 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p>PRIMARY HEALTH CARE OPERATING GUIDELINE</p>	<p>Operational Guideline: Medication Storage, Restocking, Disposal and Return</p>	<p>Guideline Number: PCOG #14</p>
	<p>Approved By: Primary Care Service Area Leadership</p>	<p>Pages: 1 of 6</p>
	<p>Approval Date: May 5, 2022</p>	<p>Supersedes: October 28, 2019</p>

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 [WRHA Regional Policy #10.00.110 Industry Relationships](#). Such medications are typically provided at no cost to the clinic and are for distribution to a patient by a professional Healthcare Provider as defined by the Registered Health Professions Act, based on the assessed need. The Primary Health Care Program supports a Health Equity approach to providing vulnerable individuals with medications that neither they nor their funders can afford or offer.

Controlled Drugs and Substances: Includes all products regulated by the Controlled Drugs and Substance Act including those identified in *APPENDIX B - Outline of Prescription Regulations (All Non M3P)* and *APPENDIX C – Outline of Prescription Regulations (M3P)*

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/Pharmacists accepting and providing drug samples must be in compliance with best practice guidelines. The Canadian Medical Association states that Physicians/Pharmacists 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 secure storage
 - monitoring expiration dates
 - 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.

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3.2. Controlled Drugs and Substances

- Narcotic and Non-Narcotic Controlled Substances with abuse potential (i.e. Lorazepam) will be kept on site in a separate locked cabinet. It is important to recognize additional considerations are required to ensure patient safety and compliance with the applicable Provincial Standards, Professional Standards and [Food and Drug Regulations \(Schedule G - Controlled Drugs\)](#).
 - Narcotic Controlled Substances - A running balance shall be maintained and checked with the physical count on a daily basis and after each removal. Any discrepancies shall be investigated as soon as possible, and action taken recorded.
 - Non-Narcotic Controlled Substances - 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 *APPENDIX D - Loss/Theft Report for Controlled Substances and Precursors* in accordance with the Narcotics Control Regulations. A WRHA Occurrence Report must also be completed through RL6.
- The Primary Care Team Manager will support and be actively involved in the procurement process of new or replenishment Controlled Drugs and Substances. While a Senior Primary Care Assistant may be tasked with ordering stock from Health Sciences Centre (HSC) Pharmacy, the Primary Care Team Manager is responsible for authorizing the purchase including ensuring it is approved for use in the Primary Care Clinic setting and that funds exist in the operating budget to cover the cost.
- The process of verifying the running balance, expiry dates, restocking, and/or disposing of any Controlled Drugs and Substances will always be completed by two Primary Care team members, at least one being a professional Healthcare Provider

3.3. Storage

- All medications are stored in designated areas to ensure proper sanitation, temperature, light, moisture control, segregation and security
- Per Accreditation Standards, the clinic must limit access to medication storage areas to authorized staff and Primary Care Providers only. The level of security required depends on the types of medications stored. For example:
 - Access to medication storage can be controlled using keypad entry, swipe cards with different levels of access, or lock/key;
 - Medication carts can be locked or never left unattended;
 - Medications can be stored in an area that is continuously staffed

Clinics are responsible for determining how best to restrict access to medication storage based on their needs and the risk of unauthorized people accessing the storage area.
- During clinic hours, emergency medication shall be accessible for immediate use by Primary Care Providers but securely stored to ensure patient safety (i.e. Anaphylaxis Drugs secured in tamper proof bags or devices)

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- 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.
- Controlled Drugs and Substances shall be kept in a separate locked cabinet

3.4. Checking of Expiry Dates


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

Type of Medication	Review Frequency
Sample Medications	Monthly
Clinic Medications	Monthly
Emergency Medications	Monthly & after use
Controlled Drugs and 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 (*APPENDIX E*)
- The Primary Care Team Manager will review this log twice yearly

3.5. Disposal and/or Returns

- Disposal and/or return of outdated and waste medications must be in compliance with acceptable environmental practices
- A process for disposal and/or return of outdated and waste medications (including samples) must be implemented at each site. Acceptable disposal and/or return processes include:
 - **Medications other than Controlled Drugs and Substances:**
Examples may include insulin vials and pen fills, glucose tabs or birth control. Such medications are to be shipped/disposed of by utilizing the disposal company under contract with WRHA.
 - **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"](#)
 - **Controlled Drugs and Substances:**
Only those medications supplied by HSC may be disposed of by returning with appropriate paperwork to HSC Pharmacy. A Stericycle box should be used for the return and labeled as pharmaceutical waste.
 - **Patient Prescription Medications:**
Any patient wanting to dispose of unused or expired prescription medications, over-the-counter medications and natural health products

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must be instructed to return such direct to their local pharmacy. It is an expectation through Health Canada that all pharmacies accept expired and unused prescription medications (regardless of whether they were purchased at that pharmacy or not) in order for them to be disposed and destroyed in an appropriate and environmentally safe manner. WRHA Primary Care Direct Operated Clinics must never accept a narcotic for disposal or return on behalf of a patient.


- All outdated and waste medications awaiting disposal and/or return 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 outdated and waste medications disposed of and/or returned must be logged appropriately (*APPENDIX E*)

4. **AUDITING:**

- *APPENDIX A - Medication Storage, Restocking, Disposal, and Return Audit* is to be completed annually (prior to the end of Quarter 4). Once complete, each site should maintain a copy of the audit for their own records with a second copy submitted to the Program Specialist. The Program Specialist will generate an Audit Summary Report using the individual audit responses for broad distribution to the Regional Primary Health Care Quality team.
- The Audit Summary Report may be used during the next Accreditation Canada cycle to provide evidence specific to the criteria listed within the "Medication Management for Community Based Organizations" standard. Sites are encouraged to post the results of all quality related audits on their staff bulletin board for awareness purposes.

5. **SOURCE/REFERENCES:**

- Creighton Health Services Research Program. (2004). Medical Safety Best Practices Guide for Ambulatory Care Use.
- 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>
- Manitoba Health: "Vaccine and Biologics Return Policy and Procedure" and "Cold Chain Protocol-Vaccines and Biologics"
- Loss or Theft Form for Controlled Substances and Precursors, HC/SC 4010 (08-2005 Revised) – Health Canada
- [Food and Drug Regulations \(Schedule G - Controlled Drugs\)](#)
- Consultation with Quality Assurance-College of Pharmacists of Manitoba, WRHA Regional Pharmacy Program, Primary Care Service Area Leadership, Community Area Directors and Regional Primary Care Quality Team
- [Health Canada - Guidance Document for Pharmacists and Dealers licensed to destroy narcotics, controlled drugs or targeted substances: Handling and Destruction of Post-Consumer returns containing Narcotics, Controlled Drugs or Targeted Substances](#)
- [Health Canada - Safe disposal of prescription drugs](#)
- [College of Pharmacist of Manitoba](#) – "Outline of Prescription Drug Regulations" and "Outline of M3P Prescription Drug Regulations"

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6. APPENDICES:

- APPENDIX A – Medication Storage, Restocking, Disposal, and Return Audit
- APPENDIX B – Outline of Prescription Regulations (All Non M3P)
- APPENDIX C – Outline of Prescription Regulations (M3P)
- APPENDIX D – Loss/Theft Report Form for Controlled Substances and Precursors
- APPENDIX E – Sample “Medication Expiration Checking Log” and “Medication Disposal Log” (see below)

SCOPE: Applicable to all WRHA Primary Care Direct Operation Clinics including Walk In Connected Care Clinics (Access Winnipeg West, Access Fort Garry and McGregor).

NOTE: While the Funded Community Health Agencies are out of scope of Primary Care Operating Guidelines, it is recommended the content and/or processes be adapted/adopted where applicable.

**Questions regarding this or any other Primary Care Operating guideline should be directed to Primary Care Service Area Leadership*

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APPENDIX E:

Medication Expiration Checking Log - SAMPLE

[illegible]

Medication Disposal Log - SAMPLE

[illegible]