Disposal of Unwanted Medicines Following an Emergency / Disaster Event PHC Remote Guideline

Target Audience	All Clinical Employees
Jurisdiction **Jurisdiction Exclusions**	Primary Health Care Remote CAHS; Primary Health Care Remote TEHS N/A
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Approval Authority	Chair Clinical Governance Committee PHC CAHS; Primary Health Care Strategic Management Committee TEHS
Author	PHC Safety and Quality Team; PHC Remote Pharmacists;

The attributes in the above table will be auto-filled from the PGC System. Do not update in this document.

Purpose

To provide advice and guidelines to clinicians surrounding the disposal of damaged and unwanted medicines following an emergency / disaster event in which a PHC remote health centre is affected.

Guideline

1. General Information

Following an emergency / disaster (eg flood, fire, cyclone, storm) it is essential that any damaged medicines are disposed of correctly and safely. Medicines which have been exposed to unsuitable storage conditions or have had the destruction of identifying factors (medicine name, strength, expiry, or batch) must be disposed of appropriately.

This may include but not limited to;
- Heat
- Moisture / humidity
- Contamination with flood water
- Power outage resulting in fluctuation of storage temperatures
- Integrity of medication packaging is compromised
  (eg impact damage, punctured bottle, perforated blister strip)

Inappropriate disposal of medicines may lead to contamination of water sources and the environment, unwanted ingestion by people and animals, or inadvertent administration / issuing of damaged medicines.

2. Definitions

Return Unwanted Medicines (RUM) Bin / Container: Large yellow plastic container with sealable lid supplied by the RUM Project to community pharmacies and distributed to PHC remote health centres for the storage and disposal of unwanted / damaged / expired medicines.

The following definitions are taken from the: [Emergency Management Act](#)

Disaster: an event that requires a significant coordinated response using the combined resources of the Territory, non-government entities within the Territory and resources from outside the Territory.

Emergency: an event that requires a significant coordinated response using the combined resources of the Territory and non-government entities within the Territory.

Event: means an occurrence, whether natural or caused by human acts or omissions, that:

(a) causes or threatens to cause:

(i) loss of, or damage to, property; or

(ii) loss of life or injury or distress to persons; or

(b) in any way endangers the safety of the public.

3. Responsibilities

3.1 Primary Health Care Manager (PHCM)

- Liaise with the Primary Health Care Pharmacist concerning the handling of medicines following an event
- Manage or delegate the responsibility of disposal of unwanted / damaged medicines to staff (staff member must be a registered health professional to be able to handle such medicines)
- Ensure storage of RUM containers and damaged medicines storage is in a secure location
- Manage or delegate the responsibility of reordering imprest medicines, client specific medicines and Schedule 8 (S8) / Restricted Schedule 4 (RS4) drug register if required
- Coordinate with the Rural Medical Practitioner to provide replacement prescriptions if required
- Notify Medicines & Poisons Control in case of S8 drug loss using a [Drug Loss or Discrepancy Report Form](#)

3.2 District Manager

- Ensure staff are aware of their responsibilities under the [NT Medicines, Poisons and Therapeutic Goods Act (MPTGA), Regulations](#) and PHC Remote policy
- Ensure practices around unwanted / damaged medicines are maintained in accordance with these guidelines
- Ensure the relevant documentation of RiskMan is completed and any breaches of S8 Medicine management under the NT MPTGA is reported to the relevant authorities[1]

3.3 Primary Health Care Pharmacist

- Coordinate and provide advice surrounding the destruction of unwanted / damaged medicines
- Liaise with the PHCM, S100 Pharmacist and regional hospital pharmacy department concerning return of unwanted /damaged medicines and replacement stock

3.4 Section 100 Pharmacy

- Supply sufficient RUM containers as required by health centres
- Facilitate disposal of RUM containers returned from health centres
- Provision of replacement medicines (imprest and client specific) in a reasonable time frame
- Provide a copy of the client's prescription if required by the health centre

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[1] Note: DoH Medicines and Poisons Control must be notified when a breach in S8 Medicines management is not able to be resolved. Police must be notified when investigation of the breach suggests criminal activity

3.5   Regional Hospital Pharmacy

- Receive returned S8 and RS4 medicines as described in the Information Sheet – [Return or Disposal of Unwanted or Expired S8 / RS4 Medicines](#)
- Provision of replacement medicines and related equipment in a reasonable time frame

3.6   Rural Medical Practitioner (RMP)

- Provide replacement client prescriptions as required by the health centre

4.   Procedure

4.1   Staff Safety

Staff must only re-enter the affected area when approved by the relevant authorities. Depending on the nature of the event, clinicians must don the appropriate safety and personal protective equipment as advised by the relevant authorities and PHC Management to prevent the risk of transmissible diseases (eg contaminated flood water, mosquito borne diseases) or injury to themselves (eg following damage to the health centre) before engaging in the disposal of damaged medicines.

4.2   Salvaging Medicines

Salvaging medicines is generally not recommended unless it can be guaranteed that the medicines have not been exposed to any non-desirable storage conditions and the packaging is complete and intact.

4.3   General Medicines

The majority of the affected medicines may be disposed of via the dedicated RUM container. When placing medicines in the RUM container it is worth reducing the bulk of what is being disposed of so that the container is not filled prematurely which in turn adds to freight costs funded under the RUM project. If practical, removal of the outer packaging is encouraged so that this may reduce overall bulk.

When the container is full it must be sealed with the lid supplied ensuring that it cannot be opened again.

RUM containers and damaged medicines must be stored at all times with the same degree of security as intact undamaged medicines.

S100 contracted pharmacies will supply labels and instructions to facilitate return of the RUM containers. Return sealed RUM containers via the regular freight mechanism utilised by the health centre to the S100 Pharmacy of origin. See [Return of Unwanted Medicines](#) for contact information.

When there is a significant amount of medicines requiring to be returned, please liaise with the PHC Pharmacist to ensure that medicines are returned to the S100 pharmacy in a timely manner which may include alternate transport options.

4.4   Client Prescriptions

If the client hardcopy prescription is destroyed during the event, a new prescription from an RMP should be obtained as soon as possible. A faxed or e-mailed copy of a current prescription held at the pharmacy may be used for short term supply (up to 7 days) to individual clients provided it is clearly legible and is assessed by the RMP as appropriate to the client's current situation.

4.5   Schedule 8 and Restricted Schedule 4 Medicines

Regardless of the supplying pharmacy (S100 or Hospital) or whether the medicines are supplied for general health centre stock or stock from client prescriptions, there are two options for managing the disposal of damaged S8 / RS4 stock. Details for the appropriate procedure are provided in the Information Sheet – [Return or Disposal of Unwanted or Expired S8 / RS4 Medicines](#).

4.6   Sharps, Medicines in Syringes with Needles Attached and Vaccinations

The disposal of any medicine in a syringe with needle attached must be discarded into an appropriate sharps container.

Vaccines may be disposed of by utilising the sharps container or RUM container (depending if they have a needle pre-attached). Where there is uncertainty about how to manage the disposal of vaccines staff should contact CDC as soon as possible to discuss the issue/s. Disposal of vaccines must be recorded on the Vaccine Wastage Report Form and the completed form sent to CDC.

4.7   Cytotoxic Medicines

Unwanted oral cytotoxic drugs must not be placed in the RUM container but must be packed directly into a purple colour-coded, secure, labelled, leak proof, robust container for incineration. Where these are not available, a sharps disposal container may be appropriate, but must have a cytotoxic warning label attached. See Cytotoxic Therapy for further details.

4.8   Documentation

Aspects of the disposal of medicines following the event that must be documented include the following.

4.8.1   Vaccines

Disposal of vaccines must be recorded on the Vaccine Wastage Report Form and the completed form sent to the Immunisation Unit, Centre for Disease Control (CDC).

4.8.2   Schedule 8 and Restricted Schedule 4 Medicines

S8 / RS4 Drug Register

If the S8 / RS4 Drug Register is destroyed in the emergency / disaster, written notice to the CHO (Chief Health Officer) must be made as soon as practical (within 7 days) and a new S8 / RS4 Drug Register must be ordered. If the S8 / RS4 medicines are still viable and able to be used, a temporary register must be employed until such time a replacement is delivered. A count of the S8 / RS4 Medicines must be completed by two health professionals registered with Australian Health Practitioner Regulation Agency (AHPRA) and recorded in the replacement register.

S8 / RS4 Medicine Loss / Discrepancy in S8 / RS4Medicine Count

Any loss / discrepancy noted when counting the S8 / RS4 Medicines, including instances of broken or missing medicines, must be reported to the District Manager and via the RiskMan system as soon as practical.

Depending on the circumstances surrounding the incident, an S8 Medicine discrepancy may also require notification to the Medicines and Poisons Control utilising the Drug Loss or Discrepancy Report Form when the S8 medicines count cannot be reconciled and the discrepancy explained. See Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline for further details.

4.8.3   Return of Schedule 8 and Restricted Schedule 4 Medicines for Destruction

Appropriate documentation must be made when returning S8 / RS4 medicines to the regional hospital for destruction as described in the Information Sheet – Return or Disposal of Unwanted or Expired S8 / RS4 Medicines

4.8.4   General Medicines

In normal circumstances, health centre staff would be required to complete the form Record for Return of Unwanted Medicines (RUM) - Standard Drug List Medicines Only for medicines being disposed of. However, due to the large quantity of medicines which are likely being disposed of following an emergency / disaster it would be impractical to record all medicines. Therefore this form is not required to be completed.

4.8.5   RiskMan

Ensure documentation in RiskMan of any related adverse incidents during the disposal and replacement of medicines, including loss / discrepancies in the S8 / RS4 Medicines count.

4.9   Re-supply of Medication

As soon as practical, the PHCM / delegate should place an order with their S100 pharmacy and regional hospital pharmacy for replacement stock.

Compliance

Record the emergency / disaster event in RiskMan and any related adverse events during the disposal and replacement of medicines	Relevant Manager PHC Pharmacist

Document Quality Assurance		
	Method	**Responsibility**
Implementation	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas	Health Policy Guidelines Program
Review	Document is to be reviewed within three years, or as changes in practice occur	Atlas Development Officer, Primary Health Care CAHS
Evaluation	Evaluation will be ongoing and informal, based on feedback.	Atlas Development Officer, Primary Health Care CAHS

Key Associated Documents	
Forms	Schedule 8 and Restricted Schedule 4 Delivery Notification PHC Remote Form Drug Loss or Discrepancy Report Form Vaccine Wastage Report Form Remote Health Stock Order PHC Remote CAHS Form Remote Health Stock Order PHC Remote TEHS Form
Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents	Cold Chain PHC Remote Guideline Cytotoxic Therapy PHC Remote Guideline Drug Storage Room Standards PHC Remote Guideline Remote Heath Stock PHC Remote TEHS Guideline Return of Unwanted Medicines PHC Remote Guideline Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline Section 100 Pharmacy Arrangements PHC Remote Guideline Stores and Ordering Overview PHC Remote CAHS Guideline Information Sheet – Return or Disposal of Unwanted or Expired S8 / RS4 Medicines. Northern Territory Medicines Management Framework

	Emergency Management Act
	NT Medicines, Poisons and Therapeutic Goods Act (MPTGA) and Regulations
	Territory Emergency Plan
	Queensland Health - Drugs and Poisons Disposal
	Australian Health Practitioner Regulation Agency
References	As Above

Evidence Table

Reference	Method	Evidence level (I-V)	Summary of recommendation from this reference
N/A	N/A	N/A	N/A