

SAFE AND SECURE HANDLING OF MEDICINES

Section 8.8: Controlled Drug Destruction

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8.8.1. Destruction of stock Controlled Drugs (CDs) in NHS Tayside hospital wards and departments (see section 8.8.2 for information on hospital pharmacies)

8.8.1.1. Destruction arrangements depending on Schedule of CD

All ward stock CDs requiring safe storage (Schedule 2 CDs, buprenorphine and temazepam) which have reached their expiry date or are no longer required must **not** be returned to pharmacy but must be destroyed at ward / department level by two registered healthcare professionals, where one must be a pharmacist or pharmacy technician.

Ward stock CDs not requiring safe storage in Schedule 3, e.g. midazolam, gabapentin, pregabalin, and Schedule 4 (Part 1), e.g. diazepam, zopiclone, zolpidem, which have reached their expiry date or are no longer required, must **not** be returned to pharmacy. These CDs must be destroyed at ward/department level by two registered healthcare professionals, where one must be a pharmacist or pharmacy technician.

Please note in exceptional circumstances stock CDs in Schedule 2, 3 and 4 part 1 can be destroyed by 2 registered members of pharmacy staff (e.g. pharmacist or pharmacy technician).

Controlled Drugs in Schedule 2, 3, and 4 part 1 must be rendered irretrievable prior to disposal using a CD destruction kit. See section 8.8.5 for further information on the use of CD destruction kits. It is the responsibility of the ward / department to ensure they have appropriately sized / appropriate quantity of CD destruction kits available.

Ward stock CDs in Schedule 4 (part 2), e.g. anabolic steroids, and Schedule 5 e.g. codeine tablets, dihydrocodeine tablets and co-codamol, which have reached their expiry date or are no longer required, should be placed in pharmacy returns bins at ward level.

For destruction of controlled drugs (all Schedules), see table for guidance (see [Section 8.8.1.4.](#)).

If wards and departments have full packs of controlled drugs that they no longer require then they should discuss whether these can be returned to pharmacy with the individual pharmacy department. Returns of full packs will be considered on a case by case basis.

8.8.1.2. Segregation of CD stock for destruction

Out of date/expired stock must be segregated from in date stock in the CD cabinet or locked drug cupboard and clearly marked as out of date/expired stock. For Schedule 2 CDs the CD register must be updated accordingly as per [Section 8.8.11.](#)

For Schedule 3 and 4 part 1 CDs, which do not require records to be kept in a CD register, a '[record of destruction of Schedule 3 and 4 \(part 1\) controlled drugs \(CDs\) in ward/department](#)' form must be completed to record the segregation of stock for destruction.

8.8.1.3. Records of destruction

For Schedule 2 CDs, upon destruction the controlled drug register must be completed accordingly with the date, time, reason for destruction and the quantity destroyed. Each entry must be signed by the two members of staff involved. The register balance must be checked to ensure it matches physical stock available in the CD cabinet. The nurse/midwife/ODP in charge must be notified of any discrepancy and

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an investigation must be undertaken. A [DATIX](#) must also be submitted (refer to Section 8.7. for more information on discrepancy investigation).

For Schedule 3 and 4 part 1 CDs, which do not require records to be kept in a CD register, a '[record of destruction of Schedule 3 and 4 \(part 1\) controlled drugs \(CDs\) in ward/department](#)' form should be completed to record destruction.

8.8.1.4. Table detailing CD destruction requirements within NHS Tayside hospital wards and departments

Controlled Drug	Schedule	Prescription Writing Requirements	CD Order Book	Store in CD Cabinet	Record in CD Register	Hospital Pharmacy Department	Destruction		Alternative Names
							In patient Ward / Department Stock	Denaturing Required	
Alfentanil	2	Yes	Yes	Yes	Yes	AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	Rapifen
Codeine injection 60mg/ml	2	Yes	Yes	Yes	Yes	AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	
Dexamfetamine	2	Yes	Yes	Yes	Yes	AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	Amfexa, Dexedrine
Diamorphine	2	Yes	Yes	Yes	Yes	AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	Heroin
Fentanyl	2	Yes	Yes	Yes	Yes	AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	Abstral, Actiq, Cynril, Duragesic, Duragesic, Effentora, Fencio, Fentanyl Reservoir, Marifen, Mezolax Matrix, Yemes
Hydromorphone	2	Yes	Yes	Yes	Yes	AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	Palladone
Ketamine	2	Yes	Yes	Yes	Yes	AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	Ketalar
Lisdexamfetamine	2	Yes	Yes	Yes	Yes	AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	Elvanse
Methadone	2	Yes	Yes	Yes	Yes	AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	Physeptone
Methylphenidate	2	Yes	Yes	Yes	Yes	AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	Concerta, Delmosart, Equasym, Matoride, Medikinet, Ritalin, Xaggitin, Xenidate
Morphine	2	Yes	Yes	Yes	Yes	AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	MST, Oramorph, Sevebold
Oxycodone	2	Yes	Yes	Yes	Yes	AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	Longtec MR, Oxycontin, Oxynorm
Pethidine	2	Yes	Yes	Yes	Yes	AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	Meperidine
Tapentadol	2	Yes	Yes	Yes	Yes	AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	Palexia
Buprenorphine	3	Yes	Yes	Yes	No	No AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	Butrans, Espranor, Suboxone, Transtec
Temazepam	3	Yes	Yes	Yes	No	No AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	
Tramadol	3	Yes	Yes	No	No	No AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	Zamadol, Zydol
Gabapentin	3	Yes	Yes	No	No	No AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	Neurontin
Midazolam	3	Yes	Yes	No	No	No AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	Buccolam, Epistatus
Pregabalin	3	Yes	Yes	No	No	No AW Req'd	Pharmacist / Pharmacy Tech + 1 Registered Healthcare Professional	Yes	Lyrica

Please note:

- AW stands for authorised witness, who is a person who has signed authorisation from the Controlled Drugs Accountable Officer to witness the destruction of CDs.
- This list is not exhaustive. If unsure what Schedule a CD is then check [the Home Office list of commonly encountered Controlled Drugs](#)

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8.8.2. Destruction of stock CDs within NHS Tayside hospital pharmacies, GP practices and community pharmacies

In hospital pharmacy, community pharmacy and general practice (GP) stock Schedule 2 CDs can only be destroyed in the presence of an authorised witness (person who has signed authorisation from Controlled Drugs Accountable Officer). To arrange for an authorised witness to attend to witness destruction please contact tay.cdteam@nhs.scot . It is the responsibility of the community pharmacy / GP practice/ hospital pharmacy to ensure they have appropriately sized / quantity of CD destruction kits.

In hospital pharmacy, community pharmacy and general practice, Schedule 3 and 4 part 1 controlled drugs must be destroyed by 2 registered members of staff.

Controlled drugs in Schedule 2, 3, and 4 part 1 must be rendered irretrievable prior to disposal using a destruction kit. See [Section 8.8.5.](#) for further information.

For Schedule 2 CDs upon destruction the CD register must be completed accordingly with the date, time, reason for destruction and the quantity destroyed. Each entry must be signed by the member of staff involved and the authorised witness. The register balance must be checked to ensure it matches physical stock available in the CD cabinet. The responsible pharmacist (community pharmacy), responsible GP and practice manager (GP practice) and specialist pharmacy technician (hospital pharmacy) must be notified of any discrepancy and an investigation must be undertaken. A [DATIX](#) (for hospital pharmacy) or a '[Controlled Drug Incident Report Form to the CD Accountable Officer](#)' (for community pharmacy and GP practice) must also be submitted.

In a hospital pharmacy for stock Schedule 3 and 4 part 1 CDs, which do not require records to be kept in a CD register, a 'record of destruction of Schedule 3 and 4 (part 1) controlled drugs (S) in ward/department' form must be completed. In community pharmacy and GP practices local/branch SOP's should be followed for documenting destruction.

8.8.3. Destruction of patient's own CDs in NHS Tayside hospital wards and departments (see section 8.8.4 for information on hospital pharmacies)

Where patients have brought their own Schedule 2, 3 and 4 part 1 CDs into hospital with them and they are no longer required, or if a labelled supply has been made by pharmacy and is no longer required, these must **not** be returned to pharmacy. Patients own CDs in Schedule 2, 3 and 4 part 1 must be destroyed at ward level by 2 registered healthcare professionals, where one must be a pharmacist or pharmacy technician (with patient's consent).

Please note in exceptional circumstances patients own CDs in Schedule 2, 3 and 4 part 1 can be destroyed by 2 registered members of pharmacy staff (e.g. pharmacist or pharmacy technician).

Patients own CDs in Schedule 4 (part 2), e.g. anabolic steroids, and Schedule 5 e.g. codeine tablets, dihydrocodeine tablets and co-codamol, which are no longer required should be placed in pharmacy returns bins at ward level.

Important points to note:

- CDs in Schedule 2, 3 and 4 part 1 must be rendered irretrievable before disposal using a CD destruction kit (see [Section 8.8.5.](#))

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- For Schedule 2 patients own CDs the patient's own CD register must be completed accordingly with the date, time, reason for destruction and the quantity destroyed. Each entry must be signed by the two members of staff involved.
- For Schedule 3 and 4 part 1 patients own CDs, which do not require records to be kept in a CD register, a '[record of destruction of Schedule 3 and 4 \(part 1\) controlled drugs \(CDs\) in ward/department](#)' form should be completed to record segregation for destruction and destruction itself.
- It is safer for patients prescribed CDs, who are dealing with many medicines, to go home with only medicines they currently require to manage their symptoms. Patients consent should be gained for removal and destruction of any medicines they no longer require.

If destruction of patients own controlled drugs has taken place, the patient's own controlled drug register or the 'record of destruction of Schedule 3 and 4 (part 1) controlled drugs (CDs) in ward/department' form should be retained for a period of seven years.

Record						
Patient Name: PATIENT A				CHI: 2012709876		
Drug, Form and Strength MORPHINE SULFATE 30MG MR TABLETS						
Received on Ward by (2 signatures)		1 NURSE A		Date	25-APR-20	
		2 NURSE B		Quantity	28	
Date of Administration	Time of Administration	Amount Given	Given By	Witnessed By		Balance
25-APR-20	11:06	1 X 30MG	NURSEC	NURSED		27
Carried over to page:						
Discharge or Transfer to Ward	Quantity Out	Date Out	Returned to Patient <input type="checkbox"/> Transferred with Patient <input type="checkbox"/> Destroyed <input checked="" type="checkbox"/> (2 signatures)		Destination on Transfer (If applicable)	
	27 x 30mg MORPHINE SULFATE MR TABLETS	26-APR-20	1 NURSE B		N/A	
			2 PHARMACY TECHNICIAN A			

8.8.4. Destruction of Patients Own CDs in NHS Tayside hospital pharmacies, GP practices or community pharmacies

CDs which have not left the pharmacy but have been labelled for a patient and remain uncollected, remain as pharmacy stock and should be destroyed in the presence of an authorised witness (see section 8.8.4 above). Once medicines are handed to the patient they become the legal property of the patient and are classed as 'patients own drugs'.

There is **no** legal requirement for patient's own controlled drugs to be destroyed in the presence of an authorised witness.

Patients own CDs in Schedule 2, 3 and 4 part 1 must **not** be returned to the hospital pharmacy but must be destroyed at ward level by 2 registered healthcare professionals, where one must be a pharmacist or pharmacy technician (with patient's consent). For further information see [Section 8.8.3](#).

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Patient's own CDs in Schedule 4 (part 2), e.g. anabolic steroids, and Schedule 5 e.g. codeine tablets, dihydrocodeine tablets and co-codamol, returned to the hospital pharmacy via pharmacy returns bins, should be destroyed by removing all packaging and confidential material (e.g. patient labels) and placing in a blue-lidded pharmaceutical waste bin.

Non-dispensing GP practices should only accept patient's own controlled drugs in exceptional circumstances. They should encourage patients to return controlled drugs they no longer require to their community pharmacy for appropriate destruction. If patients own CDs are returned to the practice guidance in '[A Guide to Good Practice in the Management of Controlled Drugs in Primary Care – Scotland](#)' and practice SOP's should be followed.

For dispensing practices and community pharmacies the destruction of patient's own CDs and record keeping processes surrounding this should follow practice/branch specific SOP's

8.8.5. Controlled drugs types and their destruction process using a CD destruction kit

All controlled drugs in Schedule 2, 3 and 4 part 1 must be rendered irretrievable prior to disposal. This may require the use of a pestle and mortar, syringe/pipette or boiling water to destroy each before being placed into a destruction kit. Please ensure appropriate PPE is worn during the destruction.

Refer to the instructions on the individual CD destruction kit as crushing tablets and pulling capsules apart may **not be required.*

- **Aerosols:** Remove the metal collar from around the top of the bottle using appropriate equipment. Remove the bottle cap which includes the entire pump assembly. Use a pipette or syringe to remove the contents into a destruction kit. Double rinse the container and pour into the destruction kit. Following double rinsing the bottles can have their labels removed and placed into appropriate waste streams for uplift or placed in a blue lidded pharmaceutical waste bin.
- **Ampoules:** Remove ampoule from packaging, ensure no liquid is in the top of the ampoule by flicking the top and ensuring liquid falls to the base of the ampoule. Break the ampoule at the weak point and aspirate its contents using a syringe or pipette before expelling into the destruction kit. Place the empty ampoule into the destruction kit. If this is not possible, the empty ampoule must go into a blue lidded pharmaceutical waste bin. The syringe or pipette must be disposed of appropriately, either into the destruction kit (size dependant) or into the blue lidded pharmaceutical waste bin.
- **Capsules*:** Pull apart both ends of the capsule and empty its contents into the destruction kit. Place both ends of the capsule shell in the destruction kit.
- **Liquids:** Measure the volume in a measuring cylinder (if bottle is opened, if the bottle is sealed, assume manufacturer volume is correct). Remove the lid from the bottle and pour its contents into the destruction kit. Double rinse the container and measuring cylinder and pour into the destruction kit. Following double rinsing the bottles can have their name and signage deleted and placed into appropriate waste streams for uplift or placed in a blue-lidded pharmaceutical waste bin.
- **Lozenges:** Remove the lozenge from its packaging and fully submerge in boiling water (in a suitable receptacle) and melt. Add all of the liquid to the destruction kit.

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- **Patches:** Remove the patch from its packaging and peel off the protective coating. Fold the patch onto itself several times ensuring no drug is exposed. Place the folded patch into the destruction kit.
- **Powdered injections:** Reconstitute with water to dissolve powder. Aspirate its contents using a syringe or pipette before expelling into the destruction kit. Place the empty vial into the destruction kit. If this is not possible, the empty vial must go into a blue-lidded pharmaceutical waste bin.
- **Sachets:** Hold the sachet and flick the packet to ensure the powder falls to the base of the sachet. Carefully open over the destruction kit and then empty its contents into the destruction kit. Place the empty packaging into the destruction kit. If this is not possible, the packaging must go into a blue-lidded pharmaceutical waste bin.
- **Suppositories:** Remove the suppository from its packaging and place into boiling water (in a suitable receptacle) and melt. Add all of the liquid to the destruction kit.
- **Tablets*:** All tablets (except Concerta see info below) must be crushed. Remove tablet (s) from packaging and place in a tablet crusher or mortar. Use the pestle to crush the tablet if using a mortar. All tablets must be completely crushed into a fine powder in which no larger pieces can be retrieved. Pour the crushed contents into a destruction kit. Remove as much of the powder which may be stubborn and remain on the bottom of the mortar using a spatula. Rinse the mortar and pestle or tablet crusher with water and dispose of that water into the destruction kit.

Specific brands

- **Concerta:** Remove the tablet from its packaging and fully submerge the tablets in warm water (in a suitable container) until it has fully melted. Add all of the liquid and the remaining part of the tablet to the destruction kit.
- **Buvidal:** pre-filled syringe: Remove the outer sheath (taking care as the needle will then be exposed) and slowly depress the plunger so the contents are expelled into the destruction kit. Once the contents of the syringe have been expelled, the plunger can be released and the needle will retract into the syringe barrel. The device should then be disposed of in the destruction kit (size permitting) or into a blue-lidded pharmaceutical waste bin.

After all CDs have been appropriately destroyed and placed into the destruction kit, water should then be added. The lid should be placed on securely and the kit shaken vigorously (over a sink), therefore, activating the solution and rendering the drugs irretrievable. Once the contents have congealed, the destruction kit should be placed into a blue lidded pharmaceutical waste bin and then sealed to avoid any diversion of the kit.

The sequence in which items should be destroyed is:

- Tablets
- Capsules
- Patches
- Sachets
- Ampoules
- Aerosol

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- Lozenges
- Suppositories
- Liquids

8.8.6. Destruction of remainders of continuous infusions containing CDs

When a continuous infusion containing a CD is commenced, the total amount in the prepared infusion is considered as “administered” as far as the entry in the CD Register is concerned.

8.8.6.1. Continuous infusions in a syringe

If the infusion is discontinued before all of the solution has been infused, the amount remaining must be checked by two registered healthcare professionals and recorded on the continuous infusion record chart. The amount remaining must then be rendered irretrievable by emptying into a blue lidded pharmaceutical waste bin, containing an appropriate solidifying agent, for example a vernagel sachet, or by using a CD destruction kit (refer to [Section 8.8.5](#) above). One blue-lidded pharmaceutical waste bin can be used for multiple discards with more solidifying agent being added per discard.

The destruction must be carried out by 2 registered healthcare professionals, with one carrying out the destruction and the second acting as the witness. Both staff involved must sign on the designated part of the continuous infusion record chart.

The instructions printed on the sachets of solidifying agent should be followed regarding how much liquid can be discarded per sachet. For information on ordering an appropriate solidifying agent e.g. vernagel please contact PECOS. CD destruction kits can be ordered from Pharmacy.

8.8.6.2. Continuous infusions in an infusion bag

For all continuous infusions in an infusion bag the start time and the rate of the infusion must be recorded on the continuous infusion record chart. If the infusion is discontinued before all the solution in the infusion bag has been infused then the stop time of the infusion must be recorded on the continuous infusion record chart. The remainder of the infusion in the bag must be rendered irretrievable by cutting open the top of the bag and pouring the remainder into a blue lidded pharmaceutical waste bin, containing an appropriate solidifying agent, for example a vernagel sachet, or by using a CD destruction kit (refer to [Section 8.8.5](#) above). One blue-lidded pharmaceutical waste bin can be used for multiple discards with more solidifying agent being added per discard.

The destruction must be carried out by 2 registered healthcare professionals, with one carrying out the destruction and the second acting as the witness. Both staff involved must sign on the designated part of the continuous infusion record chart.

The instructions printed on the sachets of solidifying agent should be followed regarding how much liquid can be discarded per sachet. For information on ordering an appropriate solidifying agent e.g. vernagel please contact PECOS. CD destruction kits can be ordered from Pharmacy.

8.8.7. Disposal of unused part of CD doses

This applies only to unused part of CD doses that are to be discarded after being prepared for administration to a patient.

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8.8.7.1. Disposal of unused part of liquid CDs

Discarded part of CD doses must be rendered irretrievable on disposal. The contents of the ampoule/vial/syringe must be expelled into a blue lidded pharmaceutical waste bin containing an appropriate solidifying agent, for example vernagel. The empty ampoule/vial/syringe must also be placed in the blue lidded pharmaceutical waste bin. Ampoules/vials/syringes containing liquid CDs must **not** be placed into the blue lidded pharmaceutical waste bin, the contents must first be expelled as described above. One blue-lidded pharmaceutical waste bin can be used for multiple discards with more solidifying agent being added per discard.

The instructions printed on the sachets of solidifying agent should be followed regarding how much liquid can be discarded per sachet. For information on ordering an appropriate solidifying agent e.g. vernagel please contact PECOS.

Alternatively, a CD destruction kit can be used and the instructions on the individual CD destruction kit should be followed (see [Section 8.8.5.](#)). CD destruction kits can be ordered from Pharmacy.

Destruction of the discarded part of a CD dose must be carried out by 2 registered health care professionals, where one will carry out the destruction and the other will act as the witness.

For Schedule 2 CDs the amount discarded must be clearly recorded in the ward/department CD register. For example if diamorphine 2.5mg was prescribed but only a 5mg preparation was available, the record should show '2.5mg given and 2.5mg discarded'. The destruction must be witnessed, and both registered healthcare professionals involved must sign the CD register.

8.8.7.2. Disposal of half/part tablets

When the dose to be administered is not a complete tablet e.g. temazepam 5mg dose and only 10mg tablet available, the required dose should be prepared and the remaining part tablet crushed to render it irretrievable using a tablet crusher. The contents of the tablet crusher should be emptied into a blue lidded pharmaceutical waste bin. An appropriate solidifying agent, for example vernagel, should be added to the blue lidded pharmaceutical waste bin and the tablet crusher should be rinsed and the washings added to the solidifying agent.

Destruction of a half/part tablet must be carried out by 2 registered health care professionals, where one will carry out the destruction and the other will act as the witness.

The amount discarded should be clearly recorded in the ward/department CD register. For example Temazepam 5mg given and 5mg discarded.

8.8.8. Breakages/spillages/dropped tablets or capsules

All breakages, spillages and dropped tablets or capsules must be reported to the registered healthcare professional in charge of the ward / department as soon as possible and reported via [DATIX](#).

For advice on what to do in the event of a liquid CD spillage please see [Section 8.5.7.](#)

Breakages and dropped tablets of CDs should be destroyed by 2 registered healthcare professionals as per advice in [Section 8.8.7.](#)

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For dropped capsules, pull apart both ends of the capsule and empty its contents into a blue lidded pharmaceutical waste bin. Place both ends of the capsule shell in the blue lidded pharmaceutical waste bin.

Breakages, spillages and dropped tablets or capsules must be entered in the ward/department CD register (example not inclusive of theatre CD register), and include the following details:

- Date
- Reason e.g. broken ampoule, dropped tablet
- Datix reference number
- Quantity destroyed
- Signature of 2 healthcare professionals
- Balance remaining

NAME, FORM OF PREPARATION AND STRENGTH....DIAMORPHINE 5mg
AMPOULES

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AMOUNT(S) OBTAINED			AMOUNT(S) ADMINISTERED						
Amount	Date Received	Serial No Of Requisition	Date	Time	Patient's Name	Amount given	Given by (signature)	Witnessed by (signature)	STOCK BALANCE
Carried forward from Page Number.....6.....									
Balance on transfer									
			24/04/2020	18.30	BALANCE B/F FROM PREVIOUS PAGE		NURSE A	NURSE B	20
			25/04/2020	0230	STOCK CHECK		NURSE A	NURSE B	20
			25/04/2020	1035	BROKEN AMPOULE. DESTROYED ON WARD. DATIX NUMBER 123456	1 X 5MG	NURSE A	NURSE B	19
			25/04/2020	1038	PATIENT A	1 X 5MG	NURSE A	NURSE B	18

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8.8.9. Refused doses

Any refused doses should be destroyed on the ward / department (example not inclusive of theatre CD register) by 2 registered healthcare professionals as per advice in [Section 8.8.8.](#) and [Section 8.8.9.](#) The CD register must be updated accordingly and include the following details:

- Date
- Reason e.g. refused dose
- Quantity destroyed
- Signature of 2 healthcare professionals
- Balance remaining

NAME, FORM OF PREPARATION AND STRENGTH....METHYLPHENIDATE 20mg
TABLETS 5

AMOUNT(S) OBTAINED			AMOUNT(S) ADMINISTERED						
Amount	Date Received	Serial No Of Requisition	Date	Time	Patient's Name	Amount given	Given by (signature)	Witnessed by (signature)	STOCK BALANCE
Carried forward from Page Number.....4.....									
Balance on transfer									
			24/04/2020	18.30	BALANCE B/F FROM PREVIOUS PAGE		NURSE A	NURSE B	72
			25/04/2020	0235	STOCK CHECK		NURSE A	NURSE B	72
			25/04/2020	0923	PATIENT A REFUSED DOSE DESTROYED	1 X 20MG	NURSE A	NURSE B	71

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8.8.10. Destruction of patches containing CDs after use

Used CD patches may still contain a small quantity of drug and therefore should be folded in half, adhesive side together and folded again if any drug is still exposed. The patches should then be disposed of in a blue lidded pharmaceutical waste bin.

When a patch containing a CD is applied, the patch is considered as “administered” as far as the entry in the CD Register is concerned. No further entries need to be made in the CD register on removal of the patch.

8.8.11. Segregation and recording of out of date (OOD)/expired CDs

Out of date/expired CDs must be segregated in the CD cabinet. A new entry in the CD register must now show the quantity available and the number OOD/expired, for example, 20 + (5 OOD **OR** EXP).

The (5 OOD **OR** EXP) must be completed in every line until the OOD stock has been destroyed. Although the stock has been segregated, no assumptions must be made during stock checks, a physical stock check must take place of all OOD CDs even if stored in a sealed bag or container.

(Example not inclusive of theatre CD register)

NAME, FORM OF PREPARATION AND STRENGTH....MORPHINE SULPHATE MST 60mg
TABLETS 15

AMOUNT(S) OBTAINED			AMOUNT(S) ADMINISTERED						
Amount	Date Received	Serial No Of Requisition	Date	Time	Patient's Name	Amount given	Given by (signature)	Witnessed by (signature)	STOCK BALANCE
Carried forward from Page Number.....14.....									
Balance on transfer			24/04/2020	18.30	BALANCE B/F FROM PREVIOUS PAGE		NURSE A	NURSE B	20 (+5 OOD)
			25/04/2020	0235	STOCK CHECK		NURSE A	NURSE B	20 (+5 EXP)

Composed by:	Controlled Drug Governance Team	Date:	2 August 2024
Approved by:	Medicines Policy Group	Date:	3 September 2024
Issue Number:	2	Review Date:	September 2026