STANDARD OPERATING PROCEDURE FOR THE DESTRUCTION OF CONTROLLED DRUGS BY AUTHORISED WITNESSES – PRIMARY CARE

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Documents to read alongside this Policy , Procedure etc (delete as necessary)	Department of Health, 2007. *Guidance on destruction of controlled drugs – new role for Accountable Officers.* National Prescribing Centre, 2009. *A guide to good management of controlled drugs in primary care (England)*. Third edition. Royal Pharmaceutical Society. *Medicines, Ethics and Practice – A Guide for Pharmacists and Pharmacy Technicians*. Welsh Assembly Government, 2008. *The Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008*

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Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	24/9/2012	12/10/2015	Changes made to forms used to make the process more efficient. Supersedes previous version not published
2	15/12/2016		Forms updated to reflect new base and new personal in post.
3	31/1/2019	21/12/2016	Forms updated to reflect new personal, change of base and amended forms
4	01/03/2020	12/03/2020	Forms updated to reflect additional information with regards electronic registers

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Introduction

It is a legal requirement for stocks of Controlled Drugs (CDs) to be destroyed in the presence of an Authorised Witness. The witnessed destruction of stocks has, historically, been restricted to certain groups of individuals granted authority by the Home Office. In order to manage witnessed destruction of CDs in a well regulated, safe and timely manner, the Accountable Officer (AO) has agreed for nominated persons to be eligible to witness destruction for Cardiff and Vale University Health Board. (UHB). These persons will have undertaken the appropriate training as identified by the AO.

Purpose

The purpose of the SOP is to ensure the safe and appropriate destruction of Controlled Drugs in compliance with current legislative requirements and good practice guidance.

Scope

- This standard operating procedure (SOP) applies to witnesses authorised for the UHB and relates to the destruction of out of date or unwanted CD stock. This includes GP practices (including dispensing doctors), NHS dentists, community pharmacies and Cardiff prison and our private providers where necessary.
- It will explain how CDs must be destroyed in the presence of an Authorised Witness
- It will explain how any discrepancies/problems found during the destruction process should be addressed

All UHB Authorised Witnesses must read this SOP and by signing the declaration in **Appendix 1**, agree to abide by it.

Note: Some premises may also, from time to time, have *patient returns*.* It is not a legal requirement for patient returns to be destroyed in the presence of an Authorised Witness. If, however, whilst attending to witness the destruction of stock CDs, the Authorised Witness may (at their discretion) also witness the destruction of patient returns.

*patient returns are any CDs dispensed to and collected by an individual patient on prescription which are returned out of date or otherwise no longer required)

Standard Operating Procedure

1. Arranging Visits for the Destruction of CDs

1.1 When a contractor has stock CDs requiring destruction, contact should be made to the Primary Care Medicine Management Team via a fax of the **SCHEDULE 2 and 3 CONTROLLED DRUG DESTRUCTION LOG** (**Appendix 2).** This will provide details of all the CDs that require witnessed destruction.

1.2 One of the Authorised Witnesses for the UHB will then contact the contractor to ensure that they have a T28 waste exemption in place. A T28 exemption is obtained from Natural Resources Wales and allows the destruction of controlled drugs on the premises. An appointment to carry out the destructions will be arranged.

Note:

- The Authorised Witness should not witness destruction of CDs in a contractor where they work regularly at the time of destruction or have any other conflict of interest.
- The CD's to be destroyed should have been appropriately recorded, marked and segregated as necessary prior to the visit by the contractor. The out-of-date stock held within contractor premises **must not** be entered out of the running balance until its destruction has been witnessed by the AW.
- Please note that once denaturing has commenced, it should be completed on that occasion – NO loose tabs/caps stored in cabinet for disposal later e.g. after lunch.

2. Record Keeping

The '**SCHEDULE 2 and 3 CONTROLLED DRUG DESTRUCTION LOG'** (Appendix 2) must be completed on each occasion that CD destruction is witnessed by an Authorised Witness. The AW will return the completed sheet to the Controlled Drugs Lead at the UHB PCIC offices based at Woodland House.

Note: This record sheet is not a legal requirement, but it is an audit/feedback tool providing useful information to the Accountable Officer. There is no requirement for an AW to keep a personal copy of the destructions as these will be held centrally by the UHB. Records of all witnessed destructions must also be retained within the premises where the destruction took place (a copy of the completed CD Destruction Log).

3. Procedure for the Destruction of CDs

3.1 Prior to the visit the Authorised Witness must ensure that the contractor has sufficient denaturing kits.

Approved CD denaturing kits such as Den-Kit, DOOM, DOOP, must be used to ensure that the CDs are rendered irretrievable. No other method of destruction may be used. Instructions provided by the CD denaturing kit manufacturer must be obeyed. The denaturing kit should be such that there is no need to crush tablets etc. before disposal. They should ensure that the appropriate size of kit, 250mls or 2 litres or 8 litres is available, for the number of CDs to be destroyed.

3.2 Prior to the visit the Authorised Witness should explain to the contractor that they need to allocate sufficient qualified staff time for the process e.g. GP, registered nurse, midwife, pharmacist or pharmacy technician.

3.3 On arrival at the premises the Authorised Witness will identify themselves, using their ID badge and certificate.

3.4 All parts of the process must take place in the presence of the Authorised Witness.

3.5 CDs must be destroyed using a denaturing kit designed for that purpose. No other method of destruction may be used. The drug must be rendered irretrievable N.B CD/Drug Denaturing Kits include instructions for use; these must be followed to ensure effective denaturing of the drugs. The denaturing kit should be such that there is no need to crush tablets etc. before disposal.

3.6 The CDs quarantined for destruction should be removed from the CD cupboard and reconciled with the CD Register (CDR) and/or Patient Returns Record Book (PRRB).

3.7 Gloves, aprons, scissors, syringes and paper towelling should be available if required. The UHB will have a supply to take out on a visit in case there is none provided at the premises.

3.8 Practice guidance on the safe destruction of CDs has been produced by the Royal Pharmaceutical Society of Great Britain (RPSGB) and due regard will be paid to this during the process. (Appendix 3)

3.9 The CDs should be “written out” of the CDR and/or PRRB as they are added to the kit. **The entry must specify; the name, strength and form of the product, date, quantity destroyed, printed name & professional registration number, where applicable, of Authorised Witness followed by their signature, printed name and signature of the second witness (or other such details as statute requires).**

3.10 For CD stock, the balance remaining should be reconciled with the CDR or other such details as statute requires, by the contractor.

3.11 A regular order must be followed, starting with dry products first - tablets, capsules, lozenges and powders. Progressing to patches, ampoules, vials and liquids.

3.12 Before adding any liquid the granules should be shaken to circulate, this ensures an even distribution of them and a consistent mix.

3.13 Once ALL products being destroyed have been added to the kit, water should be added, as necessary*, in accordance with the kit manufacturers directions. *Note, if CD liquids are being destroyed their volume should be taken into account and the volume of water required adjusted in accordance with the instructions of the denaturing kit.

Note: The kit contents will form a gel within a few minutes and may become hot initially (this is normal). It may take up to 24 hours for the inactivation process to complete.

3.14 After the water has been added to the kit, the date and time plus discard after 24 hours should be written onto the side of the kit to indicate when the denaturing process will be complete. E.g. 10.30am 23/11/2016.

3.15 The used kit should then be put in the CD cupboard whilst the inactivation process is taking place. The CDs are now considered “irretrievable” and the responsibility of the Authorised Witness is complete.

3.16 It is the responsibility of the contractor to arrange the appropriate disposal of the solidified gel. (This may be the waste containers that the contractor uses to return waste medicines for secure incineration).

4. Concerns

If in the course of the visit concerns regarding handling and management are observed the Authorised Witness will note these and inform the controlled drugs lead officer and complete a controlled drug incident form. E.g. incorrect running balances; incorrect entries; poor practice.

This will be reported to the LIN as part of the occurrence report. The Accountable Officer and/or South Wales Controlled Drug and Chemical Liaison Officer may be informed depending on the nature of the concerns.

5. Training and Information

5.1 The Accountable Officer will provide updates and where necessary additional training for all Authorised Witnesses.

5.2 For those individuals who have had no previous experience of destroying controlled drugs, a practical session should be undertaken with an experienced Authorised Witness before commencing this role. This should be agreed with the Controlled Drugs Lead for the relevant area of work.

Appendix 1

All authorised witnesses must read this SOP and sign the declaration below

I confirm that I have read, understood and will abide by the **Destruction of Controlled Drugs by Authorised Witnesses for the UHB** as authorised by Darrell Baker, Accountable Officer.

Name & Designation	Registration Number (Where applicable)	Date of last CRB check	Date of training	Signature

SCHEDULE 2 and 3 CONTROLLED DRUG DESTRUCTION LOG

Complete and return to the Prescribing Support Pharmacy Technicians - fax number 02921 836130

Contractor name and address	
Telephone number	
Date	
T28 waste exemption reference number	
Expiry date	
Name and signature of requestor	
Registration number	
Name of electronic CD register used (if applicable)	

Controlled Drugs to be destroyed:

REQUESTOR TO COMPLETE	Name of Controlled Drug	Strength	Form	Quantity	AUTHORISED WITNESS TO COMPLETE	Reason (OOD)	Expiry date	Date of Destruction

- **Leave stock in running balance of CD register**
- **Retain a copy in the front of your CD register until the CDs have been destroyed**

Significant event/ incident reported: YES/NO

Controlled Drugs to be destroyed:

REQUESTOR TO COMPLETE	Name of Controlled Drug	Strength	Form	Quantity	AUTHORISED WITNESS TO COMPLETE	Reason (OOD)	Expiry date	Date of Destruction

- **Leave stock in running balance of CD register**

Retain a copy in the front of your CD register until the CDs have been destroyed Significant event/ incident reported:

How to Destroy Controlled Drugs

All controlled drugs awaiting destruction should be securely stored in such a way to clearly distinguish them from current medication.

After a death all drugs that were used for that patient should be stored for 14 days in case the coroner requires them as evidence. If this is not practical please contact the Medicine Management Team for advice.

All procedures listed below should be done by a minimum of two people who should both be qualified health care professionals. Disposable protective gloves and clothing such as a plastic apron may be worn.

1. Before proceeding, reconcile quantities to be destroyed with running total in register.
2. If there are any discrepancies that cannot be explained, then record discrepancy in the CD register and inform the Controlled Drugs Lead for Primary Care who will look at taking any necessary action.
3. Always shake the dry kits before adding water to mix contents.
4. There should always be at least 50% denaturing material and up to 50% drug.
5. Once drugs have been added to resin kit, water should be added as per instructions and the kit stored to allow denaturing to occur. This is a minimum of 24 hours.
6. The resin kit can be destroyed with other pharmaceutical waste.
7. Fentanyl / buprenorphine patches must be folded on to themselves and discarded directly in the denaturing kit.
8. Packaging can be discarded in general waste as long as any names of patients have been removed or obliterated.

Tablets:
Remove from all packaging and add loose tablets to resin in destruction kit. Each person to sign and date register.

Capsules:
For both hard and soft gelatin capsules remove all packaging and add loose to resin in destruction kit. Each person to sign and date register.

Lozenges:
Detach lozenge from stick and place in denaturing kit.

Patches:
Remove patch from protective packaging and fold in half back on itself. Ensure it is not possible to peel apart again. Dispose in denaturing kit. Do not cut patch. Each person to sign and date register.

Aerosols:
Spray into water (to prevent droplets entering air) and put resultant liquid into the measuring cylinder. Each person to sign and date register.

Injections:
Open ampoule and place whole ampoule with contents including top that has been snapped off into the denaturing kit. Each person to sign and date register.

Contents of a syringe driver:
Add direct to denaturing kit. Discard syringe in sharps container. Each person to sign and date PRRB, even though contents would already have been signed out of CD register, with an estimation of CD quantity e.g. approx 10ml of a solution containing approx 20mg of diamorphine.

Liquids:
Add direct to the denaturing kit. Rinse out bottles and small quantities may be rinsed down the sink. Each person to sign and date register. (Thick or oily liquids e.g. methadone should be watered down with warm (not hot) water.

Sachets:
Emptying contents directly into kit and then fold the sachet and add to the kit as a residue is often left in the sachet.