

Name of Policy: Medication Storage Policy Number: 3364-133-34 Approving Officer: Chief Operating Officer, Chief Executive Officer Responsible Agent: Administrative Director Pharmacy Services and Chief Pharmacy Officer, Scope: University of Toledo Medical Center			
		Effective date: 1/2026 Original effective date: 9/30/1993	
Key words: Medication, Storage, Monitoring Technology, Chemotherapy, Re-packaging			
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy Statement

Medications are properly and safely stored throughout the University of Toledo enterprise.

(B) Purpose of Policy

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

(C) Procedure

1. Only formulary 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, in a secured 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 Centigrade (C). Frozen drugs are stored at -25 to -10 degrees C . The main refrigerators in the Pharmacy Department are monitored through the hospital's computerized monitoring system, as well as automated continuous monitoring technology. Should the temperature rise or fall to unacceptable levels, the Pharmacy Department is notified. The temperature in other refrigerators is monitored utilizing audible alarm thermometers or automated continuous monitoring 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 personnel when out of range occurs and corrected per procedure.

- B. Drug products requiring protection from light are dispensed with an opaque 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 non-prescription 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 if they are authorized by licensure or training to administer, as approved by Director of Pharmacy.
 - 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 Director of 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 storage location until they are removed from the pharmacy/hospital.
 6. No food or beverages are stored in medication storage areas, including refrigerators and freezers.
 7. Medications stored in automated dispensing cabinets will be in locked, lidded bins whenever possible.
 8. Medications and chemicals used to prepare medications are accurately labeled with contents, expiration dates, and appropriate warnings.
 9. Drug concentrations available in the hospital are standardized and limited in number, including standardized concentrations of intravenous drip medications.
 10. Concentrated electrolytes (potassium chloride, potassium phosphate, and sodium chloride greater than 0.9%) are not available in-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 secured in locked containers within the automated dispensing cabinets.
 11. 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 repackaging device.
 12. Oral and injectable chemotherapy medications are stored separately from non-hazardous medications, as required by USP<800> standards. Unit dose medications can be stored intermixed.

13. Medications for patients self-administering their medications will be kept in the automated dispensing cabinets until time of administration.
14. All medication storage areas are inspected to make sure medications are stored properly.
15. Emergency medication supplies are secured to maintain their integrity per the procedure for those medications.
16. Single and multiple dose injectable vials:
 - A. Inpatient Nursing Units and Pharmacy
 - i. Pharmacy will supply all inpatient nursing units with single-use vials whenever possible. Any single-use vial must be discarded immediately after use. Multiple-use vials with preservatives need to be initialed by the personnel opening the packaging and labeled with a discard date of 28 days after the date of opening unless another date is indicated in manufacturer packaging. Any multiple dose vial that has been previously opened should be inspected visually for signs of contamination.
 - ii. Multi-dose self-injecting pens such as insulin, when used, are dispensed and administered to a single patient.
 - B. Outpatient Nursing Units
 - i. Pharmacy will supply all outpatient nursing units with single-use vials whenever possible. Any single-use vial must be discarded immediately after use. Multiple-use vials with preservatives need to be initialed by the personnel opening the packaging and labeled with a discard date of 28 days after the date of opening unless another date is indicated in manufacturer packaging. Any multiple dose vial that has been previously opened should be inspected visually for signs of contamination.
17. 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 or placed in automated dispensing cabinet returns for pharmacy pickup.
 - C. Medications can be returned or delivered to the Pharmacy by persons authorized to have access to medications.
18. Code cart medication storage is addressed per pharmacy procedure 005-IPP.
19. 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/Freezer is present:
 - i. Temperature Log complete or monitored through remote tracking
 - ii. Temperature is in range (2 to 8 C for refrigerator, -25 to -10 C for freezer)

iii. Device is secure

- 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 unit inspections
- F. Controlled substances are accurately accounted for and securely stored
- G. 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 Pharmacy Policy 3364-133-90 and Pharmacy Procedure 003-IPP
- K. Emergency drugs are in a secured automated dispensing cabinet, crash cart, or kit
- L. No samples in inpatient nursing units. In clinics, samples accurately inventoried, secured, and in date.
- M. No food or beverages are stored in medication storage areas, including refrigerators and freezers.

(D) References

- (1) *Reference: Ohio Administrative Code: 4729-17-03*

<p>Approved by:</p> <p>/s/</p> <hr/> <p>Daniel Barbee Chief Executive Officer</p> <p>1/8/2026</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Holly Smith Administrative Director, Pharmacy Services and Chief Pharmacy Officer</p> <p>1/5/2026</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Russell Smith Chief Operating Officer</p> <p>1/6/2026</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by: Pharmacy Operations</i></p>	<p>Policies Superseded by This Policy:</p> <p>Initial effective date: 09/30/1993</p> <p>Review/Revision Date:</p> <p>7/96 4/99 7/02 7/04 8/07 10/10 10/12 5/15 10/17 4/19 4/22 5/22 10/23 12/24 4/2025 1/2026</p> <p>Next review date: 1/2029</p>
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