

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

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| <b>NAME OF DOCUMENT</b>                                    | Prescription Forms - Secure Storage   |
| <b>TYPE OF DOCUMENT</b>                                    | Procedure   |
| <b>DOCUMENT NUMBER</b>                                     | SESLHDPR/235  |
| <b>DATE OF PUBLICATION</b>                                 | July 2022   |
| <b>RISK RATING</b>   | Medium  |
| <b>LEVEL OF EVIDENCE</b>                                   | National Safety and Quality Health Service Standards<br>(second edition)<br>Standard 4.1 and 4.14 |
| <b>REVIEW DATE</b>   | July 2025   |
| <b>FORMER REFERENCE(S)</b>                                 | PD 257  |
| <b>EXECUTIVE SPONSOR or<br/>EXECUTIVE CLINICAL SPONSOR</b> | Director of Clinical Governance & Medical Services  |
| <b>AUTHOR</b>  | Julie Thompson, on behalf of<br>SESLHD Drug and Quality Use of Medicines Committee                |
| <b>POSITION RESPONSIBLE FOR<br/>THE DOCUMENT</b>           | SESLHD Quality Use of Medicines Committee<br><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<br>prescription form security                      |

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

**This Procedure is intellectual property of South Eastern Sydney Local Health District.  
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Feedback about this document can be sent to [SESLHD-Policy@health.nsw.gov.au](mailto:SESLHD-Policy@health.nsw.gov.au)

**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 Health Policy Directive 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 Pharmacy Department or Medical Administration;
- Be responsible for departmental compliance with this procedure.

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

- Distribute prescription forms to authorised prescribers in accordance with this procedure;
- Manage the tracking log for prescription forms and regularly examine for anomalies.

**3.4 The Quality Use of Medicines Committee will:**

- Review and approve the procurement, distribution and storage mechanisms outlined in this procedure biannually.

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

- Obtain prescription forms in accordance with this 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-authorised personnel in either the Pharmacy Department or Medical Administration. Upon receipt the quantity received **MUST** be checked against the invoice and the unique pad numbers recorded in a dedicated log.
- All prescription forms must be distributed to prescribers by either the site medical administration or pharmacy department to avoid unauthorised access.
- All prescription pads are ordered by clinical areas on the prescription pad ordering form and **MUST** be collected by authorised prescribers or registered nursing staff from that clinical area.
- A tracking log is maintained to account for all prescription pads distributed by the Pharmacy Department or Medical Administration and **MUST** include the date of collection, the serial number from the first and last page of **EACH** prescription pad, the full name of authorised prescriber or registered nurse collecting and the full name of Pharmacy or Medical Administration staff who issued the pad.
- 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.
- Prescription forms must **not** be held in Schedule 8 drug safes in patient care areas.
- Access to prescription forms in use must be restricted to authorised prescribers.
- On completion of prescribing, prescription forms must be returned by the authorised prescriber to secure storage or to the staff member in that unit responsible for secure storage of the prescription forms.
- *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.*
- 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 site Pharmacy Department or Medical Administration.
- Blank prescriptions pads that are no longer required by clinical areas **MUST** be returned to the site Pharmacy Department or Medical Administration for recording and, if required, secure destruction.

# SESLHD PROCEDURE

## Prescription Forms - Secure Storage

**SESLHDPR/235**

### 5. DOCUMENTATION

Recording of prescription form numbers issued to ward or clinic areas for tracking purposes.

### 6. AUDIT

- The Quality Use of Medicines Committee will review the procurement, distribution and storage mechanisms outlined in this procedure biannually.
- The tracking log should be regularly examined for anomalies – frequency dependent on volume, but at least annually by the Pharmacy Department or Medical Administration assigned responsibility for distribution.

### 7. REFERENCES

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

### 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.<br>Approved by George Rubin Director Clinical Governance.  |
| December 2015 | 2            | Minor revisions and reformatted by Julie Thompson, QUM Lead Pharmacist.<br>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  |
| July 2019     | 3            | Reviewed and endorsed by SESLHD QUM Committee, 4 July 2019.<br>Endorsed by Executive Sponsor  |
| July 2022     | 4            | Minor revision by Erica Wales, QUM Lead Pharmacist. Remove requirement for local mechanisms and articulate standardise practice across SESLHD. Responsibility for procedure review changed to SESLHD QUM Committee. Endorsed by SESLHD QUM Committee.<br>Approved by Executive Sponsor. Published by SESLHD Policy. |