Storage of Medicines Policy

SDMS Id Number: Policy ID as assigned by Corporate Document and Information Services

Effective From: June 2014

Replaces Doc. No: New

Custodian and Review Responsibility: SPP- Medication Strategy and Reform

Contact: Director, Medication Strategy and Reform

Applies to: THO-North, THO-South, THO-North West

Policy Type: DHHS wide Policy

Review Date: June 2017

Keywords: Medication, storage, drug, pharmacy, safety, high risk, hazardous, cytotoxic, S8, S4D, refrigeration, POMs

Routine Disclosure: Yes

Approval

<table>
<thead>
<tr>
<th>Prepared by</th>
<th>Medicines Policy Officer</th>
<th>61661029</th>
<th>16 May 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through</td>
<td>Anita Thomas</td>
<td>Senior Specialist Pharmacist – Quality Use of Medicine</td>
<td>61661086</td>
</tr>
<tr>
<td>Through</td>
<td>THO-N Medication Management and Safety Committee</td>
<td>16 May 2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td>THO-NW Medication Safety &amp; Improvement Committee</td>
<td>16 May 2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td>THO-S Quality Use of Medicine Committee</td>
<td>16 May 2014</td>
<td></td>
</tr>
<tr>
<td>Cleared by</td>
<td>THO-N Chief Executive Officer</td>
<td>6 June 2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td>THO-NW Acting Chief Executive Officer</td>
<td>2 June 2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td>THO-S Acting Chief Executive Officer</td>
<td>3 June 2014</td>
<td></td>
</tr>
</tbody>
</table>

Revision History

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved by name</th>
<th>Approved by title</th>
<th>Amendment notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name</td>
<td>Position Title</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Position Title</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Position Title</td>
<td></td>
</tr>
</tbody>
</table>

This Policy may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for the Department of Health and Human Services. PLEASE DESTROY PRINTED COPIES. The electronic version of this Policy is the approved and current version and is located on the Department of Health and Human Services’ Strategic Document Management System. Any printed version is uncontrolled and therefore not current.
Purpose
The purpose of this policy is to provide an overview of medication storage requirements in Tasmanian public health facilities. The secure storage of medications is a legal requirement of all health institutions, and is enforced in the interest of safety for patients, visitors, staff and the environment. Compliance with this policy will assist sites to meet the National Safety and Quality Health Service Standard 4 in Medication Safety.

Some medications attract additional management and storage requirements and, as such, this policy should be read in conjunction with other SPP-MSR policies pertaining to medication safety – Refer to the Attachments section of this document.

Mandatory Requirements

• Medicines must only be stored in Tasmanian public health facilities that are authorised to do so.
• All medicines must be stored in accordance with manufacturer’s instructions.
• All medicines must be stored in accordance with Tasmanian legislation.
• Medication storage areas must be locked and inaccessible to the public at all times.
• Medication storage areas must have:
  o Adequate shelving for the storage of all relevant medicines and administration equipment,
  o A cupboard or receptacle (a “safe”) that meets the requirements of the Poisons Regulations for the appropriate storage of Schedule 8 (S8) medicines
  o A cupboard or receptacle (a “safe”) that meets the requirements of the Poisons Regulations for the appropriate storage of Declared Schedule 4 (S4D) medicines
  o A fridge that is adequate in size and used exclusively for the storage of vaccines and/or other refrigerated medications
  o An area for the storage of Patients Own Medications (POMs)
  o A workbench suitable for medication preparation.
  o Adequate storage for medicine administration equipment, including oral dispensers.
  o A temperature controlled at 25˚C or below.
• Clinical areas that are not equipped with a Pharmaceuticals for Destruction (PFD) bin must have a dedicated ‘Return to Pharmacy’ container, within the medication storage area, for unwanted medicines.
• Pharmacy departments must have PFD bins available for the disposal of unwanted medicines – Refer to SPP-MSR: Management and Disposal of Unwanted Medicines Policy
• Medications with special storage requirements:
  o S8/S4D – Refer to SPP-MSR: Schedule 8 and Declared Schedule 4 Medicines Management Policy
  o Intravenous Potassium – Refer to SPP-MSR: High Risk Medications Management Policy

This Policy may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for the Department of Health and Human Services. PLEASE DESTROY PRINTED COPIES. The electronic version of this Policy is the approved and current version and is located on the Department of Health and Human Services’ Strategic Document Management System. Any printed version is uncontrolled and therefore not current.
Hazardous or cytotoxic medicines – Refer to SPP-MSR: Preparation and Handling of Cytotoxic, Hazardous and Potentially Hazardous Medicines Policy

Intrathecal chemotherapy – Refer to SPP-MSR: Supply and Administration of Intrathecal Chemotherapy Policy

Vincristine and other vinca alkaloids – Refer to SPP-MSR: Vincristine and other Vinca Alkaloids Management Policy

POMs – Refer to SPP-MSR: Patients’ Own Medication (POMs) Policy

Refrigerated medicines – Sites must have a locally documented procedure outlining the requirements for medicine refrigeration.

- Sites may have additional restrictions on storage and access to medications through the statewide Tasmanian Medicines Formulary. [link]
- This is a statewide policy and must not be re-interpreted so that subordinate policies exist. Should discreet operational differences exist, these should be expressed in the form of an operating procedure or protocol.
- Failure to comply with this policy, without providing a good reason for doing so, may lead to disciplinary action.

Roles and Responsibilities/Delegations

- The nurse in charge is responsible for ensuring the medication storage area, in the ward or clinic within their remit, meets the requirements of this policy, and is maintained appropriately.

("NB: The ‘nurse in charge’ is the nurse/midwife assigned to manage the operations of a discrete patient care area or service. During normal work hours, this is typically a Nurse Unit Manager (NUM) or Assistant Director of Nursing (ADON) of a specific ward or community based team, or a Director of Nursing (DON) in a rural hospital or multipurpose centre. After hours this is the registered nurse identified as “in-charge” for a shift.

- Pharmacy Site Managers are responsible for ensuring the medications storage area, in the Pharmacy department within their remit, meets the requirements of this policy, and is maintained appropriately.

- The development of any new medication storage area in a THO facility must be done so in consultation with the Pharmacy Site Manager of that THO. Notification to the Pharmacy Site Manager must occur within a reasonable time-frame so as to allow sufficient time for input to the planning phase.

- The nurse in charge of each clinical area is responsible for making clinical and ancillary staffs aware of this SPP-MSR medicine storage policy, and any local procedures intended to further support the safe storage of medicines.

- The Pharmacy Site Manager is responsible for making Pharmacy staff aware of this statewide medicine storage policy, and any local procedures intended to further support the safe and legally compliant storage of medicines.

This Policy may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for the Department of Health and Human Services. Please DESTROY PRINTED COPIES. The electronic version of this Policy is the approved and current version and is located on the Department of Health and Human Services’ Strategic Document Management System. Any printed version is uncontrolled and therefore not current.
Risk Implications

Compliance with this policy in all Pharmacy departments and clinical areas will ensure:

- Medications are not easily diverted for misuse or illegal commerce.
- Patients receive quality medicines that have been handled correctly for maximum efficacy.
- Public safety is maintained as high risk, hazardous, cytotoxic, or addictive medicines cannot be accidently or intentionally accessed.
- Staff safety is maintained, as a well-managed medication storage area reduces the risks associated with administration errors, occupational exposure to hazardous medicines, and medication diversion.
- Environmental safety is maintained as medicines are contained within a limited area and managed appropriately to control the risk of environmental contamination of therapeutic agents that are known to be, or are potentially, hazardous.

Training

- New staff must be orientated to the medication storage area, and familiar with all systems and functions of the space. A record of staff training should be kept for auditing purposes.
- Staff must be aware of, and compliant with, this policy and all other DHHS policies pertaining to medication safety.

Audit

- This policy will be included in the work program of the DHHS Internal Audit function. This work program is approved by the Audit and Risk Committee and will assess underlying systems and procedures for compliance with the requirements of this policy. The overall focus of this assessment will be one of continuous improvement to DHHS activities.
- Auditing of medication storage areas must be conducted annually using the approved audit tool available through Medication Strategy and Reform (MSR).
This Policy may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for the Agency (Department of Health and Human Services and Tasmanian Health Organisations). **PLEASE DESTROY PRINTED COPIES.** The electronic version of this Policy is the approved and current version and is located on the Department of Health and Human Services’ Strategic Document Management System. Any printed version is uncontrolled and therefore not current.

**Attachments**

1. The Poisons Act 1971 [link]
2. The Poisons Regulations 2008 [link]
3. SPP-MSR: *Management and Disposal of Unwanted Medicines Policy* [link]
4. SPP-MSR: *Schedule 8 and Declared Schedule 4 Medicines Management Policy* [link]
5. SPP-MSR: *High Risk Medications Management Policy* [link]
7. SPP-MSR: *Supply and Administration of Intrathecal Chemotherapy Policy* [link]
8. SPP-MSR: *Vincristine and other Vinca Alkaloids Management Policy* [link]
9. SPP-MSR: *Patients Own Medications Policy* [link]
10. The Tasmanian Medicines Formulary [link]
11. Refrigerated Medicines Protocols – See Pharmacy Site Managers for local documents. [link]
12. Approved Medication Storage Area audit tool. [link]