

## Reuse of medicines in a care home or hospice during the COVID19 pandemic. Implementation in South West London

The Department of Health and Social care (DHSC) published guidance<sup>1</sup> enabling the re-use of medicines in care homes or hospices during the COVID19 pandemic. This document outlines the process to be followed by care homes and hospices when considering re-using medicines that have been supplied for a patient who no longer needs them during the COVID19 pandemic.

### Rationale and background

Under normal circumstances, the re-use or recycling of another patient's medicines is not recommended by the DHSC. However, concerns about pressure on the medicines supply chain during the COVID-19 pandemic has resulted in a relaxation of previous recommendations. The re-use of medicines may be appropriate in certain circumstances, in accordance with a medicines re-use scheme, as described in this document. This will support timely access to prescribed medicines during the COVID-19 pandemic for patients who are being cared for in a care home or hospice.

**Medicines may be re-used only when the usual supply route (i.e. community pharmacy) is unable to supply in a timely manner e.g. due to lack of availability of stock, no suitable alternatives, or not within an appropriate timescale, and there is an immediate need for the medicines. This may include out of hours.**

### Medicines which may be re-used:

- Must have been supplied to patients who are resident in the care home or hospice
- Must not have been removed from that setting other than for short periods e.g. an out-patient appointment
- Must have been stored in accordance with good practice guidance on storing medicines in a managed setting<sup>2</sup>
- Includes all medicines including liquid medicines, injections (analgesics, insulin), creams and inhalers, that are in sealed or blister packs (i.e. complete strip from an original pack) when the criteria in table 1 are met.
- Includes Controlled Drugs (CDs). CDs should only be retained if they can be stored securely with controlled and limited access in line with safe storage requirements for controlled drugs. Appropriate records (e.g. controlled drugs register, where applicable) must be maintained
- Only within a single care home/hospice setting. Medicines identified for re-use must not be transferred to another care home or hospice, even within the same parent organisation.

### Medicines which may NOT be re-used:

- Medicines dispensed in Medicines Compliance Aids (MCA) (also known as compliance blister packs/MDS (SWL decision))
- Liquid medicines which have been reconstituted (e.g. antibiotics) – due to expiry date
- Medicines which do not meet the criteria in table 1

Medicines may only be used when they meet the criteria in Table 1. The assessment of medicines for re-use must be undertaken by a registered Healthcare Professional (HCP)\* as below. The medicine check may be done virtually and confirmed by email.

| Care Setting     | Medicines check undertaken by  |
|------------------|--|
| Hospice          | Registered Nurse in Charge   |
| Nursing Home     | Registered Nurse in Charge   |
| Residential Home | Community Pharmacist<br>CCG Pharmacist or Pharmacy Technician<br>GP<br>Community Nurse |

| SUITABLE for use  | NOT SUITABLE for use  |  |
|---|---|--|
| Complete strip from an original pack  | Incomplete strip from an original pack  | Medicines Compliance Aid   |
|  |  |  |

**Table 1: Criteria to be considered before the medicine can be re-used**

| Criteria  | Notes   |
|---|---|
| The medicine is in an unopened pack or blister (i.e. complete strip from an original pack) that has not been tampered with  | <ul style="list-style-type: none"> <li>Medicines are in an unopened, unadulterated, and sealed pack (or sub-pack) or blister strip (i.e. complete strip from an original pack) <ul style="list-style-type: none"> <li>If any doses have already been used, the remainder of that blister strip should be destroyed</li> <li>If the contents (including blister strips and sealed individual units such as ampoules are completely intact, if they match the description on the packaging (including bath numbers) they can be considered for re-use</li> <li>Medicines dispensed in Medicines Compliance Aid (MCA) (also known as compliance blister packs/MDS) may NOT be re-used</li> </ul> </li> </ul> |
| The Medicines in in date  | If expired, the medicines will need to be disposed of in line with the organisation's medicines disposal policy   |
| The medicine has been stored in line with the manufacturer's instructions, including any need for refrigeration   | Medicines which have not been stored appropriately must be destroyed. Medicines left in unsuitable conditions e.g. direct sunlight, near radiators, or where appropriate storage cannot be confirmed, should be destroyed   |
| The medicine is a licensed medicine that has been prescribed by a registered healthcare professional with prescribing rights, or has been bought 'over the counter' | 'homely remedies' should be used in line with existing guidance and organisational policy <a href="https://www.sps.nhs.uk/articles/rmoc-guidance-homely-remedies/">https://www.sps.nhs.uk/articles/rmoc-guidance-homely-remedies/</a>   |

\* Registered healthcare professional (HCP) - a healthcare profession registered with one of the UK's professional regulatory bodies regulated by the Professional Standards Authority

## Care home/Hospice Process for re-use of medicines

### 1. To re-use medicines for a different patient to whom they were originally prescribed, Care Homes and Hospices must:

#### 1.1 On an individual basis, ensure that

- No other stocks of the medicine are available quickly enough (as informed by the supplying pharmacy) and there is an immediate need for them
- No suitable alternatives for an individual patient are available in a timely manner i.e. a new prescription cannot be issued, and the medicines(s) supplied against it in the conventional manner quickly enough
- The benefits of using a medicine that is no longer needed by the person for whom it was originally prescribed or bought, outweigh any risks for an individual patient receiving that unused medicines
- The individuals list below should complete the risk assessment (Appendix B). This should be kept with the patients notes
- A registered HCP should undertake and fully complete the risk assessment (Appendix B) to reduce the risk of errors. The risk assessment (Appendix B) must be fully completed before the medicine is administered to the patient. A second person should check the medicine before administration to further reduce errors (SWL decision)

| Care Setting     | Decision to re-use medicines undertaken by   |
|------------------|--|
| Hospice          | Registered Nurse in Charge, Prescriber or Community pharmacist (as appropriate)        |
| Nursing Home     | Registered Nurse in Charge, Prescriber or Community pharmacist (as appropriate)        |
| Residential Home | Senior staff member in charge with Prescriber or Community pharmacist (as appropriate) |

- Only use medicines that have been assessed as suitable for re-use in accordance with the criteria in Table 1, as above
- Obtain permission, if possible, for re-use of a suitable medicines from the patient for whom it was originally prescribed and for a patient to receive a re-used medicine, provided the medicine has been assessed as safe for re-use.
  - To reduce distress, it is recommended, where possible, to actively obtain written permission on admission to the care home or hospice (new patients/residents) and via active contact for existing patient/residents. See Appendix C
  - If the patient lacks capacity, obtain permission from a person with lasting power of attorney (LPA) or other appropriate person with the ability to make decisions on the patient's behalf
  - If the patient has died, and permission has not been obtained in advance of need, obtain permission from the next of kin
- Keep appropriate records, including the details of the registered HCP who performed the check on suitability for re-use.
- Fully complete the checklist (Appendix A) and keep with the medicines. Also record details in the patients notes

## 2 Separate all medicines suitable for re-use from other medicines in use in the care home/hospice

### 2.1 Prior to re-use:

- A medicine that has been retrieved from a patient infected (or clinically suspected to be infected) with COVID-19 should be sealed (double bagged) and quarantined for three days.
  - Attach a 'Do not process before [insert date]' label/tag to the bag before it is stored safely and away from other medicines
- Medicines which are no longer required should be reviewed by the Registered Healthcare Professional (as above) before being separated for re-use or for destruction (in line with organisation's policy)
- Royal Pharmaceutical Society (RPS) guidance (2007)<sup>3</sup> states that all medication must be kept for at least seven days in case it is required for examination by the coroner. This guidance is outdated, however remains usual practice. Medicines should not be re-used within this 7-day period (SWL decision)
- Medicines should be assessed for potential re-use after the appropriate time period (as above) is over.

### 2.2 When assessed as suitable for re-use (in line with criteria in table 1):

- Separate returned medicines assessed as suitable for re-use from all other medicines in a sealed container marked 'PATIENT RETURNS'
  - Do not remove the original label
  - Prior to re-use, complete details in risk assessment (Appendix B) then cross out the name of the patient that the medicine was originally supplied to and the dosage instructions from the original supply
  - Highlight, e.g. with a highlighter pen, the name and strength of the medicine, and any additional instructions that may be present on the label e.g. take after food
- Refrigerated items will still require storage in the fridge
- For Controlled Drugs
  - Store in line with the safe custody guidelines. This may require a separate sealed container to store controlled drugs suitable for re-use
  - Keep appropriate records of Schedule 2 controlled drugs. If necessary, pharmacist can advise if the medicine is a schedule 2 Controlled drug, if necessary.
    - Enter out of the patient's page when no longer needed by the patient
    - Enter into a separate section of the controlled drugs register and an entry made when they are re-used (in line with usual practice)
    - Entry should be made by 2 people. Where possible, the entries should be made at the same time

## 3 When a medicine is to be re-used for a different patient

- Administer a re-used medicine in accordance with the direction of the relevant prescriber (i.e. in line with a prescription) and record the administration by care home or hospice staff in the relevant Medicines Administration Record (MAR) chart. **A new prescription must be obtained before medicines are supplied to a new resident**
  - The medicine must be administered according to the direction of the prescriber. This can be a verbal direction initially, in line with organisational policy, with a written prescription to follow by email or hard copy.
  - The GP or community pharmacy must share a copy of the prescription with the care home or hospice, where available. The supply of the medicine by the care home or hospice will need to be in accordance with that prescription.
  - The prescription can be shared using secure email i.e. nhs.net
- The MAR chart should be updated by the care home or hospice in line with the direction from the prescriber (usually the prescription). The new record must be checked for accuracy and signed by a second, suitably trained member of staff before it is first used, in line with

organisational policy. **The MAR chart must accurately reflect the directions on the prescription**

- The prescriber does not need to sign the MAR chart.
  - The Community Pharmacist may be able to provide a MAR chart
  - The MAR chart should indicate that the medicine is from the stock that has been authorised for re-use
- 
- All medicines, but particularly those that are being re-used from a different patient, must only be administered by staff who are suitably trained to do so. See Appendix D – procedure for the administration of re-used medicines. This should complement appropriate medicines training
    - Inform the GP practice when a patient receives a medicine originally dispensed for a different patient. This should be documented in the patient's medical notes
  - Keep a log of re-used stock. This should include the generic drug name, batch number, strength, formulation, expiry date, quantity and details of the registered healthcare professional who assessed the medicine. When the stock is re-used, the quantity used should be entered. See Appendix E
  - Keep records (CD register entries, returned medicines stock, risk assessment) in line with legislation

### Appendices:

Appendix A: Checklist: Criteria to be considered before the medicine can be re-used

Appendix B: Risk Assessment: Re-use of medicines required during the COVID19 pandemic

Appendix C: Letter to residents re re-use medicines during the COVID10 pandemic

Appendix D: Procedure for the administration of re-used medicines

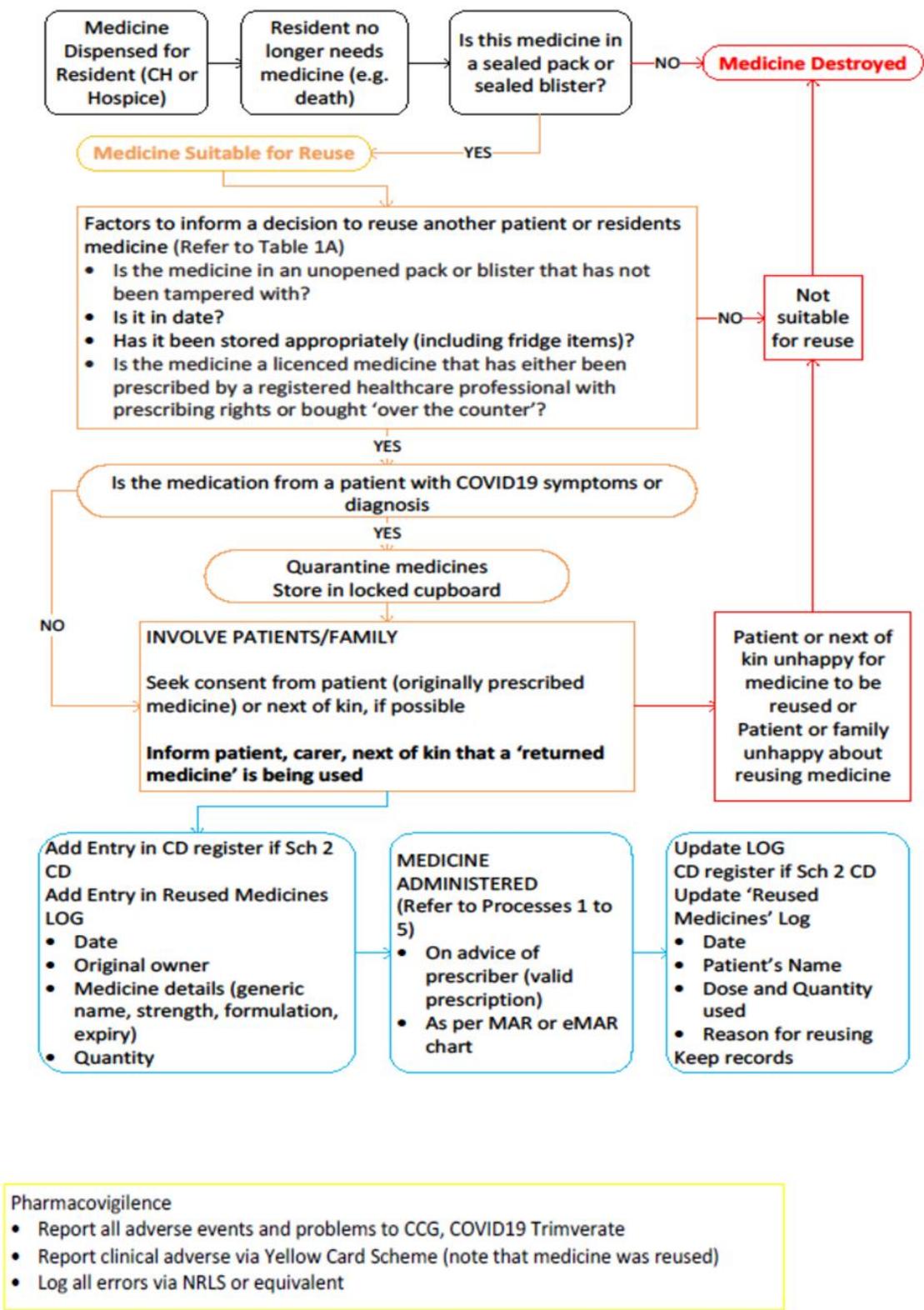
Appendix E: Log of re-used medicines stock

### References:

1. DHSC, NHS England and NHS Improvement. April 2020. Novel coronavirus (COVID-19) standard operating procedure: running a medicines re-use scheme in a care home or hospice setting <https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice>
2. National Institute for Health and Care Excellence. 2014. Managing Medicines in care homes. Social Care guideline (SC1) <https://www.nice.org.uk/guidance/sc1>
3. The Royal Pharmaceutical Society of Great Britain. The handling of medicines in social care <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf>

# Diagram 1: Medicines Re-use pathway

Source: <https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice>



## Appendix A: Checklist: Criteria to be considered before the medicine can be re-used

This checklist must be completed for each medicine considered for re-use. Keep the checklist with the medicines. When medicines have expired or supply no longer required, file checklist (time for checklist to be kept for TBC)

|  |  |    |
|--|--|----|
| 1. Name of medicine – including generic name, strength, formulation  |  |    |
| 2. Batch number and expiry date  |  |    |
| 3. Patient for whom originally prescribed  |  |    |
|  | Yes  | No |
| 4. The medicine is in an unopened pack or blister (i.e. complete strip from an original pack) that has not been tampered with  |  |    |
| 5. The medicine is in date   |  |    |
| 6. The medicine has been stored in line with the manufacturer's instructions, including any need for refrigeration   |  |    |
| 7. The medicine is a licensed medicine that has been prescribed by a registered healthcare professional with prescribing rights, or has been bought 'over the counter'   |  |    |
| 8. Permission to re-use the medicines has been obtained  |  |    |
| <b>If the answers to any of the questions above is NO, the medicine is unsuitable for re-use and must be returned to the Community Pharmacy for disposal</b>   |  |    |
| The medicines have been assessed in line with the criteria above and<br><input type="checkbox"/> ARE considered suitable for re-use<br><input type="checkbox"/> ARE NOT considered appropriate for re-use<br>Tick as appropriate |  |    |
| Name and Registration details of the Registered Health Care Professional assessing suitability of medicine for reuse   | Name:<br>Registering body:<br>Registration Number:<br>Signature:<br>OR<br><input type="checkbox"/> Tick box if assessment undertaken virtually (with email confirmation) |    |
| Date of assessment   |  |    |
| The assessment checklist must be filed with retained MAR charts  |  |    |

## Appendix B: Risk Assessment: Re-use of medicines required during the COVID19 pandemic

This risk assessment must be completed by the appropriate senior staff member, Prescriber or Community Pharmacist (as appropriate) when a medicine is required to be re-used. The risk assessment should be filed in the patient's notes. The risk assessment should be undertaken by two people - at least of whom must be a registered Healthcare Professional (HCP)

|  |  |    |
|--|--|----|
| 1. Name of patient requiring the medicine  |  |    |
| 2. Name of medicine – including generic name, strength, formulation  |  |    |
|  | Yes  | No |
| 3. No other stocks of the medicine are available in an appropriate timeframe (as informed by the supplying pharmacy) and there is an immediate resident need for the medicine  |  |    |
| 4. No suitable alternatives for an individual resident are available in a timely manner i.e. a new prescription cannot be issued, and the medicine(s) supplied against it in the conventional manner quickly enough.   |  |    |
| 5. The benefits of using a medicine that is no longer needed by the person for whom it was originally prescribed or bought, outweigh any risks for an individual resident receiving that unused medicine   |  |    |
| <p><b>If the answers to any of the questions above is NO, another patient's medicine must NOT be reused. The medicines should be obtained through the usual supply route i.e. via the Community Pharmacy</b></p>   |  |    |
| <p>The need for re-use of medicines has been assessed in line with the criteria above. It</p> <p><input type="checkbox"/> DOES meet the criteria to re-use a different patient's medicines (Go to 6.)</p> <p><input type="checkbox"/> DOES NOT meet the criteria to re-use a different patient medicine</p> <p>Tick as appropriate</p> |  |    |
| <p><b>Details of the medicine being supplied to the patient</b></p>  |  |    |
| 6. Name of medicine – including generic name, strength, formulation  |  |    |
| 7. Batch number and expiry date  |  |    |
| 8. Patient for whom originally prescribed  |  |    |
| Name and Registration details of the Registered Health Care Professional undertaking assessing risk assessment and selecting medicine for re-use   | <p>Name:<br/>                     Registering body:<br/>                     Registration Number:<br/>                     Signature:</p> <p><input type="checkbox"/> Tick box if risk assessment undertaken virtually (with email confirmation)</p> |    |
| Date of risk assessment  |  |    |
| <p>The assessment checklist must be filed in the patient's notes</p>   |  |    |

**Appendix C: Letter to residents re re-use medicines during the COVID10 pandemic**

[Insert name of Care Home/Hospice or headed paper]

Dear [Insert name of Resident/Patient]

As a result of the current Covid19 pandemic, there may be supply issues with certain medicines. This may mean that medicines no longer needed by you could be given to other residents, subject to permission.

Following our recent discussion, I would be grateful if you could confirm in writing your agreement as follows:

I agree for medicines no longer needed by me to be given to other residents where necessary

I agree to receive medicines no longer required by the resident for whom they were originally supplied if the supply of my medicine is interrupted

Signed: \_\_\_\_\_ Resident/Person with LPA/Next of kin  
(delete as appropriate)

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Acknowledgement: OPUS Pharmserve <https://opuspharmserve.com/covid-19-support/>  
<https://opuspharmserve.com/media/2020/05/Form-1-Letter-to-Residents-re-Re-Used-Medicines-during-the-Covid-19-Pandemic-.pdf>

Re-use of Medicines in a care home or hospice setting in South West London  
Prepared by Sarah Taylor, Associate Director of Medicines Optimisation , SWL CCG (Sutton), on behalf of SWL CCG Medicines Optimisation Team

Approved by: SWL Clinical Cell      Date: May 2020

## Appendix D: Procedure for the administration of re-used medicines

### This must be supported by appropriate medicines administration training

1. Be prepared – ensure you have the medicines and MAR charts that you will need, and that you are able to administer medicines without being interrupted
2. Check the identity of the person to whom the medicine is to be administered
3. Ask them if they are ready to take their medicines, where appropriate
4. Check the medication record
5. Check any allergies
6. Check the medicine has not already been given
7. Check the MAR sheet and select the appropriate medicine contained
8. Check the label of the re-used medicine carefully for
  - Medicine name
  - Strength
  - FormulationCompare this to the information on the MAR chart. The details must correspond in all these areas. If there are any differences, **do not administer the medicine**. A Healthcare professional must be contacted for advice. Fully document all advice/information received
9. Check the expiry date of the medicines
10. Check the label for any important warning labels that have been highlighted e.g. dissolve in water, before/after food
11. Check the MAR chart and prepare the appropriate dose of medicines from the container (i.e. prepare the correct number of tablets/capsules)
12. Take the medicine to the person
13. Ensure they are in an upright position
14. Administer the medicine according to the dosage form. Offer a drink with oral medicines
15. Witness the person taking the medication
16. Record the administration of the medicines immediately by initialing the correct date space on the MAR chart
17. When stock of a re-used medicine is used, record the quantity used in the log of re-used medicines stock (Appendix E)

Acknowledgement : OPUS Pharmserve <https://opuspharmserve.com/covid-19-support/>  
<https://opuspharmserve.com/media/2020/05/Procedure-for-Administering-and-Recording-Re-Used-Medicines-During-the-Covid-19-Pandemic-v3.pdf>

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## Appendix E: Log of re-used medicines stock

(source: Annex B: template log for care homes and hospices <https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice>)

| Medicines for re-use |  |   |          |   |  | Re-used medicines |                 |                   |                     |   |  |
|----------------------|--|---|----------|---|--|-------------------|-----------------|-------------------|---------------------|---|--|
| Date                 | Patient medicines originally prescribed to | Medicine details<br>Generic drug name, strength, formulation, expiry date | Quantity | Name, signature of registered healthcare professional | Details of patient consent to the re-use of their medicine | Date              | Name of patient | Dose and Quantity | Reason for re-using | Name, signature of registered healthcare professional | Details of patient consent to receive re-used medicine |
|                      |  |   |          |   |  |                   |                 |                   |                     |   |  |
|                      |  |   |          |   |  |                   |                 |                   |                     |   |  |
|                      |  |   |          |   |  |                   |                 |                   |                     |   |  |
|                      |  |   |          |   |  |                   |                 |                   |                     |   |  |
|                      |  |   |          |   |  |                   |                 |                   |                     |   |  |
|                      |  |   |          |   |  |                   |                 |                   |                     |   |  |
|                      |  |   |          |   |  |                   |                 |                   |                     |   |  |

The log of re-used stock must be filed with retained MAR charts