugs: A guide to good practice in secondary care (England) October 2007
The Misuse of Drugs Act 1971
The Misuse of Drugs Regulations 2001
The Misuse of Drugs (Safe Custody) Regulations 1973
NICE guidance Controlled drugs: safe use and management April 2016
Appendix 1 - List of controlled drugs

The lists below display the schedule category of commonly used controlled drugs. For more information please see the ‘List of Drugs Currently Controlled under the Misuse of Drugs Legislation’ which can be found at www.gov.uk.

Schedule 1 (CD license)
Schedule 1 drugs have limited medical use and a high potential for abuse due to potentially severe psychological or physical dependence. For this reason production, possession and supply of drugs in this schedule is limited, in the public interest, to research or other special purposes. Drugs listed in schedule 1 have no recognised medicinal use although Sativex ® (a cannabis-based product) is exempt from the requirements for a specific licence to be held by the pharmacist or prescriber, and is currently being supplied on a named-patient basis. Schedule 1 drugs should not be discarded in a DOOP kit. In the event that an illegal drug is found in the patient’s property please contact your line manager or a police officer.

Schedule 2 (CD POM)
Schedule 2 includes more than 100 drugs such as opioids, the major stimulants secobarbital and amphetamine.

- Alfentanil
- Cocaine
- Diamorphine
- Dihydromorphine
- Fentanyl
- Methadone
- Morphine
- Oxycodone
- Pethidine
- Ketamine

Schedule 3 (CD no register)
Schedule 3 includes a small number of minor stimulant drugs and other drugs, which are less likely to be misused than drugs in schedules 2, or are less harmful if misused.

- Buprenorphine
- Mazindol
- Meprobamate
- Midazolam
- Pentazocine
- Phentermine
- Temazepam
- Tramadol hydrochloride
Schedule 4 (CD benzodiazepines and CD anabolic steroids)

Part 1: CD benzodiazepines plus eight other substances including zolpidem, fencamfamin and mescocarb

- Clobazam
- Clonazepam
- Diazepam
- Lorazepam
- Midazolam
- Nitrazepam
- Zolpidem tartrate
- Zopiclone

Part 2: CD anabolic steroids

- Chorionic gonadotrophin (HCG)
- Somatrem
- Somatropin
- Testosterone

Schedule 5 (CD invoice)

Drugs within this schedule are exempt from full control when present in medicinal products of low strengths as their risk of misuse is reduced.

- Codeine (oral)
- Dihydrocodeine (Oral)
- Morphine (not more than 0.2 percent of morphine calculated as anhydrous morphine base e.g. Morphine sulphate solution 10mg in 5ml solution)
Appendix 2- Guidance on the Use of DOOP Kits

Each kit is used for individual patient use only and is intended for single use only. The kit should not exceed the line indicating the maximum volume of the kit. In the absence of a line do not fill the kit over 50% full.

**Tablets/capsules:** remove from blisters or compliance aid, crush if possible and add to the container. The use of a small amount of water whilst grinding or crushing may assist in minimising particles of dust being released into the air. Capsules should be opened and the contents put into the DOOP kit.

**Liquids:** add directly to the DOOP kit. The liquid container should be rinsed into the kit to remove final traces of the CD.

**Ampoules:** If destroying ampoules then an ampoule breaker should be used to prevent sharps injuries. All packaging should be removed.
For **liquid containing ampoules,** open the ampoule and empty the contents into a CD denaturing kit.
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 and the ampoule disposed of as sharps pharmaceutical waste.

**Patches:** To render the active ingredient irretrievable, remove the patch from packaging then remove the backing from the patch, fold the patch in half adhesive side inwards and then place in the DOOP kit. Gloves must be worn when disposing of transdermal opioid patches to prevent any adverse absorption from the patch.

**Lozenges:** should be removed from their packaging and placed in the DOOP kit.

**Aerosols:** should be expelled under water in a small container. The resulting solution can then be disposed of in the kit. Fill the container with water fill line marked on the label. Secure lid and shake thoroughly. A face mask should be worn and the area should be well ventilated.

Order of adding products to the denaturing kit;
1) Solid oral dose forms (e.g. tablets/capsules), liquid containing vials/ampoules and transdermal patches
2) Small volume liquids e.g. injection ampoules/vials
3) Large volume liquids e.g. oral liquids, larger volume injection vials
Appendix 3- List of suitable witnesses for CD destruction

- Registered General Nurses
- Pharmacist
- Doctor
- Police Constable
- Inspectors of the General Pharmaceutical Council
- Any NHS England Controlled Drug Accountable Officer (usually the Chief Pharmacist) may designate an individual and/or class of persons as an Authorised Witness. Any person authorised to witness destruction by an Accountable Officer must be subject to a professional code of ethics and have been the subject of CRB checks.
Appendix 4 - flow chart showing the process for CD destruction

- In the event of patient death confirm with a practitioner that the death was expected

1. Retain CDs for coroner inspection
2. Seek agreement from the patient, relative or carer to destroy the CDs
   - Permission denied
   - Permission given

- Are any of the CDs for destruction schedule 2? (see appendix 1)
  - NO
  - YES

  - Where possible check the stock of the drugs for disposal against the last entry on the drug record sheet

  - Discrepancy
    - Retain CDs for coroner inspection
    - Report discrepancy following local procedure

  - No discrepancy
    - Secure authorised witness (see appendix 3)

  - Secure authorised witness
    - Obtain DOOP kit

    - Follow DOOP kit instructions to destroy CDs

    - Record the drug name, strength and quantity destroyed and the signature of any 'second person' in the patient's notes

    - Return all used DOOP kits to a community nursing base

- Unexpected/sudden death

- Death expected/ not applicable
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 19/03/2018

2. **Name of policy / strategy / service:**
   
   Destruction of Patients’ Controlled Drugs in the Community

3. **Name and designation of Author:**
   
   Lorna Clark, Assistant Director of Pharmacy

4. **Names & designations of those involved in the impact analysis screening process:**
   
   Lorna Clark, Assistant Director of Pharmacy

5. **Is this a:**
   
   Policy [x]  Strategy [ ]  Service [ ]

   **Is this:**

   New [x]  Revised [ ]

   **Who is affected**

   Employees [x]  Service Users [x]  Wider Community [ ]

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?**
   
   (These can be cut and pasted from your policy)

   This policy should be followed by all nursing required to remove controlled drugs that are no longer required from patients’ homes.

7. **Does this policy, strategy, or service have any equality implications?**
   
   Yes [ ]  No [x]

   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

   This Policy states what is expected of all Trust staff involved in this process.
8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>Staff are expected to comply with policy irrespective of their race / ethnic origin.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>Staff are expected to comply with policy irrespective of their sex.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>Staff are expected to comply with policy irrespective of their religion and belief.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>Staff are expected to comply with policy irrespective of their sexual orientation.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>Staff are expected to comply with policy irrespective of their age.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>Staff with physical disabilities will be expected to comply with policy. Staff with learning difficulties, sensory impairment and mental health may be excluded from being involved in the CD removal process. This is appropriate from a safety and security perspective.</td>
<td>Staff with learning difficulties, sensory impairment and mental health may be excluded from the policy; this is on the grounds of safety.</td>
<td>No</td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>Staff who have had gender re-assignment are expected to comply with policy.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>Staff are expected to comply with policy whether they are married, in a civil partnership or single.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td>Staff are expected to comply with policy when pregnant.</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.
Do you require further engagement?  
Yes [ ]  No [x]

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No.

PART 2

Name:  
Lorna Clark

Date of completion:  
19/11/18

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)