

# Storage of drugs in anaesthetic rooms

The Royal College of Anaesthetists (RCoA) and Association of Anaesthetists of Great Britain and Ireland (AAGBI) recognise that secure drug storage makes an important contribution to patient safety, and the safety of the public, but patient safety must always be the priority. The RCoA and AAGBI support a system of standard operating procedures (SOPs) that makes patient safety paramount, and recognises that even short delays in accessing drugs may result in an adverse patient outcome. All drugs and medicines<sup>§</sup> need to be stored safely. The Royal Pharmaceutical Society (RPS) recognises that there are special requirements for the storage of drugs in operating theatre departments, and recommends that there should be a system of Standard Operating Procedures (SOPs) covering each of the activities concerned with medicines use to ensure the safety and security of medicines stored and used in operating departments.<sup>1</sup>

A particular situation not mentioned in the RPS document is that anaesthetic rooms, which function as a form of 'annexe' to the main operating theatre, are usually a place in which drugs and fluids are stored. During the conduct of an anaesthetic and surgery the anaesthetic room may temporarily and intermittently be unoccupied when the patient is in theatre. Care Quality Commission (CQC) inspectors have in recent months identified a need for guidance as to whether the storage of drugs and fluids in unlocked cupboards in temporarily unoccupied anaesthetic rooms is acceptable.

The Health and Social Care Act 2008<sup>2</sup> demands that patients and healthcare staff be protected 'against the risks associated with the unsafe use and management of medicines by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines'.

There is clear guidance on the storage of Controlled Drugs such as morphine, cocaine, and fentanyl in this setting,<sup>3</sup> but there is currently no specific advice on best practice for the storage of non-controlled drugs and fluids in anaesthetic rooms. The Royal College of Anaesthetists (RCoA) and the Association of Anaesthetists of Great Britain and Ireland (AAGBI) convened a working party to address this issue. This document is the report of the working party.

## Guidance

- 1 Patient safety must be the paramount consideration. Immediate access to a variety of drugs can sometimes be essential, such that even short delays in drug availability can make a difference to patient outcome.
- 2 It is not possible to provide a definitive list of 'emergency drugs' that should be immediately available at all times, as these vary depending on patient condition and the surgical procedures being performed. There are few drugs commonly stored in anaesthetic room drug cupboards<sup>¶</sup> that will not be needed urgently on occasion.
- 3 Local SOPs should exist for the safe storage of drugs (both controlled and non-controlled medicines) and fluids in operating theatre departments. These should be adequately risk-assessed and agreed by pharmacists, anaesthetists, nurses, operating department practitioners and ratified by the organisations medicines management committee. The Accountable Officer for medicines within the organisation should endorse these.<sup>4</sup>
- 4 Decisions about drug security in anaesthetic rooms must reflect a balance between patient safety, staff protection and security. We understand that this may mean that in defined circumstances, drug cupboards (excluding those containing Controlled Drugs) may remain unlocked when the anaesthetic room is temporarily unoccupied and the operating theatre is in use.

<sup>§</sup> For the purposes of this paper the terms drugs, medicines and fluids are used interchangeably.

<sup>¶</sup> In this guidance, the term 'drug cupboard' includes all forms of drug and fluid storage, including refrigerators.

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- 5 Even if anaesthetic room drug cupboards cannot, in the interests of patient safety, be locked during surgical procedures, practices can be followed that may minimise medicines security risks, e.g. drugs and fluids prepared in advance for procedures can be kept in closed cupboards.
- 6 An unoccupied anaesthetic room should ideally remain visible at all times to those in the operating theatre, usually through windows in the door.
- 7 Anaesthetic room drug cupboards must be locked when the operating theatre is unoccupied.
- 8 It is common practice to prepare a selection of 'emergency drugs' that should be immediately available during the course of an anaesthetic. These will often accompany the patient from the anaesthetic room into the operating theatre but, if this is not possible, they should be stored in the anaesthetic room in a manner that maintains their immediate availability. They should be adequately labelled, and disposed of appropriately if not used.
- 9 Certain rarely-used emergency drugs may be stored in a central location, serving the entire theatre suite, e.g. dantrolene and intralipid. Local SOPs should be compliant with relevant legislation and should ensure that the locations of these drugs are conspicuously signposted.
- 10 We support the use of effective access control systems for all routes that allow entry into operating departments, limiting access to only those with legitimate reasons for access.

## References

- 1 The safe and secure handling of medicines: a team approach. *RPSGB*, London 2005 (<http://bit.ly/1R893Hc>).
- 2 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (<http://bit.ly/1Zr5Lny>).
- 3 Controlled Drugs (Supervision of management and use) Regulations 2013: Information about the Regulations. *DH*, London 2013 (<http://bit.ly/1R88CNa>).
- 4 Patient Safety Alert (NHS/PSA/D/2014/005). Stage Three: Directive: Improving medication error incident reporting and learning, 20 March 2014. *MHRA and NHSE*, London (<http://bit.ly/1Zr6h4T>).

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The College of Operating Department Practitioners (CODP)  
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The Care Quality Commission (CQC)

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