

COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 11, POLICY 015

DISPOSAL OF MEDICATIONS

- **A. PURPOSE:** To establish a method for disposing of pharmaceutical waste in compliance with federal and state regulations, and Yolo County Health and Human Services Agency (HHSA) medical waste management plan.
- **B. FORMS REQUIRED/ATTACHMENTS:**
 - a. Attachment A Medication Disposal Log
- C. DEFINITIONS: N/A
- D. POLICY: HHSA will provide medication support services surrounding the disposal of medications. Medications that are expired, abandoned, deteriorated, or contaminated will be disposed of in a manner consistent with federal and state laws. Each HHSA clinic generating pharmaceutical waste must maintain the appropriate disposal containers, disposal log, and a current Small Quantity Generator (SQG) medical waste permit valid for all clinics. HHSA recognizes the following licensed health care professionals as authorized to dispose of medications: psychiatrist, nurse practitioner (NP), physician assistant (PA), registered nurse (RN), licensed vocational nurse (LVN), and licensed psychiatric technician (LPT). All medication waste disposal shall be witnessed and verified by these authorized staff.

E. PROCEDURE

- 1. All medications which are stored in the medication cabinet/refrigerator will be reviewed monthly by an HHSA licensed health care professional, outlined above, to ensure that expired, abandoned, or contaminated medications are promptly removed from the dispensable inventory.
- 2. Items reviewed during the monthly inventory will include:
 - Client name for whom medication is prescribed, unless a sample
 - Medication name
 - Date prescription prepared, or date received if a sample
 - Expiration date
 - Whether client record is open or closed, unless a sample
 - Signs of contamination, deterioration, or damaged packaging
 - Notation if medication(s) abandoned by a client
- 3. Medications will be disposed of if:

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- The expiration date of the medication has passed
- The medication belongs to a client no longer receiving services
- The medication has been contaminated or has deteriorated
- The medication has been abandoned by the client
- The medication packaging appears damaged or opened
- 4. Medications will be inventoried by either two (2) HHSA licensed health care professionals lawfully authorized to dispense and/or administer medications, or by at least one (1) HHSA licensed health care professional and the sample coordinator or Medical Assistant (MA).
- **5.** Medications which meet the above criteria and are marked for disposal will be disposed of in the following manner:
 - Syringes and needles will be disposed of in red biohazard containers
 - Expired, deteriorated, contaminated, and abandoned medications will be disposed of in designated medication disposal waste containers
 - Stericycle, or current contracted medical waste company, will pick up the biohazard containers every other month
 - Stericycle, or current contracted medical waste company, will pick up the medication waste containers, as needed, when notified by HHSA that pick-up is needed
- **6.** When the containers reach the maximum fill line, they shall be sealed and remain in the locked medication cabinet until picked up by Stericycle.
- **7.** A medication disposal log (see Attachment A) will be maintained for all disposed medications, and contain the following information:
 - Date of disposal
 - Drug name and strength
 - Lot number
 - Expiration date
 - Quantity disposed
 - Client name on prescription label, or indicate if a sample
 - Reason for disposal (expired, discontinued, abandoned, contaminated, or other)
 - Signatures and initials of the two staff who witnessed and disposed of the medication

F. REFERENCES:

California Health & Safety Code, § 117705, 117600-11836

Mental Health Plan Contract, Exhibit A, Attachment 1, Section 4.L.10

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SECTION 5, CHAPTER 11, POLICY 015-A MEDICATION DISPOSAL LOG

INITIAL #2								*
INITIAL #1								
REASON FOR DISPOSAL (EXPIRED, DISCONTINUED, ABANDONED, CONTAMINATED, OTHER)		·						
CLIENT NAME & MRN (OR INDICATE IF SAMPLE)				,				
QTY. DISPOSED								
EXP. DATE								
# TOT		,				a.		
DRUG NAME & STRENGTH								
DATE							e.	



