

## **Guideline to support the implementation of the national:**

Novel coronavirus (COVID-19) standard operating procedure (SOP)

### **Running a medicines re-use scheme in a care home or hospice setting**

Pan Sussex guidance for:

- Care Homes (Residential & Nursing) and Hospices
- Primary and community care registered Health Care Professionals (HCP)
- Primary and community care prescribers
- Community & Hospice at Home nursing
- Community Pharmacy

**The scope of this is guide is intended to supplement the national SOP and add context to all those potentially involved with the scheme.**

This guide must be read in conjunction with the NHS England and Department of Health & Social (DHSC) care publication 23 April 2020:

Coronavirus (Covid-19) Re-use of medicines in a Care Home or Hospice – please access most up to date version of this document at [https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice?utm\\_source=09d3c6e9-e7c7-4867-a197-d2a68e01f4be&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice?utm_source=09d3c6e9-e7c7-4867-a197-d2a68e01f4be&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

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### Version 1, 5 May 2020

This guide will apply for the duration of the NHS England and Department of Health & Social care (DHSC) publication 23 April 2020 ref: 001559

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# Principles of medicines re-use scheme

1. **Only use this scheme in a medicines supply crisis.**
2. **The scheme is time limited and applies to the period of emergency during the Covid-19 pandemic.**
3. **The care home or hospice chooses to opt in to the scheme.**
4. **It applies to ANY medicine when there is:**
  - **no stock**
  - **no suitable alternative**
  - **and the benefit outweighs the risk.**
5. **It applies to medicines that are no longer needed by the person for whom they were originally prescribed for. Medicines cannot be “borrowed”.**
6. **The medicine being re-used must be authorised as suitable by a registered health care professional.**
7. **The medicine must stay within the care home or hospice.**
8. **A prescription must be provided to the care home or hospice. This in effect replaces the medicine label.**
9. **The care home or hospice must risk assess and keep a robust audit trail for any re-used medicine.**
10. **It must be safe and in the patient’s best interests.**

# Guidance for Care Homes (Residential & Nursing) and Hospices

Nursing homes & Hospices	Residential homes
<b>Assessment of a medicine for re-use</b>	
Where possible, gain consent from service user for re-use Annex A	Where possible, gain consent from service user for re-use Annex A
Nurse or registered HCP to check <ul style="list-style-type: none"> <li>- Criteria in Annex B</li> <li>- Medicines re-use pathway p12 DHSC Standard Operating Procedure (SOP)</li> <li>- Waste medicines if not suitable</li> </ul>	Contact a HCP to check (e.g. pharmacist, pharmacy technician, GP, community nurse) <ul style="list-style-type: none"> <li>- criteria in Annex B</li> <li>- Medicines re-use pathway p12 DHSC SOP</li> </ul> Perform check virtually via NHS email or video link. (see p6 for suitable methods)  HCP confirms it is suitable for re-use <ul style="list-style-type: none"> <li>- Return via waste medicines if not suitable</li> </ul>
Record details on log Annex C	Record details on log Annex C
Store medicines suitable for re use in a sealed container. <ul style="list-style-type: none"> <li>• Do NOT remove original label</li> <li>• Put a <b>X</b> through the label so it is clearly not for use by the patient named. Ensure drug, strength and dispensing date are still visible</li> </ul>	Store medicines suitable for re use in a sealed container. <ul style="list-style-type: none"> <li>• Do NOT remove original label</li> <li>• Put a <b>X</b> through the label so it is clearly not for use by the patient named. Ensure drug, strength and dispensing date are still visible</li> </ul>
CD register updated MAR chart updated	CD register updated MAR chart updated

<b>Nursing homes &amp; Hospices</b>	<b>Residential homes</b>
<b>Using a re-usable medicine</b>	
Check resident care plan: where possible, has consent been gained to administer re-usable medicine?	Check resident care plan: where possible, has consent been gained to administer re-usable medicine?
Obtain prescription from the prescriber or via Community Pharmacy. This can be paper or electronic via NHS email, (or email marked [secure]).	Obtain prescription from the prescriber or via Community Pharmacy. This can be paper or electronic via NHS email, (or email marked [secure]).
Update administration chart in line with the prescription instructions including quantity.  Follow usual procedure for amending an administration chart. (double check entry)	Update administration chart in line with the prescription instructions including quantity.  Follow usual procedure for amending an administration chart. (double check entry)
Administer medicine in usual way	Administer medicine in usual way.  Community Nursing or Hospice at Home nurses must be informed of the re-use of medicine process
Complete details on log Annex C	Complete details on log Annex C, including details of Community Nursing or Hospice at Home nurse.
CD register updated	CD register updated

## Guidance for primary and community care registered health care professionals

A residential home must contact a HCP (e.g. pharmacist, pharmacy technician, GP, community nurse) to check the suitability of a medicine for re-use. This may be done in advance of an immediate need.

Suitability criteria includes:

- a visual check of the medicine to be used
- assurance of management of cross-contamination risk
- assurance of consent by service users where possible.

The checklist in Annex B should be completed following the Medicines re-use pathway p12 DHSC SOP.

This checklist can be emailed to the care home, however verbal confirmation by photograph or virtual video confirmation is adequate.

The care home will require your registration number for their records (Annex C).

### **Suitable methods of communicating may include:**

**Video calling** - Skype for Business or Microsoft teams via NHS mail, Zoom, AccuRx, WhatsApp (not to be used to discuss confidential cases, only to be used to confirm suitability of re-using medication and do not show patient specific information e.g. name on label)

**Pictures ONLY** – NHS mail, Hospify app

Your CCG/ NHS Trust will have guidance on what meets the IG requirements. There is variation over Sussex.

## Guidance for primary and community care prescribers

A valid prescription must be in the possession of the care home or hospice to support the re-use of medicines before it can be administered.

If a prescription has been issued to the Community Pharmacy, then the prescription (or prescription token) can be given to the care home or hospice.

This may be the paper version or sent electronically (photo sent via NHS email).

If the prescriber is sending a prescription direct to the care home or hospice there are a number of methods. This must fulfil prescription requirements.

The prescriber may want to write in the directions *“stock supplied via re-use of medicines Covid-19 SOP”*

1. Print a FP10 and paper version collected by/ delivered to care home or hospice.
2. Generate a prescription and email from the patient record to the care home or hospice via NHS email.
3. Write an authorisation to give a medicine on paper collected by/ delivered to care home or hospice.
4. Write an authorisation to give a medicine in patient record or directly via email, and send via NHS email.

Prescription requirements:

- Patient name
- Patient address
- Date
- Medicine name, strength, form, dose, quantity (words & numbers for CD)
- Prescriber name and address
- Prescriber type (Dr, Independent prescriber)
- Prescriber registration number

# Guidance for Community & Hospice at Home nursing

Nurses providing end of life care in care homes may need to administer a re-used medicine.

Before administration the nurse must:

1. Check that the re-use criteria check has been completed.  
If not, the nurse can do this using Annex B as a guide.
2. Check that there is a valid prescription for the re-used medicine.
3. Check the drug name, strength and form on prescription match the medicine to be re-used.
4. Use the directions on the prescription instead of the directions on the label.

Visual check, administer and record medicine in usual way.

Ensure Care Home update Annex C with your details.



# Guidance for Community Pharmacy



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## Guidance published on medicines re-use in care homes and hospices – important information for community pharmacies

We expect that the actual re-use of medicines via a scheme described in the [guidance/SOP](#) will be only used in **extremely rare occurrences**. In the first instance, the guidance states that when medicines are out of stock and there is an immediate need for them, an alternative preparation should be prescribed and dispensed, as is usual practice where possible.

Where there is no suitable alternative or a prescription cannot be written for the alternative medicine (e.g. out of hours), the community pharmacy team that supplies the care home or hospice should ask the care home or hospice whether they run a medicines re-use scheme and whether they have any stock of the required medicine.

- If stock of a re-used medicine is available in the care home or hospice, the community pharmacy team must share a copy of the prescription for that medicine with the home.
- Where the care home or hospice do not have a procedure in place to allow interim additions or amendments to MAR charts in their possession, the pharmacy could issue a new MAR chart for the product that is to be re-used.
- A copy of the prescription could potentially be shared by sending an image of the prescription via NHSmail, where the care home has access to NHSmail. The supply of the medicine by the care home or hospice will need to be in accordance with that prescription; they cannot rely on a report of its contents.

### Action for Community Pharmacies

Community pharmacies who supply care homes and hospices may want to discuss with the managers of the facilities they provide services to, whether a medicines re-use scheme is being planned. If plans are underway, it is important these are discussed between the care home, hospice and regular pharmacy.

Practical things to consider include:

- Agree communication methods in the event of needing to operationalise the guidance and to double check understanding of existing out of stock communication
- How to manage owing documentation and ongoing supplies
- Provision of blank MAR charts in advance if appropriate
- Updating local pharmacy SOPs
- Briefing respective teams and any agency /locum staff

*Pharmacists and pharmacy technicians working within community pharmacies could potentially be used to undertake checks at the care home or hospice (or virtually) on medicines being considered for re-use. **It should be noted that this is not a task that is required to be undertaken as part of the NHS Community Pharmacy Contractual Framework and the LPCs advise that there should be consideration to local commissioning to facilitate this, or in the absence of formalised arrangements, other mechanisms agreed to support care homes and hospices. Any professional undertaking this role must ensure they have appropriate indemnity insurance arrangements in place.***

## Annex A: Consent to Donate or Receive Medicines

**\*\*Please file all relevant documents in resident care plan\*\***

<b>Care Home / Hospice Name</b>	
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Resident Full name	Resident Date of birth	Capacity to decide? (Yes / No)	Capacity assessment date (if needed)

<b>Form completed by</b>	
<b>Job Role</b>	
<b>Signature</b>	
<b>Date completed</b>	

### Conversation held with –

<b>Please tick (✓) appropriate</b>	
	Resident (document capacity above) <b>Signature of resident..... Date</b> .....
	Representative Name and relationship (PoA/ NOK/ other) ..... ...
	Email confirmation requested from representative: <b>Yes / No</b>

I <b>agree to donate</b> my surplus medicines to other residents in the event that I no longer need them.	<b>Yes / No</b>
In a case of need, I <b>consent to receiving medicines</b> which have previously been prescribed for another resident.	<b>Yes / No</b>

**Explain** – all usual methods for obtaining medicines will be tried first. Medicines can only be re-used after being assessed as safe by a registered healthcare professional.

**This consent can be withdrawn or changed at any time.** This document should be read in conjunction with DHCS guidance<sup>1</sup>. It is recommended that consent should be reviewed every 6 months as a minimum.

## Annex B: Checklist criteria for medicines reuse

<b>Care Home / Hospice Name</b>			
<b>Check completed by:</b>		<b>Job Role</b>	
<b>Registration number</b>		<b>Date completed</b>	
<b>Method of check (in situ or virtual)</b>			

<b>Medicine Name:</b>	<b>Strength:</b>
<b>Formulation:</b>	<b>Quantity:</b>

<b>Criteria</b>	<b>Yes</b>	<b>No</b>	<b>Notes</b>
Is the medicine in an unopened pack or blister that has not been tampered with?			In an unopened, unadulterated and sealed pack (including sub-pack) or blister strip. If any doses have already been used, the remainder of that blister strip should be destroyed. If the contents (including blister strips and sealed individual units such as ampoules) are completely intact, then as long as they match the description on the packaging they were retrieved from (including check of batch numbers) they can be considered for re-use.
Is it in date?			Medicines should be in date. If medication is expired then it should be disposed of as per usual safe disposal of medication procedure.
Has it been stored in line with the manufacturer's instructions, including any need for refrigeration?			Any medication that requires refrigeration, or that has a reduced shelf-life once removed from refrigerated storage, should be destroyed if it has not been stored appropriately. Medicines left in unsuitable conditions (e.g. direct sunlight, near radiators) or where appropriate storage cannot be confirmed, should be destroyed.
Is the medicine a licensed medicine that has either been prescribed by a registered healthcare			For some medicines, 'homely remedies' are an option in care homes and should be considered in line with guidance: <a href="https://www.sps.nhs.uk/articles/rmocguidance-homely-remedies/">https://www.sps.nhs.uk/articles/rmocguidance-homely-remedies/</a>

professional with prescribing rights or bought 'over the counter'?			Or the Self-care Toolkit in East Sussex
Is the medicine from a patient with a diagnosis of COVID-19 or showing symptoms of COVID-19, and if so has it been quarantined for 3 days?			Ensure that adequate infection prevention and control precautions have been taken. Medicine that has been retrieved from a patient infected with COVID-19 should be sealed (double bagged) and quarantined for three days. A <b>do not process before</b> date should be fixed to the bag before the bag is stored safely and away from any other medicines.
If a medicine is thought to be suitable for re-use, permission <b>should</b> , if possible, be obtained for reuse from the patient for whom it was prescribed or (if the patient lacks capacity) from a person with power of attorney, or (if the patient has died) from their next of kin.			If the patient has become responsible for the safe keeping of the medicine, it is the property of the patient (although not their exclusive responsibility), but if the medicine is still in the safe custody of the care home or hospice care provider, whether the final supply to the patient has been completed is the subject of differing legal views. Reflecting this uncertainty, if possible, ensure the patient or their next of kin agrees for the medicine to be reused. See Annex A.

If the answer to all of the above questions is **yes**, then the medicine is suitable for reuse.

If the answer to any question is **no** then the medicine should not be re-used.

## Annex C: Medicines for re-use log

Care home / hospice name	
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**\*\* A Prescription MUST be obtained prior to administration and record of administration MUST be recorded on the MAR chart (or other approved documentation e.g. Community Administration chart) \*\***

Medicine details				
Medicine Name			Strength	
Formulation (e.g. tablet / suspension)		Batch number & expiry date of medicine		Quantity approved for re- use
Medicine originally prescribed to <i>(resident full name)</i>			Full name, job title & registration number of HCP	
Resident consent obtained for re-use of medicines? Include where consent is documented e.g. <i>resident care notes</i>			Date & time Registered Healthcare Professional (HCP) confirmed suitability for re-use	

Date	Name of resident receiving medicine	Resident consent obtained – include where recorded	Reason for re-use	Dose and quantity administered	Full name(PRINT), job title and signature of care home staff administering medicine	Full name(PRINT), job title and signature of 2 <sup>nd</sup> check undertaken for accuracy ( <i>must be medicines trained</i> )
<i>Example: 1/4/2020</i>	<i>Mrs Jane Doe</i>	<i>Yes</i>	<i>National Shortage</i>	<i>Dose: 20mg Quantity: 2 x 10mg tablets</i>	<i>Ann Jones, Registered nurse Anne Jones</i>	<i>Janet Smith, Senior Carer Janet Smith</i>

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