

## Roles & Responsibilities at a Take-Back Event

The following instructions are organized by the various jobs required to run a successful take-back event. If you have any questions please contact Ed Gottlieb ([egottlieb@cityofithaca.org](mailto:egottlieb@cityofithaca.org))

1. Greeter responsibilities
2. Data Entry responsibilities
3. Pharmacist Inventory responsibilities
4. Tray weigh station responsibilities

### 1. Job Description: Greeter

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- 1) As a matter of safety, drivers and passengers must **remain in their vehicle.**
  - 2) Ask if they brought any **sharps.** If so, let them know that these items can not be accepted here. (offer flyer with info on places they are accepted)
  - 3) Ask if they have any **mercury** thermometers or Mercurochrome with them. If so, let them know that these items can not be accepted here. (offer flyer about household hazardous waste (HHW) collection)
  - 4) Ask if all medications are **within their reach.** If not, ask them to pull over and retrieve them from their trunk or back seat before proceeding.
  - 4) Ask if they want to **mark out any personal information** on medications but ask that they NOT mark out medication name and dosage. (markers available) If they have more than a few bottles to black out, ask them to pull over to free the lane for other vehicles. (After a pharmacist inventories what is received, all items will be sealed in a drum. No one will look at the contents again before they go into an incinerator.)
  - 5) Ask if they will answer a few brief, confidential **survey** questions; if so, ask survey questions.
  - 6) **Thank** them for their participation; ask them to pull up to the unload area
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## **2. Job Description: Data Entry--Inventory (4/9/2011)**

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### **Supplies:**

- ▶ Computer with inventory spreadsheet on it.
- ▶ Power cord.
- ▶ Container to put medications once data entry is done.

### **Safety:**

- ▶ Wear disposable rubber gloves if handling medication containers. Don't handle med's if you are pregnant!
- ▶ Toss gloves and wash hands before eating.

### **Data Entry:**

- ▶ This is detailed work and care should be taken that accurate information is recorded.
- ▶ Please take breaks whenever you need them! There will be plenty of snacks, lunch, coffee, etc. in the conference room.
- ▶ Start out entering the date of the collection on the first blank row and copying it down the column for many lines.
- ▶ Using the drop down menu in the date column, select for that collection date. This will hide the data base and any previous collections data.
- ▶ Enter your name or initials in that column and similarly copy it down for many lines. Delete extra when you leave the computer.
- ▶ Enter the car number for the first entry then enter the information from the container or provided by a pharmacist to fill in the rest of the columns.
- ▶ Continue until that vehicle's sample is done then start with the new car number and continue.
- ▶ Use only one column for drug name. If possible, enter the generic/chemical name rather than the trade/brand name. Example: Cheratussin AC syrup should be entered as, "Codeine / Guaifenesin" for the name and "liquid" as the form.
- ▶ For combination products, all of the drugs should be entered into a single column, as it is written on the Rx bottle. Use a "/" rather than "and" or "with". For example, acetaminophen with codeine should be entered as "acetaminophen / codeine"
- ▶ Do not include the form in the product name column.

- ▶ The drug strengths for combination products should similarly be listed. For consistency, when the units are the same, only enter them once: “100/5 mg”, NOT 100mg/5mg”. The order for the strength should match the order that the drugs are listed.
- ▶ Enter data for drug Strength NOT Dosage. Dosage refers to how much a person is to take; drug strength refers to the amount of medication per unit. For instance, a person may receive a prescription for a medication that comes in 10mg tablets. 10mg is the Strength. The bottle may say to take 3 tablets at a time (equaling 30mg.) 30mg is the Dose. We aren’t concerned with the Dose, only the Drug Strength.
- ▶ Enter information on the unit with the Strength, not in a separate column, unless the unit was %. Then put any additional unit (mL for example) in the “notes” column. Do NOT put units in the amount dispensed or received columns.
- ▶ Units can be expressed as mg, mg/mL, g, ug, mcg, %, units, international units (iu), etc.
- ▶ Some drug strengths are expressed as a %. This % should go into the Drug Strength column as the unit. Then, put any additional unit (mL for example) in the “notes” column.
- ▶ Please use only the following dosage forms: tablet, capsule, liquid (this is generic, there are many liquid forms), patch, suppository, cream/ointment, powder, ophthalmic, inhaler, and other.
- ▶ Specific vitamins should go under V (i.e. “Vitamin A” should go under V, not A). Multivitamins can go under M. Prenatal vitamins can go under P. This is how they will be labeled on the bottle; just enter it exactly as it is written.
- ▶ Calcium, iron, magnesium, etc. are not vitamins. Enter the name exactly as it is written.
- ▶ Generally, the “salt” part of the drug name can be ignored (with a few exceptions). Check with a pharmacist if in doubt. For example, the full name of the drug citalopram is citalopram HBr or citalopram hydrobromide. The “salt” is the hydrobromide or HBr part.
- ▶ Drug names may have designations like XR, SR, ER, CD, etc attached. This is part of the drug name and should be included. They usually refer to an extended or delayed release version of the drug.
- ▶ Be sure to record the number dispensed as well as the number received. If the number received is > than was dispensed (possible if two full or partial bottles were combined) please have a pharmacist double check the count then add a note, “# received checked”.
- ▶ If a medication is marked “veterinary” that info should be put in the notes column.

- ▶ The spreadsheet is an evolving document, your feedback on how it worked or didn't work would be greatly appreciated!

### **3. Job Description: Pharmacist--Inventory (4/9/2011)**

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#### **Supplies:**

- ▶ Please bring: pill counting device & drug reference guide. White jacket (w/ appropriate cloths, we will have a roof but outside temp.)
- ▶ Supplied: snacks, drinks, markers & highlighter pens.

#### **Inventory:**

- ▶ Wear disposable rubber gloves when handling medications.
- ▶ Toss gloves and wash hands before eating.
- ▶ Please take breaks whenever you need them! There will be plenty of snacks, lunch, coffee, etc. in the conference room.
- ▶ Stay safe. There is a chance that sharps and dangerous medications will show up. Be on the look out for (among others): Thalidomide, chemo, Clinitest Reagent Tablets, & Rogaine (which shouldn't be handled by women).
- ▶ Give data entry folks a warning of any special risks.
- ▶ Clinitest Reagent Tablets are a fire hazard (as well as being poisonous.) Please put Clinitest into a Ziploc bag to keep them away from liquids. Probably better to keep them out of the barrels. They do NOT go in with the hazardous waste. They simply require special handling.
- ▶ If a thermometer or medication contains mercury, it is a hazardous waste and must be put in the black, five gallon hazardous waste bucket. We have a mercury spill kit on hand. Please keep folks away from a spill and get help right away.
- ▶ Carefully put any sharps that inadvertently get dropped off into the sharps container for separate disposal. .
- ▶ We DO accept Epi-pens for disposal.
- ▶ Remove excess packaging and place it in the appropriate recycling or trash container.

- ▶ There will be two parallel inventory systems going at once. One is for full inventory, the other for controlled substances only.
- ▶ The folks at the weigh station will be distributing every tenth tray, containing an individual vehicles contribution, to tables for full inventories. It is possible that some cars contribution will take two trays to hold.
- ▶ Please keep each vehicles contribution together and don't mix it with other cars.
- ▶ The nine out of ten trays that are not getting fully inventoried will be sorted at their own table. Along with screening for unacceptable items (sharps, mercury, Clinitest, etc.), controlled substances will be identified and counted. Write the number of doses remaining on the container and pass it to the data entry person at this station.
- ▶ For the trays sent to tables for a full inventory, please do an accurate count of all prescription medications. Estimate liquid doses as well as you can. Write the amount counted/estimated in marker on the container and return it to the tray (or a new one) so that each cars contribution is kept distinct from others.
- ▶ If the drug or generic name is not prominent on a prescription label, please use a highlighter to mark it. Whenever possible, we want the data entry crew to use the drug/generic name rather than the trade/brand name.
- ▶ Make a quick guess for the amount remaining in OTC meds and write it on the container.
- ▶ Answer questions from the folks doing the data entry. They may want help with the drug name, what unit to use with the strength, distinguishing medication strength from the dosage, etc.
- ▶ Drug units can be expressed as mg, mg/mL, g, ug, mcg, %, units, international units (iu), etc.
- ▶ For drug strengths that are expressed as a %, this % should be entered into the Drug Strength column as the unit
- ▶ The following are the only dosage forms we will use: tablet, capsule, liquid, patch, suppository, cream/ointment, powder, ophthalmic, inhaler, and other.
- ▶ Generally, the "salt" part of the drug name can be ignored (with a few exceptions). Please let the data entry person know if you think it should be entered for a particular medication. The highlighter pen may come in handy for this.
- ▶ Drug names may have designations like XR, SR, ER, CD, etc attached. This is part of the drug name and should be included.

- ▶ If a medication is marked “veterinary” please highlight this on the container.
- ▶ Why are we only using one name column?
  - 1) Multiple columns allow auto-fill to work more easily. However, auto-fill lends itself to data entry mistakes, especially when data entry folks are not familiar with drug names-when enter is hit too early, the wrong drug name may be entered
  - 2) Data presented in multiple columns is less useful to the end-user and makes excel manipulations more complicated. A column containing only one part of the drug is not an accurate representation of the drug, may get separated from its other components in sorting, etc.
  - 3) Invariably, some drugs will have more names than there are columns and multiple ‘words’ will end up in the last column. It would be difficult for someone to tabulate these or do any data manipulation.
  - 4) The health-care practitioners staffing the event should be able to quickly and accurately provide clarification to data entry folks about the correct drug name to use.
- ▶ This process and the spreadsheet are evolving, your feedback on how it worked or didn’t work would be greatly appreciated!

## **4. Job Description: Tray Weigh Station**

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### **Supplies:**

- Scale
- approximately 50 foil trays
- tray labels #1-350 (with 50 blanks)
- rubber bands
- paperclips
- scotch tape (two rolls)
- several pens
- 2 clipboards
- preprinted data sheets for 350 trays
- recycling bin for packaging
- 2 trash barrels
- extra trash bags
- duct tape for securing trash bags to bins
- two eight foot tables
- highlighters
- two or three chairs
- thick black sharpies
- extension chord for scale

### **Site prep and setup:**

- ▶ The station should be setup well in advance of start time, allowing for one table to receive trays with labels from vehicle collection, and the second table to set up the weigh scale and collect data before delivering the inventory trays to the data collection station. Secure chords to the floor, place trash bin near entry and recycling bin next to it for processing medication packaging. Visually examine work space for safe traffic flow of both vehicles through station, personnel, and waste flow.
  
- ▶ Prior to event, print or make approximately 400 2 in x2 in scrap papers with numbers 1-350. These will be used to label the trays in advance. Each tray will receive a label taped to the side of the tray, or the bottom of the tray in a way that allows easy visual confirmation for the tray for data input. The first 50 trays can be labeled in ascending order and set on a chair for collection from vehicles. The remaining labels, including the blank labels, can be kept in a small box or with a rubber band on the processing table for recycling and re-labeling of trays as the day moves forward.
  
- ▶ Two Trash cans should have their trash bags secured with duct tape around outside of barrel to facilitate easy trash bag removal. Have an empty trash barrel ready to replace full one during busy times. Do not allow trash bins to be filled more than  $\frac{3}{4}$  to top as it will be too heavy for folks to lift and remove. There should be separate trash bins for each of the inventory stations, separate from the Tray Weigh station.

- ▶ Clipboards, pens, pre-printed data sheets and highlighters should be on table and ready for use. It is helpful to have one worker do the weighing and scale taring and the other recording, but one person can do both if needed.
- ▶ Tare the scale with an empty foil tray; record tare on data sheet for reference... Scale operation allows for tare of empty tray. Be ready to have more than one tray for a vehicle....two trays with one number will require a second label hand written with the tray number. (thus some blank tray labels). This does not happen very often, but two trays can become confusing for data entry.

### **Tray weigh procedures:**

**Ideally, the weigh station has two people: one for taring and weighing, the other for ensuring tray labeling and processing of trays and waste. However, in slower periods one person can handle the process.**

1) Receive tray from vehicle greeter and ensure labeled with tray number. Place on prep table during busy times allowing scale operator time to record and process.

Notes: When two trays are needed for one vehicle, hand write the second tray label. Process tray by removing extraneous medication packaging and recycle or trash as needed. **NEVER remove pills from bottles or paks;** only remove packaging that would affect the weight significantly. During rush periods, packaging removal can be postponed until after inventory or weighing as long as final bag weights of disposed meds will be weighed.

2) Deliver to scale operator or do it yourself depending on workload

3) TARE scale with empty tray and place full tray on scale.

4) RECORD weight in lbs and oz on preprinted data sheet in column next to tray number.  
When needed, tare, weigh and record second tray weight and total tray number weights together on data sheet.

5) Highlight tray number or otherwise note any tray scheduled for Inventory on data sheet

6) Transport Inventory tray to inventory data station nearby; be sure once finished to remove the tray label and discard (to avoid confusion)

7) Process tray into waste stream: pills and meds into labeled medication trash bin, trash into trash bin,  
recyclable materials into recycling bin or box; once tray is finished, remove tray label and discard

8) Process next tray from prep table

9) *During slow period:*

- Maintain area supplies
- number next trays with labels in consecutive order
- discard accumulated waste and recyclables
- **TAKE A BREAK** if needed
- check garbage; replace trash bags as needed both in work station and at the inventory station