Name of Policy: **Medication Storage** 3364-133-34 **Policy Number: Department:** Pharmacy **Approving Officer:** Senior Hospital Administrator **Responsible Agent:** Director of Pharmacy **Effective Date:** 4/25/2022 Scope: University of Toledo Medical Center Effective Date: September 30, 1993 New policy proposal Minor/technical revision of existing policy

Reaffirmation of existing policy

## (A) Policy Statement

Medications are properly and safely stored throughout the hospital.

Major revision of existing policy

## (B) Purpose of Policy

Medications will be stored securely at UTMC for patient safety, promote prompt delivery, prevent diversion, and comply with regulatory agencies.

## (C) Procedure

- 1. Only approved medications are routinely stocked or stored.
  - A. Medications will be stored in a locked drawer in the patient's room, automated dispensing cabinets, locked cabinets in a department, or in locked refrigerators.
  - B. Medications brought in from home will be reviewed by a pharmacist and will be stored per the guidelines described in this policy
- 2. Medications are stored under necessary conditions to ensure stability including proper temperature and limit exposure to light when indicated.
  - A. All drugs requiring refrigeration are stored at 2 to 8 degrees C. Frozen drugs are stored at a minimum of -10 degrees C. The main refrigerators in the Pharmacy Department are monitored through the hospital's computerized monitoring system in central engineering. Should the temperature rise to unacceptable levels, the Pharmacy Department is notified by the Engineering Department. The temperature in other refrigerators is monitored utilizing audible alarm thermometers or automated technology. If an audible alarm is sounded, personnel should notify their supervisor immediately. In units without refrigeration, pharmacy will send medications requiring refrigeration immediately prior to administration. Refrigerators and freezers may be monitored through remote automated technology notifying the designated pharmacy or nursing personnel when out of range occurs and corrected per policy.
  - B. Drug products requiring protection from light are dispensed with a green plastic outer wrap which protects products from UV light.
- 3. Medications are secured in accordance with the hospital's policy and Ohio Board of Pharmacy regulation so that unauthorized persons cannot obtain access to them.

**Note:** The Centers for Medicare & Medicaid Services' (CMS') definition of "secured" states that all medications including nonprescription medications are in locked containers in a room or are under constant surveillance.

A. Physicians, RN's, LPN's, and Pharmacy employees are authorized to have access to medications.

- B. Other healthcare professionals are authorized to have access to those medications they are authorized by licensure or training to administer.
- C. Other technical and support staff such as Central stores, Unit Secretary's, Transporters, Nurse Aides, Radiology, and other technical staff may have access to non-controlled medications as deemed appropriate by department director and pharmacy as part of their job function.
- 4. Controlled substances are stored in locked cabinets or automated dispensing cabinets to prevent diversion and according to Ohio Board of Pharmacy and DEA laws and regulations.
- 5. All expired, damaged, and/or contaminated medications are segregated in the pharmacy until they are removed from the hospital.
- 6. Medications are stored in automated dispensing cabinets will be in secure bins whenever possible.
- 7. Medications and chemicals used to prepare medications are accurately labeled with contents, expiration dates, and appropriate warnings.
- 8. Drug concentrations available in the hospital are standardized and limited in number, including standardized concentrations of intravenous drip medications.
- 9. Concentrated electrolytes (potassium chloride, potassium phosphate, and sodium chloride greater than 0.9%) have been removed from patient care units or areas. Concentrated potassium chloride is used in the perfusion machine for open-heart surgery. For this use only, concentrated potassium chloride vials are placed into a plastic bag, heat-sealed close with a cautionary label and then placed into a locked cart used only for open-heart procedures.
- 10. Medications in patient care areas are maintained in the most ready-to-administer forms available from the manufacturer or if feasible, in unit-doses that have been repackaged by the pharmacy or a licensed repackager.
- 11. Oral and Injectable chemotherapy medications are stored separately from non-chemotherapy medications and the shelves are labeled to indicate they are chemo meds.
- 12. Medications for patients self-administering their medications will be kept in the automated dispensing cabinets until time of administration.
- 13. All medication storage areas are inspected to make sure medications are stored properly.
- 14. Emergency medication supplies are secured to maintain their integrity per the policy for those medications.
- 15. Single and multiple dose Injectable vials will be used per policy 3364-133-28, Expiration Dates for Sterile, Injectable Vials.
- 16. If a medication is not administered to a patient, those medications will be returned to secure medication storage areas or to the Pharmacy.
  - A. Medications not administered to a patient will be placed back into automated dispensing cabinet or other locked storage areas on the unit.
  - B. Medications that have been discontinued or the patient has been discharged will be returned through secure delivery means such as the pneumatic tube system.
  - C. Medications can be returned or delivered to the Pharmacy by persons authorized to have access to medications.

- 17. Code cart medication storage is addressed per pharmacy procedure 005-IPP.
- 18. Pharmacy will conduct unit inspections and document on Clinic/Nursing Unit Drug Storage Inspection Form and record in pharmacy forwarding copies to the nursing director and administration as appropriate
  - A. The area will be clean, neat, and well organized
  - B. Antiseptics, other drugs for external use, and disinfectants are stored separately from internal and Injectable medications
  - C. Refrigerator is present:
    - 1) Temperature Log complete or monitored through remote tracking
    - 2) Temperature is between 35-45 F
    - 3) Refrigerator is locked
  - D. Automated dispensing cabinet medications are checked for outdates perpetually through outdate tracking. Compliance is periodically checked.
  - E. Other areas are checked for outdates during the unit inspections.
  - F. Controlled substances are accurately accounted for and securely stored
  - G. Is wastage of narcotic doses documented appropriately
  - H. Floor stock and/or patient medications are locked or in secure area
  - I. Reference materials are available
  - J. Investigational agents handled per 3364-133-90 and Pharmacy Procedure IPP-03
  - K. Emergency drugs as approved by the medical staff are in a locked crash cart
  - L. No samples in inpatient nursing units. In clinics samples accurately inventoried, locked and in date.

Reference: Ohio Administrative Code: 4729-17-03

Approved by:		Review/Revision Date:
		7/96
/s/	04/25/2022	4/99 7/02
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		10/10
		10/12
/s/	04/25/2022	5/15
Russell Smith, PharmD, MBA, BCPS	Date	10/17
Senior Hospital Administrator		4/19
		4/22
Review/Revision Completed By:		
Pharmacy		Next Review Date: 4/1/2025
olicies Superseded by This Policy:		