

## Pharmacist Protocol

### Victoria

1. A RUM Project approved container (the RUM bin), lid and red seal is ordered and delivered by the preferred wholesaler to a community pharmacy on request.
2. RUM bins are to be ordered only as required and stockpiling of RUM bins is discouraged.
3. The RUM bin is to be kept in a section of the dispensary or in a room or enclosure in the pharmacy to which the public does not have access and is always under direct supervision of a pharmacist on duty.
4. **Ensure that the red seal is removed from base of the RUM bin and then the lid is firmly affixed to the base of the RUM bin before using.**
5. The RUM bin may be placed in a visible position, but out of reach of the public, as this will reinforce the message that unwanted medicines can be returned to the pharmacy for safe disposal but must always be in a position that the pharmacist can supervise and restrict access to the RUM bin.
6. Any medicines returned by consumers must not be re-supplied to another patient. Returned medicines must not be re-used or recycled.
7. Any medicines that are returned by consumers are not donated for overseas use as recommended by the Australian Guidelines for drug donation in developing countries (developed from the WHO Guidelines for Medicines Donations).
8. Handling poisons is a professional responsibility, and whenever possible it is recommended that the pharmacist, or pharmacy graduate, accepts the returned medicines and places them in the RUM bin.
9. When accepting unwanted medicines from consumers, pharmacists may take the opportunity to review the medicines returned, especially if the consumer is a regular customer, and thus determine if further consultation is required.
10. All medicines, including complementary and alternate medicines, received from consumers may be placed in the RUM bin, except for Schedule 8 medicines in some states. Schedule 8 medicines require special handling (see number 24 to 30).
11. Pharmacists should remove the medicines from any outer packaging and place only the tablets or capsules (loose or in foils) into the RUM bin
12. Any labelled packaging should then be de-identified in order to ensure the privacy of the patient is maintained before placing the packaging into the usual rubbish collection bins.
13. Needles/ sharps should not be placed into the RUM bin. They should be disposed of using the appropriate sharps containers.

14. Small quantities oral cytotoxic medicines (i.e., usual PBS prescription quantity) can be placed into the RUM bin
15. Compounded chemotherapy treatments should not be placed into the RUM bin. These products should be disposed of in an appropriate cytotoxic waste container
16. Any Dose Administrations Aids returned for disposal should be placed into the RUM bin without any extraneous packaging –i.e., remove plastic sleeves, etc.
17. Do not place any weekly organisers that are returned by consumers, in the RUM bin. These can be appropriately disposed of in the general rubbish once any medicines are removed from the organiser (medicines only placed in the RUM bin).
18. Liquid medicines can be placed in the RUM bin – a small amount (i.e., less than 100ml) can be poured directly into the RUM bin over the contents or larger volumes can be poured onto an absorbent material (e.g., sawdust or kitty litter) placed in the RUM bin.
19. When the RUM bin is almost full, or whenever it contains sufficient medicines to raise concerns about their security, the red seal must be securely and permanently affixed to the RUM bin and the wholesaler alerted that a collection is required. Appropriate documentation is required from your wholesaler before the collection can occur.
20. The RUM bin lid firmly attached and the wholesaler is alerted that a collection is required.
21. It should be impressed on all staff that any attempt to retrieve anything from the RUM bin is absolutely prohibited.
22. Any information or suspicion of theft from the RUM bin, or any loss/disappearance of the RUM bin or any of its contents, should be reported to the local police.
23. Failure to accept any returned medicines from a consumer may jeopardise the ability of the community pharmacy to access RUM bins in the future.

#### Disposal of Schedule 8 Medicines

24. It remains the responsibility of all pharmacists to ensure that they comply with their jurisdiction's requirements for the disposal of Schedule 8 medicines. The following Schedule 8 protocols are all correct as of November 2021.
25. Pharmacists should take reasonable steps to ensure any Schedule 8 medicines returned for disposal are recorded and destroyed in accordance with *Drugs, Poisons and Controlled Substances Regulations (VIC) 2017*.

Link to the information for pharmacists on Vic Health

<https://www.health.vic.gov.au/publications/managing-schedule-8-poisons>

26. Destruction of schedule 8 medicines can be performed by the pharmacist under the direct supervision of another pharmacist

27. When a Schedule 8 medicine is in a formulation that cannot be destroyed (i.e., the formulation is a tamper resistant formulation) it should be rendered unusable, unrecoverable and/or unidentifiable before being placed into the RUM bin. It is recommended if disposal kits (drug denaturing kits) with a neutralising agent are used they stored securely until denaturing is complete and then placed into the RUM bin.
28. All destructions must be recorded in the Schedule 8 register and must include the date of destruction, drug name and strength, quantity destroyed, reason for destruction, authorised person name and signature as well as the witness name and signature.
29. The destroyed medicines, having been rendered unusable, should then be placed in the RUM bin for disposal.
30. Liquid Pharmacotherapy doses (i.e., Methadone takeaway doses) can be also poured into the RUM bin but an absorbent substrate (i.e., kitty litter or sawdust) must be first placed in the RUM bin to render the Schedule 8 poison unfit for human consumption. The destruction of these doses must be recorded in the usual manner for any other Schedule 8 medicine.