

Medication Security in Hospitals Position Statement

Goal:

Medications shall be stored in hospitals in a secure manner to protect public health and safety, and to promote patient care.

- 1 Medications stored in a hospital must be secured in accordance with federal, state, and local laws.
- 2 Department of Health oversight of hospital medication security by Facilities and Services Licensing, and the Board of Pharmacy, should be consistent and coordinated.
- 3 The Board of Pharmacy is the primary source of policy determination with respect to medication security.
- 4 Hospitals are expected to adopt appropriate, site-specific medication security procedures.

General requirements for medication security:

1. Procurement, preparation, storage, distribution, and control of all drugs throughout a hospital is the responsibility of the Director of Pharmacy.
2. The Director of Pharmacy is specifically responsible for the hospital medication security procedures and shall demonstrate they are appropriate to their facility and consistent with current standards of practice.
3. The hospital medication security procedures must both ensure that drugs are secure from the public and allow appropriate access by authorized personnel.
4. Hospital pharmacy directors must work with their counterparts in nursing, medicine and administration to ensure compliance with appropriate medication security policies and procedures.

Definition:

“Authorized personnel” will be defined by the Director of Pharmacy.

Frequently Asked Questions:* (an ongoing list)

Question: What is required to secure an area after regular operational hours when licensed staff are not present?

Answer: *All areas of access must be locked. Medication storage cabinets and medication supply rooms must be locked. Signage limiting public access alone is not adequate. Keys to the area must be kept secure.*

Question: How can we maintain access to emergency medications in a secure manner?

Answer: *Emergency drugs must be immediately available with dosages appropriate to the patient population. Medications in areas such as intensive care or emergency rooms may be kept in the open when in the line of sight of licensed personnel. This includes placement of code drugs on the head of the bed, or bedside, of patients when the patient and licensed caregiver are present or in line of sight of licensed personnel. Emergency drug boxes must have tamper-evident locks, including during transport by authorized personnel, and the pharmacy shall control the locks for the facility.*

Question: What security is needed for utility rooms and other rooms used for drug storage?

Answer: *Drug in such rooms must be locked and not accessible to the public, except minimal risk drugs*

Question: What are examples of minimal risk drugs?

Answer: *The Director of Pharmacy will determine minimal risk drugs. Some examples are manufactured intravenous solutions, local anesthetics, heparin lock and saline solutions, topical antiseptics, povidone iodine products, and radiographic contrast agents.*

Question: How can I secure supplies of medications in patient care areas?

Answer: *A variety of methods may be used. Examples include automated drug cabinets (e.g., Pyxis machines), locked medication carts, locked medication rooms, locked cabinets, locked refrigerators, containers or carts with tamper-evident or breakaway locks (e.g., emergency carts). Hospitals must consider the availability and accessibility to medications by licensed and authorized personnel, the public, or patients as they establish secure storage for medications in individual situations within the facility.*

Drugs designated as Schedule II-III Controlled Substances by RCW 69.50 or the federal Controlled Substances Act must be separately locked from other drugs.

Question: May unlicensed personnel or volunteers deliver drugs within the hospital?

Answer: *Unlicensed personnel or volunteers may deliver medications if they have been determined to be authorized personnel by the Director of Pharmacy.*

Question: What about security of all the drugs that are required in the operating room, anesthesia area, and recovery room?

Answer: *Medications used and stored in these areas present special considerations.*

Medications used in anesthetic practice must be kept in locked storage when not in use. When medications are in use, they should be made secure against loss or contamination. Medications in the anesthesia machines and on anesthetic carts are considered in use during transport of the patient from the operating room to the recovery room (post anesthesia) and during an emergency in the recovery (post anesthesia) room or in the operative rooms.

Anesthesia machines and anesthetic carts may remain unlocked in between consecutive surgical cases in an operating room as long as surgical service personnel are in the immediate vicinity. When an anesthesiologist or anesthesiologist finishes his or her cases for the day, the carts should be locked, or the area in which they are stored should be locked.

The surgical area shall be maintained as a secure area when in use. Policies and procedures shall be in place to ensure security. The policies and procedures should include entrance and egress limited to appropriate persons and the locking of the surgical area at the end of the surgical day, unless needed after hours.

((References CFR 482.25 and CCR, Title 22, Section 70263(q)(8))

*The examples contained in the Frequently Asked Questions are non-exclusive options and do not establish standards of care or practice.

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