



# Medication Supply Procedure

## 1. Purpose

The following information relates to the appropriate, safe, and legal supply of medication to patients discharging from WA Country Health Service (WACHS) facilities following an admission or presentation. Supply in this procedure refers to the physical provision of medication to a patient/carer to take home.

**This procedure does not include pharmacist dispensing from a prescription or medication chart.** In general, WACHS Pharmacy Departments only dispense medication in scenarios whereby the medication would be otherwise inaccessible to the patient/carer, e.g.:

- Special Access Scheme (SAS) or non-TGA registered medicines
- high-cost medications which are not subsidised by the Pharmaceutical Benefits Scheme (PBS) and unable to be privately funded by the patient. Refer to the [WACHS Outpatient Supply of Non-PBS Medications Policy](#)
- S100 Highly Specialised Drugs (S100 HSD) approved for public hospital dispensing only
- where a pharmacist dispensed supply is deemed necessary by a healthcare team for clinical, practical, or social reasons.

Consult your regional pharmacy department for advice on the above scenarios. Where the regional pharmacy service is not available (off-site or outside business hours) and medication supply is deemed necessary, refer to the below mechanisms for non-dispensed medication supply.

**This procedure describes non-dispensed medication supply including:**

- supply of medication by an authorised prescriber
- supply of medication by non-prescribers:
  - [Starter packs](#)
  - Acute supply via [remote area nurse provisions](#)
  - [Unscheduled, Schedule 2 \(S2\) and Schedule 3 \(S3\) medicines](#)
  - [Chronic PBS medicines at remote clinics](#)

## 2. Procedure

### 2.1 Supply considerations

Medication supply from a WACHS site is only to occur in cases where the required medication is unable to be accessed from a local community pharmacy.

Medication supply is ultimately at the discretion of the prescriber or initiator (in cases where a prescriber is not legally required). Scenarios where this may be considered include:

- logistical, cultural, or social barriers which make it impractical for the patient/carer to obtain the required medication
- there is reasonable belief the patient/carer will not collect a clinically required medication thereby risking patient safety

- the clinically required medication cannot be obtained in a reasonable timeframe and a delay in access to treatment would be detrimental to patient care.

In cases where the patient/carer is able to obtain the medicine from a local pharmacy, but not immediately post discharge e.g. after hours:

- consider whether a dose will be required before the local pharmacy is next open
- supply a sufficient quantity to enable administration until the prescription can be filled or alternative supply arrangements made. e.g. for a six hourly antibiotic, provision of two take home doses can facilitate an evening discharge until the patient/carer can fill a script for the remainder of the course the following day.

Care must be taken to preserve limited imprest supplies, including pre-labelled starter packs and prevent leaving the site with inadequate stock to treat subsequent patients. Re-stocking times vary depending on the site and region however it may be several days until replacement stock can be sourced.

## 2.2 General supply procedure

### Documentation of Supplied Medicines

Medications to be supplied from a WACHS site require a valid order from the prescriber or initiator. This should be recorded on an approved medication chart (MR170 series). Refer to WACHS [Medication Prescribing and Administration Policy](#) for minimum prescription requirements.

Authorised prescribers can utilise the “once only” order section, or the “continue on discharge” box (for existing orders) to prescribe a non-dispensed take home supply.

Non-prescribers (acting within scope and policy) can utilise the “nurse/midwife initiated medicines” section and are responsible for signing the order to document non-dispensed supply.

Where non-prescribers are taking a verbal order from an authorised prescriber to supply, the direction is to be transcribed onto the “phone/verbal order” section of the chart. See section 2.5 below for more information on verbal orders.

Irrespective of the initiator, all orders for take home medication supply must specify take home (e.g. “TTH” (to take home) or “starter pack”), the quantity to be supplied, and clear directions to be transcribed onto the medication label.

All sites that supply medications must have a Medication Supply Register in place. All medications provided to patients to take home must be documented in this register. This provides a visible and accountable record of WACHS provided medicines. A copy of the register containing all recent entries must be sent to the regional pharmacy at least monthly for review and oversight. Contact your regional pharmacy department for advice on how to order the register.

Instances of medication supply should also be recorded in the patient healthcare record (e.g. progress notes) to document the plan and rationale, as well as provide evidence of medication education (written and/or verbal) -provided to patient and/or carer.

## Legal Considerations of Medication Supply

The physical supply of medication is to be done by the most appropriate health professional available on site. Authorised prescribers, and pharmacists working under the direction of a prescriber, are legally authorised to supply medication to a patient. In general, non-authorised professions (e.g. nurses, midwives) are not permitted to supply medications, unless authorised to do so by legislation described in [Authorised Supply of Medications by Non-prescribers](#).

In cases where nursing staff are the only health professionals available on site and are not legally authorised to supply a required medication (e.g. a scheduled medicine not in a starter pack), the prescriber is responsible for checking the label and contents before witnessing the physical supply to patient and thereby becomes the authorised supplier. This can be achieved either in person or via videoconference. Nursing staff are to document details of this in the healthcare record e.g. "Supplied 2 x olanzapine 5mg wafers to take home (TTH) as ordered and verified by Dr X over virtual check.

## Practicalities of Medication Supply (label and packaging)

All supplied medications are to be labelled and packaged in accordance with the [Medicines and Poisons Regulations 2016](#) and [Poisons Standard 2024](#). Medications which are not available at the site as a pre-labelled starter pack must be appropriately packaged and labelled at site. Medications can be prepared by prescribers or non-prescribers however scheduled medicines must be checked by an authorised health professional prior to supply. Label templates and packaging materials can be obtained from Regional Pharmacy or Supply Departments.

Minimum labelling requirements:

- name and phone number of the supplying health service
- approved name of the medication
- adequate directions for use
- strength and form
- total quantity supplied
- the words "Keep out of reach of children"
- the full name of the patient
- a sedation warning for medications listed in Appendix K of the [Poisons Standard 2024](#).
  - Cautionary and Advisory label #1 must be applied. It states "This medication may cause drowsiness. If affected do not drive a motor vehicle or operate machinery. Avoid alcohol."
- where the medicine is for external use, include the words "FOR EXTERNAL USE ONLY".

Packaging requirements:

- Regulation 83 of The Medicine and Poison Regulations 2016 prohibits the use of envelopes, plastic bags or paper bags for supply of medication.
- for strip packaged medications, use the original pack or a white, cardboard tablet box. Ensure the batch number, expiry date, medicine name and strength are visible on the medication strip.
  - where a strip is being cut, retain the part-strip on site with the batch and expiry while ensuring the medicine is still identifiable
  - the part-strip without this information can be provided to the patient, however batch and expiry details must then be reflected on the label

- the medication name and strength must remain visible on both the strip retained on site and on the patient supply.
- for loose tablets and capsules, use an empty tablet bottle. Ensure the batch number and expiry date (12 months from the day of supply or the manufacturer's expiry, whichever is less) is written on the label
- oral liquids should be supplied in the original bottle where possible. In cases where a single dose is required, the available stock does not permit the provision of an entire bottle or there are concerns regarding a patient/carer's ability to measure the required dose:
  - pre-drawn doses must be provided in a capped enteral/oral (purple) syringe
  - the syringe must be labelled adhering to the minimum labelling requirements as above, the batch number and a 24-hour expiry
- single patient products such as creams, nasal sprays, eye/ear drops and inhalers can be provided to the patient to take home provided treatment is to continue. If the medicine is a pharmacist only (S3) or a prescription only (S4) medicine, a label with minimum labelling requirements (as above) is required on the primary container.

### 2.3 Authorised Supply of Medications by Prescribers

Prescribers are legally authorised to supply medication however must abide by the supply considerations and requirements within this procedure. Where a prescriber is physically on site with nursing staff, the prescriber is the most appropriate professional to supply medicines. Where a prescriber is not on site, nursing staff can enact the physical process of supply however a virtual check by the prescriber is required in cases where the registered nurse (RN) is not legally permitted to supply the medicine. In this way, the prescriber becomes the authorised supplier even if in virtual capacity.

The prescriber is responsible for visually witnessing the medicine, quantity and label when:

- the medicine is not in a pre-prepared starter pack
- the medicine is scheduled as S2, S3, S4 or S8.

A virtual check by the prescriber is **not required** where site nursing staff are permitted to supply medication as covered by relevant legislation:

- supply of medication in a pre-prepared starter pack as per the Starter Pack Structured Administration and Supply Arrangement (SASA) (see [Supply of Approved Starter Packs](#))
- supply of acute medicines from a remote area nursing (RAN) post as per the RAN SASA (see [Supply of Acute Medications in Remote Clinics](#))
- supply of unscheduled medicines (see [Supply of unscheduled, Schedule 2 and Schedule 3 medicines](#))
- supply of chronic medicines in remote clinics (see [Supply of Chronic Pharmaceutical Benefits Scheme \(PBS\) Medications in Remote Clinics](#)).

## 2.4 Authorised Supply of Medications by Non-Prescribers

### Supply of Approved Starter Packs

A registered nurse (RN) at a WACHS health facility may supply a starter pack in accordance with the approved list and conditions set out in the [WA Country Health Service - Supply of Starter Packs by Registered Nurses](#) SASA.

Medications in approved, pre-labelled starter packs may be provided to patients who are not otherwise able to access the required medication. This is at the discretion of the prescriber based on the supply considerations laid out in [Supply considerations](#).

A valid order from an authorised prescriber (whether written or verbal) is still required however a visual check by the prescriber is not necessary. The site nurse is responsible for completing the blank sections of the label and providing verbal and/or written medication education. See the [Pharmacy Services SharePoint](#) page for resources such as WA Medicines Information Leaflets, Choice and Medication, and Consumer Medicines Information.

In general, starter packs should not be broken unless necessary. Where less than a full pack is required, the remaining balance should be:

- discarded in the appropriate waste or sharps bin – for loose tablets which are non-controlled medications
- moved to general ward stock – for foil packed medications where the integrity of packaging, which includes the name and expiry date being identifiable, is not compromised.

Where this involves Schedule 4 Recordable (S4R) medicines, any movement of stock needs to be recorded into the S4R register. Where S4R medications are required to be destroyed, they must be returned to pharmacy via a requisition slip. See section on Return of Medications to Pharmacy in the WACHS [Medication Handling and Accountability Policy](#).

Approved, pre-labelled starter packs are distributed to regional sites with all legally required cautionary labels affixed. Regional pharmacy may add additional cautionary labels if deemed appropriate, e.g. to paracetamol/codeine - CAUTION Not to be taken if breastfeeding.

### Supply of Acute Medications in Remote Clinics

Registered nurses (RNs) working at Remote Area Nurse Posts are authorised to supply medicines for acute treatment in accordance with the [Supply and/or administration by Registered Nurses at Remote Area Nursing Services](#) SASA.

Approved Remote Area Nursing Posts are listed within the SASA. The registered nurse must be reasonably satisfied that acute treatment of the condition is required. A prescriber's order is not required however the RN must consider whether referral to a medical officer or nurse practitioner is more appropriate.

Supply of the approved medicines must meet the specified criteria. Some medications are only permitted to be administered at site, and not approved to be supplied to a patient to take home. Where supply is appropriate, the quantity to be provided is one full pack or one



full course required to treat the condition. Prescription medicines require a label (see minimum labelling requirements above).

## Supply of unscheduled, Schedule 2 and Schedule 3 medicines

Non-prescribers (e.g. nurses, pharmacists) can supply non-prescription medications in certain circumstances according to their profession and the scheduling of the medicine. Consideration must still be given to whether referral to a medical officer is required, and whether the supply of limited imprest stock is justified.

Nurses and midwives are legally authorised to initiate a limited number of non-prescription medications without a prescriber's order (refer to the WACHS [Medication Prescribing and Administration Policy](#) and relevant appendices), however supply of these medicines to take home is only permitted for unscheduled medications.

Unscheduled medicines are those that do not need to be procured by a pharmacist and are generally found at general sale outlets such as supermarkets. The original packaging can be consulted to determine if the medicine is unscheduled or refer to the product information on [AusDI](#) (accessible via the WACHS library).

In these cases, the health professional initiating the supply is responsible for completing the medication order on the "Nurse/Midwife Initiated" section of the medication chart and documenting details of the supply on the chart, and in the healthcare record.

Midwife initiated medications under the midwife specific SASAs are for administration only. Supply is not allowed unless the midwife is an Endorsed Midwife, and therefore an authorised prescriber.

## Supply of Chronic Pharmaceutical Benefits Scheme (PBS) Medications in Remote Clinics

The following health professionals working at remote clinics can supply certain PBS medications for the continuation of treatment for chronic health conditions:

- Registered nurses, medication administration competent enrolled nurses, midwives
- Aboriginal and Torres Strait Islander health practitioners and Aboriginal and Torres Strait Islander health workers who have completed a Chief Executive Officer (CEO) of Health approved training course.

Supply is only authorised from a remote clinic i.e. a site participating in the S100 Remote Area Aboriginal Health Services Program (S100 RAAHS) or approved to be a remote clinic under section 39a of the [Medicines and Poisons Regulations 2016](#) and is more than 25 km of an open/accessible pharmacy. Examples of remote clinics in WACHS:

- Midwest – Burringurrah, Mount Magnet
- Goldfields – Laverton, Leonora
- Kimberley – Fitzroy Crossing, Halls Creek, Kalumburu, Looma, One Arm Point and Warmun
- Pilbara – Marble Bar, Nullagine and Yandeyarra

The supplied medication may be S2, S3 or S4 (excluding S4R and S8) and must be listed on the Pharmaceutical Benefits Scheme (PBS). The patient must have seen a medical

practitioner in the previous six months to seek treatment for the same medical condition to which the supply relates. Direction to supply may come from an authorised prescriber via:

- a signed/verified order in the patient's healthcare record
- a verbal or written order, see [Supply of Medications on a verbal order](#).

The maximum quantity to be provided is that on the PBS (usually one full pack).

Prescription (S4) medications must be labelled appropriately however a visual check by the prescriber is not required.

## 2.5 Special Circumstances

### Supply of Medications on a Verbal Order

A non-prescribing health professional may receive a verbal or written direction from an authorised prescriber to supply medication to a patient. Refer to the WACHS [Medication Prescribing and Administration Policy](#).

The health professional who receives the direction must:

- confirm and record the identity of the prescriber.
- confirm the identity of the patient using 3 patient identifiers.
- transcribe the order onto the medication chart in the "Phone/Verbal Order" section.
- in the case of verbal orders, repeat the medication order back to the prescriber:
  - where a second health professional is available on site, they should verify the verbal order directly with the prescriber and provide a second signature on the transcribed order.

The prescriber is responsible for verifying the verbal order within 24 hours, either via:

- physically signing the transcribed verbal order, in cases where the prescriber attends the site in person
- documenting the full details of the verbal order in signed notes, in cases such as Telehealth where the prescriber will not attend site
- transcription onto a medication chart. Clear communication is required to avoid accidental duplication of supply orders. Where supply has already occurred as recorded in the "Phone/Verbal Order" section of the chart, the receiving health professional must mark the order on the new chart as "see verbal order" or "already supplied".

To ensure legal obligations are met, health professionals who receive a verbal order are responsible for reconciling the order with written confirmation from the prescriber, whether via a subsequent medication chart or signed notes.

While the direction to supply can occur via telephone or videoconference, in cases where the prescriber is required to visually check the medicine and label (i.e., for take home medicines NOT in an approved starter pack), this must occur over a visual platform.

### Supply of Controlled Medications

In order to ensure the safe, legal and accountable provision of controlled medications, a dispensed prescription is the primary mechanism for patients to obtain supply of this class of medicines. Prescribers must be familiar with the [Schedule 8 Medicines Prescribing Code](#) and are responsible for checking [ScriptCheck](#) prior to supply to avoid inadvertent supply to a Drug Dependent Person (DDP). The WACHS [Medication Handling and](#)

[Administration Policy](#) is the overarching governance document for handling of controlled medicines in WACHS.

Several Schedule 4 Restricted (S4R) medications are available in pre-sealed starter packs. Refer to the [WA Country Health Service- Supply of Starter Packs by Registered Nurses](#) SASA. Judicious and responsible use is required to preserve packs and discourage drug seeking behaviour.

Schedule 8 (S8) medications and S4R medications not available in Starter Packs, are not to be supplied from WACHS sites unless under exceptional circumstances. Prescriber supply for S8 and S4R medications is generally limited to small quantities to ensure adequate symptom management until medications can be obtained from a community pharmacy. For example;

- a small quantity of oral immediate release opioid for severe acute pain.
- a small quantity of urgently required opioid or benzodiazepine medications for symptom management in end-of-life care where other supply options are impractical or exhausted.

This can only be a short-term interim measure until a dispensed supply can be obtained and does not take the place of adequate forward planning. General supply considerations (e.g. site stock levels) and labelling requirements apply.

A prescriber who decides that a S8 or S4R medication supply is necessary is responsible for enacting the physical supply to the patient/carer and documenting their justification in the healthcare record. A non-prescribing health professional (e.g. nurse) can facilitate this process through preparing the medication packaging and labelling however the prescriber is ultimately responsible for all stages of the supply. In a Telehealth setting, this can be satisfied by the prescriber virtually checking the packaged and labelled medication and witnessing the physical supply to the patient via videoconference. Clear documentation is required to support these scenarios.

### **Supply of Medications for a Patient Returning to a Residential Care Facility (RCF)**

Following an acute presentation, RCF residents with a new / changed discharge medication/s, require careful planning and consideration to ensure continuity of medication administration. Discharge to residential care facilities from hospital should only occur once appropriate clinical handover and a discharge summary (including medications list) has been provided to and acknowledged by the residential care service and to the person being discharged.

In all cases, it is important to understand the requirements of the facility to ensure continuity of medication supply and administration (e.g. whether the facility has an impress, appropriate staffing, or requires a dose administration aid). It is recommended that the discharging treating team contact the facility to confirm specific requirements (e.g. need for prescriptions, medication orders or charts, medication supply, liaison with the relevant community pharmacy, etc.).

## **3. Roles and Responsibilities**

**Prescribers** are responsible for appropriate prescribing, direction to supply, documentation and checking of medications for supply per this policy.



**Nurses / midwives** are responsible for appropriate supply and documentation of medications per this policy.

**Aboriginal and Torres Strait Islander Health Practitioners** are responsible for appropriate supply and documentation of medicines per this policy.

**Regional Medicines and Therapeutics Committees** are responsible for considering and approving any situations that deviate from this procedure and endorsing local processes to support these decisions.

**All staff** are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

## 4. Monitoring and Evaluation

Adverse events and clinical incidents relating to the supply of medicines to patients/carers are to be notified via the approved clinical incident management system (CIMS), and managed as per the WACHS [Medication Prescribing and Administration Policy](#) and the MP 0122/19 [Clinical Incident Management Policy 2019](#). The WACHS Medication Safety Committee and regional Medicines and Therapeutics Committees reviews clinical incident data relevant to medications.

This procedure will be reviewed as required to determine effectiveness, relevance, and currency. At a minimum it will be reviewed every five years by the WACHS Medication Safety Committee.

## 5. References

Nil

## 6. Definitions

Term	Definition
<b>Authorised prescriber</b>	An authorised prescriber is a health professional who is authorised to prescribe, write a medication order and initiate unscheduled, S2, S3, S4 and/or S8 medicines per the <a href="#">Medicines and Poisons Regulations 2016</a> .
<b>Non-authorised prescriber</b>	Non-authorised prescribers are health professionals who are not authorised by the <a href="#">Medicines and Poisons Regulations 2016</a> to prescribe schedule 4 and/or 8 medicines but may prescribe with limitations in WACHS e.g. for specific medicines may write a medication order or initiate therapy as an inpatient or via a SASA.
<b>Medicine schedule (Poisons Standard)</b>	Medicines can be unscheduled, Schedule 2 (pharmacy medicine), Schedule 3 (pharmacist only medicine), Schedule 4 (prescription only medicine) or Schedule 8 (controlled medicine). The Schedules are published in

	the <a href="#">Poisons Standard</a> and are given legal effect through state and territory legislation. The Poisons Standard is also referred to as the Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP).
<b>Unscheduled medicines</b>	Unscheduled medicines are registered by the Therapeutic Goods Administration (TGA) as medicines but are unscheduled.
<b>Schedule 2 medicines</b>	Schedule 2 medicines packaging will be labelled with the signal words "PHARMACY MEDICINE"
<b>Schedule 3 medicines</b>	Schedule 3 medicines packaging will be labelled with the signal words "PHARMACIST ONLY MEDICINE"
<b>Schedule 4 prescription medicines</b>	Schedule 4 medicines packaging will be labelled with the signal words "PRESCRIPTION ONLY MEDICINE"
<b>Schedule 8 prescription medicines</b>	Schedule 8 medicines packaging will be labelled with the signal words "CONTROLLED DRUG"
<b>Supply</b>	Supply, in the context of this policy, refers to the physical provision of medication to a patient/carer to take home. Does not include dispensed medicines.

## 7. Document Summary

<b>Coverage</b>	WACHS-wide
<b>Audience</b>	Doctors, nurses, midwives, Aboriginal and Torres Strait Islander health workers, Aboriginal and Torres Strait Islander health practitioners.
<b>Records Management</b>	<a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<a href="#">Medicines and Poisons Act 2014</a> <a href="#">Medicines and Poisons Regulations 2016</a>
<b>Related Mandatory Policies / Frameworks</b>	<ul style="list-style-type: none"> <li>• MP 0139/20 <a href="#">Medicines Handling Policy</a></li> <li>• <a href="#">Public Health Framework</a></li> </ul>
<b>Related WACHS Policy Documents</b>	<a href="#">Medication Prescribing and Administration Policy</a> <a href="#">Medication Reconciliation- Completing the Medication History and Management Plan Procedure</a> <a href="#">Medication Handling and Accountability Policy</a> <a href="#">Outpatient Supply of Non-PBS Medications Policy</a>
<b>Other Related Documents</b>	<a href="#">WA Country Health Service- Supply of Starter Packs by Registered Nurses</a> <a href="#">Supply and/or administration by Registered Nurses at Remote Area Nursing Services SASA</a> <a href="#">Schedule 8 Medicines Prescribing Code</a>
<b>Related Forms</b>	Nil
<b>Related Training</b>	Nil
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 2782
<b><a href="#">National Safety and Quality Health Service (NSQHS) Standards</a></b>	1.03, 1.07, 1.27, 4.01, 4.04, 4.10, 4.13, 4.14, 4.15
<b><a href="#">Aged Care Quality Standards</a></b>	Nil
<b><a href="#">Chief Psychiatrist's Standards for Clinical Care</a></b>	Nil
<b>Other Standards</b>	Nil

## 8. Document Control

Version	Published date	Current from	Summary of changes
1.00	14 November 2024	14 November 2024	New procedure
1.01	29 January 2025	14 November 2024	Addition of comment regarding cautionary labels to starter packs.

## 9. Approval

<b>Policy Owner</b>	Executive Director Clinical Excellence
<b>Co-approver</b>	Executive Director Nursing and Midwifery
<b>Contact</b>	WACHS Chief Pharmacist
<b>Business Unit</b>	Clinical Excellence and Medical Services
<b>EDRMS #</b>	ED-CO-24-369681
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