COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

Policy Title:	**STORAGE, HANDLING, SECURITY, AND DISPOSITION OF MEDICATIONS**		
Category:	10 - Medication Management	**Policy No.:**	1035
Originally Issued:	1/1/1996	**Update (U)/Revised (R):**	9/22/2017
Distribution:	**Hospital-Wide** ☒	**If not Hospital-Wide, Other:**	

PURPOSE:

1. To ensure that pharmaceuticals are stored appropriately to maintain potency, availability, safety, and efficacy.

2. To enhance patient care by dispensing appropriately stored and handled medications.

3. To promote security of medication storage areas.

4. To ensure safe disposition of unused or expired medications.

DEFINITION(S):

Authorized personnel are those members of the Olive View-UCLA Medical Center workforce, identified by Hospital Administration, who require access to secured medication and/or clean utility rooms located outside the Pharmacy. These include pharmacists, pharmacy technicians, licensed nurses, respiratory therapists, physical therapists, radiologic technicians, physicians, and nurse practitioners. Level of access shall be granted based on assigned work duties. Authorized personnel with limited access, (Environmental Services, Central Services, and other non-licensed unauthorized personnel) may have access as needed with supervision by authorized licensed personnel.

Automated Dispensing Cabinets (ADCs) are secure, locked medication storage cabinets that allow for electronic tracking of controlled substances and other medication. These cabinets have login and password or biometric identification so that they can only be accessed by authorized personnel.

Beyond-Use Date (BUD) is an assigned date, or date and time, after which administration of a compounded drug preparation shall not begin, the preparation shall not be dispensed, and the preparation shall not be stored (other than for quarantine purposes). A Beyond Use Date reflects the stability and sterility of the mixed product based on several factors. These factors include the chemical stability of the drug, changes in temperature during storage and transportation, and the conditions in which the product was prepared. The Beyond Use Date is assigned on the basis of available stability information from references and sterility considerations.

Expiration date identifies the time during which a pharmaceutical may be expected to meet the requirements of the compendial monograph, provided it is kept under the prescribed storage conditions. The expiration date limits the time during which the article may be dispensed or used. Where an expiration date is stated only in terms of the month and the year, it is a representation that intended expiration date is the last day of the stated month. Products bear an expiration date determined by appropriate stability testing to assure that a drug product meets applicable standards of identity, strength, quality and purity at the time of use. Administration of a pharmaceutical must be completed by the expiration date.

Reverse Distributor means every person who acts as an agent for pharmacies, drug wholesalers, third-party logistics providers, manufacturers, and other entities by receiving, inventorying, warehousing, and managing the disposition of outdated or non-saleable dangerous drugs.

POLICY:

Appropriate medication storage, handling, security, and disposition are addressed to meet patient safety and medication security standards.

PROCEDURE:

I. Acquisition:

A. The Pharmacy Department is responsible for the acquisition of pharmaceuticals throughout Olive View-UCLA Medical Center:

1. Medications distributed to patient care areas are available in the most ready-to-administer forms commercially available or, unit dose forms repackaged by the pharmacy, when possible.

2. All medications and products used to prepare medications and sent to patient care areas are accurately labeled, stored, and within date.

3. Recalled, expired, or damaged products shall not be sent to patient care areas. Pharmacy shall quarantine these products in an area specifically designated for the storage of these drugs. These medications will be ultimately processed by a reverse distributor or sent directly to the vendor. Those that are determined to be unsalvageable shall be properly disposed of.

II. Storage

A. All medications are stored under the proper conditions of sanitation, light, moisture, ventilation, segregation, security, and temperature. Proper storage conditions are determined by manufacturer recommendations, stability studies, and/or USP guidance.

1. Temperature
   a. Refrigerators shall be maintained between 2° and 8° C (36°F and 46°F). VFC approved refrigerators may have a lower limit of 35˚F.
   b. Freezers shall be maintained between -50° and -15°C (-58° and 5°F) for areas outside inpatient pharmacy. Inpatient Pharmacy freezer shall be maintained between -40˚F to -˚4F (-40˚C to -20˚C).
   c. Controlled room temperature shall be maintained between 20°C to 25°C (68 to 77 ° F) with excursions permitted between 15°C and 30°C (59°F and 86°F)
   d. Medications and vaccines shall NOT be stored in the doors of a refrigerator. Non-formulary drugs or drug samples will not be stored in patient care areas without prior approval of the Pharmacy & Therapeutics Committee.
   e. Each unit has an approved floor stock list of medications that they are allowed to order and can stock in their units.
   f. Respiratory Therapy
      i. Respiratory medications dispensed via the Pyxis medstation must not be administered without an authorized prescriber's order which has been processed by the pharmacy.
      ii. The Respiratory Therapy Department stores hypertonic saline for sputum induction only.
      iii. With the exception of mucomyst, all respiratory medications are provided in unit dose packaging.
         (i) Bottled medication are appropriately dated and initialed when opened.

III. Segregation and Safety

A. Medications stored on shelves will be organized in an orderly manner in well-lit cabinets, shelves, drawers, and/or carts of sufficient size to prevent crowding. Storage methods shall promote safety (e.g., clear labels, segregation of disparate strengths of the same medication, separation of Look-Alike/Sound-Alike medications, etc.)

B. Drugs for external use will be stored separately from drugs for internal use.

C. No items other than medications are to be stored in refrigerators or freezers where medications and vaccines are stored

D. Controlled medications in the pharmacy shall be segregated in the Pyxis CII safe and/or separate locked vault; access is limited to pharmacists or technicians with pharmacist oversight.

E. Controlled substances in patient care areas will be stored in Pyxis medstations when available. For areas where an automated dispensing cabinet is not available, controlled medications will be stored in double locked cabinets or locked boxes.

Antineoplastic hazardous drugs stored at room temperature in the pharmacy and requiring manipulation, other than counting and repackaging, such as injectables, shall be separated from other non-HD's in an externally ventilated, negative pressure room with at least 12 air changes per hour.

F. Investigational and research medications stored in the pharmacy are segregated from other medications and stored in a special area clearly designated for research medications.

G. Test agents, germicides, disinfectants and other household substances shall be stored separately from medications.

H. Flammable chemicals stored in the pharmacy are placed in a specially designed cabinet inside the Flammable Vault Room. They are not to be mixed with other combustibles.

I. Deteriorated, expired, unlabeled, inappropriately labeled, or contaminated medications shall not be made available in patient care areas.

J. Concentrated electrolytes are not stored outside of Pyxis medstations.

K. Medications on Olive View-UCLA Medical Center Look Alike/Sound-Alike list will be separated. A Look-Alike/Sound-Alike caution sticker will be placed on medication bins.

L. High Alert Medications will be stored in clearly labeled, segregated storage bins in patient care areas. Bins will be labeled with a "High Alert" warning label. Refer to Facility Policy entitled "High-Alert Medications."

M. Pill cutters shall be labeled as patient specific and used for a single patient only. Dirty pill cutters will be discarded and unit charge nurse will be alerted to replace it as necessary. Pill cutters in the ambulatory care setting (such as clinics and the Emergency Department) are for single use only and will be discarded after use.

N. Pre-drawn and unlabeled syringes are prohibited.

IV. Security

A. All medications shall be stored in a secured, locked area or space
   1. Only authorized pharmacy personnel shall have access to the pharmacy. Doors allowing access into the Pharmacy shall remain locked. A licensed pharmacist must be present at all times. Nonpharmacy personnel granted access to the pharmacy must be accompanied by pharmacy personnel or within eye sight at all times.

2. Medications throughout the hospital and clinics are stored in locked medication rooms, locked carts, locked cassettes, and/or automatic dispensing cabinets.
   a. Only authorized personnel are permitted access to areas where medications are stored
   b. Access to medication automated dispensing cabinets shall be limited to authorized personnel. Each authorized person shall have individual access.

3. Medications delivered from pharmacy to patient care areas must be placed in approved storage area as soon as possible.

4. Medications removed from a medication storage area for administration must be removed just prior to administration. Once removed, the medication must remain with the individual at all times and should not be left unattended.

5. The use of controlled substances is controlled and documented.

V. Unused, Expired, Damaged Medication in Patient Care Areas

A. Medications removed from a medication storage area but not administered that remain intact, in date, in original packaging and can be reused.
   1. These items must be placed back into the medication storage area as soon as possible. If removed from the Pyxis, the medication must be returned to the "Pyxis return bin".

B. Discontinued medications must be sent/returned to the pharmacy in a timely manner. Discontinued or unused medications from the patients' cassettes will be returned to pharmacy daily as part of the cassette exchange.

C. Medications that cannot be returned to pharmacy such as damaged, opened, altered, or dropped medication shall be properly disposed of.

D. Surplus, recalled, outdated, or overstocked floor stock medications that are not used or opened shall be returned to Pharmacy.
   1. Medications must remain in a secure medication storage area until they are returned to the pharmacy.

E. Medications returned to the pharmacy that cannot be reused or dispensed shall be managed as follows:
   a. If eligible for credit from the vendor or can be sent to a reverse distributor, these medications shall be quarantined in an area specifically designated for the storage of these drugs.
   b. If ineligible for credit from the vendor or cannot be sent to a reverse distributor, these medications shall be properly disposed of in the appropriate pharmaceutical waste bin.
   c. Reverse Distributor:

i. At this time our contract company is EXP Pharmaceutical Waste Management
ii. The contract company forwards a regular copy of all medications disposed of for Olive View-UCLA Medical Center records.

F. Discharge Medications
1. Discharge medications that have not been picked up by patients are not allowed to remain on nursing units and they must be forwarded back to the outpatient pharmacy.

G. Patients' own medication
1. Clinic staff shall not accept patients' own medication for disposal. Olive View-UCLA Medical Center is not a DEA-authorized collector for unwanted medication. As a result, clinic staff may redirect the patient to an authorized collector for unwanted medication.

VI. Labeling

A. Each drug stored on units will be appropriately labeled with at least the following information:
1. Drug name, strength and dosage form
2. Size, if indicated
3. Lot Number
4. Expiration date and/or if applicable, a beyond-use date (BUD) (Refer to Tables 1 and 2)

B. Opened multi-dose vials will conform to Single and Multi-Dose Parenteral Medication Vials Policy #1587.

C. Any workforce member labeling a medication must include their initials.

D. Any labeled medication identified as lacking initials, an expiration date or beyond use date or any other information as required in section A above must be immediately discarded.

E. Ophthalmic and otic solutions and suspensions shall be labeled with a beyond use date of 28 days or the manufacturer's expiration date, whichever is earlier.

VII. Inspection

A. A pharmacist shall perform a monthly unit inspection of all areas storing medication to ensure appropriate storage. Records of each monthly inspection shall be maintained for three years.

Table 1: Expiration Dating of Open Pharmaceutical Containers

Expiration Dating of Open Pharmaceutical Containers			
TYPE	**DETAIL**	**EXPIRATION DATE**	**LABEL DESCRIPTION**
NON-STERILE PRODUCTS	Bulk bottles not requiring reconstitution or alteration	12 months after opening, manufacturer's stated expiration date or manufacturer specifies a shorter time frame, whichever is less.	Date Opened Date Expires Labeler's Initial
	Bulk bottles requiring reconstitution or alteration	Per manufacturer recommendations	Amt. of diluent added ____ml, Reconstituted by____ Final Conc._ Exp. Date___
	Nitroglycerine Tablets (Sublingual)	Six (6) months after opening. Cotton inside the vials must be discarded upon opening.	Date Opened Date Expires Labeler's Initial
STERILE PRODUCTS	Ampules	Discard immediately after initial use	No label required
	Single-dose vials	Discard after use (Patient Care Areas) Six hours (For Pharmacy Only: If opened and maintained in an ISO Class 5 hood)	No label required Time opened: Time Expires: Labeler's Initial
	Multi-dose Vials (MDVs)	Discard when empty, when suspected or visible contamination occurs, 28 days after opening or less if the manufacturer's stated expiration date is reached or manufacturer specifies a shorter time frame.	Date Opened Date Expires Labeler's Initial
	Commercially available ophthalmic solutions / suspensions	28 days after opening or less if the manufacturer's stated expiration date is reached or manufacturer specifies a shorter time frame	Date Opened Date Expires Labeler's Initial
	Products requiring reconstitution	Patient Care Areas: Use Immediately Pharmacy Only: Manufacturer's recommendations for expiration dating after reconstitution.	Amt. of diluent added ____ml, Reconstituted by____ Final Conc._ Exp. Date___
	Irrigation fluids	Discard after use	No label required

Table 2: Expiration Dating of Unopened Pharmaceutical Containers

Expiration Dating of Unopened Pharmaceutical Containers

TYPE	DETAIL	EXPIRATION DATE	LABEL DESCRIPTION
STERILE PRODUCTS	Irrigation solutions in BBraun Plastic Irrigation Containers and Baxter Pour Bottles warmed to a maximum temperature of 40°C.	Discard after 14 days Unused products removed from the warmer must be discarded.	First Date of Warming Date Expires Labeler's Initial
	Irrigation solutions in Baxter ARTHROMATIC or UROMATIC containers with an expiry date greater than or equal to 3 months at the time of initial heating and warmed in their plastic overwraps to a maximum temperature of 40˚C	Discard after 14 days Unused products removed from the warmer must be discarded.	First Date of Warming Date Expires Labeler's Initial
	Solutions for injection in Baxter VIAFLEX Plastic Containers with volumes 150mL or larger, with an expiry date greater than or equal to 3 months at the time of initial heating, and warmed in their plastic overwraps to a maximum temperature of 40˚C.	Discard after 14 days Unused products removed from the warmer must be discarded.	First Date of Warming Date Expires Labeler's Initial
	0.9% Sodium chloride solution for injection in intact Baxter VIAFLEX Plastic Containers (not having been spiked/admixed) stored in a refrigerator at 2°C to 8°C (36˚F and 46˚F).	Discard after 15 days if container size is less than or equal to 50mL Discard after 30 days if container size is 100mL to 1000mL Unused products removed from the refrigerator must be discarded and NOT be subsequently returned to room temperature and reused.	First Date of Cooling Date Expires Labeler's Initial
	0.9% Sodium chloride solution for irrigation in intact Baxter VIAFLEX Plastic Containers (not having been spiked/admixed) stored in a refrigerator at 2°C to 8°C (36˚F and 46˚F) and are one of the following: • **ARTHROMATIC** containers of 3000mL to 5000mL • **UROMATIC** containers between 1000mL and 3000mL.	Discard after 30 days Unused products removed from the refrigerator must be discarded and NOT be subsequently returned to room temperature and reused.	First Date of Cooling Date Expires Labeler's Initial
	0.9% Sodium Chloride for injection stored in refrigerator at 2°C-8°C (36°F-46°F)	Discard after 30 days	First Date of Cooling Date Expires Labeler's Initial
	Commercially available IV solutions 50 ml or less	15 days after removal from IV overwrap	Date Opened Date Expires Labeler's Initial
	Commercially available IV solutions 100 ml or less	30 days after removal from IV overwrap	Date Opened Date Expires Labeler's Initial

ATTACHMENTS/FORMS:

None

REFERENCE(S)/AUTHORITY:

None

APPROVED BY:

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