1. A RUM Project approved container (the RUM bin) and lid is ordered and delivered by the preferred wholesaler to a retail 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. The RUM bin should if possible be placed in a position visible to the public, as this will reinforce the message that unwanted medicines can be returned to the pharmacy and that the returned medicines will not be recycled, but must always be in a position that a pharmacist can supervise or restrict access to the RUM bin.

5. Any medicines returned by consumers must not be re-supplied to another patient. Returned medicines must not be re-used or recycled.

6. 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).

7. Handling medicines/poisons is a professional responsibility, and it is recommended that a pharmacist or pharmacy graduate accept the returned medicines and place them in the RUM bin.

8. When accepting unwanted medicines from consumers, the pharmacist may take the opportunity to review the medicines returned, especially if the consumer is a regular customer, and thus determine if further counselling or consultation is required.

9. All medicines (both prescribed and over the counter), 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 26 to 29)

10. The medicines should be removed from any outer packaging and only the tablets or capsules (loose or in foils) placed into the RUM bin.

11. Any labelled packaging should then be de-identified in order to ensure the privacy of the patient is maintained (e.g. by tearing/shredding the labelled carton, or obliterating patient name and other identifying details) before placing the packaging into the usual rubbish collection bins.

12. Pharmacists should ensure that any returned prescribed restricted substances (Appendix D medicines such as benzodiazepines and anabolic steroids) or other medicines liable to misuse, are handled and disposed of in such a way as to minimise the risk of theft or diversion, i.e. by making them unusable, unrecoverable and/or unidentifiable, e.g. by crushing tablets and mixing them with a little liquid before disposal in the RUM bin.
13. Needles/sharps should not be placed into the RUM bin. They should be disposed of using the appropriate sharps containers.

14. Small quantities of oral cytotoxic medicines (i.e. usual PBS prescription quantity) can be placed into the RUM bin.

15. Compounded chemotherapy infusion/injectable 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. The RUM bin lid should be left to rest on the RUM bin until the RUM bin is almost full.

20. When the RUM bin is almost full, or whenever it contains sufficient medicines to raise concerns about their security, the RUM bin lid must be securely and permanently affixed and the wholesaler alerted that a collection is required. Appropriate documentation is required from your wholesaler before the collection can occur.

21. A replacement RUM bin is then ordered from the preferred wholesaler.

22. It should be impressed on all staff that any attempt to retrieve anything from the RUM bin is absolutely prohibited.

23. Any information or suspicion of theft, disappearance, accidental/inadvertent destruction or any other loss of a Schedule 8 or Schedule 4 Appendix D medicine (even if expired, contaminated or otherwise unusable) must be reported to the Pharmaceutical Regulatory Unit http://www.health.nsw.gov.au/pharmaceutical/Pages/lost-stolen-drugs.aspx.

24. 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.

25. Failure to accept any returned medicines from a consumer may jeopardise the ability of the community pharmacy to access RUM bins in the future.

26. 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 February 2017.
27. A pharmacist who becomes aware of any Schedule 8 medicine returned by a consumer must ensure that it is recorded in the pharmacy drug register and stored in a locked safe whilst awaiting destruction.

28. Destruction of Schedule 8 medicines which are pharmacy stock or returned from a consumer can be carried out only by or under the direct supervision of an Inspector from the Pharmacy Council of NSW or Pharmaceutical Services, NSW Ministry of Health or any police officer, (clause 125, Poisons and Therapeutic Goods Regulation).


29. After destruction (i.e. after they are rendered unusable, unrecoverable and unidentifiable), the destroyed medicines may be placed in the RUM bin for disposal. Needles/sharps (e.g. ampoules which have been destroyed by wrapping in paper and crushing) can also be placed into the RUM bin.