

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Prescription Forms - Secure Storage
<b>TYPE OF DOCUMENT</b>	Procedure
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<b>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</b>	Jo Karnaghan Director of Clinical Governance and Medical Services
<b>AUTHOR</b>	Julie Thompson, on behalf of SESLHD Drug and Quality Use of Medicines Committee
<b>POSITION RESPONSIBLE FOR THE DOCUMENT</b>	SESLHD Quality Use of Medicines Committee <a href="#">SESLHD-DrugCommittee</a>
<b>KEY TERMS</b>	Script pads, prescription pads, prescription forms
<b>SUMMARY</b>	Describes the procedure for safe management of prescription form security

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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**1. POLICY STATEMENT**

SESLHD facilities will ensure prescription forms are handled and stored in a manner that will prevent theft and unauthorised use and support compliance with NSW Ministry of Health [PD2013 043 - Medication Handling in NSW Public Health Facilities](#) requirements for security of prescription forms.

**2. BACKGROUND**

This procedure has been developed to ensure that supply, storage and handling mechanisms are in place to facilitate security of prescription forms in all areas of SESLHD facilities and that prescription forms are secured in a way that will prevent theft and subsequent unauthorised use.

**Prescription forms** include those for internal use for prescribing within the hospital and those for external use for prescribing in the community, hospital pads, medical officers' private prescription pads and forms for computer generation of prescriptions, but exclude medication charts used for prescribing and administering medicines for inpatients.

**Secure storage** is within a lockable location to which unauthorised users do not have access when not within the possession of authorised prescribers.

**3. RESPONSIBILITIES****3.1 Employees will:**

Follow this procedure.

**3.2 Line Managers (in inpatient units and outpatient clinics) will:**

- Provide secure storage for prescription forms
- Obtain prescription forms through the site approved secure mechanism
- Audit departmental compliance with this procedure.

**3.3 Pharmacy Departments / Medical Administration will:**

- Distribute prescription forms to prescribers via the mechanism approved by the General Manager
- Manage the tracking and accountability system for prescription forms
- Regularly examine tracking and accountability records for anomalies.

**3.4 General Managers will:**

- Review and approve the site prescription security mechanism.

**3.5 Medical staff or authorised prescribers (e.g. nurse practitioners) will:**

- Obtain prescription forms via the approved procedure
- Be responsible for the security of the prescription forms issued to them
- Return prescription forms to secure storage when not in use.

**4. PROCEDURE**

- SESLHD prescription forms must be procured via the State Forms Contractor by pre-authorized personnel.
- All prescription forms must be distributed to prescribers via a secure mechanism to avoid unauthorised access. This should occur either through medical administration or pharmacy department at each site.
- A tracking and accountability system for all prescription forms should be in operation with SESLHD standardised prescription forms pre-printed with serial numbers.
- Departments and medical officers will obtain all SESLHD prescription forms through the site approved secure mechanism.
- Wherever possible, authorised prescribers will be individually issued with prescription forms marked with their name and contact details. Once issued, the prescriber is responsible for the security of the prescription forms.
- Each site must have their prescription security mechanism approved by the General Manager and reviewed at least biannually.
- All sites, including outpatient clinics and community health facilities, must store prescription forms securely in a locked location with restricted access when not in use.
- Where medical practitioners bring their private practice or personal PBS prescription forms to the hospital, they should preferably be retained by the medical officer at the conclusion of their clinic or other clinical activity. Where this is not possible, the prescription forms should be stored in a secure location until the next clinic of that doctor.
- Prescription forms must **not** be held in Schedule 8 drug safes in patient care areas<sup>1</sup>.
- Access to prescription forms in use must be restricted to authorised prescribers.
- On completion of prescribing, prescription forms must be returned by the medical officer to secure storage or to the staff member in that unit responsible for secure storage of the prescription forms.
- In the event of loss or theft of prescription forms, the pharmacy department and/or Director of Clinical Services must be informed immediately, with further reporting to NSW Health Pharmaceutical Services.
- Prescription forms found unsecured must either be returned to secure storage or returned to the distribution point (medical administration or pharmacy department).

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### 5. DOCUMENTATION

Recording of prescription form numbers issued to medical officer for tracking purposes.

### 6. AUDIT

- Each SESLHD facility General Manager will review the procurement, distribution and storage mechanisms in place biannually.
- The tracking and accountability records should be regularly examined for anomalies – frequency dependent on volume, but at least annually by the department assigned responsibility for distribution.
- Random snapshot audits by Nurse Unit Managers and department authorised to distribute should occur in Inpatient Units and Outpatient Clinics at least annually.

### 7. REFERENCES

1. [PD2013\\_043 Medication Handling in NSW Public Health Facilities - NSW Health](#)

### 8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
January 2013	1	Reviewed by the District Drug Committee. No change undertaken but rebadged into SESLHD format. Approved by George Rubin Director Clinical Governance.
December 2015	2	Minor revisions and reformatted by Julie Thompson, QUM Lead Pharmacist. Reviewed and endorsed by the SESLHD Drug & QUM Committee 10 December 2015. Endorsed by Executive Sponsor.
June 2019	3	Minor revisions and reformatting by Amy Minett, Acting QUM Lead Pharmacist: <ul style="list-style-type: none"> <li>• Reformatted to current template</li> <li>• Updated NSQHS Standards to 2nd edition</li> <li>• Removal of reference to EQuIP Standards</li> <li>• Updated contact email address for SESLHD QUM Committee</li> <li>• Included reference to other authorised prescribers (e.g. nurse practitioners)</li> <li>• Aligned procedure to PD2013_043 around management in the event of loss/theft of prescription forms.</li> </ul>
July 2019	3	Reviewed and endorsed by SESLHD QUM Committee, 4 July 2019. Endorsed by Executive Sponsor.
July 2019	3	Processed by Executive Services prior to publishing.