



DISPOSAL OF MEDICATIONS

State of Wisconsin / Department of Health Services / Division of Quality Assurance
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ISSUE

Questions have arisen as to the appropriate situations and methods to destroy medications in assisted living facilities.

RESPONSE

Community-Based Residential Facility (CBRF)

Regulations for CBRFs specifically address destruction of medications.

DHS 83.37(g) Disposition of medications.

1. *When a resident is discharged, the resident's medications shall be sent with the resident.*
2. *If a resident's medication has been changed or discontinued, the CBRF may retain a resident's medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication.*
3. *The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state, and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength, and amount.*

Residential Care Apartment Complexes (RCAC)

In an RCAC destruction of medications is part of medication management. If an RCAC is providing medication management to its tenants then they shall provide the tenant with information on policies related to medication safety including the destruction of medications.

Adult Family Homes (AFH)

An AFH that is assisting residents with medications, including proper storage, shall have a policy to address storage and destruction of discontinued medications. DHS 88.07(3)

Facility licensure regulations do not specify the appropriate methods to destroy medications. However other federal, state, and local regulations may apply. Those regulations include Federal Drug Enforcement Administration (DEA), Federal Environmental Protection Agency (EPA) and Wisconsin Department of Natural Resources.

Medications requiring removal fall into three categories: (1) medications that can potentially be returned/donated and used for other patients; (2) medications that cannot be returned/donated; and (3) controlled substances.

1. Medications that can be Donated or Returned and Used for Other Patients

- Physician Order: Physician orders may be utilized to hold resident medications that are temporarily stopped and will potentially be restarted for the same resident. This process can eliminate some medication destruction or returns.
- Return to Pharmacy: Wisconsin pharmacy regulations under Wis. Admin. Code, § Phar 7.04, allows medications to be returned from a CBRF to a pharmacy for use by others where:
 - The medication was never in the possession and control of the patient;
 - The medication was sold, distributed, or dispensed in a tamper-resistant package, including the beyond-use date and manufacturer's lot number;
 - The health item is not commingled with a different health item; and

- The health item is in its original container and the pharmacist determines the contents are not adulterated or misbranded. This return process may eliminate some medication waste.

Drug Repository

Wis. Admin. Code, ch. DHS 148, created a mechanism for usable medications to be donated to participating pharmacies. These medications can potentially be used for individuals who do not have the means to pay for medications. Information on the repository, including participating providers, can be accessed at <https://www.dhs.wisconsin.gov/guide/cancer-drugrepo.htm>.

An assisted living facility that has medications in a tamper-evident, unit-dose package (e.g., blister or bubble pack) can contact one of the participating pharmacies to determine if it will accept the medication. If a participating pharmacy will accept the medication, the assisted living facility can fill out a donation form and send the medication to that pharmacy.

Note: Many private insurance companies (and now Medicare Part D) do not have a mechanism for pharmacies to credit the insurance plan for medications that have been returned and will be used for other residents. (Medicaid, other than Part D, continues to have a mechanism to accept returns and credit.)

2. Medications that cannot be Donated or Returned

Generally, controlled substances cannot be returned to a pharmacy to be used for other residents, per Federal Drug Enforcement Administration (DEA) regulations. See item 3 below.

Other medications that cannot be returned include expired medications, adulterated or contaminated medications, and medications which legally cannot be accepted for return or donated for further use.

3. Controlled Substances

Controlled substances can only be in the possession of Drug Enforcement Administration (DEA) Registrants, law enforcement, and consumers (assisted living residents) who have a prescription for the controlled substance or the facility where the residents are residing. Typically, physicians, pharmacies, and hospital are DEA registrants.

Federal law currently prohibits controlled substances to be returned from a non-DEA registrant, such as a resident in an assisted living facility, to a DEA registrant, such as a pharmacy. Therefore, all controlled substances need to be destroyed.

DISPOSAL OF MEDICATION WASTE

Medication waste generally falls into one of three regulatory categories: hazardous waste, infectious waste (commonly called bio hazardous waste), and solid waste. All waste generators that are businesses and institutions, including assisted living facilities, are responsible for separating their wastes into the correct regulatory categories and ensuring proper disposal.

Residents who self-administer may take the medications to a pharmaceutical collection under the household hazardous waste exemption.

If the assisted living facility assumes responsibility for disposing of medications, solid and hazardous waste regulations may apply to the waste if they are considered a business.

DO NOT flush medications. Destroying medications by placing them in the sink or toilet and flushing them into the wastewater is highly discouraged, because wastewater treatment plants do not remove medications. Drug components can harm plants and animals that live downstream. Furthermore, it may be illegal to flush certain hazardous medications.

DO NOT put medications in infectious waste containers. It is not appropriate (nor is it cost-effective) to put medications, empty medication bottles, or empty insulin or vaccine vials in sharps containers or biohazard waste bags. Mixing non-infectious waste with infectious waste is prohibited in Wisconsin. It is no longer true that most infectious waste is incinerated; typically these wastes are disinfected and put in a landfill instead.

While medications that are hazardous waste are regulated both by state and federal regulations, Wisconsin has authority to run the federal program in Wisconsin. Hazardous waste includes items that are listed by name in the regulations or exhibit characteristics of hazardous waste. Common hazardous waste medications include

Epinephrine, Coumadin, vaccines preserved with Thimerosal, and even certain shampoos and vitamins/minerals. An estimated 5-15 percent of medication waste may be hazardous waste. A reputable hazardous waste hauler can help you separate these wastes.

Health care products that are infectious waste are regulated by the Wisconsin Department of Natural Resources (DNR). This category includes sharps such as syringes and intravenous delivery devices that can cut or puncture the skin. If the needle can be detached from an IV delivery device in accordance with worker safety regulations, only the needle needs to be managed as infectious waste. In most cases, syringes are empty after use.

Medications that are neither infectious nor hazardous are classified as solid waste. Medications that are considered solid waste can generally be handled like other garbage. A potential problem with disposal via general garbage is that medications can pose safety risks to individuals who inappropriately access the garbage and expose themselves to the medications. In addition, medications that go to a landfill may leach to the groundwater system or be extracted and taken through a wastewater treatment plant. Therefore, the DNR recommends that solid waste medications be routed to a licensed municipal solid waste incinerator or hazardous waste incinerator.

The preferred practice is to have a waste hauler take medications to a medical waste or hazardous waste incinerator. The solid waste hauler may have appropriate containers and specific procedures for disposing of medications. If that method of disposal isn't available, place the medications in a container that can be sealed. Add a small amount of water to the medication to make a slurry. Add cat litter, plaster of Paris, or some other absorbent material to the slurry. Finally, seal the container and place the container in the garbage. Remove or obliterate any labels identifying the container as containing medications.

PRIVACY

It is very likely that medication containers contain personal health information (PHI). It is the responsibility of a CBRF to assess risks of privacy disclosures associated with medication disposal, and the facility should implement security policies and procedures that will provide a reasonable level of safeguards to protect the privacy of their residents.

The following web sites contain specific requirements that assisted living may find helpful:

Safe Disposal of Household Pharmaceutical Waste

<http://dnr.wi.gov/topic/HealthWaste/HouseholdPharm.html>

Safe Disposal of Non-Household Pharmaceutical Waste

<http://dnr.wi.gov/topic/HealthWaste/BusinessPharm.html>