

Schedule 2 Controlled Drugs Patient Returns Register

Name and Address of Premises

Important - Please read these notes before using this register

This register is to be filled in each time a patient or patient's representative returns any Schedule 2 Controlled Drugs to your site. It will show you have indeed destroyed, and had witnessed the receipt of and destruction of controlled drugs given into your care. It is a statutory requirement that you record the destruction of any returned unwanted drugs.

All entries into this register should be written in **INK, BY HAND** and be as **LEGIBLE** as possible (Preferably written in BLOCK CAPITALS).

Avoid abbreviations whenever possible.

Write numbers in both words and figures.

NO ATTEMPT SHOULD BE MADE TO EITHER REMOVE PAGES, TIPP-EX OUT/ERASE MISTAKES OR IN ANY WAY ALTER THE RECORD ONCE ENTERED. IF A MISTAKE IS MADE, ASTERISK THE INCORRECT ENTRY, WRITE "Incorrect entry above" IN THE LINE BELOW AND SIGN AND PRINT YOUR NAME.

Reference Number should be relevant to your organization and be in a numerical sequence AND CONTINUED FROM BOOK TO BOOK.

Date Received from Patient/Patient's Representative should be written in full ie 26th JULY 2010.

Patient's Name should contain as much information as possible, including middle names (if known) (e.g. JOHN GEORGE SMITH).
If required continue the name into the box BELOW the current box.

Patient's Full Address (if known) should contain as much information as possible, including postcode (e.g. THE LAURELS, 26 THE AVENUE, ANYLOCATION, ANYTOWN, ANYCODE). If required continue the address into the box BELOW the current box.

Name of Person Returning should contain as much information as possible. If required continue the name into the box BELOW the current box.

Name of Drug - the name of the drug printed on the label of the container or the original packaging should be recorded in full with the generic (approved) name and the brand name where appropriate. (e.g. MORPHINE SULPHATE - MST-CONTINUS).

Quantity should be the number of tablets, capsules or volume of liquid. (e.g. 72, 90ml).

Strength is the concentration (in liquid form) or weight in milligrams/microgrammes in tablet or capsule form. (e.g. 60mg).

Form is the way in which the drug is administered to the patient ie tablet, capsule, liquid or injection. (e.g. TABS, CAPS, INJ).

Originally Dispensed by, if known, shows the clinic, pharmacy, doctor, hospital or other authorised supplier from whence the medication was originally dispensed. (e.g. ANYTOWN HOSPITAL)

Destruction Date should be written in full ie 26th JULY 2010.

Name of Person Destroying should contain sufficient information to identify them.

Name and Signature of Witness should be signed by a member of your organization or an authorised person who may witness the destruction of Schedule 2 Controlled Drugs.

Record Keeping Regulations

The following list of Schedule 2 Controlled Drugs required to be destroyed should be recorded in this Register.

Generic	Brand	Generic	Brand	Generic	Brand
Alfentanil	Rapifen	Hydromorphone	Palladone, Palladone SR	Morphine	Cyclimorph Morphgesic SR MST Continus MXL Oramorph Sevredol Zomorph
Codeine Injection		Medicinal Opium			
Diamorphine		Methadone	Methadose Physeptone Synastone		
Dihydrocodeine	DF 118				
Dipipanone	Diconal	Methylphenidate	Concerta XL Medikinet IR, Medikinet XL Ritalin	Oxycodone	Oxycontin Oxynorm Targinact
Fentanyl	Abstral Actiq Durogesic DTrans Effentora Fentails Reservoir Instanyl Matrifen Osmach Sublimaze Tilofyl			Pethidine	
				Remifentanyl	Ultiva
				Secobarbital	Tuinal

Avoid abbreviations whenever possible.

NO ATTEMPT SHOULD BE MADE TO REMOVE PAGES. Entries should not be altered, erased or obliterated. If an error is made, annotate the incorrect entry with a mark, and the word "ERROR", then make a margin (top or side) entry with a corresponding mark and the words "Error should read...."
The author must then sign and date the amendment.

Please note all brands of classes requiring recording may not necessarily be listed in the table above.

It would be poor practice not to record running balances (stock held).

The blank columns on the obtaining and the supply pages may be used to record signatures or for any other lawful purpose.

Unique Register Reference Number

Destruction of Schedule 2 Controlled Drugs - The Law

There will be occasions when a surgery or pharmacy wishes to destroy Schedule 2 Controlled Drugs. There are two clear categories of such, patient returns and the contractor's own unissued stock. Such drugs should only be denatured in approved Resin Kits to the extent that they cannot be recovered, retrieved and re-used; and may then be disposed of according to the protocols of the responsible Primary Care Organisation based on current guidance of the Environment Agency.

Patient returns - which if you choose to accept them, may only be destroyed by the receiving surgery or pharmacy. The receipt and destruction of such must not be recorded in this register.

Contractor's own unissued stock or stock returned from other authorised possessors of Schedule 2 Controlled Drugs - The destruction of these must be recorded in this register. Contractor's own unissued stock, usually, will only need to be destroyed because it is out of date stock and if Schedule 2 Controlled Drugs would have been recorded by law, in the purchases register. The surgery or pharmacy's unissued stock cannot be denatured without an approved outside witness. Such persons include Home Office Inspectors', Royal Pharmaceutical Society of Great Britain or its successor body for inspection and other persons authorised by The Secretary of State. All Primary Care Organisations include some such authorised persons. This authorised person can only witness denaturing. The Home Office states they should not be given the drugs to take away for destruction. They may however take a small sample of the drug which is to be destroyed for forensic purposes. The Controlled Drugs Register of Purchases and Supplies should record the particulars of the date of destruction, the form and quantity of the drug destroyed. This must be signed and dated by the authorised person who has been present and witnessed the destruction.

It should be noted that the Royal Pharmaceutical Society Inspectors do not under normal circumstances witness destruction of Controlled Drugs in doctors' surgeries.

Recycling - The Law

The Home Office view is that it is illegal to recycle returned Controlled Drugs. The NHS Prescription Service states that it is fraudulent to claim for recycled Controlled Drugs and that they cannot pay the dispensing fee on its own. Once dispensed Controlled Drugs have left a surgery or pharmacy, they must not be re-used. Patient returns, if the surgery/pharmacy chooses to accept them, should be denatured by them with a witness and a record made which should be signed and dated.

Disposal - The Law

There are no provisions under the misuse of drugs legislation directly relating to disposal of Controlled Drugs. There is vicarious liability if Controlled Drugs are disposed of in an unsafe or reckless manner under various statutes and common law including Health & Safety legislation and specifically the Waste Regulations (2005).

The Environment Agency and various stakeholders concerned with the control and safety of unwanted, unused or patient returns of controlled drugs have discussed this issue. General Medical Practices and other primary care institutions should seek advice from their Primary Care Organisation or regulatory professional body as to the current guidance and relaxation from the Agency's strict interpretation of Hazardous Waste Regulations. Protocols vary, but in the absence of local guidance the following procedures may be followed.

Liquid dose controlled drug formulations should be put in the dedicated Controlled Drug Destruction Kit (CDDK).

Solid dose controlled drug formulations should be removed from their outer packaging and placed into the dedicated CDDK. Likewise for powders, taking special care and precautions not to inhale or spill any of the powder.

Parental formulations Remove outer packaging. The ampoules should be carefully crushed with a pestle inside an empty plastic container. After ensuring all ampoules are broken, all the residue should be placed in the CDDK (care with broken glass).

Fentanyl patches The active ingredient in fentanyl patches can be rendered irretrievable by removing the backing and folding the patch over upon itself. Care should be taken when dismantling or cutting fentanyl patches, especially the non-matrix variants which can leak. Disposable gloves must be worn to avoid absorption through the skin. The patches then being placed in the CDDK.

Once the above procedures have been carried out, the instruction to add the liquid to the kit should be followed. It is advisable therefore to keep the waste liquid content to a minimum. Kits to assist in the denaturing of controlled drugs are commercially available from Surelines Ltd.

Syringe drivers Syringes that have been used for patients should be treated and disposed as special waste as they may still contain some controlled drugs within them.

The above extracts taken from "Controlled Drugs in Primary Care, the law, probity and good practice" by permission of the author Nigel Morley MRPharmS.