

Medicine storage and temperature control

Standard operating procedure (SOP) | HOS-SOP-005

Document type	Standard operating procedure (SOP)
Title	Medicine storage and temperature control
Document ID	{{facility.code}}-HOS-SOP-005
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	System S1 (Hospital), criterion S1.5
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Store each medicine at the temperature on its label.
2. Read and record fridge and room temperatures every day.
3. Act on every out-of-range reading the same day.
4. Remove expired and recalled stock at once.

Stop and get help straight away if: a medicine has been stored out of range and is still being given.

1. Purpose

To keep medicines at the correct temperature, secure and in date (S1.5).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

Medicines lose potency or are misused when storage fails. Temperature and controlled-medicine records are cheap to keep and show control.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Ward pharmacist or nurse	Reads and records temperatures; removes expired stock	Trained in cold chain
Chief pharmacist	Reviews the logs and the recalls	Pharmacist

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Calibrated thermometer or logger in each fridge and room	Calibrated yearly	Checked monthly
Expiry and recall log	Current	Updated weekly

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Read.	Read and record the temperature each day, at the same time.	A missed reading is a failure of the check.
2	Act on out of range.	- Move the stock to a working store. - Tell the pharmacist the same day. - Do not give out-of-range stock until the pharmacist decides.	Out of range is not automatically lost; the pharmacist decides.
3	Check expiry and recalls.	- Check the expiry dates and the recall notices each week. - Remove expired and recalled stock to the quarantine area.	Quarantine keeps it out of use.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Daily readings recorded	100%	Weekly	Chief pharmacist	Escalate to chief executive

What is checked	Target	How often	Who	If the target is missed
Out-of-range readings with action	100%	Each reading	Ward pharmacist	Escalate to chief pharmacist

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
HOS-POL-001	Medicines management policy	Policy

16. Evidence

ID	Source and status
E-009	Storage limits from the product label and the national medicines standard.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval