HOW TO MINIMIZE DRUG WASTE AT YOUR FACILITY

Sample drug waste:
1. Have all drug reps sign in and list what they leave behind so you can maintain an accurate inventory of drugs on hand.
2. Only accept drugs you know you will use.
3. Do not accept short dated drugs (less than 1 year).
4. Make sure products are rotated on the shelves.
5. Some clinics are going to a voucher system and eliminating samples all together.

Hospital drug waste:
The information in this section is partially taken from Practice Greenhealth’s Managing Pharmaceutical Waste – A 10 Step Blueprint for Healthcare Facilities in the United States available at: http://cms.h2e-online.org/ee/hazmat/hazmatconcern/pharma/

1. CONSIDER LIFECYCLE IMPACTS IN THE PURCHASING PROCESS
   a. Do not accept drugs with less than one year dating unless that is all that is available and you know the drugs will be used.
   b. Select products with less packaging, especially P-listed drugs. If packaging from a P listed drug comes in contact with the drug, it must be handled as hazardous waste.
   c. Select products without preservatives, especially Thimerosal or phenylmercuric acetate which must be handled as hazardous waste.
   d. Consider single dose containers which do not need preservatives.

2. MAXIMIZE THE USE OF OPENED CHEMOTHERAPY VIALS

3. LABEL DRUGS FOR HOME USE
   Medications must be returned to the pharmacy for destruction when the patient is discharged unless there is a discharge prescription from the doctor and proper labeling for the container(s). Because this causes delays in the discharge process, the prescriptions are often abandoned by the patient.
   a. Consider including pre-authorized discharge orders for maintenance medications.
   b. Produce labels in the units to avoid waiting for prescriptions from the pharmacy.

4. PRIME AND FLUSH IV LINES
   a. Pharmacies should prime all chemotherapy IVs with saline prior to dispensing.
   b. Nurses should flush the tubing after administration. This ensures the patient gets the full dose and reduces opportunity for employee exposure.
   c. Flushed IV lines can be managed as trace chemotherapy waste.

5. EXAMINE THE SIZE OF CONTAINERS RELATIVE TO USE
   a. Conduct a survey of drugs routinely wasted due to the prepared product being too large for complete administration.
   b. Purchase different dosage formulations of these drugs to allow for varied dosage to patients.
   c. Tell your General Purchasing Organization if the correct product size is not available.