NURSING SERVICE GUIDELINES
OUTPATIENT BEHAVIORAL HEALTH

Guideline: **Medication Storage & Handling in the Clinic**

Responsibility: Treatment providers of multidisciplinary team

Purpose of Guideline: To provide safe and appropriate medication storage and administration to all patients.

Effective Date: 7/2026

Initial Effective Date: 7/2026

Procedure:

It is the responsibility of the clinic staff, with oversight from the pharmacy department, to ensure medication compliance in all areas that maintain prescription medications. This compliance includes the following:

(A) **Medication Safeguarding and Security**

(1) Medications must be secured in an area to prevent diversion, away from patient reach.
(2) Access to medications will be limited to authorized personnel only.
(3) Discrepancies in inventory that cannot be explained are to be reported to clinic manager and pharmacy representative immediately.
(4) Unauthorized medications or non-medication items are not to be stored in these areas and must be given to the clinic manager/supervisor for removal.
(5) Access to medications will be limited to designated authorized personnel and maintained on an access list reviewed at least annually.
(6) Inventory discrepancies must be verified and reconciled by two authorized workforce members and reported immediately to leadership, pharmacy and compliance.
    (a) All incidents or unexplained discrepancies will be documented and investigated in accordance with organizational policy.
    (b) Patterns of discrepancies or repeated variances will be escalated for compliance review.

(B) **Medication Storage**

(1) Medications must be stored according to temperature, light and moisture requirements.
(2) Keep medications in original packaging and store according to manufacturer specifications.
(3) If refrigeration for medication storage is indicated, refrigerator must be secured/locked, free of significant ice buildup, and not be used for any unauthorized purpose.
    (a) Refrigerator temperature logs must be maintained in accordance with hospital/pharmacy policy.

(C) **Outdated/Expired Medication**

(1) All expired, contaminated or damaged drugs must be pulled from use, stored separately from medication available for administration, and returned to pharmacy.
(2) Outdated/discontinued or damaged medications will be returned to the inpatient pharmacy for reverse distribution.
(3) All returned or destroyed medications must be documented, including drug name, quantity, date, and receiving party.

(D) **Documentation**

(1) It is the responsibility of the clinic manager/supervisor to comply with the UToledo Health Standard Operating Procedure titled “Medication Reconciliation/Inventory” and report this monthly to ambulatory clinic leadership.
(2) Records of temperature logs and medication reconciliation/inventory must be maintained for at least 3 years and be readily retrievable for an onsite inspector.
(3) Terminal distributor license must be posted, within date, and signed by the responsible person within each clinic.
(4) Each medication administration must include documentation of dose, quantity dispensed, number of units/devices used, and administering staff.
(5) Medication administration and inventory updates must be documented contemporaneously in the medical record or designated tracking system.
(6) All records must be available for internal audit, compliance, pharmacy review, or regulatory inspection upon request.

(E) **Staff Training**

(1) All clinical staff will complete training from their clinic manager/supervisor regarding proper medication handling, storage and compliance.
(2) Training will include recognition and reporting of suspected diversion or inappropriate medication use.

(3) Staff must attest to understanding of medication handling and diversion prevention requirements.

(F) **Resources**

(1) UTMC Medication Storage Policy: https://www.utoledo.edu/policies/utmc/pharmacy_hsc/pdfs/3364-133-34.pdf

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Behavioral Health Administration