




AIIMSGHY Hospital	Doc No.	E/NABH /AIIMSGHY/ MOM2 / 10
POLICY ON MEDICATION STORAGE	Issue No.	01
	Rev. No.	00
	Date	01/12/2025

# POLICY ON MEDICATION STORAGE

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES,  
GUWAHATI**



<b>Document Name:</b>	POLICY ON MEDICATION STORAGE
<b>Document No.:</b>	E/NABH /AIIMSGHY/ MOM 2/ 10
<b>No. of Pages:</b>	08
<b>Date Created:</b>	01/12/2025
<b>Date of Implementation:</b>	01/12/2025
<b>Prepared By:</b>	Designation: Assistant Professor, Hospital Administration Name: Dr. Biraj Chandra Paul Signature: 
<b>Approved By:</b>	Designation: Executive Director, AIIMS Guwahati Name: Prof. Ashok Puranik Signature: 
<b>Responsibility of Updating:</b>	Designation: Assistant Professor, Hospital Administration Name: Dr. Biraj Chandra Paul Signature: 





AIIMSGHY Hospital

**POLICY ON MEDICATION STORAGE**

Doc No.	E/NABH /AIIMSGHY/ MOM2 / 10
Issue No.	01
Rev. No.	00
Date	01/12/2025

**Control of the Manual**

1. The holder of the copy of this manual is responsible for maintaining it in good and safe condition and in a readily identifiable and retrievable.
2. The holder of the copy of this Manual shall maintain it in current status by inserting latest amendments as and when the amended versions are received.
3. Administrative Manager is responsible for issuing the amended copies to the copyholders, the copyholder should acknowledge the same and he /she should return the obsolete copies to the Administrative Manager.
4. The amendment sheet, to be updated (as and when amendments received) and referred for details of amendments issued.
5. The manual is reviewed once a year and is updated as relevant to the hospital policies and procedures. Review and amendment can happen also as corrective actions to the non-conformities raised during the self-assessment or assessment audits by NABH.

The authority over control of this manual is as follows:

Preparation	Approval	Issue
		

The procedure manual with original signatures of the above on the title page is considered as 'Master Copy', and the photocopies of the master copy for the distribution are considered as 'Controlled Copy'.

**Distribution List of the Manual**

Sr. No.	Designation
1.	Executive Director
2.	Medical Superintendent, Principal College of Nursing
3.	All HODs for departmental Distribution

AIIMSGHY Hospital

**POLICY ON MEDICATION STORAGE**

Doc No.	E/NABH /AIIMSGHY/ MOM2 / 10
Issue No.	01
Rev. No.	00
Date	01/12/2025

**Contents**

Sr. No.	Topics
1.0	Purpose
2.0	Scope
3.0	Responsibility
4.0	Abbreviation
5.0	Definition
6.0	Reference
7.0	Policy
8.0	Record

**MOM 02 – POLICY ON MEDICATION STORAGE**

---

**1.0 PURPOSE**

1.1 To provide standardized guidelines for safe, effective, and compliant storage of medications across the hospital.

---

**2.0 SCOPE**

- 2.1 Pharmacy
  - 2.2 Central Stores
  - 2.3 All medication storage areas including OPD, IPD, ICU, OT, Emergency, and wards
- 

**3.0 RESPONSIBILITY**

- 3.1 Chairman
- 3.2 Purchase Manager

AIIMSGHY Hospital

**POLICY ON MEDICATION STORAGE**

Doc No.	E/NABH /AIIMSGHY/ MOM2 / 10
Issue No.	01
Rev. No.	00
Date	01/12/2025

- 3.3 Pharmacy In-Charge
  - 3.4 Pharmacists
  - 3.5 Nursing In-Charge of respective clinical areas
- 

**4.0 ABBREVIATIONS**

- 4.1 **NABH** – National Accreditation Board for Hospitals and Healthcare Providers
  - 4.2 **MOM** – Management of Medication
- 

**5.0 DEFINITIONS**

- 5.1 **Medication:** Any substance used for diagnosis, treatment, mitigation, or prevention of disease.
  - 5.2 **Look-Alike Sound-Alike (LASA) Drugs:** Medications with similar names or packaging that may cause dispensing or administration errors.
- 

**6.0 REFERENCES**

- 6.1 NABH – Pre-Accreditation Entry Level Standards for Hospitals, April 2014
  - 6.2 Drugs and Cosmetics Act, 1940
  - 6.3 Pharmacy Act, 1948
  - 6.4 Narcotic Drugs and Psychotropic Substances Act, 1985
- 

**7.0 POLICY & PROCEDURE**

**7.1 Statutory Compliance**

All drugs shall be stored strictly in accordance with applicable laws and regulations, including:

- 7.1.1 Pharmacy Act
  - 7.1.2 Narcotic Drugs and Psychotropic Substances Act
  - 7.1.3 Drugs and Cosmetics Act
  - 7.1.4 Food and Drugs Act
  - 7.1.5 Drugs and Magical Remedies Act
- 

**7.2 Cytotoxic Drugs**

- Cytotoxic medications shall **not be stored in advance.**
-

AIIMSGHY Hospital

**POLICY ON MEDICATION STORAGE**

Doc No.	E/NABH /AIIMSGHY/ MOM2 / 10
Issue No.	01
Rev. No.	00
Date	01/12/2025

- These shall be procured **only upon prior written intimation** from the treating consultant or patient requirement.

---

### 7.3 Storage Conditions

- Medications shall be stored strictly as per **manufacturer's specifications**, addressing:
  - Temperature (including refrigeration where required)
  - Protection from light
  - Adequate ventilation
  - Prevention of pests, rodents, and vermin
- These conditions shall be maintained at **all storage locations**, including pharmacy and stores.

---

### 7.4 Arrangement of Medicines

- All medications shall be stored **by generic name**.
- Storage shall follow **alphabetical order** across all areas.

---

### 7.5 Environmental Conditions

- Storage areas shall be:
  - Clean
  - Well-lit
  - Adequately ventilated

---

### 7.6 Temperature Monitoring

- Refrigerator temperatures shall be recorded **three times daily**:
  - Pharmacy
  - Central Stores
- In all other medication storage areas:
  - Temperature shall be recorded **three times daily**
  - Entries shall be **verified and countersigned** by the area in-charge.

AIIMSGHY Hospital	Doc No.	E/NABH /AIIMSGHY/ MOM2 / 10
<b>POLICY ON MEDICATION STORAGE</b>	Issue No.	01
	Rev. No.	00
	Date	01/12/2025

---

### 7.7 Security

- Medications shall be protected from:
  - Loss
  - Theft
  - Unauthorized access

---

### 7.8 Look-Alike Sound-Alike (LASA) Medications

- LASA medications shall be:
  - Clearly identified
  - Stored **separately**
  - Appropriately labeled to prevent errors

---

### 7.9 Emergency Medications

- Emergency medicines shall be:
  - Available **at all times**
  - Stored in designated emergency trays/crash carts

---

### 7.10 Replenishment

- Emergency medications shall be replenished **immediately after use.**

---

### 7.11 Inventory Control

- Inventory management practices such as:
  - **FIFO (First-In-First-Out)**
  - **ABC analysis**  
shall be strictly followed while issuing medications.

---

### 7.12 Generic-Based Storage

AIIMSGHY Hospital

**POLICY ON MEDICATION STORAGE**

Doc No.	E/NABH /AIIMSGHY/ MOM2 / 10
Issue No.	01
Rev. No.	00
Date	01/12/2025

- All medicines shall be stored by **generic name only**, arranged alphabetically.
- 

**7.13 Audit**

- The organization shall conduct **quarterly audits** of medication storage areas.
  - Audit findings shall be documented and corrective actions initiated where required.
- 

**8.0 RECORDS**

- Temperature monitoring logs
  - Inventory registers
  - LASA drug list
  - Audit reports
-