

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.80.12	Page 1 of 6
	Original Effective Date: 01/15/03	New Effective Date: 09/11/13
	Supersedes: 500.80.12	Dated: 03/15/03
	Administrator's Approval: Cathy A. Jess, Administrator	
Required Posting or Restricted:		
<input type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Pharmaceutical Recycling and Waste Management		

POLICY

All Division of Adult Institution facilities shall dispose of pharmaceutical waste according to the established policy. All prescription and stock medications shall be returned to the Central Pharmacy, for reuse or waste management, except for Federal Drug Enforcement Administration Controlled Substances.

REFERENCES

Standards for Health Care in Prisons, National Commission on Correctional Health Care, 2008, P-D-01, Pharmaceutical Operations
DAI Policy 500.60.01 – Infection Control Program
DAI Policy 500.80.10 – Accountability for DEA Controlled Medications.

DEFINITIONS, ACRONYMS AND FORMS

Central Pharmacy Services (CPS) – DOC operated pharmacy.

DOC-3398A – Prescription Controlled Substance Destruction

Drug Enforcement Administration (DEA) Controlled Substance – A drug regulated under the Uniform Controlled Substance Act. This includes all narcotic, stimulant, and other Schedule II, III, IV and V medications.

Hazardous Waste – A solid waste, or combination of solid wastes, that because of its specific characteristics may cause, or significantly contribute to an increase in mortality or serious irreversible or incapacitating reversible illness, or pose a substantial hazard to human health or the environment when improperly treated, stored, transported, or disposed of, or otherwise managed. A list of hazardous medications utilized in DOC may be found on the Pharmacy home page of the DOC intranet site.

HSU – Health Services Unit

Infectious Waste – Infectious waste is a solid waste that has the potential to transmit disease. These wastes include sharps; human tissues, blood and body fluids; microbiological laboratory wastes; and tissue, blood or body fluids from animals carrying a zoonotic infectious agent.

Listed Hazardous Pharmaceutical Waste – A solid waste that is federally regulated as a hazardous waste because it is categorized as either acutely hazardous (P-listed) or toxic (U-listed) by the Resource Conservation and Recovery Act, or RCRA.

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Pharmaceutical Waste – Pharmaceutical waste is a solid waste in the form of an over-the-counter or prescription medication dosage form. Pharmaceutical waste may include expired drugs, a patient’s discarded personal medication, waste materials containing excess drugs (syringes, IV bags, tubing, vials, etc.), open containers of drugs that cannot be used, containers that held acutely hazardous waste (P-listed drugs), or drugs that are to be discarded.

P-Listed Waste – Commercial chemical products that are categorized as acutely hazardous under RCRA. These chemicals generally have an oral lethal dose of 50mg/kg or less. Eight of these chemicals are used as drugs; they include arsenic trioxide, epinephrine base, nicotine, nitroglycerin, phentermine, physostigmine, physostigmine salicylate, and warfarin greater than 0.3%. Federally and in the State of Wisconsin, epinephrine salts such as epinephrine hydrochloride, as well as oral dosage forms of nitroglycerin are excluded from these regulations. P-listed wastes are unused for their intended purpose and contain only a sole active ingredient.

PPE – Personal protective equipment

PROCEDURES

I. **Pharmaceutical Recycling and Waste Management at Correctional Facilities**

A. At point of administration or delivery

1. All medication that is no longer to be administered or delivered to the inmate patient shall be returned to the site HSU.
2. Empty pharmaceutical packaging for P-Listed waste (warfarin and nicotine) shall be returned to the HSU. P-Listed items will be denoted with a “*P” on the prescription label after the drug name and strength (e.g., Warfarin 1mg *P)
3. Empty pharmaceutical packaging containing Protected Health Information for non-P-Listed waste shall be disposed of in a confidential manner per institution policy.

B. At HSU medication room

1. All medication in the HSU Medication Room to be sent back to the Central Pharmacy shall be separated into two groups:
 - a. Items that have been in the inmate patient’s possession may include:
 - i Any partially used white-label medication.
 - ii Used inhalers.
 - iii Used topical medications.
 - iv Used patches shall be destroyed at the facility. See below for disposal of used DEA controlled patches; e.g., Fentanyl. Used non-DEA controlled patches shall be disposed of in regular waste.
 - b. Items that have not been in the inmate patient’s possession may include:
 - i Any unused white or yellow labeled medication.
 - ii Any partial used yellow label medication.
 - iii Any unused stock medication (yellow or white label).

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- c. Each box containing one of the two groups of medications as described above shall be labeled accordingly when returning to the CPS.
 - d. Medication requiring refrigeration that may be considered for reuse shall be sent back to CPS in a refrigerated package. Do not ship this type of medication back to CPS on Fridays or the day before an observed holiday.
 - e. Medications in non-DOC packaging, from a jail or local pharmacy, etc., may be sent back to CPS for disposal.
 - f. Empty pharmaceutical packaging for P-Listed waste (warfarin and nicotine) shall be returned to CPS in the box containing the medications that have been in the inmate patient's possession.
- C. Some medications shall not be sent back to CPS:
- 1. DEA-controlled medications
 - a. Dispensed DEA-controlled drugs no longer intended for inmate patient use shall be destroyed on site and documented on DOC-3398A – Prescription Controlled Substance Destruction.
 - b. Dispensed DEA-controlled drugs shall be disposed of (with witness) by rendering the medication unusable and unidentifiable by placing the drugs in the Drug Buster® or similar product. Document and dispose of used Fentanyl patches (with witness) by cutting in half and placing in the Drug Buster® or similar product or folding patch onto itself and flushing down the sewer system.
 - c. DEA-controlled drugs that are expired and have not been administered to an inmate patient (HSU stock) shall be documented and sent to the contracted reverse distributor or destroyed on site.
 - d. Refer to DAI Policy 500.80.10.
 - 2. Used or partially used medications with an attached needle are considered infectious waste and shall not be returned to CPS; e.g., EpiPen, enoxaparin syringe, etc.
 - a. Infectious waste shall be placed in a biohazard (sharps) container.
 - b. See DAI Policy 500.60.01 for more information.

II. Pharmaceutical Recycling and Waste Management at CPS

- A. CPS bulk stock medications
- 1. Any expired legend or over-the-counter medications in the CPS supply shall be segregated and returned to the contracted reverse distributor on a monthly basis.
 - 2. DEA-controlled medications that have expired shall be segregated in the CPS vault and returned to the contracted reverse distributor on a monthly basis.
 - 3. Empty containers of P-Listed medications shall be segregated into a hazardous waste container for future disposal.

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- B. Items returned to CPS from facility HSUs
1. Items returned to CPS deemed reusable by designated CPS staff shall be segregated from waste medication.
 - a. Full packages shall be cleaned, placed back into stock and added to the CPS perpetual inventory.
 - b. Partial packages will be “de-blistered” on a monthly basis when enough pills are available to make a new, full package
 - i. Leftover pills from making a new card will be labeled and placed in a vial for later use.
 - ii. The total put back into stock will be added to the CPS perpetual inventory.
 2. Any items returned to CPS deemed waste shall be segregated into the appropriate waste stream.
 - a. Products in the original container may be considered to be sent to a reverse distributor for credit.
 - b. Any DEA-controlled medications returned to CPS shall be returned to the origin HSU along with a memo from the CPS Director instructing them on proper disposal procedures.
 - c. Used or expired aerosol inhalers shall be segregated into a container for aerosols or compressed gases.
 - d. Any medication on the CPS Hazardous Drugs list on the Pharmacy home page on the DOC Intranet shall be segregated into a hazardous waste container.
 - i. Products on the CPS Hazardous Drugs list will also have a “***” denoted on the prescription label after the drug name; e.g., (Reserpine 0.1mg **).
 - ii. Empty packaging of P-Listed medications shall be segregated into a hazardous waste container.
 - e. Any medication deemed waste and not considered DEA-controlled, infectious, aerosolized or hazardous in any other regard, shall be segregated into a non-hazardous pharmaceutical waste container.
 - f. CPS staff shall wear PPE when processing returns from facility HSUs.
- C. Items used in dispensing or compounding of medications
1. Any sharps shall be disposed of in a biohazard (sharps) container.
 2. Any leftover drug shall be placed into the appropriate waste container (hazardous or non-hazardous pharmaceutical waste.)
 3. Any disposable compounding supplies contaminated with hazardous drug materials shall be segregated into a hazardous pharmaceutical waste container.

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Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____
David Burnett, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Cathy A. Jess, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.80.12	Page 6 of 6
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Pharmaceutical Recycling and Waste Management		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other