

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure # P-D-02.12**

**SUBJECT:**           **DISPOSAL OF DISCONTINUED, DAMAGED OR EXPIRED DEA CONTROLLED AND STAFF CONTROLLED MEDICATIONS**

**POLICY:**            Accountability is established and maintained for discontinued, damaged (“wasted”) or expired DEA Controlled medications. Federal and State laws hold every licensed healthcare professional handling Controlled Substances personally accountable to abide by DEA regulations. Scheduled medications remain at the last DEA Registered site until disposal. They can not be diverted or returned to the Pharmacy. In accordance with applicable state and federal laws, formal arrangements are therefore in place for their secure disposal and for inventory accountability until the disposal process can be accomplished. For reasons of patient safety and security, DOC has identified certain medications as Staff Controlled. These are handled in a similar, though less restrictive, manner.

**REFERENCE:**        NCCHC Standard P-D-02, Medication Services  
Oregon State Board of Pharmacy OAR 855-01-000, 855-110, and 855-0015  
DEA Office of Diversion Control, 21CFR,1300 et seq.  
Controlled Substances Act of 1970, 21CFR, 1307.21, Sec. 307

**PROCEDURE:**

- A.    **Discontinued DEA Controlled Medications Packaged/Labeled by ODOC Pharmacies**
1.     Discontinued or expired DEA Controlled Medications in patient specific, stock or FIB packaging received from DOC Pharmacies must be securely stored and accounted for until they are properly disposed. This accounting is accomplished in only one of two ways:
    - a.     Maintained securely and on an active, ongoing shift to shift count of each medication until disposal, or
    - b.     Removed from availability, placed with its count sheet into a secure locked, tamper proof container and held for disposal. Information about the expired medication is entered onto a standard ODOC log (see attachment B) at the site of the container. The container is always securely locked and only the Medical Services Manager or identified designee has access to the key to this container.

B. Disposal of Individual Damaged or Wasted DEA Controlled Medication Doses. Single doses of controlled medications are considered wasted when a single unit (tablet, capsule, etc.) of medication is removed from a blister pack or other container and is not issued to a patient for various reasons (refusal, altered tablet, tablet dropped on floor, etc.). The medication cannot be placed back into the blister, and cannot be held for a later time due to pharmacy labeling laws. Hence, the medication is defined as *wasted*. It cannot be used and must be accounted for.

1. Wasted medications are to be accounted for on the corresponding card's Controlled Substance Account Sheet.

a. All sections of the count sheet are to be filled in. *Wasted* is to be written across the "Inmate Name/SID#" fields. Two (2) nurses' signatures are required on the "Administered By" field.

2. Proper disposal of damaged or wasted DEA controlled medication doses:

Note: For reasons of security and environmental quality, do not flush prescription drugs down the toilet or drain unless the label or accompanying patient information specifically instructs you to do so.

a. There are two options for institutional disposal of DEA Controlled Medications once the count sheets have been properly completed.

Option 1, For DEA Controlled Medications to be collected by the contracted Reverse Wholesaler:

1. The medication is placed into an envelope and sealed. The "ODOC Wasted Dose" sticker (see attachment A) will be completed and placed on an envelope containing the wasted doses. The nurse is to record the following:

- i. Medication (name/strength)
- ii. Prescription number
- iii. Refill number
- iv. Date wasted
- v. Quantity
- vi. Reason wasted
- vii. Names of nurses

3. The sealed ODOC wasted dose envelope is placed into a secure locked, tamper proof container. Information about the envelope is entered onto a log (see attachment A) at the site of the container. The container is always securely locked and only the Medical Services Manager or an identified designee has access to the key to this container.

4. Medications are held securely until the Reverse Wholesale comes on site to collect and remove them.

Option 2: For DEA Controlled Medications Destroyed on-site where quantities are small or the Reverse Wholesaler is not available.

- a. Complete required double-signed accountability paperwork,
- b. Render the dose unusable by crushing and wetting,
- c. Put the mixture into a tamper proof Sharps Container to which an absorbent such as kitty litter has been added,
- d. Handle the filled Sharps Container as any other 'Hot Trash'.

C. Disposal of DEA Controlled medications and medications from sources other than ODOC Pharmacies. Examples could be from a retail pharmacy, from a health care entity, or as medications brought in at Intake with the inmate as his/her private property.

1. Incoming medications will be handled in accordance with P&P #P-D-02.4 (F), Ordering/Delivery of Medications. All medications received in this manner will be counted in and tracked utilizing an ODOC "Pharmacy Narcotics/Controlled Substances Record" sheet, printed on paper of any color other than red or green
2. Any DEA Controlled medications will be counted and verified by two (2) licensed staff; nursing or medication room technicians. That count will be entered on an ODOC "Pharmacy Narcotics/Controlled Substances Record" sheet, printed on any color other than red or green. While in use for patient care, these controlled medications (and colored count sheets) will be maintained, utilized and accounted for the same as all other controlled medications.
3. When complete, the "Pharmacy Narcotics/Controlled Substances Record" document shall be retained in the same storage area as other count sheets for a period not less than three (3) years.
4. Disposal of expired, discontinued or damaged "outside" medications will be conducted on-site in accordance with the provisions of this policy.
5. Actual disposal of DEA Controlled medications and all medications from sources other than ODOC Pharmacies will be accomplished as outlined in this P&P.

Note: If the medication packaging is from outside the ODOC and the medication has been wasted as directed above, for privacy concerns regarding patient information, conceal or remove any personal permanent black marker or scratch it off before discarding.

- D. Disposal of Expired DEA Controlled Medications. As with discontinued DEA Controlled Medications, they cannot be returned to Pharmacy and must be disposed of at the last registered site. If the quantity of expired DEA Controlled medication to be destroyed is minimal, contact your consultant Pharmacist and follow the on-site disposal process outlined above. For larger quantities, follow the Reverse Wholesaler process
- E. The Reverse Wholesaler Process: If/when there are sufficient quantities of discontinued or expired medication, a contracted Reverse Wholesaler should be contacted to come on site to collect and account for these materials. The reverse wholesaler will provide the documentation required by law for all medications taken. This documentation will be kept on site and made readily available for inspection for a minimum of three (3) years.
1. The reverse wholesaler will reconcile all medications taken for destruction against the log, the Controlled Medication Count Sheets, and envelopes of wasted medications. Any discrepancies will be noted and the Medical Services Manager will be informed. All logs, Controlled Medication Count Sheets, and envelopes will be attached to the reverse wholesaler documents and retained on-site and available for inspection for three (3) years.
  2. The institution's Consultant Pharmacist will review records and reports of this process at each inspection to verify in writing that this policy is being followed or what consultation or training has taken place.
- F. Discontinued or Expired DOC Staff Controlled Medications: Partially used, expired or discontinued medications (in original DOC Pharmacy packaging) that have not left the supervision and security of licensed staff are to be returned to the issuing pharmacy for reconciliation. There, medications appropriate for re-issue and those appropriate for destruction will be determined and those processes carried out. Packaging marked "OK In Cell" must be marked "NI" or "NOT ISSUED" before it is returned to Pharmacy or it must be assumed it has left Staff control and it cannot be considered for repackaging. Staff Controlled medications that are also DEA Controlled Medications must be properly disposed of at the last DEA Registered site.
- G. Circumstances may arise that do not fit any of the criteria listed above for wasted controlled medications (i.e., dropped glass bottle of liquid morphine). These rare circumstances need to be documented in a memo form, signed by two (2) nursing staff, and then forwarded to the Medical Services Manager or designee. A copy of the memo should be attached to the appropriate count sheet, and the balance correctly recorded. Notation will be made at the next Consultant Pharmacist's site inspection.

- H. Loose doses of non-DEA controlled medications (which may be found in a drawer of a medication cart) shall be discarded using the approved disposal methods detailed in this policy.

Effective Date: \_\_\_\_\_

Review date: August 2014

Supersedes P&P dated: May 2013



### ODOC Wasted Dose

Medication (name/strength): \_\_\_\_\_  
 Prescription # \_\_\_\_\_ refill - \_\_\_\_\_  
 Date Wasted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Quantity: \_\_\_\_\_  
 Reason wasted: \_\_\_\_\_  
 Nurse: \_\_\_\_\_ Nurse: \_\_\_\_\_



### ODOC Wasted Dose

Medication (name/strength): \_\_\_\_\_  
 Prescription # \_\_\_\_\_ refill - \_\_\_\_\_  
 Date Wasted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Quantity: \_\_\_\_\_  
 Reason wasted: \_\_\_\_\_  
 Nurse: \_\_\_\_\_ Nurse: \_\_\_\_\_



### ODOC Wasted Dose

Medication (name/strength): \_\_\_\_\_  
 Prescription # \_\_\_\_\_ refill - \_\_\_\_\_  
 Date Wasted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Quantity: \_\_\_\_\_  
 Reason wasted: \_\_\_\_\_  
 Nurse: \_\_\_\_\_ Nurse: \_\_\_\_\_



### ODOC Wasted Dose

Medication (name/strength): \_\_\_\_\_  
 Prescription # \_\_\_\_\_ refill - \_\_\_\_\_  
 Date Wasted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Quantity: \_\_\_\_\_  
 Reason wasted: \_\_\_\_\_  
 Nurse: \_\_\_\_\_ Nurse: \_\_\_\_\_



### ODOC Wasted Dose

Medication (name/strength): \_\_\_\_\_  
 Prescription # \_\_\_\_\_ refill - \_\_\_\_\_  
 Date Wasted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Quantity: \_\_\_\_\_  
 Reason wasted: \_\_\_\_\_  
 Nurse: \_\_\_\_\_ Nurse: \_\_\_\_\_



### ODOC Wasted Dose

Medication (name/strength): \_\_\_\_\_  
 Prescription # \_\_\_\_\_ refill - \_\_\_\_\_  
 Date Wasted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Quantity: \_\_\_\_\_  
 Reason wasted: \_\_\_\_\_  
 Nurse: \_\_\_\_\_ Nurse: \_\_\_\_\_



### ODOC Wasted Dose

Medication (name/strength): \_\_\_\_\_  
 Prescription # \_\_\_\_\_ refill - \_\_\_\_\_  
 Date Wasted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Quantity: \_\_\_\_\_  
 Reason wasted: \_\_\_\_\_  
 Nurse: \_\_\_\_\_ Nurse: \_\_\_\_\_



### ODOC Wasted Dose

Medication (name/strength): \_\_\_\_\_  
 Prescription # \_\_\_\_\_ refill - \_\_\_\_\_  
 Date Wasted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Quantity: \_\_\_\_\_  
 Reason wasted: \_\_\_\_\_  
 Nurse: \_\_\_\_\_ Nurse: \_\_\_\_\_



**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division, Health Services Section, Pharmacy Service Policy and Procedure # P-D-02.12**  
**LOG FOR DISPOSAL OF CONTROLLED MEDICATIONS**

Attachment B  
P&P-P-D-2.12

Revised 10/12/10

Medication Name/Strength Inmate Name SID #	Rx #	Date Wasted	Qty	Reason Wasted	Nurse Signatures	Manager Initials
1)	-				1)	
					2)	
2)	-				1)	
					2)	
3)	-				1)	
					2)	
4)	-				1)	
					2)	
5)	-				1)	
					2)	
6)	-				1)	
					2)	
7)	-				1)	
					2)	
8)	-				1)	
					2)	
9)	-				1)	
					2)	
<b>Print Name</b>						
<b>Signature</b>						
<b>Print Name</b>						
<b>Signature</b>						