

 <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: 01/11/21
	Supersedes: 500.80.12	Dated: 09/11/13
	Administrator's Approval: Makda Fessahaye, 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 appropriate disposal, except for Federal Drug Enforcement Administration Controlled Substances.

REFERENCES

Standards for Health Care in Prisons, National Commission on Correctional Health Care, 2018, P-D-01, Pharmaceutical Operations
DAI Policy 500.60.01 – Infection Prevention and Control Program
DAI Policy 500.80.10 – Accountability for DEA Controlled Medications.

DEFINITIONS, ACRONYMS AND FORMS

CPS - Central Pharmacy Services

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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KOP – Keep on Person

SC – Security Controlled

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. Point of administration or delivery
 1. Full or partial medications
 - a. All medication that is no longer to be administered or delivered to the patient shall be returned to the facility HSU. The HSU shall return to CPS.
 2. Empty pharmaceutical packaging
 - a. P-Listed pharmaceutical packaging (warfarin and nicotine) shall be returned to the HSU, then returned to CPS. P-Listed items will be denoted with a “*P” on the prescription label after the drug name and strength (e.g., Warfarin 1mg *P)
 - b. Non P-Listed empty pharmaceutical packaging shall be disposed of in a confidential manner protecting PHI per institution policy.
- B. HSU medication room
 1. All medication in the HSU Medication Room intended for return to CPS shall be separated into two groups each box shall be labeled with the appropriate group when returning to the CPS.
 - a. Items that **have been** in the patient’s possession including, but not limited to:
 - i Any partially used KOP medication.
 - ii Used inhalers.
 - iii Used topical medications.

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- b. Items that **have not been** in the patient's possession including, but not limited to:
 - i Any unused KOP or SC labeled medication.
 - ii Any partial used SC medication.
 - 2. Refrigerated medications intended for reuse shall be sent back to CPS in a refrigerated package with an appropriate number of cold packs. Do not ship this type of medication back to CPS on Fridays or the day before an observed holiday.
 - 3. Unused medications in non-DOC packaging, from a jail or local pharmacy, etc., shall be sent back to CPS for disposal in the box containing the medications that have been in the patient's possession.
 - 4. 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 patient's possession.
 - C. Medications not returned to CPS:
 - 1. Used non-DEA controlled patches shall be destroyed at the facility in regular waste. See below for disposal of used DEA controlled patches; (e.g., fentanyl, clonidine).
 - 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).
 - a. Infectious waste shall be placed in a biohazard (sharps) container.
 - b. See DAI Policy 500.60.01 for more information.
 - 3. Partially used topical products unless placed in a sealable bag.
 - D. DEA-controlled medications
 - 1. Dispensed DEA-controlled drugs no longer intended for patient use shall be destroyed on site.
 - a. Dispensed DEA-controlled drugs shall be disposed of, in the presence of two licensed staff, by placing the drugs in the Drug Buster® or similar product rendering the medication unusable and unidentifiable.
 - b. Fentanyl patches shall be disposed of, in the presence of two licensed staff, by cutting in half and placing in the Drug Buster® or similar product.
 - c. All DEA-controlled medications destroyed on site shall be documented in the presence of two licensed staff on DOC-3398A – Prescription Controlled Substance Destruction.
 - 2. 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.
 - 3. HSU stock of DEA-controlled medications that have expired shall be destroyed on site
 - a. Expired HSU stock of DEA-controlled medications shall be disposed of, with two licensed staff, by placing the drugs in the Drug Buster® or similar product rendering the medication unusable and unidentifiable.

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- b. Expired HSU stock of DEA-controlled medications shall be documented, with two licensed staff, on DOC-3398A – Prescription Controlled Substance Destruction. Moved a to b

II. Pharmaceutical Recycling and Waste Management at CPS

- A. Medications in manufacturers packaging and expired medications in the CPS inventory shall be segregated and returned through a contracted reverse distributor
- B. Expired DEA-controlled medications shall be segregated in the CPS vault and returned through a contracted reverse distributor.
- C. HSU Returns:
 - 1. CPS staff shall wear PPE when processing returns from facility HSUs.
 - 2. Non-Hazardous Medications
 - a. Items returned to CPS deemed reusable by designated CPS staff shall be recycled for future utilization.
 - i Reusable full packages shall be cleaned, placed back into stock and added to the CPS perpetual inventory.
 - ii Reusable partial packages will be “de-blistered” to make a new, full package. The total put back into stock will be added to the CPS perpetual inventory.
 - b. 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.
 - c. Products in the original container may be considered to be sent to a reverse distributor for credit.
 - 3. Used or expired aerosol inhalers shall be segregated into a container for aerosols or compressed gases.
 - 4. Hazardous Medications
 - a. List of hazardous medications shall be posted to the DOC Intranet Pharmacy Homepage.
 - b. Products on the CPS Hazardous Drugs list will have a “***” denoted on the prescription label after the drug name; e.g., (Reserpine 0.1mg **).
 - c. Items deemed hazardous and reusable shall be recycled for future utilization.
 - i Reusable full packages shall be cleaned, placed back into stock and added to the CPS perpetual inventory.
 - ii Reusable partial packages will be “de-blistered” when appropriate to make a new, full package. The total put back into stock will be added to the CPS perpetual inventory
 - d. Hazardous medication deemed waste shall be disposed of in a hazardous pharmaceutical waste container
 - 5. Empty packaging of P-Listed medications shall be disposed of in a hazardous waste container.
- C. Items used in dispensing or compounding of medications
 - 1. Any sharps shall be disposed of in a biohazard (sharps) container.

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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.

Bureau of Health Services: _____ **Date Signed:** _____
Michael Rivers, Director of Healthcare Administration

_____ **Date Signed:** _____
Vacant, Medical Director

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

Administrator's Approval: _____ **Date Signed:** _____
Makda Fessahaye, 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