



Pharmacy Newscapsule

Wisconsin Department of Health Services
Division of Quality Assurance

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Medication Waste

by Doug Englebert, R.Ph.

The Division of Quality Assurance (DQA) continues to monitor activities in the area of medication disposal. The DQA has issued three memos in the past (06-022, 07-008, and 08-003) on this topic in an attempt to provide some guidance for facilities. Recently the Drug Enforcement Administration (DEA) issued new rules for the disposal of controlled substances. Due to these changes, contents in previously released DQA memos may no longer accurately reflect medication disposal options. It is anticipated that a new memo will be developed and issued, but until then the following provides an update.

In general, DQA regulations for facilities do not define a specific **method** of medication disposal. The regulations may set time requirements, storage requirements, or documentation requirements for medication disposal, but the method for destruction is not regulated. For appropriate methods, facilities should be following other waste regulations that may apply, such as those defined by the Department of Natural Resources (DNR), the Environmental Protection Agency (EPA), the DEA, and other governmental agencies.

The difficult issue for facilities is that the disposal of medication waste can be complicated. Medications as waste can fall into four categories: (a) hazardous waste, (b) infectious waste, (c) controlled substances, and (d) non controlled substances. Some medications in some situations may cross over between these categories. Sometimes it is very difficult for end users of medications to determine what category a specific medication falls into, especially for hazardous waste since there is no specific labeling that is used to designate a medication that is hazardous.

Many facilities and surveyors have asked if there is a simple list that could provide a little help to identify hazardous medication waste. The simplest list may be the National Institute for Occupational Safety and Health (NIOSH) hazardous drug list: <http://www.cdc.gov/niosh/docs/2014-138/pdfs/2014-138.pdf>

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There is an APP for That!

ISCRUB



Developed by the University of Iowa, this infection-control app collects and rapidly displays data on whether healthcare staff is diligently washing their hands.

The app is used to document observations on hand washing and rapidly display results.

Since hand washing is one of the leading preventable causes of healthcare-associated infections, this app can be a great tool for surveillance to improve hand hygiene programs in health care facilities.

The other list that can be accessed is the EPA list of U and P listed chemicals; the Wisconsin Department of Natural Resources has a nice list posted at: <http://dnr.wi.gov/files/PDF/pubs/wa/wa1259.pdf>

Why identify hazardous waste? Federal and state regulations specify requirements for disposal; failure to follow those requirements puts the community at risk and can bring heavy fines to facilities. Facilities should be aware of the hazardous medications in their facilities and work with a contractor for disposal. To locate an available contractor who can remove hazardous waste, a facility should contact the local DNR hazardous waste contact at: <http://dnr.wi.gov/topic/Waste/Licenses.html#tabx3>. For many of the entities, except perhaps hospitals, hazardous medication waste will typically be minimal. There have not been recent changes in this area.

Next, we have infectious medication waste. This may include medication that is contaminated with blood. This should be handled like other infectious waste. There have not been recent changes in this area.

Non-controlled substances include the bulk of all prescription medications. Traditionally, many of these medications may have been tossed into regular trash containers or flushed down the toilet. For many reasons this practice is discouraged. For non-controlled substances, many healthcare waste haulers have programs to help collect the medications and dispose of them properly. In some cases, facilities may be returning these medications to the pharmacy to be credited, repackaged, and re-dispensed (if allowed), or the pharmacy will work with a waste hauler to manage the medication waste. This area, as well, has not had recent changes.

Controlled substances (fentanyl patches, morphine, lorazepam, etc.) have been a problem for all facilities, except perhaps hospitals. The reason is that, outside of hospitals, facilities tend not to be DEA registrants and, typically in Wisconsin, cannot be a DEA registrant. Due to this fact, working with waste haulers or sending the medications back to pharmacy is not allowed per DEA rules. With the recent release of the new DEA disposal regulations, facilities and programs --- especially home health, nursing home, assisted living, and hospice --- will have other options available. In addition, the community options available for disposal of controlled substances may increase.

First, all of the DEA options for disposal of controlled substances are voluntary. Second, the options typically include a collection drop box or mail back program; however, these two options may not apply to all settings. Currently, there are still a lot of questions being asked and fact-gathering occurring. The DQA will issue a memo should any of the DQA rules appear to create a barrier to implementing the DEA rules. The biggest area where surveyors will possibly see change is in nursing homes, assisted living facilities, and hospices. Stay tuned for updates. In the meantime, please feel free to contact me if you have any questions.

Consultant Corner

by Doug Englebert, R.Ph.

1) Can unlicensed assistive personnel (UAP) (medication aides) administer an opioid (narcotic)?

In most regulated facilities there may be options for unlicensed assistive persons (UAP) to administer medications. There may be limitations on the UAP regarding medication administration depending on the facility they are working in, the training they have received, and the delegation that is allowed. That being said, there is not a specific regulation that would prohibit unlicensed persons from administering opioids.

It is possible that, if the opioid is going to be given IV, the UAP could not administer. It is also possible that an RN or physician does not delegate or allow opioid administration to a UAP. It also could be facility

policies that may limit what a UAP can do with opioids. In most cases, UAPs will be limited by licensed persons who are delegating to them or by specific regulations for the facility type in which they are working.

2) How do we evaluate situations where a patient/resident does not rinse their mouth after using an inhaler?

This question is raised when observing medication administration and when determining if a medication error has occurred. Rinsing the mouth of medications after using some inhalers is done to avoid adverse effects such as local mouth infections. Not rinsing may or may not be considered a medication error. It may be considered an error when the physician orders the rinsing of the mouth or the manufacturer instructions require rinsing the mouth. If the physician order or manufacturer requirements are not present then not rinsing the mouth will not affect the right dose of the medication and the scenario is not a medication error. However, instances of not rinsing the mouth may be investigated for standards of practice or pharmacy practice, especially if adverse mouth infections are occurring.

3) Can a pharmacy take medications back from a Community Based Residential Facility (CBRF) for credit?

Yes, a pharmacy can take medications back from a CBRF for credit. However, the medications must not have been in the control of the resident, must be in tamper evident packaging, and the label must contain the lot number and expiration date. Some of the medications used in CBRFs may not meet these requirements and may not be acceptable for return.

DQA Pharmacist Message

It's that time of year. People are sick. Please make efforts to keep yourself healthy. Wash your hands. Get some sleep. Get your influenza immunization. Your work is important. Your family needs you. You are important, so take care of yourself!

Switching gears, I am calling on all of you to provide some information to me. Technology has invaded and we are all using various tools and resources. I am interested in the pharmacy tools and resources you use today. What do you love? What do you hate? What have you heard about that you want more information on? Do you have a favorite App? Send me your thoughts, recommendations, wish lists. Douglas.englebert@dhs.wisconsin.gov