NHS
Cheshire
Clinical Commissioning Group

Reuse of Medicines in Cheshire Care Homes during the COVID-19 Pandemic: Guidance and Resources

Adaptations:

Adapted with permission for use in NHS Cheshire CCG from an original document
Reference:
Swift A, Trumper Z. *Safe Reuse of Medicines in Care Homes During the COVID-19 Pandemic;* Wigan, England. May 2020.

Table of Amendments

May 2020	Document	Adapted with permission from original document; NHS Cheshire CCG branding added
May 2020	Appendix 5	Highlighted sections added to include a pharmacy technician and permit use of medicines without consent only following a best interests decision
June 2020	Document	Amended page number ordering on table of contents
June 2020	Section 36	Amended bullet points 2 & 3 to clarify the need to obtain a prescription to allow continuation of further treatment via a patient labelled supply.
September 2020	Section 37, 40, 50, 56, 59 Appendix 1	Included references to the use of the End of Life Blue Booklet or Care and Communication Record Reformatted from a flow chart to a check list

Contents

Introduction

What is the aim of this guidance?

1. The aim of this document is to provide health and social care professionals working within, or supporting, care homes across Cheshire with practical guidance on the reuse of medicines in a **crisis situation where no source of medicine would otherwise be available for the resident with the timeframe required.**

2. This guidance is intended to be used alongside the Novel coronavirus (COVID-19) standard operating procedure: Running a medicines reuse scheme in a care home or hospice setting, published by NHS England and NHS Improvement on 14 April 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881838/medicines-reuse-in-care-homes.pdf

3. The guidance:

   - Provides practical considerations and steps to ensure reuse of medicine is safe for residents and staff.
   - Supports the assessment of any medicine that is no longer required for the original resident for whom it was prescribed or bought. If suitable, that medicine may be re-used in a crisis situation during the COVID-19 pandemic.
   - Supports the assessment of the resident requiring the medicine to ensure medicines reuse is appropriate for the individual in their specific circumstances. See flowchart in appendix 1 for a summary of the process of medicines reuse for an individual resident.
   - Provides a range of tools to support the safe reuse of medicines, a robust audit trail for all aspects of medicine reuse and compliance with national guidance, controlled drugs regulations etc.
   - Supports care homes to develop standard operating procedures for medicine reuse
   - Supports care homes to prepare for medicine reuse prior to it being required. See flowchart in appendix 2 for a summary of the steps care homes should take to prepare for medicines reuse.

4. Within this guidance the term care home is used as an umbrella term for residential and nursing homes. Residential homes are residential care settings without qualified nursing care. Nursing homes are residential care settings with qualified nursing care.

5. Each locality will need to consider how best to implement this guidance locally. A system wide approach will be needed.

Who does this guidance apply to?

6. This guidance focuses on reuse of medicines in care homes. Reuse is allowed in both residential and nursing homes. The legislation also allows reuse of medicines within hospices; application of the guidance in a hospice setting is outside of the scope of this document.

7. In order to safely reuse medicines in care homes a multi-disciplinary approach will be needed. This is likely to involve carers, care home nurses, GP practice staff, community pharmacy staff, community service nursing teams, Clinical Commissioning Group and care home medicines optimisation teams. This guidance should be used by all staff involved in the medicine reuse process.

What is reuse of medicines?

8. Reuse of medicines is the term used to describe a situation where medicine that was originally prescribed for one resident is used by a different resident.

9. Within this document the resident who the medicine was originally prescribed for will be referred to as the **donor** and the resident who will be given the reused medicine will be referred to as the **recipient**.

10. See flowchart in appendix 1 for a summary of the process of medicines reuse for an individual resident.

Why is reuse of medicines being allowed?

11. The COVID-19 pandemic has increased the need for some medicines and caused pressures on the medicines supply chain which may result in shortages of essential medicines. Reuse of medicines is one action that is being taken to ensure residents have timely access to essential medicines during the COVID-19 pandemic.

When would reuse of a medicine within a care home setting be appropriate?

12. **Reuse of medicines should be considered as a last resort when no other option is available and should only be used in a crisis situation** (see examples in point 14) **during the COVID-19 pandemic.**

13. Reuse of medicines is only appropriate when:

- **the recipient has an immediate need for the medicine AND**
- **no other supplies of medicine are available within an appropriate timeframe AND**
- **no suitable alternatives are available within an appropriate timeframe AND**
- **the benefits of medicine reuse outweigh the risks**.

14. Examples could include:

- Medicine to manage symptoms at the end of life such as morphine to manage pain and/or breathlessness, midazolam to manage agitation, levomepromazine to manage delirium
- Antibiotics that are required urgently to prevent hospital admission

15. See flowchart in appendix 1 for a summary of the process of medicines reuse for an individual resident.

16. Medicines that have been assessed for reuse must only be used within the single care home where they have been assessed. **Medicines for reuse must not be transferred** to another care home or hospice, including those within the same parent organisation.

Which medicines may be suitable for reuse?

17. Medicines should only be reused in a crisis situation. See when would reuse of a medicine within a care home setting be appropriate section, points 12-15.

18. It may be appropriate to reuse a medicine if it can be confirmed that the medicine is no longer needed by the donor and it would otherwise be sent for disposal.

19. **Medicines that are still being used by a resident must NOT be administered to another resident.**

20. We do not recommend the reuse of medicines that have been bought. Medicines purchased by the care home should not require reuse as systems such as homely remedies should be used. Medicines purchased by a resident, or their family/friends is the property of the resident and therefore should not be given to someone else.

21. Any **medicine** being reused must be risk assessed prior to reuse by a registered healthcare professional. See risk assessment of a medicine for reuse section, points 28-35.

22. When considering reuse of a medicine for a **recipient**, a risk assessment of medicines reuse for that **individual** taking account of the specific set of circumstances at the time must be completed. See risk assessment of medicine reuse for a resident section, points 36-41 and checklist in appendix 1 for a summary of the process.

Permission to reuse medicine

23. It is considered good practice for permission for reuse of medicines to be obtained, wherever possible, from the donor or (if they lack capacity) from a person with power of attorney or next of kin.

24. If the donor has died, relatives should **not** be contacted to obtain permission for reuse of medicines.

25. The recipient (or their power of attorney/next of kin if they lack capacity) should provide permission, wherever possible, to receive the reused medicine.

26. As the reuse of medicines is likely to be needed at short notice, it is recommended that care home staff obtain permission in advance where possible following standard processes for obtaining permission including where residents lack capacity. See flowchart in appendix 2 for a summary of the steps care homes should take to prepare for medicines reuse.

27. An information leaflet explaining medicine reuse is available in appendix 3. Care home staff should provide this leaflet to residents or base their discussions on the information in the leaflet when obtaining permission. If you would like this leaflet in a different language or format (including braille or easy read) please follow local processes. The resident's permission or refusal of medicine reuse should be recorded using the form in appendix 4.

Risk assessment of a medicine for reuse

28. Before a medicine can be reused it must be risk assessed for its suitability for reuse.

29. **Who** - a registered healthcare professional must assess the suitability of medicine for reuse; they must be competent to carry out this process. This could be a care home nurse or a healthcare professional e.g. a doctor, nurse, pharmacist, pharmacy technician who is supporting the care home but not necessarily an employee of the care home. This task cannot be delegated to a non-healthcare professional. It is safest for this task to be carried out by a registered pharmacist or pharmacy technician.

30. **What** – only medicines which would be needed urgently in a crisis situation to manage symptoms e.g. end of life medicine.

31. **When** - medicines no longer needed by the donor e.g. the donor has died or the medicine has been stopped, **and** there is a recipient with an immediate need or there may be a need in the future.

32. As the reuse of medicines is likely to be needed at short notice, it is recommended that care homes prepare by assessing medicines which may be appropriate for reuse prior to them being needed in a crisis situation. See flowchart in appendix 2 for a summary of the steps care homes should take to prepare for medicines reuse.

33. Medicines should only be assessed which are likely to be needed in a crisis situation e.g. medicine to manage symptoms at the end of life such as pain, breathlessness, agitation, delirium. It is not expected that care homes will need to assess and store significant numbers of medicines as medicines reuse is a last resort only to be used in a crisis situation to manage symptoms.

34. **Where** – the process can be carried out in the care home or remotely provided that the healthcare professional assessing the medicine can see it. The assessment must be documented by the healthcare professional and a copy provided to the care home if the process is carried out remotely.

35. **How** – use the risk assessment form in appendix 5 for assessment of medicine for reuse and the medicines reuse log in appendix 6 to maintain an audit trail.

Risk assessment of medicine reuse for a resident

36. **Prescribed** – is the medicine prescribed (or otherwise authorised by a prescriber) for the recipient?

    This will be:

    - A prescription (the care home will need to obtain a copy from the prescriber or pharmacy if they do not have a copy, see points 46-49).
    - A patient specific direction (PSD) e.g. an entry in the resident's care plan by the prescriber or a written direction provided by the prescriber, see appendix 7 for example PSD. A prescription should then be obtained to allow the continuation of treatment via a patient labelled supply if needed/appropriate.
    - If verbal authorisation is provided this must be followed up by a written PSD. A prescription should then be obtained to allow the continuation of treatment via a patient labelled supply if needed/appropriate.

37. A MAR chart, in the absence of a prescription or other written/verbal direction from a prescriber, is not acceptable. Care homes may update MAR charts to enable administration of a medicine for reuse according to usual procedures and only when there is a valid prescription / PDS or authorization to administer in place, to facilitate the administration of stat doses of end of life medicines in an emergency. Where there are no qualified nursing staff within the care home and/or no agreed procedure for adding

medicines to the MAR chart, the usual end of life documentation (Blue booklet or Care & Communication Record) must be completed and provided by the prescriber; it is acknowledged that a requirement for a Blue booklet or Care & Communication Record may necessitate delivery or collection of the physical document where this is not already in place. The re-use of medicines is only expected to apply to the stat dose section of the Blue Booklet / Care & Communication Record.

38. **Crisis situation** – is there an immediate need that cannot wait until a supply for the resident or an alternative medicine can be obtained? Use the risk assessment form in appendix 8 to document this decision. A healthcare professional must be involved in this discussion and authorise medicine reuse. A multidisciplinary approach should be taken involving all relevant people, such as the prescriber to discuss alternatives, community pharmacy to advise on supply timeframes, care home staff/nurse for details on resident's condition, response to medicines and non-pharmacological interventions. If the assessment is outside of normal working hours, out of hours services or NHS111 should be contacted for support.

39. **Available** – do you have the medicine available to reuse i.e. a supply that is not required by the donor and has been assessed as suitable for reuse by a healthcare professional?

40. **Documentation** – the care home must maintain a full audit trail, use permission for medicines to be reused form in appendix 4, risk assessment of a medicine for reuse in appendix 5, medicines reuse log in appendix 6 and risk assessment for resident requiring reuse of medicine in appendix 8 as well as completing the CD register example in appendix 9) and the resident's MAR chart (example in appendix 10) and where applicable the Blue booklet / Care & Communication Record.

41. See flowchart in appendix 1 for a summary of the process of medicines reuse for an individual resident.

Storage of medicines for reuse

42. Once assessed as appropriate for reuse these medicines should:

- Be entered on to the medicines reuse log (see appendix 6).
- **The directions on the label should be obscured** leaving visible any warning messages on the label such as may cause drowsiness etc. Clearly write on the container/label 'medicine for reuse'. To ensure a full audit trail the name of the medicine donor should remain visible.
- Be stored separately to other medicines, clearly marked as medicines for reuse e.g. place in a sealed container marked medicines for reuse. It would be good

practice to store the risk assessment of a medicine for reuse (appendix 5) and the medicine reuse log (appendix 6) with the medicine this paperwork relates to whilst it is retained for reuse.

- The normal storage requirements for medicines must still be followed.
- If the medicine for reuse is a controlled drug the additional storage requirements for controlled drugs must still be followed.
- If the medicine for reuse is a controlled drug the controlled drug register must be updated:
    - The medicine must be entered as 'removed for reuse' on the entry for the donor.
    - The medicine must be entered on to a separate page within the controlled drug register as a medicine for reuse. If the register has a section for resident's name put brackets around 'resident's name' and write medicine for reuse in this space. See example in appendix 9. If there is no section for resident's name write medicine for reuse at the top of the page.
    - Care homes may wish to use a separate controlled drugs register to record medicines for reuse.
- Medicines for reuse should be disposed of following standard care home processes when the expiry date is reached, the reuse of medicines is no longer allowed e.g. at the end of the COVID-19 pandemic or the integrity of the medicine is compromised e.g. appropriate storage conditions are not maintained.

43. The availability of safe and secure storage which complies with the relevant legislation is likely to limit the amount of medicines for reuse that the care home can safely store. As medicine reuse is a last resort for use in a crisis situation we would **not** expect care homes to maintain large quantities of multiple medicines for reuse.

44. The care home should consider which medicines may be appropriate for reuse as detailed in the 'When would reuse of a medicine within a care home setting be appropriate?' section, points 12-15, and limit supplies to quantities which they can safely store and manage.

Administration of medicines for reuse

45. Medicines which are suitable for reuse will form a care home 'stock' of medicines and so may be administered to more than one recipient.

46. The medicine must have been prescribed for (or otherwise authorised for administration to) the recipient.

47. If the care home does not have a copy of the prescription e.g. it has been issued electronically or remotely, a copy of the prescription or a PSD must be obtained before the first dose is given. Care homes cannot rely on a report of the prescriptions contents.

48. A copy of the prescription could be supplied by the community pharmacy or prescriber by scanning and emailing the prescription using secure email e.g. nhs.net. If it is not possible to obtain a copy of the prescription, the prescriber should be contacted to provide a PSD in addition to the prescription. Prescribers should support care homes to ensure that they have appropriate records regarding prescribed medicines. An example patient specific direction is included in appendix 7.

49. The copy of the prescription or PSD should be put in the resident's care plan to demonstrate that the medicine has been prescribed whilst awaiting an individual resident supply.

50. As there will be no labelled supply of medicines the recipient's administration record (MAR chart), paper or electronic, must correctly record the drug name, strength, form and dose and this must be followed by staff administering the medicine. Whenever possible, and in all cases when a community provider nurse is to administer the medication, the patient should also have an end of life Blue booklet or Care & Communication record completed by the prescriber to enable administration. It is acknowledged that the requirement to obtain a Blue booklet / Care & Communication Record may introduce a requirement for collection / delivery of the document. For example, an out of hours a prescriber may provide both a PSD and a Blue booklet / Care & Communication Record for an OOH nurse team member to collect/deliver to a home where a need for a stat dose of a re-used medicine has been identified.

51. If possible a MAR chart should be obtained from the pharmacy.

52. If it is not possible to obtain a MAR chart from the pharmacy, suitably trained care home staff will need to write a new entry on to the recipient's MAR chart following the usual care home procedure and using either a copy of the prescription or the PSD to provide the required information. The MAR chart should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used. The prescriber does not need to sign the MAR chart. An example MAR chart is included in appendix 10.

53. If care home staff are unclear on any information including drug name, dose, form, directions the prescriber must be contacted for advice. **NB** the directions on the dispensing label that was issued for the donor must not be used as the directions to be followed for the recipient of the reused medicine.

54. Warning information that should be recorded on the MAR chart may be available from the original dispensing label on the reused medicine, can be provided by a community

pharmacy or can be found in the British National Formulary (BNF) https://bnf.nice.org.uk/.

55. It must be clearly indicated on the MAR chart that reused medicines are being used. This will ensure that reuse of medicines is clearly identified and prevent staff from searching for individual resident's medicines where these are unavailable.

56. When the medicine is administered staff must:

- follow the information on the MAR chart for details of drug and dose etc. to be administered,
- check that they have selected the correct medicine and that it is in date in the usual way with the exception of confirming resident name,
- record administration or refusal on the MAR chart in the usual way and on the Blue booklet / Care & Communication Record when available
- complete the controlled drugs register if needed using the medicine reuse page (example in appendix 9)
- complete the medicine reuse log (see appendix 6) and
- when a blue booklet or care and communication is being used (e.g. by community nurses) the Drug Stock record(s) should show that a medicine has been received from the care home stock of medicines suitable for reuse and also that the medicines has been administered.

57. Information on residents where reuse of medicine is being used or has been stopped, must be handed over at each shift change.

Standard Operating Procedure

58. Care homes must develop a standard operating procedure to cover all aspects of medicines reuse. All staff involved with reuse should read and follow the procedure.

Roles and responsibilities

59. Prescribing or otherwise authorising medicines to be administered and provision of Blue booklets / Care & Communication Records- GPs, other doctors, advanced nurse practitioners, non-medical prescribers.

60. Risk assessment of a **medicine** for reuse - registered healthcare professionals preferably pharmacy professionals e.g. community/care home pharmacist or pharmacy technician, care home nurse, district nurse, practice nurse, hospice nurse, GP,

geriatrician.

61. Risk assessment that reuse is required for a **resident** – prescriber (e.g. to consider potential alternatives), community pharmacist (e.g. to advise on supply issues, timeframe for supply, potential alternatives), care home staff or healthcare professional reviewing the resident (e.g. to provide details on residents condition, use of non-pharmacological options, response to medicines already administered).

62. Obtaining resident permission, safe storage, administration and audit trail of medicines which are being reused – care home staff.

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Authors – Anna Swift and Zoe Trumper, NHS Wigan Borough CCG
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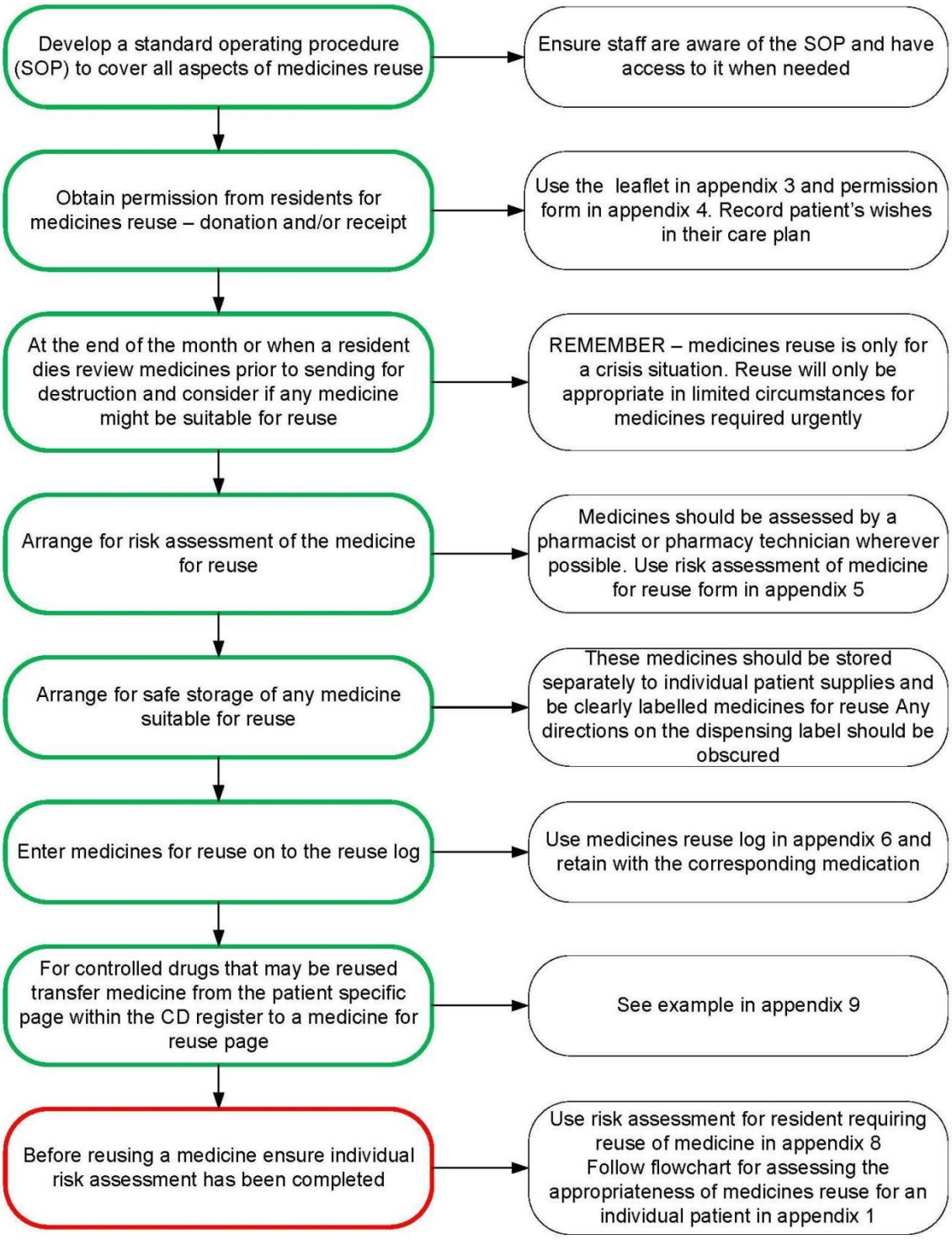
Appendix 1 – Checklist for Assessing the Appropriateness of Medicines Reuse for an Individual Resident for End of Life Symptoms during the Covid-19 Pandemic

Name of Resident:

	Signature	Designation	Date
Consent from donor and/or representative has been obtained for medicine(s) to be reused. If not applicable, please state reason……			
Consent from recipient and/or representative has been obtained for medicine(s) to be reused. If not applicable, please state reason……			
The medicine(s) required is authorised for use for the named individual by a prescriber who has determined that this is a crisis situation and that a suitable alternative cannot be obtained from a pharmacy within a suitable timeframe.			
There is a documented risk assessment and the benefits of reuse are deemed to outweigh the risks.			
There is a supply of the required medicine(s) that has been risk assessed and confirmed as suitable for use.			
There is a copy of the following documents available: ☑			
Prescription			
Patient specific direction			
MAR chart			
Blue book or CCR (if needed by community nursing team)			
The use of a non-pharmacological intervention or homely remedy will not be sufficient.			
The MAR chart has been clearly annotated with “medicine for reuse”.			
The medicine has been entered into the Medicines Reuse Log and if the medicine is a Controlled Drug, the controlled drugs register has been completed as appropriate.			

If all of the above is completed appropriately, the administration of medicines for reuse can continue.

Appendix 2 - Care Home Preparation for Medicines Reuse



Appendix 3 - Information leaflet – reuse of medicines

NHS
North West

Reuse of Medicines

What is reuse of medicines?

Reuse of medicines is the term used to describe a situation where a medicine that was originally prescribed for one person is used by someone else.

Why am I being asked about reuse of medicines?

Usually we would not reuse someone's medicines.

However, during the COVID-19 pandemic the rules have been changed to allow reuse of medicines in certain situations. Reuse of medicines is allowed where it would mean that a person is able to be given medicines to urgently treat symptoms such as those experienced at the end of life, when, if medicines were not reused in this way the person would not be able to be given the medicine quickly enough.

We need permission to allow us to potentially reuse medicines that were originally prescribed for you (or your loved one), but which you/they no longer need, for someone else.

We also need permission to allow us to give you (or your loved one) medicines originally prescribed for someone else, if we cannot get supplies for you/them in another way.

We will make a record of your wishes within your care plan and follow this if we are thinking about either reusing your medicines or giving you a reused medicine.

Why are you asking me about reuse of medicines now?

We hope that we won't need to reuse medicines. Lots of work is being done with GP practices, community pharmacies, medicines suppliers, care homes and hospices to make sure people can continue to get medicines in the usual ways.

However, we do know that there is a possibility that the COVID-19 pandemic may affect the supply of medicines. We think it is best to ask you about this now so that if, in the future, there is a time when reuse of medicines is needed we know what your wishes are.

Why does the COVID-19 pandemic mean reuse of medicines is allowed?

The COVID-19 pandemic means that there is a bigger need for some medicines, such as those that are needed to relieve symptoms at the end of life. This means there may be shortages of some medicines. So that everyone can get the medicines they need, reuse of medicines is being allowed in care homes and hospices when otherwise the medicines would not be available for the person.

Is reuse of medicines safe?

Yes. We have developed systems to make sure reuse of medicines is safe.

We will only reuse medicines which are no longer needed by the person who they were prescribed for – they may have stopped taking the medicine or they may have died.

We will only reuse medicines as a last resort when the medicines are needed urgently to treat a current symptom and we cannot get them in any other way in the time required.

We will only reuse medicines that have been assessed by a healthcare professional who has said they are safe to reuse.

Can anybody reuse medicines?

No. Reuse of medicines is only allowed for people living in a care home or are currently in a hospice and only when the medicines have been assessed by a registered healthcare professional to make sure it is safe to reuse the medicines.

If I give my permission how long will this last?

Your permission will remain for as long as the COVID-19 pandemic continues and the rules allow reuse. As soon as reuse of medicines is stopped your permission for this will no longer be valid. You can also stop your permission at any time by telling a member of staff.

If I do not give permission for reuse of medicines what will happen to the medicines I no longer need?

If medicines that you no longer need cannot be reused they will be destroyed as waste medicines, following our usual processes.

If I do not give permission to being given a reused medicine what will happen?

Reuse of medicines is a last resort. We will continue to work with your prescriber to make sure you have the medicines you need. If a medicine is needed that is not available we will work with your prescriber and pharmacy to find an alternative or obtain a supply as quickly as possible.

Produced by Medicines Management Team, Wigan Borough Clinical Commissioning Group on behalf of the Northwest Medicines and Pharmacy Cell, May 2020.

Appendix 4 - Permission for Medicines to be Reused

In the event that there is a shortage of an essential medicine, it may be necessary in certain circumstances to reuse a medicine where this is in a resident's best interest.

Care home name		
Information leaflet provided	YES	NO
I give permission for any medicines which are no longer needed by myself or the resident I represent to be reused.	YES	NO
I give permission that, where no alternative option is available and it is in my best interest or that of the resident I represent, I/they may receive a medicine which has been assessed as suitable for reuse.	YES	NO
Resident's name…… …….. I am the resident ……...(tick) I am the resident's representative……(tick) Where acting as a representative for the resident please record name and relationship to resident (e.g. next of kin, person with power of attorney for the resident, independent mental capacity advocate). …… Signed …… Where representative is unable to sign please indicate the staff member who obtained verbal permission …… Date……		

To be completed by resident or their representative supported by care home staff.

Copy to be retained in resident's care plan

Appendix 5 - Risk Assessment of Medicine for Reuse

Assessor details – the healthcare professional assessing the medicine must complete the form	
Name of assessor	
Profession – **this must be a registered healthcare professional** It is preferable this is a registered pharmacist or pharmacy technician. See section 29 for further suitable registered healthcare professionals.	
Registration number	
Date	
Resident details	
Name of resident for whom the medicine was originally prescribed	
Reason that medicine is no longer required by resident for whom it was prescribed	
Confirm with care home - has the resident given permission for their medicine to be reused? If the donor has died, relatives should **NOT** be contacted to obtain permission for reuse of medicines.	YES/NO If NO do not reuse medicines as it is recommended good practice to have consent. However, if this is not possible a best interest decision can be made between the HCP and Care Home to permit reuse.
Medicine reuse assessment	
Drug name (generic name), strength and form of medicine Only medicines that are likely to be appropriate for reuse should be assessed i.e. meds that are to treat symptoms and may be needed urgently in a crisis situation	
Batch Number If no batch number available do not reuse If batch number on strip/amp does not match the batch number on outer container do not reuse	
Expiry date – check strip or ampoule if not on outer container. If out of date or no expiry date available do not reuse	

Is the medicine a licensed medicine? This will be indicated on the packaging as PL followed by a number, you may wish to contact the pharmacy who originally dispensed the medicine. If unsure do not reuse.	YES/NO
Is the medicine in a sealed pack/container/ blister strip? Packed down or reconstituted liquids should not be reused. Blister packs produced by a pharmacy should not be reused. If any doses have already been removed from a blister strip the remainder of that strip should not be reused	YES/NO
When the medicine is removed from any outer container can it be clearly identified?	YES/NO
Does a visual assessment of the product indicate it can be reused? If packaging is soiled or damaged in a way which suggests integrity of product may be affected do not reuse	YES/NO

Following original dispensing and supply has the medicine remained in the care home at all times (other than for short periods e.g. an outpatient appointment)? Medicines brought into the care home by the resident should not be reused	YES/NO
Have any storage requirements (including refrigeration) been met at all times? Medicines stored in direct sunlight, near radiators, or where appropriate storage cannot be confirmed should not be reused	YES/NO
If YES to all questions within medicines reuse assessment section the medicine may be suitable for reuse, continue with assessment below. If NO to any questions within medicines reuse assessment section do NOT reuse the medicine. If a dispensing error is noted at any point during the medicines reuse assessment (such as an incorrect medicine, incorrect strength or incorrect dose of medicine which was intended for the previous resident), the medicine must be immediately quarantined and the dispensing pharmacy notified of the error. The home should follow their policy for medicines-related incidents, including reporting to safeguarding and CQC as appropriate. Any medicine which has been quarantined due to a medicines error must NOT be reused.	
Reuse assessment outcome	
Is the above medicine suitable for reuse	YES/NO If yes care home staff to enter onto medicines reuse log
Signature of assessor	
Date assessed	
Review date if appropriate	
Coroner's office considerations	
From coroner or police perspective, is the care home allowed to re-use the medicine? (e.g. no inquest or police investigation pending) If no do not reuse Where a resident has died, under normal circumstances, medicines should be retained in the care home for a period of at least seven days in case there are any coroner's investigations into the death. If it is less than 7 days and there is an urgent clinical need to reuse the medicine contact the coroner's office to discuss reuse in this situation. Document who, from the coroner's office, authorised reuse.	YES/NO
Infection prevention and control (IPC) considerations	
Care home to confirm - has the medicine been stored in an area (e.g. treatment room or medicines trolley) **away from** any residents who have tested positive for COVID-19 or who have suspected symptoms of COVID-19? If yes no additional IPC measures should be required, although you may wish to consider wiping down medicine packaging with an alcohol wipe. If no, medicine packaging should be wiped down with an alcohol wipe to reduce risk of disease transmission and appropriate IPC measures should be followed by staff handling the medicine. You may wish to quarantine the medicine for 3 days before reusing.	YES/NO

If completed remotely assessor to provide copy to care come.

Copy to be retained with medicine and then in-line with care home records retention policy.

Appendix 6 - Medicines Reuse Log

Name of original resident who the medicine was prescribed for:					
Drug name (generic name), form and strength of medicine to be reused					
Has the medicine been assessed by a healthcare professional and is appropriate for reuse?					YES/NO
Name, registration number and role of healthcare professional who assessed the medicine for reuse					
Quantity for reuse (prior to any administration)					
Batch number of medicine					
Expiry date of medicine					
Name of staff member entering medicine into medicines for reuse log					
Date medicine entered into medicines for reuse log					
Confirm the original directions on the label have been obscured					YES/NO
Name of resident receiving medicine	Resident risk assessment form completed and in date? Reason for reuse	Date and time of administration	Dose and quantity of medicine reused	Remaining medicines for reuse balance	Signature of staff member

To be completed by care home staff.

Copy to be retained with medicine and then in-line with care home records retention policy.

Appendix 7 - Example Patient Specific Direction

Patient Specific Direction (PSD)

Name of Patient Ann Brown

DOB 11/08/37

Address Cherry Tree Nursing Home, Sandbach, Cheshire

I authorise for the above named patient to receive the following medicine:

Name of medicine:	**Midazolam**
Strength	**10mg/2ml**
Dose	**2.5mg**
Frequency	**4 hourly when needed to manage agitation. Max 4 doses in 24 hours**
Route	**Subcutaneous injection**

This can be administrated by suitably trained care home staff .

Signed *D Mistry*

Print Name Dr D Mistry

Registration number 12345678

Date 7/5/20

Expiry date of this PSD 9/5/20 or until patient supply obtained

Appendix 8 - Risk Assessment for Resident Requiring Reuse of Medicine

Names, registration numbers and profession/role of assessors Assessment should be multidisciplinary where possible. Record names of all people involved in the assessment. A healthcare professional must authorise the reuse of medicine	
Date	
Resident name	
Date of birth	
NHS number	
Has the resident given permission to receive a reused medicine?	YES/NO If resident previously declined medicines reuse consider revisiting this decision
Drug name (generic name), strength and form of medicine being considered for reuse	
Is the above medicine prescribed for, or otherwise authorised for administration to, the resident?	YES/NO If NO do NOT reuse medicine
Is this a crisis situation - e.g. does the resident have urgent symptoms which require immediate treatment?	YES/NO If NO do NOT reuse medicine
Document situation	

Have you considered all other options and are you satisfied that the medicine is unobtainable within a suitable timeframe via normal routes?	YES/NO If NO do NOT reuse medicine
Document actions taken/considered. No other stocks of the medicine are available in an appropriate timeframe - Which pharmacies have been contacted to obtain supply, for end of life medicines have you tried local palliative care pharmacies? What is the soonest date and time a supply can be obtained from a pharmacy? No suitable alternatives are available in a timely manner - Have non-pharmacological options been considered? Have alternative medicines been considered?	
Do the benefits of reusing a medicine outweigh any risks? If the answer to all of the above questions is yes, then the benefits of reuse are likely to outweigh the risks. If the answer to any question is no then the medicine should not be re-used. If doubt remains, discuss with appropriate registered healthcare professionals and local networks to get a wider perspective on the decision.	YES/NO If NO do NOT reuse medicine
Actions being taken to obtain residents own supply for future doses	

Risk assessment outcome	
Is medicine reuse appropriate for this resident at this time?	YES/NO
Name of healthcare professional authorising reuse	
Name of person completing form	
Date assessed	
Review date This risk assessment should be reviewed at least every 48 hours as reuse should not be required long-term	

To be completed by care home staff, prescriber or pharmacist on behalf of the team carrying out the assessment. Copy to be retained in resident's care plan

Appendix 9 - Controlled Drug Register Example

Name and form of controlled drug Midazolam 10mg/2ml ampoule (service users name) Medicine for reuse Page 30

Quantity Obtained (from supplier)	Date Supply obtained	(Name and address from whom obtained(i.e. supplier)) Name of service user	Current balance in stock	Date supplied to service user	Time	Quantity supplied to service user	Quantity dispensed	Given/dispensed by (signature)	Witnessed by (signature)	Remaining quantity
5amps	6.5.20	Transferred from page 21, medicines previously dispensed for Sarah Davis transferred into stock for reuse in line with COVID-19 reuse of medicine policy								5 amps
		Ann Brown	5 amps	7.5.20	09:45	2.5mg	10mg (7.5mg wasted)	A Swift	Z Trumper	4 amps
		Joe Blogs	4 amps	8.5.20	12:30	5mg	10mg (5mg wasted	A Swift	Z Trumper	3 amps
2 amps	8.5.20	Transferred from page 28, medicine previously dispensed for John Foster transferred into stock for reuse in line with COVID-19 reuse of medicine policy.								5 amps
		Mohammed Patel	5 amps	9.5.20	13:45	2.5mg	10mg (5mg wasted)	A Swift	Z Trumper	4 amps

NHS
Cheshire
Clinical Commissioning Group

INDEX OF CONTROLLED DRUGS

Adapted from Reuse of Medicines in NW Care Homes during the COVID-19 Pandemic: Guidance and Resources v1. Cheshire CCG would like to thank Wigan Borough CCG and the NW Medicines and Pharmacy Cell for use of this information. Approved by EPC 21.05.20 Version 1 Review date May 2022

Appendix 10 - Example MAR Chart for Reused Medicine

Name:	Ann Brown	DOB:	11/08/37	Doctor :	Dr D Mistry	Ref:

Allergies/notes NIL

Care Home: Cherry Tree Nursing Home

Floor/Ward/Room:

MEDICATION ADMIN REPORT | TIME

Paracetamol tablets
Take 1g
Four times a day when required for pain/ fever
Do not take with any other paracetamol containing products. Seek medical advice in event of an overdose.

Prescribed by _____ Date_____

Week	ONE	TWO	THREE	FOUR
Time / Date				
08.00				
12:00				
18:00				
22:00				
Manager				

Carried Forward: Returned: Destroyed: Quantity: By: Re-order: Signed:

Medicine for reuse
Midazolam 10mg/2ml injection
Give 2.5mg subcutaneously every 4 hours when required to manage agitation (max four times a day)
May cause drowsiness. Do not drink alcohol
Prescribed by Dr D Mistry Date 7/5/20

Week	ONE	TWO	THREE	FOUR
Time / Date				
Manager				

Carried Forward: Returned: Destroyed: Quantity: By: Re-order: Signed:

08:00	
Manager	

Carried Forward: Returned: Destroyed: Quantity: By: Re-order: Signed:

Key R refused N nausea or vomiting H in hospital L on leave D destroyed D/C discontinued W withheld or other reason.

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