01.04 - Care and Monitoring of Refrigerators and Freezers

Purpose

To assure that refrigerators and freezers are clean, contents are properly stored, and the temperatures are monitored.

Audience

All employees of UTMB hospitals, clinics and outpatient surgical centers and contract workers.

Cleaning

All refrigerators/freezers should be cleaned regularly and as necessary for spills.

Contents

- Refrigerators designated as shared patient and family refrigerators that are used by multiple patients and/or families should contain only food that is sealed in an airtight container that has not been inside the patient's room
- Galley refrigerators that are maintained by the food and nutrition department should contain only food that has been prepared by the food and nutrition department or food brought in for patients that is pre-packaged, unopened, and has not been inside the patient's room.
- Food items designated for a specific patient should be labeled with that patient's name and the date that it was placed in the refrigerator.
- It is recommended that food be discarded on a regular schedule of every 2 days and/or when the food is past the printed expiration date.
- Food for employees shall not be stored in the patient food refrigerator.
- Medicine or drug refrigerators should be kept solely for the purpose of storing medications that require refrigeration according to manufacturer's instructions. Beer ordered for a specific patient may be stored in the medication refrigerator.
- Refrigerators for storage of blood should contain only blood and blood products.
- Specimen refrigerators should contain only specimens which are properly secured and appropriately labeled (i.e., with the patient's name, unit number, and date).

Temperature

- An accurately calibrated thermometer or digital probe must be kept in each refrigerator and freezer at all times. There are 2 options for monitoring temperatures in refrigerators and freezers.
    1. The temperature of any refrigerator or freezer that contains drugs, patient food, blood or specimens can be checked, and logged daily to ensure proper temperature control. Logs that are needed for food, drugs, or specimens can be downloaded from the following hyperlink: http://intranet.utmb.edu/qhs/TheJointCommission/default.asp
    2. The temperature of any refrigerator or freezer that contains drugs, patient food, blood or specimens can be monitored with a digital monitoring system that monitors temperatures in refrigerators and freezers at 15 minute intervals continuously.

- A notification system is defined by management of clinical areas.
- If temperatures register above or below the appropriate range, all stored items shall be removed, the viability of the items stored shall be determined and non viable items shall be discarded. A form will be completed for each type of product discarded. See attached appendices for the appropriate form.
  - Blood and blood products
  - Medications
  - Specimens
  - Food
- Each form will be completed, dated, timed and signed by the person who identified the products that were damaged. These forms will be kept according to facilities document retention policy
- Damaged blood and blood products will be returned to the Blood Bank. Damaged medications will be returned to the Pharmacy. Damaged specimens will be sent to the appropriate clinical laboratory to be discarded. When Dietary Department refrigerators or freezers fail, spoiled food will be returned to the Dietary Department for disposal. When patient refrigerators fail the spoiled food will be discarded on the nursing unit and the form for spoiled food will be completed and placed in a file on the nursing unit for refrigeration failures. A copy of the form will be submitted with the damaged products returned to the Blood Bank, Pharmacy, Clinical Laboratory or Dietary Department.
- Business Offices and Facilities (BOF) must be notified immediately for an out of range temperature finding. BOF will inform the user department when the refrigerator/freezer is safe for use.
- Areas that are not open 24/7 will have a method in place to record temperature during non-clinic hours. The temperature will be checked for that time frame upon return.
- The Texas Department of State Health Services (DSHS) requires any refrigerator that contains DSHS vaccines to have the temperature checked at least twice a day.
- The temperature of patient food refrigerators must be kept at or below 41^0 (5^0C).
- The temperatures at which drugs are usually refrigerated should be maintained thermostatically between 36°F – 46°F (2° - 8^0C) and freezers at temperatures between -4^0F and 14^0F (-10^0C and -20^0C).
- Blood is to be kept between 34°F – 43°F (1^0 - 6^0C), and antisera between 36°F – 46°F (2^0 - 8^0C).
- Pathology specimens must be stored at a temperature between 36°F – 46°F (2^0 - 8^0C).

References

1. The Joint Commission Comprehensive Accreditation Manual for Hospitals –

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2. McGregory ME. Wireless refrigerator temperature monitoring systems: because you have other things to worry about. Pharmacy Purchasing and Products. March 2006. https://www.pppmag.com/article_print.php?id=267 Accessed 8/4/09.

3. McGregory ME. Wireless temperature monitoring systems; selection implementation, and quality assurance. Pharmacy Purchasing and Products. June 2007. http://www.pppmag.com/documents/V4N6/p20_22_24_25.pdf Accessed 8/6/09

4. Foster J, Stutzman M, Lutz P, et al. Adoption of wireless temperature monitoring systems on the rise. Pharmacy Purchasing and Products. Sept 2008. https://www.pppmag.com/documents/V5N9/p12_14_15_17.pdf Accessed 8/4/09.

5. CMS Manual System. https://www.cms.gov/Regulations-and Guidance/Guidance/Transmittals/downloads/R48SOMA.pdf Accessed 12/15/16.

Appendix A
Form for Documentation of Damaged Blood and/or Blood Products Due to Failure of Refrigeration

Date and time of refrigeration failure

____/____/____ ____:____ AM/PM

Date and time this form completed

____/____/____ ____:____ AM/PM

List of Blood and/or Blood Products Damaged

Type of Unit	Patient's Name	Unit Identification Number

A copy of this form must accompany the blood and/or blood products being returned to the Blood Bank.

Print name: _____ Date: ____/____/____

Signature: _____

Appendix B

Form for Documentation of Damaged Medication Due to Failure of Refrigeration

Date and time of refrigeration failure

____/____/____ ____:____ AM/PM

Date and time this form completed

____/____/____ ____:____ AM/PM

List of Medication(s) Damaged

Medication	Patient's Name	Prescription Number

A copy of this form must accompany the medication(s) being returned to the Pharmacy.

Print name: _____ Date: ____/____/____

Signature: _____

Appendix C

Form for Documentation of Damaged Specimens Due to Failure of Refrigeration

Date and time of refrigeration failure

____/____/____ ____:____ AM/PM

Date and time this form completed

____/____/____ ____:____ AM/PM

List Specimens Damaged

Specimen	Patient's Name	UH Number

A copy of this form must accompany the specimen(s) being returned to the receiving area for the Clinical Laboratories.

A copy of this form must accompany the medication(s) being returned to the Pharmacy.

Print name: _____ Date: ____/____/____

Signature: _____

Appendix D
Form for Documentation of Spoiled Food Due to Failure of Refrigeration

Date and time of refrigeration failure

____/____/____ ____:____ AM/PM

Date and time this form completed

____/____/____ ____:____ AM/PM

List of Spoiled Food Items

Food Item	Patient's Name	UH Number

When Dietary Department refrigerators/freezers fail, a copy of this form must accompany spoiled food items returned to the Dietary Department to be discarded.

When patient refrigerators fail, the spoiled items discarded will be listed on this form and the form placed in a file on the unit for refrigeration failures.

Print name: _____ Date: ____/____/____

Signature: _____