 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p><b>FAMILY MEDICINE- PRIMARY CARE OPERATING GUIDELINES</b></p>	<p><b>Practice Guideline:</b> <i>Medication Storage, Restocking, Disposal, and Return</i></p>	<p><b>Guideline Number:</b> <i>PCOG #14</i></p>
	<p><b>Approved By:</b> <i>Primary Care Program Management Team</i></p>	<p><b>Pages:</b> <i>1 of 5</i></p>
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## 1. INTENT

To ensure medications in the Primary Care setting are stored, restocked, disposed of and/or returned to the vendor safely and according to best practice and legislative requirements.

## 2. DEFINITIONS

**Medications:** Refers to all prescription and non-prescription drugs in the Primary Care setting including:

- medications administered within the clinic setting
- medications stocked on the emergency cart
- sample medications provided by pharmaceutical companies

**Sample Medications:** Consist of medications supplied by vendors in compliance with the Winnipeg Regional Health Authorities (WRHA) [Industry Relationship Regional Policy](#). Such medications are typically provided at no cost to the clinic and are for distribution by a professional Healthcare Provider to a patient, based on the assessed need.

**Narcotics and Controlled/Targeted Substances:** Includes all products regulated by the Controlled Drugs and Substance Act (Appendix B)


## 3. GUIDELINES

### 3.1. Sample Medications

- Sample medication stored in the Primary Care setting should reflect those medications required by the particular population served by the clinic. Physicians accepting and providing drug samples must be in compliance with best practice guidelines. The Canadian Medical Association states that Physicians who accept clinical evaluation packages (samples) and other healthcare products are responsible for:
  - the logging and dispensing of samples
  - provision of thorough patient education
  - ensuring their age-related quality and security
  - the proper disposal of unused samples
- It is acceptable clinic practice for a Pharmaceutical Representative to leave pharmaceutical samples as long as it does not involve a “lunch and learn” or the opportunity to speak with a Provider. This is in accordance with the Industry Relationship Regional Policy as it stops vendors from marketing samples.

### 3.2. Narcotics and Controlled/Targeted Substances

- Narcotics and medications with abuse potential (i.e. Lorazepam) will be kept on site in a separate locked cabinet under exceptional circumstances only, recognizing that additional considerations are required to ensure patient safety and comply with the applicable [Food and Drug Regulations \(Schedule G - Controlled Drugs\)](#) as well as provincial and professional standards

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- A running balance shall be maintained and checked with the physical count on a monthly basis and after each removal. Any discrepancies shall be investigated as soon as possible and action taken recorded.
- All incidents shall be reported to Health Canada by completing a Narcotics/Controlled Drug Loss/Theft report (Appendix C) in accordance to the Narcotics Control Regulations. In addition, a WRHA Occurrence Report must be completed through RL6.
- The process of verifying the running balance, expiry dates, restocking, and/or disposing of any Narcotic and/or controlled substance will always be completed by two Primary Care team members

### 3.3. Storage


- All medications are stored in designated areas to ensure proper sanitation, temperature, light, moisture control, segregation and security
- All medications shall be stored in a locked medication storage room or cabinet. Access to the locked medication storage room must be controlled
- During clinic hours, emergency medication shall be accessible for immediate use by Primary Care Providers but securely stored to ensure patient safety (i.e. tamper proof devices)
- Medications shall be arranged in a systematic manner alphabetically by Brand Name or classification to facilitate easy retrieval and prevent medication errors
- Medications for clinic use that require refrigeration are stored in a medication-only refrigerator. Vaccine storage guidelines and [Cold Chain Protocol for Vaccines and Biologics](#) consistent with Health Canada and Manitoba Health recommendations will be implemented.
- Narcotics and Controlled/Targeted Substances shall be kept in a separate locked cabinet

### 3.4. Checking of Expiry Dates

- The Manager of Primary Care is responsible to designate an individual to be responsible for checking of expiry dates on all medication.

<b>Type of Medication</b>	<b>Review Frequency</b>
Sample Medications	Monthly
Clinic Medications	Monthly
Emergency Medications	Monthly & after use
Narcotics and Controlled/Targeted Substances	Monthly & after retrieval

- For medication samples where expiration date only states Month and Year, it is assumed to expire on the last day of the month
- All expired medications will be removed for disposal or returned to the supplier
- Completion of the medication expiry date checks will be documented on a log sheet and dated by the individual responsible (see Appendix E for sample)
- This log will be reviewed by the Manager for Primary Care twice yearly

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### 3.5. Disposal and/or Returns

- Disposal and return of medications must be in compliance with acceptable environmental practices
- Patient labeled medication must be disposed of in such a way to ensure patient confidentiality in compliance with the Personal Health Information Act (i.e. Blacking out patient's name)
- A process to dispose of outdated and waste medications must be implemented at each site. Recommended disposal processes include:
  - **Medication other than Narcotics and Controlled/Targeted Substances:** Examples may include insulin vials and penfills, glucose tabs, or birth control. May be disposed of:
    - Utilizing the disposal company under contract with WRHA (Stericycle)
    - In partnership with a community pharmacy
  - **Vaccines:** Publicly funded vaccines and biologics from Manitoba Health are to be returned to the Provincial Vaccine Warehouse (PVW) using the Vaccines & Biologics Return Form for potential cost recovery as outlined in the Manitoba Health [Vaccine and Biologics Return Policy and Procedure](#)
  - **Narcotics and Controlled/Targeted Substances:** May be disposed of by returning with appropriate paperwork to Health Sciences Centre Pharmacy. A Stericycle box should be used for the return and labeled as pharmaceutical waste.
- All outdated medication, medication returned from patients, and partially used medication for destruction must be segregated from active stock in a container clearly labeled pharmaceutical waste and secured in a locked location until ready to be shipped
- All returned supplies and/or expired supplies discarded must be logged appropriately (Appendix D)

### 4. AUDIT TOOL (Appendix A)

The “Medication Storage, Restocking, Disposal, and Return” Audit shall be completed prior to the end of Quarter 4 annually. Once complete, each site should maintain a copy of the audit for their own records with a second copy submitted to the Primary Care Program Specialist for monitoring and reporting to the Regional Primary Care Quality team.

**SCOPE: Applicable to all WRHA Primary Care Direct Operations Clinics, Family Medicine Teaching Clinics, and Quick Care Clinics.**

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## 5. SOURCE/REFERENCES

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- Creighton Health Services Research Program. (2004). Medical Safety Best Practices Guide for Ambulatory Care Use. <http://chrp.creighton.edu>
- Galt, K.A., Rule, A.M., Clark, B.E., Bramble, J.D., Taylor, W. & Moores, K.G. Best Practices in Medication Safety: Areas for Improvement in the Primary Care Physician's Office. <http://www.ahrq.gov/downloads/pub/advances/vol1/Galt.pdf>
- Medications. Vanderbilt Ambulatory Care Storage Guidelines. (2005). Vanderbilt Medical Centre. <http://vumcpolicies.mc.vanderbilt.edu/E-Manual/Hpolicy.nsf/AllDocs/E6514ACEE4D3A6848625709A006C287A>
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- Manitoba Health. Vaccine Cold Storage. (2010)
- In consultation with Jan Coates, WRHA Regional Pharmacy Clinical Services Manager, 2011
- Manitoba Health: Vaccine and Biologics Return Policy and Procedure (July 2013), <http://www.gov.mb.ca/health/publichealth/cdc/div/docs/iabrpp.pdf>
- In consultation with Regional Primary Care Quality Team, April 2014
- Outline of Prescription Drug Regulations–Narcotic and Controlled Drug and Preparations, Targeted/Controlled, Schedule F – REVISED June 2006, College of Pharmacists of Manitoba
- Loss or Theft Form for Controlled Substances and Precursors, HC/SC 4010 (08-2005 Revised) – Health Canada
- In consultation with Ron Eros (Regional Pharmacy Director) and Peggy Maitland (Regional Supply Chain Director) – November 2012
- In consultation with Beatrice Patton (WRHA Patient Safety Pharmacist) – April 2014

## 6. PRIMARY CONTACTS:

- Kevin Mozdzen - Primary Care Program Specialist
- Jo-Anne Kilgour - Primary Care Program Specialist

## 7. ALTERNATE CONTACT:

- Margaret Kozlowski, Director Family Medicine-Primary Care Program, Community Services


## APPENDICES:

**APPENDIX A** – “Primary Care Annual Medication Audit” (attached)

**APPENDIX B** – “Outline of Prescription Drug Regulations” (attached)

**APPENDIX C** – “Loss or Theft Form for Controlled Substances and Precursors” (attached)

**APPENDIX D** – “Medication Expiration Checking Log” and “Medication Disposal Log” (samples below)

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**Medication Expiration Checking Log**

Medication Category	Reviewed (Initials required)												Comment
	J	F	M	A	M	J	J	A	S	O	N	D	
Sample Medications													
Clinic Medications													
Emergency Medications													
Narcotics and Controlled/Targeted Substances													

**Medication Disposal Log**

Medication	Expiration Date	Date Disposed	Method of Disposal (HSC Pharmacy, Stericycle, etc.)	Initials	Comments

**Samples**